

„WIENER MELANGE“

Basic music therapeutical understanding with various psychotherapeutical backgrounds in practice and in teaching

The title of this round table ‘wiener melange’ was the result of a discussion about the quality and kind of cooperation between us music therapists within our music therapy-training course at the Vienna University of Music and Performing Arts and within the Viennese Institute for Music Therapy, WIM.

In fact we were rather astonished at the development because such a melange could also be a reason for incompatibility but the status quo shows us that we are on a quite positive and effective track.

And another point: if we have a look round the music therapeutical scene in the world, it seems that a music therapeutical melange is not an isolated phenomenon;

This we can find in all those places where more than one person created one ‘school’ or developed a concept as a closed system.

So, when we take ourselves as an example, as a model by way of illustration we come to the image of the Viennese melange.

A melange is not an espresso.

A melange is not a simple coffee.

A melange is something different - a coexistence of coffee, milk and sugar, an example of a culture with a long tradition of compromise.

The Viennese Melange is a traditional recipe, derivative of a conflict, (the Turkish occupation in the 17th century), kept and integrated and in the meantime a cultural asset of unscrutinized value. In the beginning the very black coffee was sold on the roadside in tents - then valued up by milk, sugar and served in noble places and in lively coffee houses, something like living places - but never at home. Doesn’t this arouse associations - leading directly to musictherapy, inside and outside, black and white together?

This picture made us curious about looking more at our identity search.

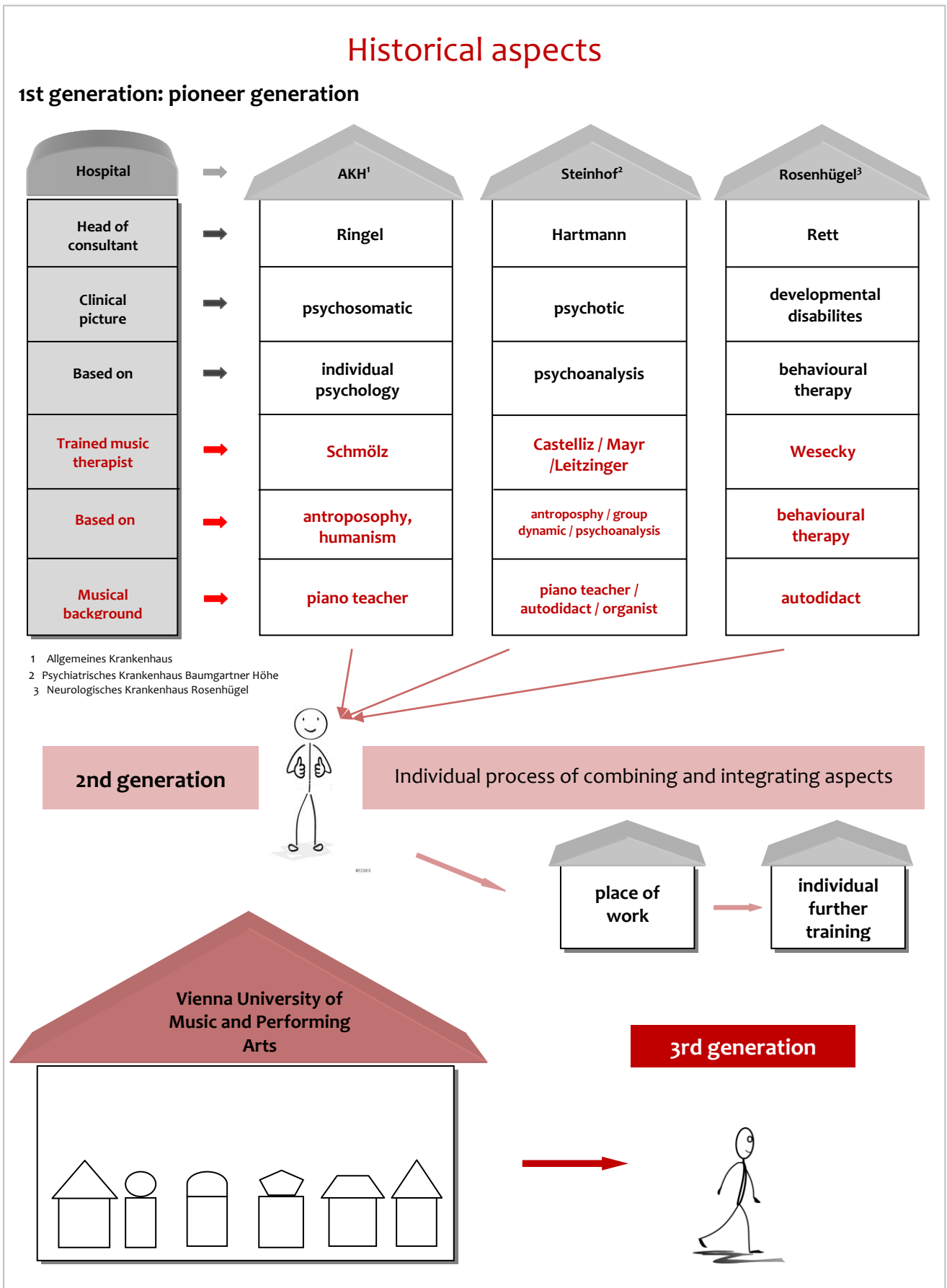
So, our interest for this round table is to understand how to reach a modus vivendi as well as a concept development with our various professional curricula and experiences which contain the main topics of a genuin musictherapy and at the same time not being obliged to only one psychotherapeutical theory.

Now we come to our key considerations:

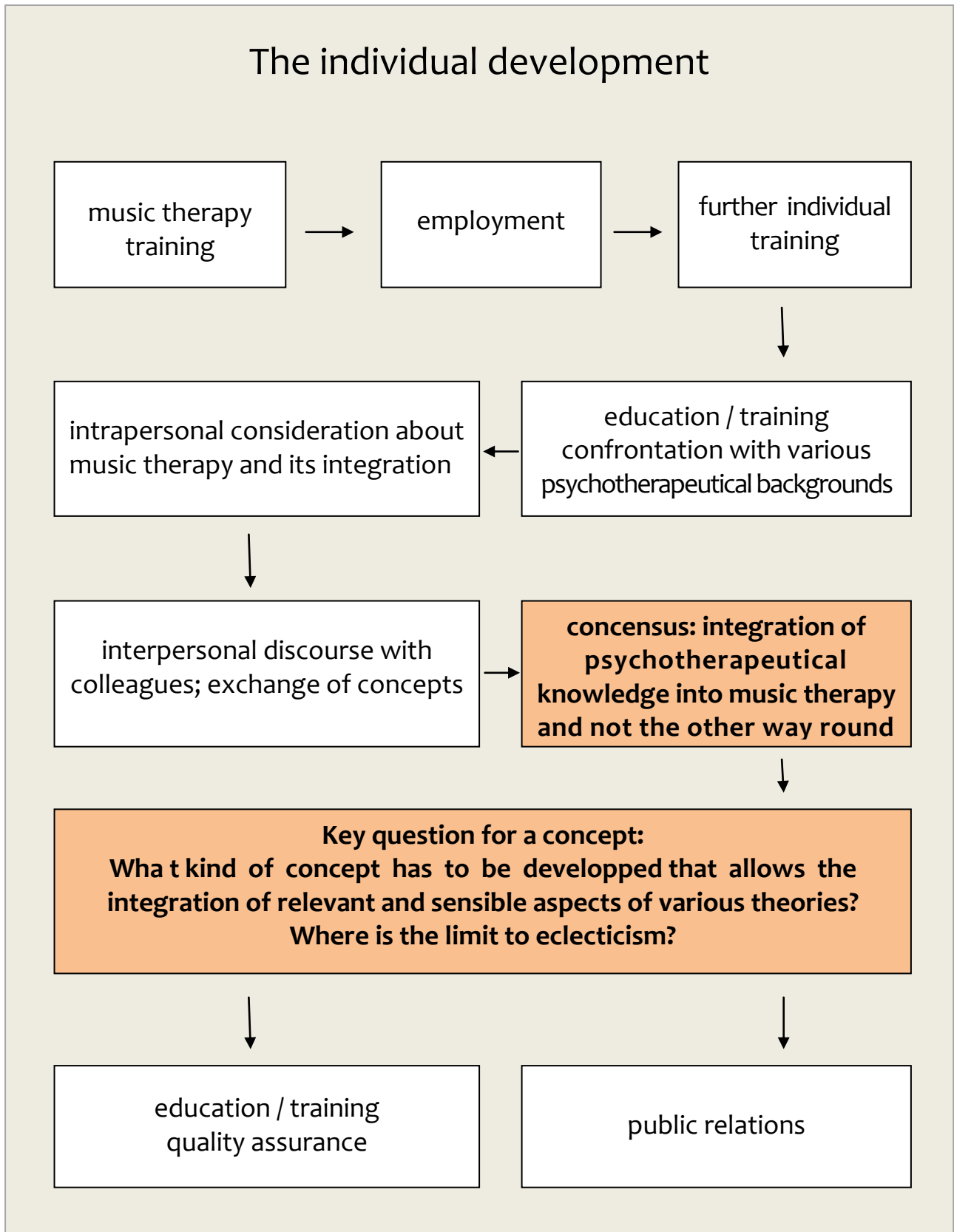
Key Considerations

- How do I cooperate with my colleagues?
- Does a common school identity exist?
- What is the identity of our school?
- Is the process of creating an identity in our school transferable to the self definition of other schools?
- Can a discussion about school identities in Europe be a possibility to develop a common music therapeutical European identity?

The next transparency elucidates the relationship between historical aspects and the status quo of the Viennese Training refer to the music therapeutical identity we have now.



The same procedure on the level of the individual development refer to our generation of music therapy trainers



As a result we deduce the following hypotheses

Hypotheses

1. compromise hypothesis

Music therapy cannot exist without a culture of compromises.

2. communication hypothesis

Music therapy has to be developed in continuous correspondence with its neighbour disciplines. In the beginning it was music and medicine, then it was psychology and nowadays it is psychotherapy.

3. conflict hypothesis

Music therapy is the result of a personal and a social conflict; in the meantime already integrated, at present a cultural asset.

4. integration hypothesis

Music therapy as a process only leads to integration if we are aware of this conflict and - if we are willing to invest quite a lot of effort.

Speaking about the culture of compromise we have to differentiate between compromise, mixture and integration and to look for the right term.

Evaluation of a „melange“ different possibilities

Pragmatism:

„Truth is what works“ - „good is what helps“

Eclecticism (LAZARUS,1991):

„Methods and techniques can be successful not only in the field for which they were developed but also in other areas...Thus an eclecticist is playing on a huge keyboard with a great variety of interventions based on a consistent theory.“

Eclectic-Integrative approach (GARFIELD, 1982):

„The therapist has to be selective in choosing the method. He/she has to be able to decide upon a plan of action that makes use of all the named methods (techniques) with reasoned arguments.“

„Integrative“ Therapy (PETZOLD):

based on: Depth Psychology, Gestalttherapie, Existentialism, Psychodrama

Differential Therapy (QUEKELBERGHE,1979):

„It is eclectic if you refer to the use of different techniques. As it ensures that the different techniques are based on a systematic theory (cognitive - psychological transformation) the term ‘differential’ is better than ‘eclectic’ or ‘pragmatic’, because it means distinguishing between illness, difficulties, the client, the therapist, the aim of the therapy and so on.“

The following two transparencies represent the specific product of our elaboration which we can identify with. It means a differential approach in the sense of QUEKELBERGHE. The process of theoretical elaboration is still going on.

This 'music therapeutical basic concensus' is the WIM's contribution to the title of this round table

Music therapeutical Basic Concensus with Various Psychotherapeutical Theories (Fitzthum, Oberegelsbacher, Storz / WIM,1998)

Images of the human being:

- Man as human being who hears and wants to be heard
- Man as creative and aesthetical human being
- Man as bio-psycho-social human being
- Man with deficiencies and resources, with a past and a future

Therapeutical axes:

- Psychodynamics - Sociodynamics (Enke-Ferchland, 1978)
- Giving - Taking (Schmölz)
- Verbal - Actional (Corsini, 1957)
- Uncovering - Supportive (WIM, 1998)
- Reflection - Interaction (Enke-Ferchland,1978)
- Regression - Progression (Enke-Ferchland,1978)
- Trophotropy - Ergotropy (after Weihs,1954;WIM, 1998)
- Archaics - Ripeness (WIM,1998)
- Maternal - Paternal (after Cremerius, 1979)
- Symmetry - Asymmetry (WIM, 1998)

Music therapeutics

- Central significance of musical action dialogue and musical improvisation (structured / thematical / communicative / free).
- Music therapeutical techniques are realized in the conscious connection between psychotherapeutical techniques and the specific use of musical qualities; they can be assigned to the categories production / reproduction / reception.
- Nonverbal musical expression
- Nonverbal communication
- Perception of oneself and the other in the musical dialogue (after Strobel, 1990)
- Musical acting in Winnicott's transitional space (after Strobel,1990)
- Company at transitions (Oberegelsbacher, 1997; Renz, 1997)
- Symbolic wish fulfilment through music (WIM 1998, after Sechehaye, 1954)
- Mediation between primary and secondary process (Oberegelsbacher, 1997 after Klausmeier)
- Actualizing of traumatical material in acting (Strobel, 1990)
- Musical test acting (after Strobel)
- Nonverbal interpretation and working-through (Strobel, 1990)
- Catharsis (Strobel, 1990)
- Regression in favour of the ego (Strobel, 1990)
- Structure formation (Oberegelsbacher,1997 after Wesecky)

WIM TRANSPARENCY 7

At last the „consensus of the concensus“:

The will to integration is an ever-present and ever-lasting temptation.

The characteristic of our dialogue is:

- permanence
- consensus of a model
- acknowledgement of our diversities
- diversity is not an obstacle for a common identity

Discussion

Summarizing the discussion we can point out four main subjects: person-centred aspects, eclecticism, male and female aspects of therapy and psycho-aesthetical terminology.

The following persons took part in the discussion group:

Jos de Backer, Professor for Music therapy, Coordinator for the Training Course, Lemmensinstitut, Leuven, Belgium

Jan Van Camp, Psychotherapist, Psychoanalyst, Professor and Coordinator for the Training Course, Lemmensinstitut Leuven Belgium

Karin Schumacher, Professor for Music therapy, Hochschule der Künste, Berlin, Germany and Lecturer for Music therapy at the Hochschule für Musik und Darstellende Kunst, Vienna.

Isabelle Frohne-Hagemann, Psychotherapist, Trainer for Individual Music Therapy at Fritz Perls Institut, Hückeswagen, Germany

Jean Florence, Psychologist, Psychoanalyst, Philosopher, Professor at the University of Brussels and Leuven, Belgium

Han Kurstjens, Music therapist, Lecturer, Supervisor at the Hogeschool van Utrecht, Netherlands.

One female music therapist, United Kingdom (unfortunately unknown).

Elena Fitzthum, **Dorothea Oberegelsbacher**, **Dorothee Storz**, Wiener Institut für Musiktherapie, WIM, Vienna and Hochschule für Musik und Darstellende Kunst, Wien.

.....

Schumacher: Most important are the identity and the patient orientation and not the psychotherapeutical background. Working with the patient the relationship is substantial and not the psychotherapeutical school.

Autism can be mentioned as an example: In this case the problem is not a psychological one but a question of „being in relation“. I am refering to people who don't know the cause of their suffering.

Han Kurstjens: Who needs the theory, the patient or the therapist ?

WIM: Above all a trainer of music therapy .

Frohne: With respect to the students, a conceptual discussion is necessary, although in practice we borrow ideas from many fields. We have to help the students in their perception and integration. This has

been shown during our numerous years of experience in training integrative music therapists at the Fritz Perls Institute.

Schumacher and WIM: Our original assumption, according to which the behaviouristic approach in the practical work with children impaired in development was selected purely by accident has not been confirmed. Today, we know that the selection of the relevant conceptual segment is largely determined by the indication. When treating children with development disabilities, cognitive elements are indispensable for music and psychotherapeutic treatment concepts.

De Backer: The problem with a school that practices a wild eclecticism is that big confusion arises. While using such a wild eclecticism the experience absolutely has to be in the centre of interest. That is the way training courses must be shaped and behave in music, that is the way I learned it from Prof. A.Schmölz in Vienna.

Han Kurstjens: It is striking that the WIM-concepts and ideas are strongly psychologically and psychotherapeutically orientated, and therefore certain students will be interested in them. But what about those students whose identity is largely defined by music and artistic elements? Where is the corresponding psycho-aesthetic terminology?

WIM: We recognize this problem. We are aware of the fact that we transpose the psychological concept of the transitional space of Winnicott into music therapy. We, too, pose ourselves the question whether there are analogous artistic models which would be appropriate for music therapy. In this field we consider ourselves to be in a process of development and search. We also recognize that at present many developments and the corresponding demands on a sociopolitical level are inspired by psychotherapy.

Our experience as trainers has shown that many graduates of the Vienna University use our concept of psychotherapy and then attempt to specialize. Some of them, however, maintain their musical artistic orientation and practise music therapy accordingly. Both ways are possible. Once again it is emphasized that in many trainings there are different foci on identity (which has been confirmed by our English colleagues)

Ian Van Camp: Music therapy implies per se a female view of music. (He refers in particular to the preverbal sphere, the speechless traumatic and to the one of empathy.)

WIM: In the following discussion a distinction between male and female aspects is demanded. Everywhere where music asserts its structuring potential, its logical and prelogical qualities (phrasing, rhythm, repetition of motifs) a male or paternal principle is already at work, even

if it only takes place in the preverbal sphere. Nevertheless, an equivalence of female = preverbal and male = verbal is very problematic. Nevertheless, a consensus exists that the music therapeutical aspect of work is a mainly female one.

In addition, we emphasize that an eclecticism in the decisions concerning personnel policy can have a damaging effect, if decisions are taken out of lack of professional knowledge or isolated from the music therapeutical staff. In order to be able to maintain a productive balance between the different schools it is necessary that the head of a training team has been trained in musictherapy. A training team has to be very well balanced and it has to be willing to work continuously towards integration.

Conclusion of the discussion

At this round table the trainers have intensively and interestingly discussed the overlaps of different areas, such as identity of schools, theory of music therapy, training and practice of music therapy.

All experts present have confirmed a correlation between these overlaps and a mutual influence on each other.

For the future we propose that each training institution make its school identity public and we say good bye, suggesting that one day we shall still sit together at one table again comparing the identities that will have been worked out. This could perhaps take place at the next European congress of music therapy.

Literatur:

Corsini, R.J. (1957). *Methods of group therapy*. Chicago: William James Press.

Cremerius, J. (1979). Gibt es zwei psychoanalytische Techniken? *Psyche*, 33, S.577-579

De Backer, J.et.al. (1990). Klinische Musiktherapie des Asthma Bronchiale. In: Frohne-Hagemann (Hg), *Musik und Gestalt* (S.253 ff.). Paderborn: Junfermann.

Enke-Ferchland , E. (1978). Systematische Gesichtspunkte. In: L.J. Pongratz (Hg), *Klinische Psychologie*. 2.Handbuch der Psychologie, Bd. 8. Göttingen: Hogrefe.

Frohne-Hagemann, I. (1990). Integrative Musiktherapie als psychotherapeutische, klinische und persönlichkeitsbildende

- Methode. In: Frohne-Hagemann (Hg), Musik und Gestalt (S. 99 ff.). Paderborn: Junfermann.
- Garfield, S.L. (1982). Psychotherapie - Ein eklektischer Ansatz. Weinheim: Beltz.
- Lazarus, A.A. (1991). Zur Notwendigkeit der eklektizistischen Technik: Wissenschaftlichkeit, Bandbreite, Tiefe und Spezifizierung. In: Zeig, J.K. (Hg). Psychotherapie. Tübingen: dgvt-Verlag.
- Oberegelsbacher, D. (1997) Musiktherapeutisches Improvisieren als Mittel der Verdeutlichung in der Psychotherapie. In: Fitzthum E., Oberegelsbacher D., Storz D., (Hg). Wiener Beiträge zur Musiktherapie (S.42-66), Wien: Praesens.
- Petzold, H., Sieper, J. (1993). Integration und Kreation. Paderborn: Junfermann.
- Quekelberghe (1979). R.v. (1979). Systematik der Psychotherapie. München, Wien, Baltimore: Urban & Schwarzenberg.
- Renz, M., (1997). Urangst - Urvertrauen - Frühstörungen. In: Fitzthum E., Oberegelsbacher D., Storz D., (Hg). Wiener Beiträge zur Musiktherapie (S.67 - 83), Wien: Praesens.
- Schmölz, A., (1988). Entfremdung - Auseinandersetzung - Dialog. Zur Komplexität musiktherapeutischen Beziehungsgeschehens. In: H.-H.Decker-Voigt (Hg), Musik und Kommunikation (S.211 - 225), Bd. 2. Lilienthal, Bremen: Eres.
- Sechehaye,M. (1973). Tagebuch einer Schizophrenen.Frankfurt: Suhrkamp.
- Strobel, W. (1990). Von der Musiktherapie zur Musikpsychotherapie. Kann aus der Musiktherapie eine anerkannte Form von Psychotherapie werden? Musiktherapeutische Umschau, Bd.11, S.313 - 338.
- Weih, H. (1954). Die Beeinflussung der vegetativen Tonuslage durch komplexe akustische Reizfolgen. In: Folia Phoniatica (1954). S. 19 - 34.

E. Fitzthum. D. Storz, D., Oberegelsbacher (Wiener Institut für Musiktherapie, WIM). (1998). Round table im Rahmen des 4. Europäischen Musiktherapiekongresses in Leuven / Belgien.