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Musical Instruments in Anthroposophical Music Therapy with Reference to Rudolf Steiner's Model of the Threefold Human Being

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Introduction

Musical instruments have distinct purposes and functions in anthroposophical music therapy. This article describes how the anthroposophical music therapy literature has defined the use of traditional as well as distinctly anthroposophical instruments, such as the lyre and chrotta. For reasons of brevity, forged metal instruments are omitted, such as iron- or copper-glockenspiel, copper chimes, or hand bells made of brass (see also <http://www.therapeutikum-linz.at>).

My motivation to write this article has arisen from the topic of my current PhD study, which deals with anthroposophical music therapy. In a way I am writing this from an outsider's perspective, although I have lived and worked in various Irish Camphill communities for several years and worked alongside anthroposophical music therapists. However, my own background as a person and as a music therapist is not anthroposophical. I qualified through the MA course at the Irish World Music Centre (now called the Irish World Academy of Music and Dance) at the University of Limerick, Ireland. Originally from Germany, I have noticed that anthroposophy – including Waldorf schools and music therapy approaches – is somewhat more established in Germany and other places on the continent, such as the Netherlands and Switzerland, than in some of the English-speaking countries; particularly Ireland, where I lived for more than twelve years.

This article will contribute to making the approach a little bit more known in Irish and other English-speaking music therapy contexts. With my particular "outside-in"-approach I am hoping to contribute to the clarification of some possible misconceptions about anthroposophical music therapy – one of them being the idea that anthroposophical music therapy is closely related to the Nordoff/Robbins approach – and to show that anthroposophical music therapy approaches may have to offer something to so called "mainstream" music therapy approaches. For although I have neither adopted anthroposophy for my own personal life-style nor for my music therapy practice, I still feel that those years of working alongside two anthroposophical music therapists have positively influenced my own music therapy work to some degree.

Most of the literature sourced for this paper is written in German. Therefore, I have taken the liberty to translate the passages that are used here to the best of my knowledge. This has brought up some issues in quoting from these sources. Since some of them, especially Susanne Reinhold's book published in 1996 have not been officially translated into English, I felt that sometimes I could not use my own English translations as direct quotations – so this is why inverted commas and page numbers were not inserted. However, in some cases my

translations were so close to the German original that I felt I had to use inverted commas and page numbers when quoting. Hopefully readers will not be confused by this.

What is Anthroposophy?

When discussing the topic of musical instruments in this context, it is necessary to explain some of Steiner's views of the human being, as well as some of the basic ideas of anthroposophical music therapy. It is challenging to describe anthroposophy briefly, since it is a very complex topic or set of topics, and naturally, this attempt at a definition is far from being comprehensive. A brief description is given here, in the hope that it may suffice for the understanding of the subject of this article. Readers may have met anthroposophy in various shapes, be it in the form of Waldorf schools (also called Rudolf Steiner schools) or Waldorf education, anthroposophical homeopathic medicine, anthroposophical cosmetic products, bio-dynamic farming and gardening, eurhythmy (a movement art brought into existence by Rudolf Steiner) or also through the Camphill Communities for people with special needs in various countries, including Britain and Ireland. All these concepts, ideas or products are based on a complex philosophy founded by Rudolf Steiner. Anthroposophy defines itself as both a "spiritual science" and a "path of knowledge" rooted - for example - in the philosophies of Aristotle, Plato and Thomas Aquinas (<http://www.waldorfanswers.org>). Anthroposophy was developed at the end of the 19th and the beginning of the 20th century by Rudolf Steiner (ibid). Steiner (1861-1925) was born and grew up in Austria. He studied the writings of Kant and Goethe, along with other philosophers, and as a student he edited Goethe's writings on nature. He was deeply influenced by Goethe's approach to science. Some of his own important writings include "The philosophy of freedom" (1894), "Theosophy" (1904), "Knowledge of the Higher Worlds and its Attainment" (1904) and "Occult Science – An Outline" (1910). (<http://www.rsarchive.org>).

As an esoteric spiritual science, anthroposophy also involves the pursuit of an esoteric path and paths of spiritual development (<http://en.wikipedia.org/wiki/Anthroposophy>). It is striving to reflect and speak "to the basic deep spiritual questions of humanity, to our basic artistic needs, to the need to relate to the world out of a scientific attitude of mind, and to the need to develop a relation to the world in complete freedom and based on completely individual judgements and decisions" (<http://www.waldorfanswers.org>).

Anthroposophy is aiming to bridge the gap between the sciences, the arts and religion with the aim of finding a synthesis between them (ibid). It also is an impulse "to nurture the life of the soul in the individual and in human society" (ibid). The Goetheanum in Dornach, Switzerland, is one of the most important anthroposophical centres in the world.

What I have found most striking in my own encounters with anthroposophists and anthroposophical music therapists is the struggle with our so-called 'materialistic' values and its curses or blessings (depending from what angle one looks at it) and the sometimes amazing endeavours to overcome materialism and give life a sense beyond it.

The Threefold Human Being

Steiner's model of the threefold human being is vital for the understanding of the role musical instruments and instrument choice play in anthroposophical music therapy. However, Steiner also proposed a model of the fourfold human being with the physical body, ether body, astral body and ego (Steiner 1970; Felber, Reinhold und Stückert, 2003; Steiner, 2004). This article focuses on Steiner's model of the threefold human being and its implications for music therapy, but the model of the fourfold human being could be referenced to further study the use of instruments in anthroposophical approaches.

From an anthroposophical point of view, the human being has three different parts: "the head system, the chest system and the digestive system with the limbs" (Steiner 2004, p. 37). Therefore, the human being can be seen from three different perspectives, namely as "head man, trunk man and limb man"^[1] (Steiner 2004, p.149). However, these three systems don't have fixed boundaries, they 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). The same would be true for the chest and limbs (ibid).

When looking at the human being in accordance with this model of the threefold human being, one finds a polarity between the head and the limb system, the upper and lower human being (Felber, Reinhold & Stückert 2003). The middle human being, which manifests in the chest or trunk part of the human body, is the meeting place of these two polarities (Felber et al., 2003). 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 et al., 2003). It is also described as a calming influence (Felber et al., 2003). The lower human being finds a physical manifestation in the limbs and in the metabolism (Felber et al., 2003). Its task is one of movement and activity (ibid). The middle human being physically manifests in breathing and heartbeat (ibid). It is also called the 'rhythmic system' (Felber et al., 2003, p. 31) and has the function of mediating between the head and the limb system (Felber et al., 2003). In the middle human being, the current state of wellbeing of a person shows especially (Felber et al., 2003). This can show in certain phenomena, such as "accelerated heartbeat, laboured breathing, sighing", etc. (Felber et al., 2003, p. 31).

The three above mentioned different parts of the human being are also respectively connected to three different soul activities: thinking, feeling and willing. 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). Lower man with 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). The breast or middle system is the carrier of our feelings (Felber et al., 2003), stands between the upper and lower man and "mediates between the movement of the outer world and what the head brings into rest" (Steiner, 2004, p. 144). However, like the three different systems, also the three soul activities can not be completely divided and are partly interwoven (Steiner, 2004). In this way, "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). For example, when willing is permeated by feeling, the result can be that an action is performed with enthusiasm and love (Steiner 2004).

The three soul activities are also connected to different states of consciousness. In thinking, the full consciousness is involved (Steiner, 2004). This is not the case with willing, where full consciousness is only involved with the "mental picture" of activities, such as walking (Steiner 2004, p. 85). Usually, one is not aware of all the physical processes involved with these more will-centred activities (ibid), so that "there is always something deeply unconscious present in the activity" (Steiner, 2004, p.86). Feeling also has conscious and unconscious parts (Steiner, 2004). The consciousness in our feeling is "midway between waking and sleeping", similar to dreaming. (Steiner, 2004, p. 88). The real "waking consciousness" is only present in thinking (Steiner 2004, p. 87). Following this idea the human being is awake in the activity of thinking, sleeping in willing and dreaming in feeling (Steiner, 2004).

Sense impressions are supposed to be chiefly of a willing nature, while a certain element of feeling comes into it as well. (Steiner, 2004)

The Model of the Threefold Human Being Applied to Music

The Model in Connection With Musical Elements

Susanne Reinhold described how Steiner's model of the threefold human being correlates to musical elements. From an anthroposophical point of view, human feeling is the bridge between the human ego [2] and organism (Reinhold, 1996). The human capacity of feeling has a central role in the perception of music, as music addresses the feeling (Reinhold, 1996). The latter is being enhanced through music, which can be observed in the facial expressions of people who are listening to or playing music (Reinhold, 1996). For example, we can be deeply touched by a lament, not because we are enjoying someone else's grief, but because in listening to it we can experience how our own personal experience of emotional pain is brought to an objective level through the music (Reinhold, 1996).

Like the human being with the head, chest and limb systems, music is considered to have three main elements, which correspond to the ones of the human organism: Melody, harmony and rhythm (Reinhold, 1996). With each of these three elements we experience music in a different way (Reinhold 1996). In the realm of melody this experience gravitates towards the thinking function of the head, in rhythm towards the will-oriented movement of the limbs, and in harmony emotions are involved (Reinhold, 1996).

The rhythm – for example of a song – is closely connected to movement and dance, as we can experience when we are clapping or walking rhythmically (Reinhold, 1996). In contrast to this, movement would disturb our focus when we are concentrating on the line of a melody (Reinhold 1996). Harmony lies in between melody and rhythm, and connects them (Reinhold, 1996). While the major keys are more outgoing in character, the minor keys are more inward. In the change between minor and major, in the transition between them, "we are swaying to and fro

with our feelings, like the seasons changing between the lighter and darker times of the year, the day changing between morning and evening, or like alternating between breathing in and out" (Reinhold, 1996, p. 17).

What is therapeutically significant from this point of view is the idea that – for example - through music with a strong rhythmical accent an "animation of the will activity" (Reinhold, 1996, p. 18) can be obtained, and through a "haunting melody" relaxation can occur, and in this way it is proposed that "pathological imbalances can be treated by means of music therapy" (Reinhold, 1996, p. 18).

The author's conclusion was that the capacity for the perception of music lives "in our emotionality and our middle or respiratory system" (Reinhold, 1996, p. 18)). The threefoldness of music, divided into melody, harmony and rhythm, directly corresponds to the underlying threefoldness of thinking, feeling and willing and their physical foundations of the head-, respiratory- and metabolism/limb systems (Reinhold, 1996).

The Model in Connection With Musical Instruments

Unlike the music therapy approaches taught in the qualification I attained, in anthroposophical music therapy, musical instruments are proposed to have specific effects on the client. In the course of study I undertook, music was perceived more as a means of relating in order to engage the client in a therapeutic interaction with the therapist, rather than as a direct 'treatment' that would show 'effects'. So what do the effects of musical instruments on the human being look like in anthroposophical music therapy approaches?

One of the ideas is that when playing wind instruments, a feeling of calmness is produced in the player (Reinhold in Felber et al., 2003). Sound production is linked to the breath and movement of the limbs is minimal in the process of playing (ibid). Wind instruments are connected especially to the melody element in music and correspond to the soul activity of thinking (Reinhold in Felber et al., 2003). As opposed to this, playing percussion instruments is intrinsically connected to the movement of the limbs. The original link between the percussive element in music and dance is still observable (ibid). Here, the close connection to the soul activity of willing, and therewith to the lower human being, is quite obvious. On the other hand, the playing style of stringed instruments suggests a balancing out of the thinking and will activities, as is typical for the middle human being with its connection to the soul activity of feeling (ibid). The playing style of most stringed instruments is a mixture of "breath-like" (Reinhold in Felber et al., 2003, p. 47) playing, which expresses itself in holding a long note – as is applicable for bowed stringed instruments – and percussive playing, which shows in the activity of plucking strings (Reinhold in Felber et al. 2003). Of course, it is generally known that especially some of the plucked instruments, such as guitar, lyre, lute, etc., relate to the musical elements of both melody and harmony, in so far as both melodies and harmonies are played with these instruments (surely, one could say that this is also true for the piano). Reinhold pointed out that the connection of some stringed instruments to the middle human being, which – for example – manifests in heartbeat and breathing – even shows in the way they are held while being played (Reinhold in Felber et al., 2003). This is especially true for the lyre, children's harp and kantele, which are held near the heart in the chest area (ibid). At the same time, the movement while playing stringed instruments, e.g. when bowing or gripping and releasing a string, bears a resemblance to the breathing process. This is especially prominent in playing the tenor chrotta (Reinhold in Felber et al., 2003).

Illness and Disease Concept in Anthroposophy

The disease concept found in 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: building up of forces and decay (Bissegger 2001). The equilibrium between building up and decay is different in each organ or organ system (ibid). For example, in the nervous system there is mainly decay, while in the metabolic and limb system forces are chiefly being built up (Bissegger, 2001). But when the natural equilibrium is disturbed, illness emerges (Bissegger, 2001). Too much decay can cause sclerosis and hardening of forces, while too much building up of forces is connected to inflammation and disintegration (Bissegger, 2001; Reinhold, 1996).

From an anthroposophical point of view, every disease manifests in one-sidedness, for example 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. 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. Delayed onset of speech or motor skills can be a sign of a developmental disorder in children (Reinhold,

Another cause for the development of illness is "the occurrence of processes, which are healthy in one organ, in the wrong organ or to the wrong extent" (Reinhold, 1996, p. 20). Reinhold quoted the example of "cold" illnesses (Reinhold 1996, p. 20), in which the dominating calmness of the nerve-sense system leads to congealment in parts of the body where it shouldn't be happening. An example given for this type of illness is Parkinson's Disease (ibid).

In such pathological processes the rhythmic system, especially the breathing system, has the task of balancing out these different kinds of one-sidedness (Reinhold, 1996). The affinity in structure between music and the human being opens up the possibility to apply musical elements systematically in treating pathological imbalances in the human constitution (Reinhold, 1996).

The Instruments from an Anthroposophical Point of View

Musical instruments are – of course – closely connected to hearing. Hearing in an anthroposophical sense – at least when it comes to music – is always connected to an inner, spiritual experience (Reinhold in Felber et al., 2003). In this context, musical instruments can help to build a bridge to this inner, spiritual experience of music (ibid). In this process, the whole human being is involved in the hearing process (ibid). 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 in Felber et al., 2003). Other authors, such as Ruland, pointed out the connection between different musical instruments and "physical sound", "utterance" or "musical tone" (Ruland, 1992, p. 5).

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 out of the world of imagination and have not been invented through 'trial and error' (Steiner 1980, p. 23). He thought that where musical instruments are sounding nowadays, spiritual beings used to be in the past (Steiner, 1980). Steiner compared the orchestra to the human organism (Steiner 1980), but excluded the piano from it, as he felt that it had been created rather from abstract ideas than out of spiritual imagination (ibid).

In terms of the human organism, Reinhold interpreted musical instruments as an extension of the same (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 in Felber et al., 2003, p. 45). Hence it is considered important for therapeutic application, to be aware of how the different groups of instruments correspond to the parts of the human organism (Reinhold, 1996). In fact, Reinhold pointed out that even the shape of some musical instruments compares to the shape of parts of the human body (Reinhold in Felber et al., 2003). As an example, the author compared the strings of a harp or lyre with the human nervous system (ibid). This idea was also elaborated by Friedrich Oberkogler (Oberkogler, 1976). Both authors described the lyre as a representation of the Apollonian principle in music (Reinhold in Felber et al. 2003), as compared to the Dionysian principle, which is represented by some of the wind instruments (mostly reed instruments, such as the oboe) whose archetype is found in the Greek "Aulos" (Oberkogler, 1976, pp. 17-23). 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).

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 in Felber et al., 2003).

Instruments Traditionally Used in Music Therapy

The Human Voice

For Steiner, in earlier periods of human history, singing was an expression of the spiritual world: "People sang, but their singing was their way of speaking about the spiritual world. They knew that if they spoke of cherries and grapes they needed earthly words, but that if they spoke about the gods they would have to sing" (Steiner, 1970, p.134).

He observed that later there came a time when this kind of imagination was lost and singing became an expression of worldly words rather than an expression of contents of the spiritual

world (Steiner, 1980). This was a step into the physical world (ibid). A further step is the emancipation of singing, as can be found in arias etc. (Steiner, 1970; 1980).

Reinhold pointed out that the first instrument we ever produce a tone on is our own voice (Reinhold, 1996). When exhaling, we are "sounding out into the world" (Reinhold, 1996, p. 22). At the same time "our whole body resounds and is uplifted and invigorated" (ibid). While all sound production happens during exhalation the inhalation strives to be "effortless, short and unnoticed" (Reinhold, 1996, p. 22).

Ruland remarked that the human voice "is unquestionably the most prominent instrument of ensouled utterance" (Ruland, 1992, p. 5), which may be the reason why there is more tolerance in the listener in terms of intonation (Ruland 1992, p. 5), which has been proven with electronic measurements (Ruland 1992, p. 5). The author stressed that "Singing that achieves the right expressive utterance, but lacks absolutely pure intonation, is preferable by far to a soulless singing with perfect intonation" (Ruland, 1992, p. 5).

It would be beyond the scope of this paper to describe the use of the voice in anthroposophical music therapy – which would certainly deserve a separate paper. However, interested readers are advised to peruse the relevant literature, such as Werbeck-Svärdström (2002).

Wind Instruments

The first musical instrument outside of the human organism to tie in with the stream of exhalation used in singing is the wind instrument (Reinhold, 1996). Here, the sound production moves away from the larynx (ibid) and to the outer parts of the airway: with the reed instruments sound is produced inside the oral cavity, with the brass and transverse flutes between the lips and the mouthpiece, with the recorders and another type of flute called "Naturtonfloete" in German (Reinhold, 1996, p. 22)[3] the sound is produced in the mouth piece of the flute (Reinhold 1996). "The instrument itself is the enclosure of the air" (Reinhold, 1996, p. 22) that is sounding by means of exhalation. The instrument provides the sound with direction, timbre and pitch. The latter starts off with the human pitch range and extends upwards and downwards "into a height and depth unequalled by the human voice" (Reinhold, 1996, p. 22).

From the point of view of Ruland's idea involving physical sound, utterance or musical tone, wind instruments are closer to the "soul-utterance aspect" (Ruland, 1992, p. 5) and "intonation is left much more to the personal expression of the player" (Ruland 1992, p. 5).

Stringed Instruments

Bowed Stringed Instruments

With the stringed instruments the sound production becomes independent from the human breath (Reinhold, 1996) and what "used to be a breathing activity is now outside the human body and is taken on by the arm movement, which leads the bow across the strings" (Reinhold 1996, pp. 22-23). Sound is now produced between the bow and the strings (Reinhold 1996). With the bow stroke the player has the ability to produce long held tones. This is what bowing has in common with blowing and singing (Reinhold, 1996). Reinhold compared the two different directions of the bow stroke, the upward and downward stroke, with breathing in and out (Reinhold, 1996). She therefore claimed that string instruments are instruments relating to the middle human being and the breathing system and "that no other instrument can balance the breathing in and out in such a profound way" (Reinhold, 1996, p. 23).

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). The tone produced on a bowed stringed instrument reaches a balance between soul quality and spiritual tone quality (Ruland 1992).

Plucked Stringed Instruments

In anthroposophical terms, plucked instruments also relate to the middle system of the human being (Reinhold, 1996).

According to Ruland, the harp-like, plucked stringed instruments, such as harp, lyre, zither, harpsichord or piano are furthest away from the timbre-oriented aspects of physical sound, and closest to the spiritual reality of musical tone (Ruland, 1992). The latter was also described by Ruland as the "numerical-harmonic order" (Ruland 1992, p. 5) or the "creative Harmony of the Spheres" (Ruland 1992, p. 5), following the Pythagorean idea of the existence of a music of spheres ("musica mundana", Ruland, 1992, p. 4). This idea postulates that the music of spheres is "the music in which lives the spirit that created and ordered the universe, right down

to the very chemical structure of the smallest material object" (Ruland, 1992, p. 4). Therefore, because of their affinity to the spiritual quality of tone, the "numerical-harmonic order", the harp-like instruments are required to have a very exact intonation (Ruland, 1992, p. 5).

Keyboard Instruments

As we have seen in the previous paragraph, some anthroposophical authors, such as Ruland, classify these instruments as stringed instruments (Ruland, 1992).

Not much is found about the use of the piano 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).

Ruland postulated that the characteristics "of the harp family and the wind instruments are brought together in a different fashion by the organ" (Ruland, 1992, p. 6). He also called it "a sort of 'flute-harp'" (Ruland, 1992, p.6): On the one hand "it is a wind instrument capable of a rich variety of sounds with utterance-like tone color" (Ruland 1992, p. 6), on the other hand "it has been freed from the human breath and because its tones have a fixed pitch, the organ also has characteristics of the harp family. It therefore demands the greatest purity of intonation" (Ruland, 1992, p. 6). By liberating the wind instrument from the breath the organ "objectivizes its utterance-like tone" (Ruland, 1992, p. 6).

Percussion Instruments

In terms of playing technique – according to Reinhold – percussion instruments have a similarity to plucked instruments (Reinhold, 1996). Sound production mainly occurs through cushioning (of the hands or beaters) off the instrument (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 like an answer, and falls into the inhalation phase" (Reinhold, 1996, p. 23). Playing percussion instruments is connected to movement (Reinhold, 1996).

Susanne Reinhold mentioned various percussion instruments, which are not specifically anthroposophical as such and are used in conventional music therapy approaches as well. These are, for example, xylophones, metallophones, cymbals, drums and timpani (Reinhold, 1996). As these instruments are mostly generally known, they will not be described in detail, but instead the focus lies on illustrating the use and effects of these instruments from an anthroposophical point of view.

Reinhold found that percussion instruments "speak in an elementary way" of the materials they are made of, be it wood, animal skin or metal (Reinhold 1996, p. 34). Some imitate nature sounds, such as "whispering, rushing, cracking, thundering, hissing", etc., while others produce clearly defined tones (Reinhold, 1996, p. 34). According to Ruland's viewpoint, the percussion instruments are most closely linked to physical sound. Even with the tuned percussion instruments "what speaks is above all the material sound of the stretched hide, the metal, the stone, the wood, and not the harmonically tuned pitch" (Ruland, 1992, p. 6).

Reinhold stated that percussion instruments – in their character – relate to the sphere of will and enable the player to be active, as they "only need an initial impulse and then sound on freely" (Reinhold, 1996, pp. 34-35). According to the author, such a way of playing activates the movement of the limbs. Besides that, the joy of playing and the imagination are encouraged, and the development of the will-directed, rhythmical side of music is practised with the help of percussion instruments (Reinhold, 1996).

On the other hand, some instruments like chime bars, xylophones and metallophones help to make the melody element accessible "by using rhythm as a starting point" (Reinhold, 1996, p. 35). This results in a "systematic channelling of the will impulse" (Reinhold, 1996, p. 35). Wooden and metal percussion instruments express the rhythmical qualities 'short' (wooden) and 'long' (metal) in a characteristic way (Reinhold, 1996). Whereas some wooden instruments, like the xylophone, require alertness and flexibility of the player (Reinhold, 1996), metal instruments with a long lasting resonance, such as metallophones and cymbals, invite the player to listen on (Reinhold, 1996).

Tuned percussion instruments, such as the timpani, demand of the player "to experience the drumbeats physically and to be penetrated by their power and rhythm" (Reinhold, 1996, p. 36).

Therapeutically, this is meant to have a toning, will-enhancing and warming effect (Reinhold, 1996).

Instruments Specific to Anthroposophical Music Therapy

Wind Instruments

The Copper Flute and the Choroï Flute

"A soft timbre in a wind instrument causes the air to stream out gently during blowing, so that there is almost no resistance to the breath" (Reinhold, 1996, p. 24). An instrument that can provide such an experience is the copper flute. It doesn't have any holes for fingering, and "even the softest breath brings about a gentle, low-pitched tone" (Reinhold, 1996, p. 25). The smallest increase in the strength of breathing produces the nearest higher-pitched note on the overtone scale. In this way "the copper flute educates the player towards a dynamic way of blowing and helps him or her to increase the strength of his or her breathing very gradually" (Reinhold, 1996, p. 25). Reinhold 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 conditions, which affect exhalation, such as bronchial asthma (Reinhold, 1996).

The Choroï^[4] flutes make it possible "to create finer nuances in the flow of breath, as they have a very light, clear timbre that resembles a human singing voice" (Reinhold 1996, p. 26). They have a cylindrical shape and the wood they are made of is only treated with oil (Reinhold in Felber et al. 2003). Choroï flutes come in diatonic and pentatonic tuning, and as interval flutes with only one hole. Fourths and fifths can be played with the latter (ibid).

Choroï flutes generally don't possess the "sharpness"^[5] that is sometimes annoying about the timbre of a recorder (Reinhold, 1996, p. 26). Reinhold stressed that the "gently unfolding psyche of small children" can be addressed with this instrument, as well as youths and adults who are "pathologically trying to avoid the earthly element" – such as patients with anorexia. They are often able to connect inwardly to a sound of the above-mentioned quality (Reinhold, 1996, p. 26).

The Renaissance Flute and the "Gemshorn"

Renaissance flutes help to focus and strengthen the breath and the tenor and bass instruments also involve lower pitches (Reinhold, 1996). The 'Gemshorn' has a similar effect – its soft and dark sound furthers a sensation of one's body being penetrated with warmth (Reinhold 1996).

Reinhold experienced in her music therapy practice that a lot of people complain about shortness of breath when playing the recorder (Reinhold, 1996), and her conclusion was that "a lot of people are actually rather experiencing an excess of air, due to not being able to use up enough air while blowing" (Reinhold, 1996, p. 26). She assumed that a change from the recorder to the renaissance flute may help in using up the air more efficiently (Reinhold, 1996), but admitted that the tenor flute may be difficult to play for patients with small hands (ibid).

For such clients the tenor 'Gemshorn', "which combines the quality of a warm, enveloping tone with a close position of the holes", may be more suitable (Reinhold, 1996, p. 26).

The combination of the material, which is pleasant to touch, and the warm, comforting tone of the instrument can also provide people who are highly strung and literally have a 'too thin skin'-as is the case with eczema – with a possibility to play a wind instrument. On the other hand, it can have a gently invigorating and structuring effect on people who tend towards an unformed physical organisation and emotional instability (Reinhold, 1996, p. 26).

Breathing can be constricted once "too much awareness goes into the activity of blowing" (Reinhold, 1996, p. 26). In such cases it can help to direct the focus towards movement, e.g. by making clients walk while blowing an instrument (Reinhold 1996).

The Crumhorn

The crumhorn has a hidden double reed, "which offers resistance to the breath and helps to strengthen it" (Reinhold, 1996, p. 27). It produces a bassoon- or bagpipe-like tone, and a strong impulse from the diaphragm and stomach muscles is necessary for that sound to emerge (Reinhold, 1996). "It's nasal and squawking timbre can seem either humorous or eerie and serious, and has an alerting, tautening and contracting effect on both player and listener" (Reinhold, 1996, p. 27). If one wants to play the notes in an accurate way and give the melodies shape, "one needs to combine a clear conception of pitch with structured strength of breath" (Reinhold, 1996, p. 27). Therefore, the crumhorn is described as a wind instrument,

"which ties in with the consciousness-related activity of melody shaping" (Reinhold, 1996, p. 27). However, in playing this instrument, this thinking activity is connected with will forces, which are linked especially to the muscles of the lower breathing apparatus ("Atemmuskulatur im Stoffwechselbereich"[6], Reinhold, 1996, p. 27).

"A well-applied regime of blowing exercises" (ibid) encourages deep breathing and "enhances the entire muscle tone and blood pressure, and in the emotional realm, impulse and stamina" (Reinhold, 1996, p. 27). These attributes connected to playing the crumhorn point towards various therapeutic applications, for example cases of depression, states of anxiety, bedwetting and low blood pressure (Reinhold 1996). Reinhold also mentioned the use of the crumhorn for asthmatics, albeit "not in an acute state of the disease" (Reinhold, 1996, p. 27).

Bowed Stringed Instruments

The Bowed Psaltery

Reinhold observed that "the organisation of the psaltery strings in a musical scale gives the instrument its triangular shape" (Reinhold, 1996, p. 27). On the right hand side of the longest and deepest middle string, the diatonic scale is found, on the left hand side the pentatonic tones are situated (Reinhold in Felber et al., 2003). The strings are arranged around the middle string in a way that their length decreases and their pitch gets higher (ibid).

In the low pitches of tenor and bass psaltery, "the structure building force of the tones is central" (Reinhold, 1996, p. 27). Their piercing timbre can even reach people who are hard of hearing (Reinhold 1996). Alto-, and especially soprano psalteries have quite high pitches, which Reinhold compares to the intensity of sunlight (Reinhold, 1996, Reinhold in Felber et al., 2003). Reinhold finds that these "clear, lofty tones" (Reinhold, 1996, p.27) with their long lasting resonance (Reinhold in Felber et al., 2003) can tie into the state of consciousness of children, who are "outside of themselves" (Reinhold, 1996, p. 28), such as children with autism, who "utter shrill sounds" (ibid) and who are "magically attracted to twinkling light reflections"(ibid).

The pitches of the slightly lower psalteries, such as tenor or alto, are experienced by the listener rather in the middle of the body (Reinhold in Felber et al., 2003), while frequencies of the higher pitched instruments, such as the soprano psaltery, are experienced way above the head (ibid). The nature of the timbre of these instruments creates a "sense of alertness" (Reinhold in Felber et al., 2003, p. 52) and one of the therapeutic indications for using them is their ability "to build a link between centre and periphery" (ibid).

The Chrotta

As opposed to the psalteries, the chrotta-types of instruments produce a rather dampened, warm tone, which has – depending on the size of the instrument – different pitches and degrees of intensity (Reinhold, 1996). The tenor chrotta, which is the one most often used, is tuned like a cello (Reinhold in Felber et al., 2003). It is held between the knees and played with a viol-bow. Even a beginner can bow deep, warm tones, which are usually experienced as "comfortably enveloping and relaxing" (Reinhold, 1996, pp. 29-30). The chrotta has been developed from the Celtic Crwth – a bowed lyre which has been played in Wales since Roman times or longer (<http://en.wikipedia.org/wiki/Crwth>) – for therapeutic purposes. As a bowed instrument the chrotta corresponds to the middle human being. With the help of the low pitch range the tenor chrotta creates – like the cello – a connection between the breathing system and the lower human being (Reinhold, 1996). 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 in Felber et al., 2003). For the latter, the following therapeutic indication is given:

Playing the open strings while alternating between an expanding and contracting movement of both arms, can be especially helpful for patients who suffer from breathing difficulties, as is the case with asthma or metastases of the lungs" (Reinhold, 1996, p. 30). The connection of a breathing gesture while playing the instrument with sensitive listening frees and eases breathing (Reinhold, 1996, p. 31). 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 lung breathing". (Reinhold, 1996, p. 31). Reinhold also described another way of using the chrotta therapeutically: clients can put the soles of their feet on the instrument while the therapist bows. The perception of the vibration of the low-pitched tones "can restore lessened sensitivity and warmth production in the legs" (Reinhold, 1996, p. 31). The bass chrotta has a similar but even stronger effect (Reinhold, 1996).

qualities of the chrotta can help to intensify the correspondence between body and soul, especially in the legs and the abdomen (Reinhold in Felber et al., 2003).

In my own practice, assisting two anthroposophical music therapists in an Irish Camphill community I also came across another kind of chrotta, the Wichtel-chrotta, which is a smaller instrument with only two strings tuned in the interval of a fifth. It can be used for children, and the fact that it has only two strings makes it easier for clients to bow themselves. The German word "Wichtel" means something like "gnome" or "imp", and the way the instruments are built, they look a little bit like that.

Plucked Stringed Instruments

The plucked stringed instruments used in anthroposophical music therapy are all basically descended from the lyre family. They all have a "clear, but at the same time soft timbre" in common (Reinhold 1996, p. 31). A gradation from very small to big instruments makes a response to different constitutions in patients possible (Reinhold, 1996).

The Children's Harp

Reinhold described the children's harp as a delicate instrument with a big impact. It is tuned in a pentatonic scale with the tonal centre in the middle. Instead of a closed resonance body the children's harp has only got "a shell which is open to the surrounding" (Reinhold 1996, p. 31). This openness is in correspondence to the "fine, spherical sound of the instrument, which enhances the character of the pentatonic scale" (Reinhold, 1996, p. 31). Reinhold suggested that the music created with the children's harp constitutes "a protective sheath, which small children need for their emotional development" (Reinhold, 1996, p.31), but that it can also "create a structuring atmosphere for very weakened adults" (Reinhold, 1996, p. 31).

The Kantele

The original Kantele is a traditional Finnish instrument (see also <http://virtual.finland.fi>). 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 (Reinhold, 1996). Possibilities to tune this instrument in different scales make its therapeutic implications quite flexible (Reinhold, 1996).

The Bordun Lyre

This instrument is "strung crosswise with low- and high-pitched strings" (Reinhold, 1996, p. 32). Due to its small size, it can also be played by patients who are bed-bound (ibid). When one strums the instrument, "all tones sound as one harmony" (Reinhold, 1996, p. 33). The bordun lyre is usually tuned in a chord or an open chord (omitting thirds and using only prime and fifth). [7] Even clients unfamiliar with musical instruments "can enjoy being engaged in the interplay of harmonies created by the bordun lyre" (Reinhold, 1996, p. 33).

The sound quality of bordun lyres with their mixture of high-and low-pitched tones addresses the chest area and breathing system of the human being (Reinhold in Felber et al., 2003). One way of using the instrument consists of two players playing a minor and a major chord alternately, which can create "a sense of relaxed swinging to and fro" (ibid).

The Lyre

There are various types of lyres, for example the solo lyre, soprano lyre, alto- or tenor bass lyre (see also <http://www.leier.de>). Apparently, the alto lyre is the one most commonly used (Reinhold in Felber et al., 2003). Its pitch ranges from E to f² or a² (ibid).

From my own experience of playing the lyre I can say that the strings of the instrument are arranged like the keys of the piano, with the diatonic strings being 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 – the 'black keys' – are played with the left hand. As regards the playing technique, the strings are not so much pulled at, but the finger tips are gently snapping off the strings.

The lyre sounds "as soon as the player's finger releases the string" (Reinhold, 1996, p. 33). The tone quality of the instrument is described as "pure and inviting to listen" (Reinhold, 1996, p. 33). Reinhold reported that a lot of patients love the lyre "because of its soft, gentle and pleasantly enveloping sound" (Reinhold, 1996, p. 33). She claimed that both to the player and

the listener "the lyre opens up a space for sentient listening, which encompasses the entirety of musical elements: melody, harmony and rhythm" (Reinhold, 1996, p. 33). The author suggested that "the purity of the timbre particularly contributes to the disclosure of the unique character of the musical phenomenon" in its sentient and experiential quality (Reinhold, 1996, p. 33) and that hence "a systematic application of musical elements becomes possible through the use of the lyre – both in active and receptive therapy" (ibid).

From an anthroposophical viewpoint, the lyre is an instrument, which addresses the middle human being in a way that is "both liberating and furthering a more inward experience" (Reinhold, 1996, p. 33). Its sound is reported to promote general relaxation, as well as having a relieving effect on congested breathing, pain and tension (Reinhold, 1996). At the same time – through the intensity of the tone – it increases concentration and listening, and can therefore be used in the treatment of clients with "reduced consciousness and specific forms of hearing impairment" (Reinhold, 1996, p. 33).

Reinhold concluded that the new element that the lyre brings into music therapy is "a refined culture of listening to musical elements, such as intervals" (Reinhold, 1996, p. 33) but also listening to the essence of tone, in a more spiritual way (Reinhold in Felber et al., 2003). Listening in this sense "penetrates into the depths of matter and discloses its truths" (Reinhold, 1996, p. 33).

Therapeutic Use of Instruments in Anthroposophical Music Therapy and Why Instrument Choice is so Important

The music therapist who works with an anthroposophical orientation needs to study the musical instruments, including those from different epochs and cultures, diligently. This also pertains to their effect on the human being (Reinhold 1996). The therapist – in listening to the client – needs to be able to identify which instrument he or she needs (Reinhold 1996). 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" (Reinhold, 1996, p. 24). Often it is enough to let the patient [8] blow one note or bow one string to achieve a particular therapeutic effect (Reinhold, 1996). Reinhold stated that "the more one connects with a musical element the simpler the actual activity looks from the outside" (Reinhold, 1996, p. 24). If the outer means are reduced in favour of a deepening of the inner experience the perception of qualities is enhanced (Reinhold, 1996). This could be the reason why sometimes the therapist – while working with a patient – "hears with his inner ear what kind of a sound this person needs" (Reinhold 1996, p. 24). Sometimes through this process new musical instruments for therapeutic use can be invented in collaboration with instrument builders (Reinhold, 1996).

Every anthroposophically oriented music therapist compiles his or her own instrument collection individually – according to his 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 help to intensify the effect of music on the human organism – both as an active playing and a listening experience" (Reinhold, 1996, p. 21). They are helping to connect the psyche with the body. On the other hand they can also work in the opposite way. If in the course of an illness the "inner music" (Reinhold, 1996, p. 21) of a person has become too weak, the musical instrument acts as a replacement for it (Reinhold, 1996) until it is reinforced enough by the therapeutic process. This revitalisation of ones own inner music is – according to Susanne Reinhold – the only thing the client takes away with him out of the music therapy situation ("das einzige was er mitnimmt aus der Musiktherapie", Reinhold, 1996, p. 21).

Summary, Discussion and Conclusions

In anthroposophical music therapy the instruments play a specific role, since from an anthroposophical point of view, instruments correspond to certain parts or capacities of the human being. In this way, from an anthroposophical point of view, instruments can be used for various therapeutic indications, especially in connection with balancing out and treating one-sidedness and imbalances in the human organism. In anthroposophical terms, the human being includes body, soul and spirit (Steiner, 2004, p. 42).

Active and receptive music therapy methods can be found in anthroposophical music therapy, using different scales and musical media (Reinhold, 1996; Ruland, 1990). Pre-composed pieces of music are employed, as well as specifically created therapy sequences. Some therapists also use planetary scales (Schlesinger, 1923; Ruland, 1992), such as the mercury scale or music composed in these planetary modes.

As described above, the act of listening to and inwardly experiencing music plays a specific role in the anthroposophical approach, as it is expected to create a connection to the spiritual (Reinhold, 1996; Ruland, 1992) and to help build up "creative forces" in the human being (Fachner, 2007, pp. 171-173). As opposed to other, more improvisation-oriented approaches to music therapy, the emphasis is on the affinity in structure between music and the human being, with the help of which certain losses and deficits can be addressed and treated. From this point of view, as we have seen, the choice of instruments plays a very important role.

However, within the model of anthroposophical music therapy, a number of different therapeutic approaches exist and it is consequently difficult to define this approach completely. In addition, the use of instruments is actually left to the judgement, therapeutic stance and approach of individual anthroposophical music therapists. For example, Reinhold in describing her work with a young girl with anorexia indicated that the therapist often needs to commence with the kind of instrument, timbre or music the client naturally feels attracted to, before a move towards the more desired or indicated therapeutic steps can be made (see Reinhold, 1996)

During my own work in an anthroposophical Camphill Community in the Republic of Ireland I also encountered and used some of the above described instruments while working with children and adolescents, as well as adults with special needs. Quite often the therapies were listening therapies and especially composed for the clients in question. The instruments typically used were the lyre and chrotta, but also sometimes the viola da gamba, the crumhorn or even guitar or percussion. Sometimes, these listening therapies did not last much longer than 10 or 15 minutes, and the clients were exposed to them on a daily basis, except weekends. Therapeutic goals often consisted of addressing the upper, middle or lower human being, building up and strengthening the will forces or the powers of feeling. Some therapies also involved the clients playing, especially bowing, strumming the bordun lyre – or in one or two cases – playing percussion. We rarely used planetary scales, but did use different scales such as the pentatonic or certain church modes, such as the Dorian. Changes between major and minor were also sometimes part of the therapies, especially with one client, who had very extreme emotional responses to melancholic music in her daily life. The gradual changes between major and minor were intended to help her get used to the more melancholic minor sound, and to be able to tolerate it better. According to my observations of the client it really worked: The client was able to tolerate minor keys and more 'melancholic' music, not only in the music therapy situation, but also outside of it, e.g. in the weekly concerts in the community, etc. The extreme states of upset when listening to the type of music described, did not occur any more after some weeks of music therapy treatment. Possibly and hopefully there were also effects on the client's general emotional wellbeing, although they seemed more difficult to monitor.

I myself used the lyre to settle two boys with autism I was looking after for bedtime. I used to play short lyre pieces to them when they were in bed – which was quite often a time for them, when they experienced restlessness and anxiety. Gentle lyre music, including the mercury bath^[9], always helped them to calm down (there wasn't a time when it didn't work, as far as I remember) when they were upset. However, this effect wasn't limited to the lyre and to the mercury bath. It worked just as well when I sang renaissance songs accompanied with the guitar. Often, spontaneous vocalisations emerged in the two boys (at the time they were 11 and 13), which almost sounded like baby noises or sighing, until both were really relaxed or had fallen asleep. In general, my experience in using the lyre has been that clients generally listen very well to the instrument, and that in many cases, relaxation and alleviation of anxiety and excess nervous energy occur.

The above example suggests that the use of the lyre and the mercury bath (as well as singing renaissance songs to the guitar) is a therapeutic intervention that can be useful in cases of anxiety and restlessness. However, it is up to the judgement and preference of each individual music therapist to use or not use instruments and techniques that originate in the anthroposophical approach, such as the lyre and the mercury bath. They may appeal or not appeal to some of us, but it is possible that they can be therapeutically efficient, when used in an appropriate way. However, it is also necessary to consider whether it is acceptable to use these instruments or methods when they have been taken out of the context of the anthroposophical background, or without having received training pertaining to their use and effects.

I believe that anthroposophical music therapy – with its specific use of instruments and specified instruments – may have something to offer to music therapy practice and theory in general. Especially the role of listening seems attractive. I sometimes feel that in music

therapy – except for the obviously more receptive approaches – we can sometimes become very preoccupied with a certain kind of 'activism', which may show in the idea of 'getting' the clients engaged musically. However, emotional engagement can also show in listening and experiencing. Sometimes I wonder whether in being 'engaged musically' there lies a certain danger of avoiding what is essential, of just 'functioning' musically, especially in the work with severely disabled clients who often need the help of others to even hold a musical instrument. This is not to say that it can't be deeply gratifying and therapeutically indicated for clients to experience themselves as being musically active.

In my encounters with the anthroposophical approach before actually becoming a music therapy practitioner I was struck by the role of listening, that is listening as an activity that is performed with reverence (in the sense of the German word "lauschen"), with an almost spiritual connotation. The discussion of the role of spirituality in music and music therapy is something I sometimes miss in other approaches.

I also took interest in the assumption that musical elements such as rhythm, melody and harmony may relate to different capacities in the human being, such as thinking, feeling and willing. It has already been emphasised by anthroposophical writers that these areas can't be separated completely. But – for example – the thought that in music, harmony may chiefly appeal to our emotionality, is maybe one to be considered further. The case of the client who responded well to gradual introduction of minor keys, as mentioned above, may illustrate that our emotionality can be influenced by harmonies in particular (in this particular case, we kept the same melody and rhythm throughout the therapy, but changed the harmonies).

The idea, that the timbre of certain instruments, such as the lyre, can specifically "invite" listening appeals to me although I am not sure I thoroughly agree with it. The claim that certain instruments, timbres, scales, etc., produce certain effects in clients, as well as the assumption that certain intervals have specific 'meaning' and effects, as postulated by Steiner himself (Steiner, 1970) and other authors in the anthroposophical music therapy context (Ruland, 1990; Ruland, 1992) seems to be of central importance in anthroposophical music therapy. However, these ideas seem difficult to reconcile with the discussion in contemporary music therapy, which includes musical socialisation, idiosyncratic personal responses to music, social and cultural background, local social surrounding as well as musical elements, texture, idioms etc. when looking at the effect of music on the human being (see Ruud, 2000).

It interests me that there are so few references to the therapeutic use of the piano in the anthroposophical literature and that music therapists who work in this context do not often seem to use the piano. Steiner's comments about the piano, as cited above, don't really make sense to me personally, although I am not sure I understand them the way they are intended. I believe that there are certain advantages and disadvantages in the use of the piano in music therapy. They may refer to the tempered tuning of the instrument, its loudness its possibilities of dynamics and expression, its timbre, its structure-giving, grounding and supportive potentials.

In the music therapy practice in the Camphill Community where I worked and lived, the piano was occasionally used with certain clients, especially when they had a natural affinity towards it. Likewise, certain other keyboard instruments were used, such as the harpsichord.

I am of the opinion that it is worthwhile to explore some of the instruments used in anthroposophical music therapy for their therapeutic potential and qualities from a non-anthroposophical stance. However, a number of considerations are notable when looking at the question of the extent to which the ideas and theories behind the anthroposophical approach are congruent with other approaches in music therapy. For example, there seem to be some differences in the role the therapist plays, as well as referral, assessment and evaluation processes. Quite often, anthroposophical music therapy is prescribed or recommended by a doctor (see Ruland, 1990; Reinhold 1996), and instructions can be given to a music therapist by the physician. Alternatively, the music therapy treatment is discussed between the music therapist and the medical team, as would be the case in an anthroposophical clinic (see Ruland, 1990). In this context, music therapy is closely connected to anthroposophical medicine and the music therapy client very much plays the role of a 'patient' (see Reinhold, 1996).

A further point is the acceptance and rejection of certain musical genres in anthroposophical music therapy, such as jazz, rock or pop music (see Ruland, 1992). The latter is particularly difficult in connection with music therapy approaches which strive to be culturally sensitive or to incorporate music preferred by clients, such as Community Music Therapy (see Pavlicevic and

The claim that music is a pure, objective 'phenomenon' that conveys archetypal and universal meaning (Ruland, 1992) rather than an expression of subjective feelings, as postulated by Ruland in his discussion of a phenomenological approach towards music (Ruland, 1990, 1992) and music therapy, basically contradicts the idea that music can contain an extra-musical 'programme'. This is conflicting with other music therapy approaches, which work within assumption that music can be seen as an individual expression of feelings or a "language of feelings" (Stige, 2003, in reference to Mary Priestley). Further study and research would be necessary to explore the area of musical meaning in anthroposophical, as well as other music therapy approaches. In this context, the question arises whether the anthroposophical approach bears some resemblance to the Nordoff/Robbins approach in its view of the role of music as the actual therapeutic agent, rather than extra-musical aspects. Can anthroposophical music therapy be seen as a music-centred approach, using music "as therapy" rather than "in therapy" (see Aigen, 2005)?

Further potential for conflict with some of the contemporary music therapy approaches lies in the rejection of psychoanalytical concepts still sometimes found in anthroposophical circles, which probably dates back to Steiner's criticism of psychoanalysis (Steiner, 2004), as well as in the 'exercise' character of anthroposophical music therapy applications (see Reinhold, 1996).

While there are engaging issues in the theoretical background of the anthroposophical approach that would benefit from further exploration and discussion, as far as I am concerned a major question remains at present: Is it possible and sound from a methodological, therapeutic and ethical viewpoint, to incorporate methods and media used in anthroposophical music therapy, without fully embracing anthroposophy?

Notes

[1] Although the word "man" is used in the quotations of the original Steiner text in this paper, it refers to "human beings," both men and women.

[2] From an anthroposophical point of view, the ego is characterised by the ability of the human being to be aware of himself and his surroundings, to be aware of the spiritual and to be a spiritually and creatively active being (Felber et al., 2003, p.23).

[3] No English translation was found for this word, but what would probably come closest to it in English is the expression 'overtone flute', as the tones of the overtone scale are produced by blowing with varying intensity. However, generally it seems to be called copper flute in contexts of anthroposophical music therapy.

[4] Choroi is a company that builds anthroposophical instruments, see also <http://www.choroi.org>

[5] The word sharpness (German: 'Schaerfe', p.26) here doesn't refer to sharpness in pitch, but sharpness in timbre.

[6] This German expression seems unusual, and literally means something like 'breathing muscles in the area of metabolism'. It is assumed that this refers to those abdominal muscles (i.e. the pelvic floor muscles, diaphragm, etc.) that aid the support and breath control needed for singing and playing wind instruments (hence the very free translation of 'lower breathing apparatus').

[7] Author's note: This piece of information about possible ways of tuning the bordun lyre stems from my own practical work alongside two anthroposophical music therapists. There are quite a few different ways of tuning these instruments, and it also depends on the intentions and preferences of the therapist. Different bordun lyres can be tuned in I, IV, V-chords, so that – for example with a group of clients – songs can be accompanied quite easily and all the clients have to do is to strum their instrument at the right time. However, for certain client groups this can present a difficulty as well.

[8] In conventional music therapy practice we are often speaking about the music therapy client. However, Susanne Reinhold uses the German word 'Patient', which is 'patient' in English, possibly because she has been working and practising in a medical context.

[9] The mercury bath is a piece of music usually played on the lyre, which uses the tones of

the mercury scale (identical with the Dorian church mode) in an ascending and descending sequence which alternates between minor and major chords. It can also be played as a canon with two lyres. Apparently, the mercury bath was composed by Maria Schüppel, the founder and former director of the "Musiktherapeutische Arbeitsstätte" in Berlin, where anthroposophical music therapists are trained. I got this piece of information from my colleagues in Camphill Ireland.

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