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Depression

- *Markus Treichler*
Melancholia in mythology, art and literature – examples of individual development in depression
- *Eckhard Roediger*
Anthroposophical aspects to psychotherapy for depression
- *Johannes Reiner*
How do antidepressants affect essential human nature?
- *Wolfgang Rissmann*
Depressive disorders—anthroposophical insight and treatment using anthroposophical medicines and external applications
- *Michaele Quetz*
Depression—a case record to demonstrate diagnostic and treatment approach based on anthroposophical psychosomatics
- *Susanne Reinhold*
Treatment of depression—music therapy
- *Rudolf Steiner*
Composure in facing destiny

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Treatment of depression—music therapy

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Treatment of depression—music therapy

■ Abstract

A female patient aged 61 with a severe depressive disorder was given music therapy as part of the holistic anthroposophical approach to her treatment in the Filder Clinic's Department of Psychosomatic Medicine/Psychotherapy, Art Therapy and Eurythmy Therapy. The diagnosis and treatment have been described in detail by Dr Quetz, the attending physician. The constellation of the levels of existence showed a situation where astral body and I were not adequately taking hold of the ether body and physical body. Treatment aim: on the one hand to stimulate the higher bodies to connect in the right way again, and on the other to make the living body prepared to accept the connection with the astral body. Music therapy was prescribed to strengthen the astral body, i.e. to stimulate psychic responsiveness and creative powers.

■ Keywords

Music therapy for depression
Stimulating psychic responsiveness
Music therapy diagnosis based on threefoldness in music and human being
Individual approach to treatment
Improvisation with surprising changes in tone material
Rediscovery of powers of imagination and creativity

Music therapy had been prescribed for the patient referred to by Dr Quetz to strengthen her astral body, that is to stimulate inner mobility and creative powers.

With music therapy it is possible to reach goals in a highly individual way, starting with the patient's inclinations and potential.

The astral body can be stimulated at the very core of musical experience through sentience of the *harmonies* involved, for instance. String instruments such as the *Bordun lyre* may be offered to patients and encourage them to discover their own basic mood, gradually also opening up to related or contrasting harmonies. Living with the changes in harmony can set the soul in motion, letting its responsiveness gain new life.

Generally speaking it is *rhythm* which has a liberating effect on people with depression, just as a morning run helps to overcome physical heaviness and thus also lightens heaviness of soul.

Many of these patients will therefore relate well to instruments which give impulses to the astral body because they call for will and movement. Examples are *drums*, all kinds of percussion instruments, and swung gongs. The *crumhorn* with its double reed also stimulates will power.

The melodic element tends to address the more withdrawn among the depressive, sensitive individuals who put their trust in the *melody* as the element closest to the conscious mind, feeling themselves understood in its clear lines and clarity. Metal *klangstab* bars or *kantele* often provide for first access.

Which instrument, which musical element would be right for this particular patient?

She always came for music therapy in the afternoon, a time of day when she is better, so that the heaviness she has to struggle against in the mornings is less severe. She is polite and friendly towards me, and indeed open with regard to her medical condition, but unbelievably reserved and controlled. This lives also in her slow, clear way of speaking and controlled gestures.

She has had good basic music teaching at school and has done much singing. Yet everything she told me, even when speaking of the grief she now felt, sounded remote.

Considering the way in which she presented herself to me and the music teaching she had had, it did not surprise me that this patient had an immediate grasp of the melodic potential of the metal klangstab bars. She liked the clear, open sound, perhaps also the free way in which sounds could be produced. Apart from the melody and of course also the rhythm, harmony may also be brought to bear when using several voices. It is also an instrument which invites listening to the echoes, can create atmosphere and free room in which to breathe.

I encouraged the patient to try things out in free play. Could improvisation, shaping things out of the moment, help her out of her reserve?

She took the sticks and used them in a controlled manner. Hesitant sounds arose between her and me; she tried take up sounds heard, take a melody to its conclusion. At first we played in turn, but she then also ventured to play along with me. As we improvised together, she produced hesitant, delicate small sound figures, always ending them quickly. She was mainly playing small melodic themes and melodies, with an orderly, reticent rhythm. She would react immediately to any harmonies that arose, accepting only consonant harmonies. Dissonances, which she called “discordant”, gave her a fright. It was as if she were judging the notes even before she played them.

The next day she came with a new impulse. She had dreamt that the patient before her had played with courage. She now wanted to try and do the same.

We played together and she came in with more courage, moving more freely among the familiar diatonic notes, though she would often still be upset by discords.

A bit surprised at herself she began to develop tender joy in the short pieces of music arising out of the moment. It was also evident, however, that in the long range these were much in the same style.

We might say that many structural elements acquired through education were evident in her music-making, and she relied on the way she was used to hearing music. Elements such as melody, harmony and rhythm were in an orderly system but reduced to an absolute minimum. Form predominated over content to such a degree that there was hardly any room for the patient to express herself. It meant that whilst she was capable of everything she was unable to move freely, to produce changes of her own making.

The work which needed to be done in music therapy was thus less concerned with the physical heaviness but rather the frozen state to which her physician had referred, perceiving it above all in rigidity of thinking. Being able to connect with melody as the part of the music which is closest to the conscious mind related to a strength the patient had, i.e. her well-developed intellectual powers. At the same time it reflected the rigidity, immobility she was caught up in, adhering to familiar patterns.

Deep down, she was longing for liberation, as evident in her dream.

Basing oneself on these insights, the aim of the music therapy could be clearly formulated. It was to make space for the powers of soul to become creative. The fact that the patient was able to enter into free play meant that there were many possibilities for her.

What does free play mean, however? How do I grow free? To have many possibilities does not mean being able to put them to use. The patient was limited, constricted and held back by hardening elements in her inner life. The astral body was not sufficiently in touch with the ether body, was not adequately supported by the vital, changing energies of life. This meant that she also was not able to come in freely, making use of its freedom.

The absolute precondition for coming to personal expression, to creativity, is trust in one's own perceptions and the feelings connected with these. This was the starting point in following the path together.

With the music, we sought step by step to make the frozen soul elements mobile again. Having been in the habit of always seeing things from just one point of view, simply changing one's standpoint will mean a completely new way of looking at things. This may be compared to the different views of a landscape during a walk—from the valley, the col and then the mountain top. The patient was asked to base herself on use a different key and not always the familiar C.

Her amazement was almost childlike as she discovered how different the same notes sounded in another key. She found how different moods arose depending on the chosen key—sad, calm, flowing, deliberate or lively. One mood would feel good to her, another unpleasant and clinging.

Whenever we improvised again after such tasks had been set her play was richer and had gained new colours. The new perceptions had helped her powers of sentience and creative will. The tendency to freeze up had not yet gone, however, and I therefore continued to use effects that surprised.

At the following session, the same klangstab bars sound very different; I had set up the pentatonic. No fundamental, no concluding half-note steps. Not hearing what she expected, a free space suddenly opened up, creating openness. She was able to accept pentatonics. All at once it was possible to use her imagination more, the play began to flow. By then she was able to accept those shock effects with a sense of humour, and, having first been taken aback, actually enjoy the liberation in shaping things, later also applying it to diatonic music. Before that she had already become more independent in her improvisations. It was as if she was catching up as she now also began to come alive emotionally.

It was all the more surprising that when a student sat in on a session she fell back completely into her former self observation and control, playing nice little pieces which did not, however, sound authentic.

In the following session she was presented with a scale consisting only of whole tones. All external support, e.g. of half tones, drops away with this, and at the

same time iridescent colours and freedom of form literally challenge one to experiment.

Inwardly retracing the stages from the C major scale to this point, one realizes the rich variety of soul gestures the patient had made—real soul gymnastics.

The goal was not dissolution but to create space where she could find herself in a new way.

In the last stage of the therapy, she was even able to improvise vocally. She was then completely free from preset tonal combinations, only listening to her own impulse counted.

Working with this patient I was touched by the honesty with which she faced up to many new experiences, her ability to be amazed and in spite of much scepticism ultimately take up anything unexpected with enthusiasm.

At the end of her therapy she described how she was able to connect again with the impulses she had had at the age of 25. At that time she had seen herself as shaping her own destiny. Now she had to weep, not in grief but “because it is so beautiful and because—after being cut off from the world of feelings for such a long time—she was able to experience it again.”

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