Voices
A WORLD FORUM FOR MUSIC THERAPY

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[Original Voices: Essay]

The History and Basic Tenets of Anthroposophical Music Therapy

By Andrea Intveen & Jane Edwards

Abstract

The approach known as Anthroposophical Music Therapy (AnMt) was developed throughout the 20th century. In this paper we provide an historical and descriptive overview of the foundations, techniques and methods of AnMt for readers who are not familiar with this model of music therapy training and practice. We trace AnMt's origins from the systematic application of music in *curative education* in Germany, Austria and Switzerland through to its use in many countries of the world, with training programmes available in German and English speaking countries currently. We examined literature sources in German and English to glean information about the main foundations of this model. Course materials available

from one programme of study were consulted to provide information about how this model is taught. This information was closely reviewed in order to be able to synthesise and present information about a. AnMt's development and current scope of practice, b. the contents of AnMt training, c. the therapeutic process in AnMt, and d. the use of music in AnMt. It is recommended that further efforts be undertaken from the leaders in AnMt, as well as the current professional associations in countries where it is practised, to consider the potential for its inclusion in the list of recognised trainings and models, if such a step would be considered useful for AnMt practitioners.

Keywords: anthroposophical music therapy, planetary scales, anthroposophical music therapy training, mercury bath, Tao

Introduction and Purpose of the Paper

This paper aims to provide an introduction and overview of the music therapy approach practiced in AnMt[1]. The paper provides information about the history and development of AnMt and seeks to bring together a description of the main tenets guiding and underpinning this practice. Many aspects of the model are founded in esoteric philosophy and so cannot be easily fitted to many of the more contemporary therapy practices with their emphasis on scientific rational thought. At the same time, AnMt shares with some other areas of therapeutic approaches to music such as the Bonny Method of Guided Imagery and Music or Creative Music Therapy a concern about spiritual experiences (Aldridge, 2007; Bonny, 2002), as well as the realisation that the transfer of unconscious material into the conscious may have a healing effect on the individual (Florschütz, 2007). Similarly, AnMt shares the assumption of the existence of musical universals with some other music therapy approaches (Ruland, 1990, 1992; Timmermann, 2004; Tucek, 2004; Trondalen, 2010), although the conclusions drawn from this assumption may vary from approach to approach. The recognition of many contemporary music therapy approaches and traditions is achieved through professional associations, and in many cases, subsequently through state recognition. This may be a future attainable goal for AnMt. However, it is not known to the authors whether AnMt practitioners actually strive to be state recognised. For example in Germany, anthroposophical art therapies, including AnMt, have their own professional bodies and organisations, which have their own specific guidelines as to music therapy practice and ethics, such as BVAKT (Berufsverband für anthroposophische Kunsttherapie), which is based in Freiburg, Germany, (BVAKT, 2010). Some German AnMt practitioners are also members of the DMtG (Deutsche Musiktherapeutische Gesellschaft) the professional organisation for all music therapists in Germany.

Training in AnMt is currently available in the US, Germany and Switzerland. However, while the approach is included as a model of music therapy practice in the German music therapy literature (Decker-Voigt & Weymann, 2009; Kasseler Thesen zur Musiktherapie, 2008) this is not necessarily the case in other countries. In some countries, anthroposophically trained music practitioners are not allowed to use the title "music therapist" (see Intveen, 2010b) because AnMt training is not approved for state registration in those countries. It is not clear whether this is because AnMt organisations have applied for recognition which has not been successful, or whether they have not applied.

There are recent estimations that anthroposophical art therapy is provided by approximately 2,000 therapists in 28 countries worldwide (Hamre et al., 2007). However, it would be difficult from the sources collected for this review to determine accurate numbers of AnMt practitioners internationally. Nonetheless, we do find support for the proposition that AnMt is a well developed model that is little understood by the wider community of music therapists. In this paper we offer an opportunity to come a little closer to an understanding of the foundational principles in AnMt. We believe it is important that an openness to other traditions is modelled by music therapists from our training backgrounds. We also hope that by knowing of our interest AnMt practitioners will begin to take further opportunity for dialogue.

The Stance of the Researchers

The authors, Andrea and Jane, are both qualified music therapists who have a sincere interest in exploring how AnMt might be better integrated into the range of approaches that are traditionally considered to be included within music therapy. Neither of us has trained in AnMt, and the research for this paper was undertaken primarily out of curiosity about an approach that has received little attention in the current music therapy journals published in English. Andrea lived in anthroposophical communities in Ireland for six years and encountered AnMt in action in this setting. She has completed a PhD thesis on AnMt, supervised by Jane, and two papers from the PhD research including interviews with key practitioners have previously been published in international peer reviewed journals (Intveen, 2007, 2010b). Much of the AnMt literature is published in German. Andrea is a native German speaker and undertook translations of substantial amounts of text into English for the thesis which was written in English.

On the basis of the research undertaken for this review, we find support for the opinion that Anthroposophical Music Therapy (AnMt) is a highly developed music therapy approach with a distinctive rationale, and operating within clear guidelines for diagnosis, treatment and evaluation (Pütz, 2008). As the title of the model indicates, it is primarily based on anthroposophy, an esoteric and philosophical approach developed by the Austrian philosopher Rudolf Steiner (1861-1925). Steiner's life, and some of the history of the development of anthroposophy is intriguing and worthy of further research. Interested readers are directed to the available literature on these subjects (Childs, 1995; Steiner, 1910, 2002), and also to the useful critical review by two music therapists regarding the influence of Goethe's philosophy on Steiner's work (Ansdell & Pavlicevic, 2010).

We find ourselves disappointed that AnMt is not better known, and is sometimes considered outside the realm of regular practices in music therapy. Rudolf Steiner and Ita Wegman (the doctor with whom he founded anthroposophical medicine) claimed that they did not reject the basic tenets of medicine, but sought to extend it with the approach of anthroposophical medicine, for example by additionally considering the *spiritual* as important in therapy and treatment (Steiner & Wegman, 1925). Similarly to other anthroposophical arts therapies, AnMt is closely connected to anthroposophical medicine (AM) (see Hamre et al., 2004)

Anthroposophical Music Therapy: Background and Historical Context

Curative education is an interdisciplinary anthroposophical approach which was developed to address the needs of children with intellectual disabilities (König, 1966). It is based on Steiner's view of the human being and on his ideas about human development. Some of these

ideas propose that development progresses in seven year periods (Lievegoed, 2005; Steiner, 1998). Therapeutic and educational interventions are partly based on Steiner's models of the threefold and the fourfold human being (Gäch, 2004; Steiner, 1998, 2004).

The use of music in curative education is considered the foundation of contemporary AnMt (Beilharz, 2004). It evolved from "atmospheric" and educational use of music in daily life in anthroposophical homes for children with special needs and gradually developed into the systematic use of music to achieve therapeutic goals (Beilharz, 2004; König, 1989). This development took place over many years with AnMt eventually becoming a specialised discipline independent from anthroposophical music education and from everyday use of music (Beilharz, 2004; König, 1989). AnMt's connections with eurythmy[2] therapy, which has also been used in curative education, also form a part of the founding approach (Beilharz, 2004).

The first records of the systematic therapeutic application of music in curative education can be found in the late 1920s (Beilharz, 2004) at *Sonnenhof* in Arlesheim, Switzerland. This is an anthroposophical community that includes a residential home and a school for children, adolescents, and adults with special needs. Through the 1930s and 1940s music was an integral part of daily life at Sonnenhof.

AnMt was originally developed in anthroposophical communities where curative education was practised with people who have special needs, such as Camphill communities (see http://www.camphill.org/). Music is still considered a central part of activities of daily life in these communities, for example in morning and evening circles, at school, for waking up children in the morning and settling them for the night, or at festivals and Sunday services (Beilharz, 2004). This use of music has been described as providing the community with a musical atmosphere [musikalisches Grundklima] (Beilharz, 2004, p.86). The musicians working in these communities have been described as charismatic personalities who were practising musicians, teachers and therapists simultaneously (Beilharz, 2004).

During the 1950s the use of music as a more differentiated therapeutic intervention began to develop. Karl König, a doctor and curative educator, developed music therapy treatments for children with specific conditions and published these ideas (Beilharz, 2004; König, 1966, 1989). Hans-Heinrich Engel and Hermann Pfrogner were two other important contributors to the development and application of AnMt (Beilharz, 2004). Both investigated intervals, for example, in a cosmological context (Engel, 1999; Pfrogner, 1978, 1981, 1986). Engel (1999) also proposed the discovery of a link between musical elements, planets and organs of the human organism.

The anthroposophical approach has sometimes seemed quite mysterious to our Western 21st century sensibilities in conducting this review. However, this historical information shows that the two approaches of curative education, and eurhythmy therapy converged to act as both the primary drivers for, and the main influences on, the development of AnMt through the 20th century. There are a number of trainings worldwide and a large body of practising professionals. It is therefore our contention that the wider music therapy community is in need of education about the basis of the AnMt approach in order to be able to acknowledge our colleagues trained in this model, and potentially collaborate in future.

The Development of AnMt Training

The development of AnMt training has been central to the progression of the AnMt model (Beilharz, 2004). AnMt training courses elaborating the foundations, methods and techniques of AnMt, developed from the 1960s. With the emergence of anthroposophical music therapy programmes the number of skilled and specialised therapists has increased. This part of the paper provides information about some of the key people who developed the AnMt training, and the sites where trainings were, and in some cases are still, available.

From 1974 to 1981 a course was provided at the Christophorus home founded by a group that included Veronika Bay. Christoph-Andreas Lindenberg is the founder of the Dorion School of Music Therapy in Pennsylvania, USA which was established in 2001 (Willig, 2005). Lindenberg is also attributed with contributing important training supports in music therapy within the Camphill movement (Beilharz, 2004).

Johanna Spalinger co-founded the music therapy training at the Orpheus School of Music Therapy near Bern in Switzerland (Beilharz, 2004) together with Marlise Maurer and Heinrich Schneider. This programme was listed in the European Confederation of Music Therapy report on Switzerland http://emtc-eu.com/country-reports/switzerland/

The anthroposophical music therapy training course in Berlin at *Musiktherapeutische Arbeitsstätte* was founded by Maria Schüppel in 1963. She remained the director there until 1993 (Beilharz, 2004), and died in July 2011. Schüppel was known as a composer and pianist and combined this musical knowledge and experience with the anthroposophical view of the human being and anthroposophical medicine (Bissegger, 2001).

The emergence of anthroposophical music therapy training is considered to have contributed to the development of applications of AnMt beyond the boundaries of curative education (Beilharz, 2004). These developments 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 published AnMt literature and the course documentation from a contemporary training programme are used here to explore aspects of the scope and trends in AnMt. The AnMt training course at Musiktherapeutische Arbeitsstätte in Berlin provided materials for this section of the paper (Musiktherapeutische Arbeitsstätte, 2010). Aspects of this course are compared with those of a contemporary psychodynamic music therapy training course, the MA in Music Therapy at the Berlin University of the Arts [UdK Berlin] (Bauer, Schumacher & Intveen, 2012).

The duration of anthroposophical music therapy training is around four years, including one year of internship. Musiktherapeutische Arbeitsstätte in Berlin offers a course of training based on anthroposophical ideas that lasts for 8.5 semesters. The training aims to be a comprehensive interdisciplinary theoretical and practical course. The goal 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 is 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 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. A number of psychological and psychotherapeutic subjects are also 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 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].

While there is a focus on anthroposophical concepts at Musiktherapeutische Arbeitsstätte, these are only a very small part of the teaching in the course at UdK Berlin (Bauer et al., 2012; Musiktherapeutische Arbeitsttäte, 2010). There are overlaps between the courses in many other subjects, such as professional law and ethics, assessment and diagnostics, case conceptualisation, treatment settings and plans, documentation and evaluation. Medical subjects, including psychopathology, are also taught in the course at UdK Berlin, and verbal techniques training, developmental psychology and psychotherapy knowledge are included. Similarly, the subjects comparative music therapy and research methods and epistemology are taught in both courses (Bauer et al., 2012 ; Musiktherapeutische Arbeitsstätte, 2010). In the MA in Music Therapy at UdK Berlin the research module is quite important, although the work load is lesser than some other modules. For example, it is awarded 5 ECTS credits, whereas medical basics I and II have 18 credit points together. However, the research module supports and prepares the students for the *Masters Thesis* which is 17 credits (Bauer et al., 2012).

Harmony and counterpoint are not explicitly included in the MA at UdK Berlin, and neither are individual instrumental lessons. On the other hand, the MA in Music Therapy at UdK Berlin offers group seminars in music skills, such as piano improvisation, percussion, guitar and vocal improvisation. There is also a focus on self-reflexive skills, including experiential group improvisations and supervision (Bauer et al., 2012). The module *Music Therapy Expert Knowledge* at UdK Berlin includes a number of topics, such as resistance, the therapist's stance, the *Resonator Function* or concepts from Morphological Music Therapy (Bauer et al., 2012).

Clinical placements with extensive documentation are part of both training courses (Bauer et al., 2012 ; Musiktherapeutische Arbeitsstätte, 2010). Another important module in the UdK

course is music therapy praxeology, which includes, for example, psychodynamic concepts in group music therapy work or video analysis (Bauer et al., 2012). At UdK Berlin psychoanalytic and psychodynamic concepts are taught, which is not the case at Musiktherapeutische Arbeitsstätte (Bauer et al., 2012; Musiktherapeutische Arbeitsstätte, 2010). In both courses students have to write a final project or thesis. At UdK Berlin this is a Master's thesis, which serves as proof of students' ability to think in scientific or research-based terms and to apply scholarly skills (Bauer et al., 2012).

In summary it can be demonstrated that both the anthroposophical and the psychodynamic course at postgraduate university level compared here share some similarities. At UdK Berlin there is a strong focus on music therapy theory, medical basics, experiential and self-reflexive work, but also on the music skills modules and on the preparation of a Masters research thesis. Some of the subjects taught at Musiktherapeutische Arbeitsstätte, such as diagnostics, treatment plans, case conceptualisation, documentation and evaluation, refer to anthroposophical methods, ideas and standards (Musiktherapeutische Arbeitsstätte, 2010).

Reflexive skills and experiential work were underrepresented in AnMt in the past but are increasingly becoming more important (Intveen, 2011). This is reflected in the fact that supervision and peer supervision are part of the curricula in AnMt (Musiktherapeutische Arbeitstätte, 2010; Orpheus-Schule für Musiktherapie, n. d.). However, it should be mentioned that self-reflexive and experiential skills in an AnMt context are often influenced by specific anthroposophical concepts and are not necessarily comparable with those from the psychodynamic tradition (Intveen, 2011).

The authors are aware that a private anthroposophical music therapy training course and a Masters at third level can not necessarily be compared in terms of quality. This is not our intention. Our aim is rather to find overlaps and differences in the course contents in order to show that anthroposophical music therapy training does not only adhere to anthroposophical standards but shares contents with contemporary music therapy training. Perhaps where we see some differences are in the research training. The past 30-40 years have brought substantive changes in the way therapeutic practices are investigated. There is perhaps more observable content in the UdK Berlin programme with regards to research training, for example, learning the principles of evidence-based medicine, and the differences and similarities between positivist and interpretivist traditions; as well as the preparation of a Masters thesis on a research question, rather than only preparing patient reports.

The Therapeutic Process

In this section of the paper, 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

In anthroposophical facilities, such as clinics, schools and homes, music therapy is often included in the overall treatment plan or concept worked out 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 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).

There may also be situations where the initiative comes from patients, who either approach their 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, it is not essential whether or not a patient can express himself or herself adequately in music (Damen, 2004). From an anthroposophical point of view, music can help patients to listen to their own musical expressions and thereby gain valuable insights into how they feel and how they are. This is an integration process that can lead to therapeutically desired change (Damen, 2004).

Diagnosis

The anthroposophical models of the threefold and fourfold human being developed by Steiner (Felber, Reinhold & Stückert, 2003; Gäch, 2004; Steiner, 2004) are used to include a person's symptoms or problems into a bigger context (Damen, 2004). According to Steiner's model of the threefold human being, the human body consists of an upper (head and central nervous system), middle (circulation and respiratory system) and lower (limbs and metabolism) system. These three systems are linked to certain *soul activities* and also to musical elements. Put simplistically it can be described that from an anthroposophical viewpoint, the upper human being is linked to thinking and to the musical element of melody, the middle human being is associated with feeling and with harmony in music, and the lower human being is connected to willing and to the musical element of rhythm (Felber et al., 2003; Gäch, 2004; Intveen, 2007; Reinhold, 1996; Steiner, 1970, 2004). The model of the fourfold human being implies the existence of four different bodies in the human being: the physical-, ether- and astral body and the ego (Felber et al., 2003; Gäch, 2004; Steiner, 2004). In this thought model, the ether body is responsible for maintaining the human vegetative functions, the astral body is connected to emotions and the ego to aspects of a responsible, independent and creative personality (Damen, 2004).

After the medical diagnosis has been completed the first step before entering into the phase of the musical diagnosis is clarification about 1. how other therapies are applied, 2. the way clinical symptoms present, 3. biographical characteristics, 4. the client's previous experiences with music, and 5. information about the client's healthy resources (Pütz, 2008). Interdisciplinary diagnosis is considered important in the early stages of the diagnostic process AnMt (Damen, 2004). Representatives of different health professions come together to discuss their perceptions and ideas about a patient from the angles of their respective areas of expertise. This conferencing is intended to contribute to a complete and rich picture of the patient's state, and can 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. 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 are currently revealed, as well as aspects connected with the patient's constitution and 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 and 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 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 the threefold and 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 succession, 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). Especially the latter five therapeutic goals might as well be listed by representatives of psychotherapeutically oriented music therapy approaches. Ultimately, AnMt aims to support clients’ self-regulation on a spiritual, emotional, vital and physical level (Pütz, 2008).

Musical Specifics of AnMt

Some elements of AnMt are indigenous to the model, having been specifically developed within the tradition. These rudiments include the use of special musical elements, tonalities and instruments. This section describes some of the unique tonal sequences used in AnMt. This is not intended to be comprehensive but instead to provide an impression of the distinctive characteristics of AnMt. The instruments are omitted here, since the first author of this paper has published a detailed account of anthroposophical instruments used in AnMt at an earlier stage (Intveen, 2007).

Use of Tonalities and Musical Sequences

In AnMt, scales and tonalities are used which also find application in the wider community of music therapy approaches, such as major and minor or pentatonic scales (Reinhold, 1996). However, there are also tonalities which are specific and indigenous to AnMt, for example the mirrored planetary scales (von Lange, 1968) or certain musical sequences like the Tao (Engel, 1999; Pfrogner, 1986) or the Mercury Bath (Bissegger, 2004; Intveen, 2010a, 2010b).

Mirrored Planetary Scales, Mercury Bath and Tao

The Mirrored Planetary Scales

According to Engel (1999) and von Lange (1968) in AnMt each of the tones of the diatonic scale are considered to be aligned with one out of seven planets. The connections between planets and diatonic tones as follows: C corresponds to Mars, D to Mercury, E to Jupiter, F to Venus, G to Saturn, A to the Sun, and B to the Moon. Each of these tones is regarded as the basis for a planetary scale. These scales vary in structure and quality and they have different forms depending on whether they are ascending or descending. Chromatic changes in the descending scales cause changes in accidentals (von Lange, 1968). This comes about through 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 consists of the tones of 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. None of the ascending scales have accidentals and thus correspond to the church modes. The Mercury scale is equivalent to the Dorian mode and is the only one of the mirrored planetary scales which has the same accidentals 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). These musical properties of the planetary scales are often associated with therapeutic effects. For example, von Lange stated that the Mars scale had a harmonising effect, especially on a person's breathing (von Lange, 1968).

In anthroposophical music therapy, one way of using this assumed planetary connection with music is 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, has the possibility to create a connection with the forces of the cosmos and thereby deepen the impact of music therapy interventions (von Lange, 1968).

Engel (1999) proposed a connection between the human organs, the planets and the tones of the diatonic scale, which is sometimes made use of in AnMt treatment. These connections are quite esoteric and beyond the scope of this paper. Therefore, we refer readers to the relevant anthroposophical literature, especially Engel (1999).

Today's anthroposophists and AnMt practitioners are aware of the modern view of the planetary system, which includes the Earth and Uranus, excludes Earth's Moon and consists of eight planets orbiting around the Sun. However, in anthroposophical music therapy, the seven-planet-system is used on a more symbolic and spiritual-esoteric basis. At least one anthroposophical author has mentioned that the seven-planet-system refers to the Ptolemaic view of the cosmos (Ruland, 1992), which has been disproved with the discoveries of modern science. Ruland has additionally argued that the idea of the seven-planet-system may be an expression of the limitations of human understanding at a given point in time rather than based on error. He considered that the importance of the number seven in music and the allocation of seven tones to seven planets, whether or not they constitute all of the known planets, could still be a step on the path to what he has referred to as *true understanding* (Ruland, 1992).

Many practitioners trained in some of the contemporary music therapy approaches will probably find the idea challenging that certain tones or planetary scales are supposed to have specific, universal effects on the human being. Although this idea is not new and goes back as far as Plato, Pythagoras or Boethius (Zipp, 1985), most contemporary music therapy approaches have moved away from it towards a more individualistic, expressive, symbolic or communicative use of music in which musical elements unfold their effects in the context of a therapeutic relationship (for example as described in Wigram, Pedersen & Bonde, 2002). While the therapeutic relationship is not negated in AnMt, it is considered to be a precondition for the music to take its effect on the client, rather than the main agent that promotes therapeutic change (Intveen, 2011).

The Mercury Bath

The Mercury Bath is a tonal sequence composed by Maria Schüppel (Bissegger, 2004). Bissegger emphasised the Mercury Bath's light, sparkly and invigorating quality, which is 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. There are few references to be found in the anthroposophical literature about the therapeutic applications of the Mercury Bath in AnMt. Maria Schüppel did not publish about

this subject herself. Andrea has played the Mercury Bath with clients who are distressed, anxious, emotionally out of balance, or engaged in compulsive behaviour. She has perceived positive effects (Intveen, 2007, 2011).

The Tao

Originally, the Tao was a sequence given by Steiner as a meditation for eurythmists to help them prepare for the artistic movements connected with eurythmy (Pfrogner, 1986; Steiner, 1967, 1999). Pfrogner and Engel have given some background about the Tao (Engel, 1999; Pfrogner, 1986). This section of the paper briefly presents this background. However, readers should be aware that there is a great deal of complexity in this subject. A much larger discussion would be required to do justice to all the aspects and we don't have the anthroposophical training that is needed to lead this discussion. For example, in the anthroposophical music therapy training at Orpheus School of Music Therapy in Switzerland, students take preparatory studies for a long time before actually reading Engel's book (Engel, 1999; see also Intveen, 2011).

In AnMt the number 12 is important. The Western European tone system is based on the 12 notes of the diatonic and chromatic scales (Engel, 1999). AnMt writers note that the music of other cultures and other epochs also connects to the number 12 (Pfrogner, 1981, 1986; Ruland, 1992). In AnMt, 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). He suggested that the Zodiac music belongs to the *creator's sphere* [Schöpfersphäre] (Engel, 1999, p.34) and is connected to twelve *creative powers* [Schöpferkräfte]. From an anthroposophical point of view, creative life forces have emanated from these powers millions of years ago (Engel, 1999). The following tones were assigned to four of these Zodiacal forces, which are particularly prominent: Scorpio is connected to the tone B, Taurus to A, Leo to E and Aquarius to D (Engel, 1999). The sequence of the *creator's Tao* [Schöpfer Tao] (Engel, 1999, p.32) consists of these four tones B, A, E and D.

It is assumed that in the Tao sequence, the tones B and A are more closely connected, which is indicated musically in the sequence through 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 (1999) claimed that the Tao is an ancient Chinese sequence of tones and that it is not invented, but based on cosmic truths. Pfrogner (1986) indicated the therapeutic use of the Tao for people who are emotionally burdened [seelisch gebeugte Menschen] (Pfrogner, 1986, p.37) in order to help them experience inner emotional uprightness. Andrea has encountered the launch of a Tao lyre which is tuned to the four Tao tones. The sound created by this instrument is reminiscent of a tambura or monochord. In this context, she learned that one of the client populations the Tao or Tao lyre is considered useful for from an anthroposophical viewpoint is clients in low awareness states (Intveen, 2011).

Summary and Discussion

Some of the basic tenets of anthroposophical music therapy (AnMt) have been presented in this paper, such as aspects connected to AnMt training, the different layers of the therapeutic process and some of the unique musical scales used in the approach. It is the intention of this paper to introduce AnMt as a distinct and valid music therapy model, which has its own procedures of diagnosis and assessment, of treatment and evaluation, and which is a well-established approach in some countries, especially on the European continent. We perceive a lack of inclusion and informed critique of AnMt in international music therapy publications. This might be slightly different in Germany, where AnMt was integrated into a shared statement of different music therapy approaches, called the *Kasseler Thesen* (Kasseler Thesen zur Musiktherapie, 2008). AnMt was also included in a well known German music therapy dictionary (Decker-Voigt & Weymann, 2009) in an article written by Florschütz (2009).

We suggest that when music therapy is understood as a psychotherapeutically oriented profession (Mössler, 2010) and as having effects that are assumed to be both culturally influenced and idiosyncratic (Ruud, 1998; Stige, 1998) AnMt's core principles can be challenging to incorporate and easy to dismiss. Criticisms of AnMt's limiting view of music in therapy can be found in the literature in connection with Paul Nordoff and Clive Robbins' experiences in anthroposophical homes in the 1960s (Robbins, 1998, 2005). It has been described that the relationship between anthroposophy and the approach being developed by Nordoff and Robbins at that early time "was not always a happy one" (Ansdell & Pavlicevic, 2010, p.133).

Furthermore, AnMt's esoteric roots in anthroposophy can make it difficult for many music therapists to appreciate this approach. Along with other approaches identified as "New Age", AnMt's cosmological foundations have received criticism (Summer, 1996). The authors of this paper acknowledge the difficulties of positioning AnMt, which has a very specific background and tradition, within the landscape of many contemporary clinical music therapy approaches, especially where these are founded in the tradition of Western allopathic medicine or where music therapy is viewed as a psychotherapeutic approach in which the therapeutic relationship is the main agent for therapeutic change (for example Mössler, 2010).

However, we propose that AnMt might be usefully considered a music-centred music therapy approach as it fulfils some of the criteria mentioned by Aigen (2005) in this context. For instance, in AnMt the therapeutic relationship is primarily a musical relationship and clinical goals are frequently musical ones. For example, Jacobs (1995) described that

In music therapy, it matters if the melody rises or uses large intervals, thus demanding a lot of the patient, or if it creates a relaxed working atmosphere for the patient by using small ranges and light, undemanding melodies (Jacobs, 1995, p. 258).

This was additionally confirmed through four interviews with expert AnMt practitioners during Andrea's doctoral research. Interviewees' statements implied the existence of musical goals in the therapeutic process. Similarly, they indicated that verbal interactions are sometimes limited and not necessarily aimed at processing clients' emotional experiences (Intveen, 2011).

However, there are other, chiefly esoteric, aspects of AnMt—for example the fact that its knowledge base in anthroposophy is not scientifically endorsed—which may not qualify it as a music-centred approach in music therapy, and restrict its acceptance as music therapy and rather relegate it to a music healing or esoteric approach (see Summer, 1996). Further

discussion as to whether AnMt is able to be considered a contemporary music therapy approach or not is needed, along with the discussion of other aspects, such as the role of the therapeutic relationship in AnMt (Intveen, 2011). This could occur through agreement to joint presentations at conference between different traditions, or even a specially convened event where students of AnMt are encouraged to discuss music therapy with peers from non-AnMt course programmes.

The authors suggest that AnMt may have developed further in the last few decades, as was also the case with Nordoff-Robbins' approach, which has adopted new fields of practice and has been described as moving closer to psychotherapeutically oriented music therapy approaches in recent times (Robbins 1998, 2005; Turry, 2009). Yet traces of the N-R connection with the esoteric tradition can be easily found and elaborated (Ansdell & Pavlicevic, 2010). New developments in AnMt are apparent in our examination of the contents of an AnMt training course which offers a wide range of topics relevant to therapeutic professions in addition to the more "orthodox" anthroposophical subjects. Similarly, the importance of experiential work, of the therapeutic relationship and of psychodynamic processes in music therapy has gained more attention within AnMt circles recently (Intveen, 2011). This also shows in the fact that AnMt students receive supervision and engage in peer supervision (Musiktherapeutische Arbeitsstätte, 2010; Orpheus-Schule für Musiktherapie, n. d.).

In our opinion dismissing AnMt as a New Age approach (Summer, 1996) may be a too limiting view of this music therapy model, which looks back on a long history of practice and theoretical developments. The fact that at least in Germany, patients are referred to AnMt practitioners not only by anthroposophical doctors, but also by "main stream" GPs (Intveen, 2011), also needs to be taken into consideration. However, we also acknowledge that an evidence base investigating the mechanisms and effects of the techniques of this approach more closely is needed.

In our opinion there is a richness to some aspects of AnMt that the music therapy training we have undertaken and now offer, may sometimes lack; such as the intense concentration on small musical aspects. The care for the instruments – including how they are made, the materials of their construction, and their careful use in therapy contrasts with some of the indiscriminate choices offered to clients in our experience. We are especially intrigued by the intensive listening that is needed in becoming a music therapist in the AnMt tradition. For example Jacobs described this as follows,

Rudolf Steiner frequently suggested that we should patiently listen and practice the individual elements of music in the Goethean phenomenologic sense, so that their primary qualities gradually emerge. This applies to single tones, intervals, rhythm, melody, and harmony, to mention just a few of the many potential elements for study. Rudolf Steiner considered such phenomenologic studies essential, as is evident from his discussions on musical themes where he speaks of these basic elements over and over again, describing their qualities (Jacobs, 1995, p. 259).

Some of these listening exercises, whether conducted with an awareness of Steiner’s philosophies or not, could be of benefit to all music therapists in training as well as for practising music therapists in their continuing professional development.

It also needs to be mentioned that a greater openness towards other contemporary music therapy practices may or may not be encountered within the AnMt community. Andrea has taught the subject of "comparative music therapy" to AnMt students. Here, future AnMt practitioners learned about the basic tenets of other music therapy models, such as Analytical Music Therapy, Gestalt therapy, or psychodynamic music therapy, as well as Traditional Oriental Music Therapy. The resonance of the students to these approaches was mixed. The fact that a subject such as comparative music therapy is taught in an anthroposophical music therapy training course may indicate greater openness towards other music therapy models within AnMt. Interestingly, most of the students felt drawn to Traditional Oriental Music Therapy, but perceived it to be very "prescriptive" which we have noted is sometimes a term used to describe AnMt (Intveen, 2011).

We hope that this paper might initiate a bridge of communication between AnMt and other music therapy approaches. One of the interviewees for the first author's PhD research put it into these words: "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" (Intveen, 2011, p. 335). From the information gained in her interviews and conversations with AnMt practitioners and students, Andrea came to the conclusion that some members of the AnMt community may be interested in other music therapy models and in initiating a dialogue while others might not acknowledge much overlap with other music therapy traditions, especially those with a psychotherapeutic orientation (Intveen, 2011).

In our exploration of AnMt we found some aspects challenging but also intriguing, especially the careful consideration of each tone within a scale or a sequence. It is hoped that a better understanding of some of the essence of AnMt can have a benefit for other music therapy traditions. We hope that further opportunities for dialogue between practitioners from many of the traditions of music therapy will continue to be available, and that all sides will see the benefit of engaging in, and further developing this dialogue.

Notes

[1]Some of the information presented appeared in the PhD thesis of the first author, which was supervised by the second author. The PhD research also included interviews with key teachers and practitioners in the field of AnMt. These interviews and the findings from analysis of them appeared in this unpublished PhD thesis (Intveen, 2011).

[2]Eurythmy is a movement art created by Rudolf Steiner (Steiner, 1967, 1984, 1999). It exists both as a stage performance art and as a therapy, called eurythmy therapy.

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