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Morphological Music Therapy[🕮]

Abstract:
The article gives a review of Morphological Music Therapy, which has bee developed in Germany since 1980. This approach is taught in some university music therapy trainings in Germany. Several books and articles have been published, mainly in German language. The underlying theory of this approach is described in four versions, which also can be used as four steps to organize music therapy treatment. Four case vignettes illustrate some practical aspects.

Keywords: music therapy, morphological psychology, Goethe, improvisation, case material

The development of the morphologically–orientated music therapy has its origin in morphological psychology. This in turn should be regarded from the historic background of a general morphology, which Goethe first used as a distinct line of thought in various sciences. We shall briefly summarise all three fields.

1. The Science of Morphology

The founder of morphology as a distinct scientific doctrine was J. W. von Goethe. As a scientist Goethe sought to understand reality as a whole based on the principle of formation and transmutation of Gestalt in the fields of botany, osteology, zoology, mineralogy, geology and chromatics. (Goethe, engl. Edition 1997) As opposed to an abstract compository science based on elements and components, he sought more for an „insight into the context of its (living nature's) essence and actions" (1817, p 2)

The fact that Goethe was *also* an artist is no trivial biographic coincidence; rather it explains *his* successful introduction of the „artistic" aspect to scientific questions, an achievement which offers the chance, in our field of research as well, to overcome the (apparent) opposition of science to art.

Historically morphology was always an unorthodox scientific course - its establishment remained difficult, it just did not fit in; but on the other hand it was always attracting researchers from a variety sciences. (An outline of the history of morphological science was published by Fitzek in 1994)
The historic effect of Goethe's scientific work is based less on the individual research results, but rather on the basic concept of morphological thinking. It is significant here that Goethe tried to define the phenomena as **Gestalts**, and that he insisted thereby on the simultaneous consideration of the always existing polar relationship to **Metamorphosis** (formation and transformation). Further crucial aspects are: the connection – to be described in each individual case – between

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the Gestalt as a comprehensive, all-inclusive **whole** and the developing, transient **forms** which it includes, forms which express the inner structure of the phenomena; the search for generalised, all embracing forms and laws (the primordial plant, the primary phenomena, the fundamental construction plan); the thinking in **polarities**, where the inner coherence in each case is to be found in the diversity of form development; the origin of phenomena (for example, of colours) in the impact sphere of two factors (here: light source and turbidity), or expressed otherwise: the origin of a phenomena in or as a result of the **interplay** of two other phenomena. *In the therapeutic context, healing would occur through patient and therapist working together*.

Also the necessity of the **researcher moving together with the object** of his research, a factor of pre-eminent importance in morphological psychology as in music therapy, can already be found in Goethe's understanding of science. This basic morphological approach to the sciences is radically different from the research school of thinking which emphasises the so called "objectivity" of a strict separation of investigator and investigatee. Thus Goethe emphasised that only through certain pre-existing connections between our human senses of perception and the so-called outside world (e.g. between the eye and the sun), can „objective facts" be acquired, which later emerge as central pivots of constructivistic scientific criticism.

Morphology as an alternative scientific paradigm must not be confused with morphology in the medical sense and it has also no connection to the term morphology in linguistics. There is however a connection through the reception of Goethe by Rudolf Steiner between the schools of thought of anthroposophic music therapy and of Nordoff/Robbins music therapy

2. Morphological Psychology

Morphological psychology was established as a scientific school of thought by Wilhelm Salber in Cologne. Among other goals, the proximity to the arts was developed and furthered, and in connection with psychotherapy, treatment was defined as art-analogical.

Salber taught as a Professor of Psychology at the University of Cologne from 1959 to 1993. He published some 30 books and over 100 papers. (Provisional Conspectus of Salber 1991; important works for the therapeutic context: Salber 1973, 1980, 1987,1991, 1997). In 1993 the scientific Gesellschaft zur Psychologischen Morphologie (GPM) – the Society of Psychological Morphology - was founded.

The psychological perception and understanding of morphology sees the psyche as morphogenesis and metamorphosis, a Gestalt with its own logical structure, a structure different from other spheres of life. It presumes that this particular logic

of the psyche (Psycho-Logic) is more similar to the processes and laws of the arts, than it is to the formal or linear logic as adopted in wide areas of academic psychology from the older sciences.

By intertwining science and art new insights can be gained, art and science learning from each other (Psychästhetik), instead of scientific methods being the sole approach to explaining and measuring art and therapy.

Morphological psychology returns to the principles of Goethe's morphology, translates them into a psychological context and develops from them a holistic and systematic psychology.

Further sources of morphological psychology can be found in psychoanalysis, in Gestalt psychology, and in certain philosophical and aesthetical schools of thought (Dilthey s. Makkreel 1973). In addition to these, a certain affinity exists to constructivistic, systemic and perception aesthetic tendencies in psychology, as well as to certain more recent scientific concepts (Chaos theory, Autopoiesis, Synergetics; cf. Drewer 2000).

The most important points of emphasis in morphological-psychological research are – in addition to the development and reflexion of therapeutic concepts – in particular everyday psychological questions, the psychology of the arts and new mediums, corporation and advertising psychology. Research findings in the most diverse fields have been published in the GMP Newsletter, „Zwischenschritte" (Intermediate Steps), as well as in other scientific publications.

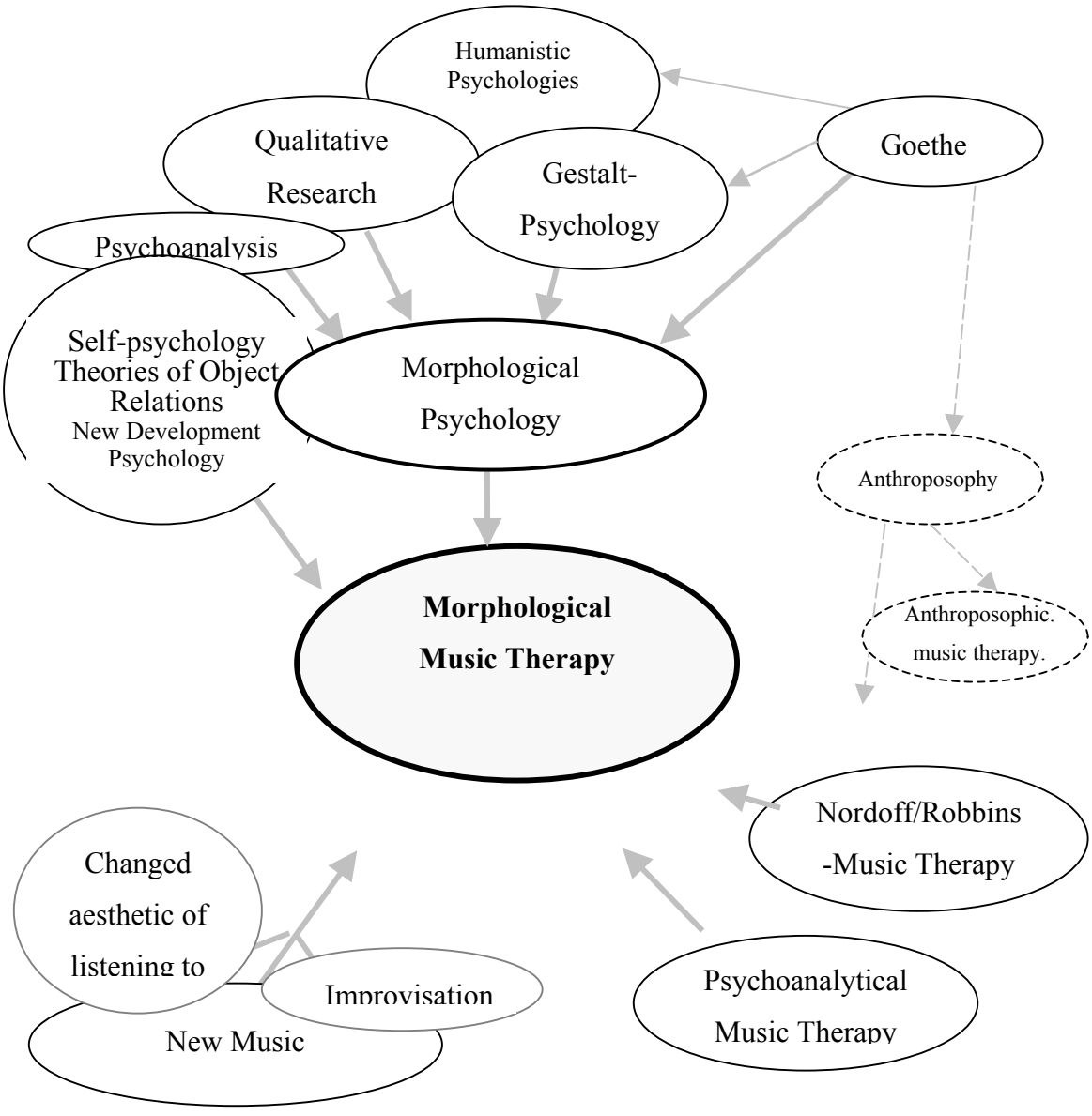
3. Morphological Music Therapy: Origin and Research

The first ties between morphological psychology and music therapy were developed during the music therapy mentor course of Herdecke from1977 to 1980, the first academic music therapy training in Germany. In 1980 this developed into the establishment of the „Research Group for Morphology in Music Therapy" (Frank Grootaers, Rosemarie Tüpker, Tilman Weber, Eckhard Weymann) and 1988 the „Institute for Music Therapy and Morphology " (IMM). Since then it evolved into three regional institutes.

The research group's first goals were to make processes in music therapy describable and scientifically reconstructable and to develop methods specific to music therapy. A very important result of this research was the establishment of a methodology for the scientific presentation of music therapy improvisations, which has since then been applied in over a hundred case examples (Tüpker 1996b). An abbreviated version of this methodology, as well as a synopsis of further research results in Morphological Music Therapy, is available in English (Tüpker/Weymann 2004)

These findings were presented in a cycle of four yearly congresses (1984-1987) and resulted into postgraduate courses in Morphological Music Therapy since 1988. At present this approach is taught mainly in the music therapy training of the University of Music in Hamburg and the University of Münster. A series of books have been published by the LIT-Verlag in Münster/London.

The following sketch illustrates some of the influences, which contributed to the development of music therapy, both in its history and in its contents without going into too much detail.



Influences on the development of Morphological Music Therapy

4. Morphological Music Therapy in four Versions

The underlying theory of Morphological Music Therapy can be described in four versions. In the following text, these four versions will be dealt with respect to psychology, science, music and music therapy. Each version will be concluded with a short case vignette.

4.1 Wholeness – Gestalt-logic – "Leiden-Können"

In the same way as music does, the psyche also forms holistic, in themselves meaningful and logical Gestalts. These exist and occur only in a state of continuous transformation. A Gestalt, meaningful and logical in itself, can be a piece of music, such as a sonata. But it can just as well be an improvisation, which has no fixed structure, but still has a specific describable, unmistakeable, understandable Gestalt. For both the sonata and the improvisation, it is evident that the fixed form of the Gestalts stand in contradiction to the fact that they can only truly exist as an event in time - one note succeeding another, that which shall be thereafter succeeding that which was before.

The definition of a psychological unit, an entity, is neither arbitrary nor is it a constant for all time and in all circumstances; on the phenomenon level it is defined by experience (Gestalt-logic). When regarded from the scientific point of view, a unit must be defined in the context of the object being examined and the question being posed. In this sense an improvisation can be regarded as a unit, as can a complete therapy session or even a complete treatment sequence. From the morphological point of view it makes no sense at all to break down the phenomenon into individual contributions by the patient and the therapist as separate psychological factors. Consequently, it is impossible to break down the outcome of a treatment into „the effect of the music", „the effect of the discussion", „the effect of the therapist's personality", etc. Rather, we are speaking here of an effect which evolves and develops in the intermediates, the transitions, in the „whilst" and in the patient and therapist working together. Whilst I play, the psyche finds its expression and finds in this expression a new development. Rather than: the psyche is first inside, then it comes out, then it is discussed, then it becomes conscious and then it changes.

Musically an entity can be found in every musical phenomenon, which has an intrinsic sense, in which we can perceive an inner logic inherent to this Gestalt. Necessarily this perception is both subjective as well as culture-dependent. Sometimes we do not understand the intrinsic logic of a work at all to begin with; only gradually does it become obvious. Similarly, while we are playing a particular part, we see it so absolutely clear and right, so unifying – and then suddenly afterwards we don't understand it anymore. These phenomena remind us that it is not the music alone that is significant, but rather what evolves and develops between us and the music. It is something we must take into account in science

as well. Finding scientifically significant units is an art that can be practiced, but still remains an art.

When we discuss the concept of treatment from this aspect, we use the term ***"Leiden-Können"*** (suffer / ability): We hear what the patient herself/himself claims to suffer from, physically and emotionally, but also under whom and in what circumstances he suffers and has suffered. We are also interested in his abilities, and in what he will not suffer, what he likes or dislikes (in German, "to suffer" means both to suffer and to like s.th.or s.o.). We are interested in his/her experiences, (in Old-Germanic „leiden" also meant travelling and find out, experience), and in his/her present attitude, in the history of his/her suffering and in its relevance to the current situation. While listening we also pay attention to that which the patient refuses under any circumstances to suffer, to bear, and that which instead involuntarily, unconsciously he suffers to happen, even if on the other hand he suffers under it. We hear this in what the patient tells us, as well as when we play music together. The fact that we play music together with him means that we hear this „Leiden-Können" not only from what the patient „brings to light", but because we also follow him, by listening within ourselves, by moving empathically with him, and the patient in turn hears this from our music. Even in silence this "accompanying" listening continues.

In this way we are looking for pictures and images, main pictures and peripheral pictures, which move and motivate the patient, pictures that illustrate his/her method of living. At this point in time, this method of living has steered him into a crisis. Therefore it is not our primary concern to treat his/her symptoms, although we are well aware that these symptoms are complex. Instead we concentrate on the underlying psychological structures. Together with the patient, we strive to experience these structures – both in their development (Psychogenesis) and in their context (in the everyday-life of the patient, as in the relationship with the therapist) – and to experience them in such a way, that they are laid open, that they are more accessible to a new development in a different direction. In this process, the way we see the patient's suffering, is not necessarily identical with the patient's perception; instead, therapy is aiming at a consensus that is negotiated between agreement and differences. To be able to work together in a free atmosphere agreement is necessary; for the patient to experience something outside his/her previous experience, differences are necessary. If these differences did not exist, the patient would not need us.

Looking at Morphological Music Therapy under this first aspect, we make music, because our fundamental conviction is, that no-one can simply say what he/she is suffering from – because a great deal of his/her suffering is necessarily unconscious, because there are just no words for it, etc. We know from experience that there is another part of the psychological form development, a part also involved in the suffering felt, which makes itself heard in the form

development of the shared musical improvisations, and is thereby made available to treatment. Also the ambiguity of„Leiden- Können“ is mirrored in this music played together. Not only suffering can be heard in this music, but also preferences, aversions, hidden skills, as well as things which have always been avoided, beliefs long forgotten and things never heard before.

In this first version, the analysis of the improvisation is part of the diagnostic procedure practiced in music therapy. This analysis is set up according to a specific methodology, which is also built up in four steps - wholeness, internal regulation, transformation, reconstruction (cf. Tüpker/Weymann 2004). Through this methodology, the reflection of the psychological structures in music improvisation can be used for scientific assessment in music therapy.

Case Vignette 1: A 22-year-old woman, of girlish-childlike appearance, was under treatment in a psychiatric hospital. Her symptoms were ambiguous – and the doctors undecided. The diagnosis seemed to be somewhere between phobia and hallucination. When alone and unhappy, she saw spiders under her bed, threatening her; she saw them coming towards her, felt them crawling on her. The diagnosis in her case-file mentioned the risk of a psychosis. Her music therapist was consulted. Since the patient was hardly able to talk about herself at all and basically could only talk about the spiders, they found any kind of progress or therapy impossible – apart from one or two „psychodramatical“ attempts to help her to drive the imaginary spiders out of her room. In this situation she appeared simple minded (undeveloped), incapable of introspection, and the doctors really did not know what to do with her.

In her first musical improvisation together with the therapist, her ability came to light, in the sense that her psyche unfolded and developed in an extremely subtle, multi-faceted and dramatic way. Something took shape immediately, something to which both therapist and patient could relate, and through this also to each other. The suffering, the ailment, also found a way to express itself, here in these musical variations of context and relationship: After a while the music played became so clotty and stuck together that the therapist had the feeling of being caught in a spider-web, a feeling she experienced almost physically. Although she experienced the musical texture as much too dense, too tight; although she yearned for a rest, for an intermission, she felt as if her fingers were stuck to the keyboard and she couldn’t get them free. Playing music allowed the patient to explore subtle differences on the symbolic level. She felt as if she were paralysed, bound to her chair, „entangled in thick strands“, this feeling was always there. While playing the metallophone, she symbolised this in „the continually recurring D in her left hand“. She couldn’t stand it, she couldn’t stop it, but while playing the music, her right hand made itself heard, and struggled to get free. These two opposing parts could, for example, be splitted into two parts for two players and

so the first movements and developments could stir and stretch the clogged stickiness of the spider's web.

At first her feelings could only be expressed in images, and only later was it possible to bring them into context. She suffered under a paralysing, entangling family, which offered her no life of her own, but dictated rather a fixed place in a cloyingly sweet, rich cocoon of family ties.

4.2 Form Development – Gestalt-construction – Methodifying

In their form development, both psyche and music unfold, take shape and modify themselves. Gestalts have an underlying construction plan, are made up of many parts, which are structured, which are related to each other and to the whole - in the form of tension and slackness, before and after, over and under, in a complex framework. (Gestalt-construction). A complete day can only be lived in the world of hours. Music unfolds itself in sounds, which already consist of arranged and structured parts (partial tones) in harmonious structures, in rhythmic and contrapuntal structures. They order, regulate and constitute the whole. Thereby the whole is more than and different to the sum of its parts (Ehrenfels). To understand the form logic of the whole, we do not even need all parts to be present, since the psyche has an innate tendency to complete, to supplement the image it is building to a whole.

From musical form analysis we already know that form development and the effect made by the whole work stand in a close relationship. It is governed by rules that are neither not arbitrary nor can be expressed in a single formula. It is possible to imitate the work of a complete orchestra on a piano („piano excerpt") and still be able to hear the essentials. Also one can still recognise a piece of music played with many „false notes", even though perhaps one cannot enjoy it. The „right" notes, on the other hand, can be played in such a distended, stretched–out tact that a familiar melody becomes unrecognisable. In the same way it makes „no sense" to play the second movement before the first, or the variation in a sonata before the basic theme. When you transcribe excerpts from a Wagnerian opera for a recorder ensemble, it just sounds ridiculous; on the other hand, pieces by Bach can be sung, jazzed up or played as rock music and still sound good. Here as well the standards are necessarily subjective, culture-bound and dependent on the complex set of rules or rather the fine-tuned perceptions within a subculture (the performance practice of old music, jazz styles, sound-evaluation of the computer format MP 3, etc.).

As a part of scientific research, analysis, as an art and as a skill to be practised, must here establish the correct balance of the overall whole on the one hand and the necessary exactitude of detail on the other. As musicians, we all know on the one hand how easy it is in the musical form-analysis to lose oneself in details, details which become senseless when they are too closely bound to a „technical"

or rigidly formulised thinking; on the other hand we also know how the experience of a work is deepened when, after it has been successfully analysed, one plays it or hears it again as a whole. The best way to achieve this balance is to continually move backwards and forwards between the whole and the details of the parts. This technique is just as valid in psychological analysis. We know here how the focus of attention alternates between empathy and distance, between „feeling“ and „thinking“. This takes place in the music as in the therapeutic relationship.

When we look at this second aspect on the level of the treatment concept, we could define it as ***methodifying***. This means on the one hand the method principles, which the therapist uses as set procedure in this particular treatment form of music therapy. On the other hand it means the set procedure that the patient follows just as consistently: he or she will treat the situation of his/her therapy, the music, the personal relationship to his/her therapist as he/she has always („mostly, usually“) treated his/her reality, herself/himself, the world, other people (transference). To put it another way, the method by which the patient lives comes to light, develops, unfolds itself in the treatment – and this all the more, the less the methodology or the personality of the therapist hinders or resists its expression. Not hindering this development (abstinence, plasticising, counter-transference) can again be part of this therapeutic methodology, which serves to make the patient’s method of living experienceable and understandable. Methods, which do this generally, presume that psychological structures are only understandable through experience.

Methodifying of both participants in the therapy process, and the interaction of these methods is what initiates the treatment, and what brings the Gestalt of „Leiden-Können” to adequate expression. In this respect, the form development, the structure of the patient’s method of living can only be gradually experienced. The psyche, the underlying psychological structure of the ailment can only come to light in a gradual, unfolding process. This unfolding and developing happens gradually – and this is equally valid for the interpersonal relationship between two subjects. With the interaction in the methodifying of patient and therapist also means, for example, that the patient begins to use for herself/himself the methodology of the music therapy procedure, in the sense of releasing or reanimating „old“ conflicts, as in the sense of introspection and of resistance. These factors, all equally valid, all equally justified, come together to form the desired process. With methodifying however we also mean, that the therapist does not follow a rigid methodology, but in each treatment adjusts his/her methodological procedures, interventions, etc. and attunes them to this unique and individual process. In this respect it would be true to say that we basically always use a modified procedure.

Case Vignette 2: Irene Müller in her case study (Irle/Müller 1996) of Jakob, a 6-year old mutistic boy, describes him as a „fast and furious explorer“, continually

starting play-activities and abruptly stopping them almost immediately: „He pulls the therapist towards the piano and indicates that she should play while he goes to the drum, but he stops after a few tones. Then he wants her to play the guitar and he the cymbals. After half a song-verse and a few rousing cymbal blows, he covers her ears, makes a gesture for the therapist to stop and turns his attention to unscrewing the cymbal, then lowering and raising it. Jakob looks for something, finds it and quickly discards it again. In reaction to Jakob‘s behaviour the therapist experiences feelings of futility and helplessness“. If however we examine the situation, from the aspect of method-assimilation, we realise that the child has successfully taken the initiative and used the music therapy situation, the instruments, the therapist, for his own purposes. If we see it like that, we realise that a music therapy treatment is possible and feasible, since the psyche of the child is able to respond to what is being offered to him in the music therapy settings. Such an observation provides an answer to the question as to indication, which is better - more exact, more individual – than that of some catalogue, which shuffles mutism in general into the pigeonhole of music therapy in general. At the same time, Jakob’s „method of life“, his procedure, showed the ambiguity and self-contradiction in his „Leiden-Können“: he seemed to be looking for something (the explorer), and at the same time, by continually shuffling the cards, reshaping his environment (fast and furious), he seemed to want to prevent himself from finding it. As an answer to this ambiguity, and as a supplement to it, the therapist offered the method-assimilation, on the one hand, of joining Jakob, in letting Jakob lead her in this search, in these motions of seeking, and on the other hand, of looking for and highlighting the recurring and continuous elements of these movements. In this way, little situations and scenes could originate, scenes that made sense, scenes that the therapist could for the first time verbally comment on and interpret. Thus speech started to function as an additional meaningful supplement to personal relationship. Jakob, for his part, used the great flexibility, the „plasticism“, of the therapist more and more, to „direct“ her, and in this way to find, musically and dramatically, with the therapist, what he needed and what he had to say.

4.3 Formation and Reformation – Gestalt-refraction - Changing

Psychological Gestalts are formed, developed, they have a history, they change, become something else, leave behind; they are transformed by encounters, or they sharpen their own profiles and contours in these encounters. Gestalt-refraction means that Gestalts do something to each other and with each other, that they influence each other, that one is „refracted“ in the other, that Gestalts interact, in mutually forming each other, but also in mutually interpreting each other.

The old saying „Music forms the character“ referred to this fact, before it became a discredited platitude in the education of the bourgeoisie. When we learn to play an instrument, it is not only musical knowledge and dexterity that we acquire;

while we learn to play it, the instrument forms and shapes our emotional life, and the more intense and persevering this relationship is the more it does so. While we work on our instrument, the instrument works on us and changes us in such a way that allows people to conveniently classify us as “singer” or “guitarist”. Naturally this is not only the case in music. And thus it makes perfect sense, to think about and question what sort of pictures and images we use to form the children in our society, even though the saying: „Violence on television produces violence in children“ is certainly too simple.

Under this aspect, morphology points out that the categories „outside – inside“, „real – symbolic“ make very little sense psychologically. Our early relationships become for us inner pictures that organise and direct our daily lives, just as much as our experience and our current relationships do. Music coming into being is not only simply an acoustic phenomenon, which then have a physiological impact and in the end becomes a psychological experience; rather something takes place between the player and that which is played, or between the listener and the one listened to (Transfiguration), and this something is always symbolic and material at the same time. Therefore musical phenomena can only be scientifically examined when they are seen in relationship to the actual experience of people, since it is only in this form that they can they be defined as music at all.

In music therapy treatment we mobilise this third version by trying to initiate certain, methodically reflected, Gestalt-refractions. This could be an invitation to play, a verbal interpretation, a musical intervention or an image, which recapitulates and summarises what has just been brought to light. We as therapists cannot do this alone; instead this third aspect of the treatment, ***changing***, must necessarily take place in the open space developing between patient and therapist. Changing can include conscious realisation of formerly repressed experiences or emotions, but this would not be sufficient. Changing means a transmuting internalisation, both active and passive, which happens and which is accomplished.

Under the aspect of changing in the treatment we focus on changed experiences, a new view of things, a different tone or emphasis in the music, a new form of expression, through which the changing and restructuring of a patient’s method of living can make itself heard. Such turning points can appear quite suddenly and can be accompanied by the proverbial „Eureka “, a sudden recognition, “jolting“ the psyche. However it happens just as often, that changes take place so slowly that they are hardly noticeable, and it is only in retrospect that we can see them properly.

Case Vignette 3: A 30-year old patient remarked during the music therapy that she was absolutely fascinated by the gong and would very much like to play it. At the same time however, she was hesitant to do this – on the one hand because

the instrument was somehow „awe-inspiring“, it appeared to her so „noble“ and so „expensive“. On the other hand, she was afraid that the instrument could keel over and bury her under it. The therapist listened to her attentively and told her a little about the gong, including the fact that the gong could actually „keel over“, admittedly though, not as a material object but in a symbolic sense, as an acoustic phenomena. This resulted in the patient’s curiosity overcoming her timidity and she decided to play the gong. What followed were several very subtle and differentiated improvisations, worked out over a series of treatment sessions, in which the patient played the gong, exploring more and more its acoustic possibilities, while the therapist accompanied her on the piano. At last she picked up enough courage to include the acoustic „keeling over“ of the gong in her music, and she reported in the following treatment session that in the night after she’d done this, she had had the nightmare again. This nightmare had until now always repeated itself in exactly the same form, a form, which had already been discussed, and to some extent already „understood“. Now however the dream was different – or to put it more exactly, she was different in the dream. She was no longer paralysed and helpless in face of the danger threatening her; instead she could scream.

4.4 Cooperation – Gestalt paradox – Implementation

In morphology, psychological morphogenesis is defined as the working together of various psychological factors, which are themselves nothing other than Gestalts. Thus in morphology, psychological conditions and symptoms are always regarded as originating from psychological sources, and are not seen as the result, for example, of some biological, physical, or metaphysical condition. We do not neglect the physical aspects of life but concentrate on following consistently a psychological object development. In morphology there are several systematising structures available, by which the examined object can be set into relation to the general principles of morphology theory. These structures cannot be described in detail here (cf. Tüpker 1996b).

This cooperation, must always deal with facts that are both polarised and paradox: something can only confirm and develop its own identity by working through something and with something different. Any individual phenomenon cannot be explained sufficiently by general principles only; still, scientifically, general principles have to be applied. We exert ourselves in sports in order to relax. We undergo therapy in order to change, yet stay the same person.

In scientific research, we understand, explain and reconstruct phenomena from a general level of theory. The scientific reconstruction of phenomena is always then both more and less than the phenomena themselves. Nevertheless, research aims at the most authentic and precise reconstruction. The psyche should be able to recognise itself in it. Art is another means of achieving this goal.

In music therapy, which is a treatment that we regard as art-analogical, we encounter a similar aspect. The patient's real day-to-day life is also always different to its reflections in the therapy situation, in music, in discussions, and in the therapeutical relationship. ***Implementation***, as the fourth aspect of music therapy, means exactly this sort of "More" and "Different", with which the internalised changing is now applied, or put to work; it puts the changes into practice in concrete actions, affecting physical experiences such as symptoms, changing attitudes and behaviour in every-day life. Part of the implementation can take place during treatment; it can be discussed. On the one hand, it is part of the treatment process; on the other hand it reaches beyond the treatment. On the one hand it is the goal of the treatment, on the other hand it is not only at the end of the treatment that it happens. Rather, all four aspects of treatment are only defining and organizing criteria. In the real-life treatment these aspects interweave with each other in a sort of varying, moving spiral. In the examination of music therapy they can therefore be used both as a catalogue of questions to use in examining a single therapy session as well as the organizing structure for a complete case study.

Case Vignette 4: A 21-year old patient with bulimia was interviewed 6 months after his music therapy, which he had completed in hospital: „During the interview, the discussion focuses on changes in the patient's life, on things he has begun and on things he has abandoned, departures and performances, so to speak. At the time of his therapy, the patient was a conscientious objector; he has now started his studies in theology, has left his parents' house after a row with his mother, and moved into a rented room. He is active in many different sports so as to keep occupied and not to stay in his room all the time. He has broken off a relationship to a young woman, which had little future – in his opinion she talks too much rubbish. He realises that his peculiar interest in his friends' girlfriends isn't right. However he still has problems with women. ... Right now he is not undergoing any outpatient psychotherapy, the bulimic symptoms are almost completely gone. His father has not changed and he avoids him" (Grootaers, 2002, p 66). In the commentary to the interview, it was pointed out that everything revolved around the question as to which was worse: to desire the unattainable, or to settle for and work towards the possible. The patient had now created for himself a new foundation on which to build a life that he could deal with.

5. Concept development in practice

The basic morphological approach of music therapy cannot be primarily determined by or restricted to a predetermined methodological repertoire on the level of therapeutic practice, even though in most working environments improvisation (Lenz/Tüpker 1998, Weymann 2002) must be regarded as the central, pivotal point of music therapeutical work. Rather the way of understanding in the morphological school of thought should help to develop concepts in practice, which are appropriate to the individual work situations and which are

helpful in supporting and furthering the different tendencies developing in an individual case. The morphological approach tries to develop music therapy as a consistent psycho-logical treatment. This can also mean reasoning pedagogical work in music therapy from a psycho-logical point of view.

Until now certain procedures have developed in the different fields of practice, as for example in the field of psychosomatics, in the broader sense (Grootaers 2000; Tüpker 1996 a and b), where speech as a means of communication is usually not problematic and active playing of music is possible. From an observer's point of view, work can be described as the interchange of discussion and improvising together of patient and therapist. The basic therapy rule - that he can say anything that comes into his/her head and play anything that „comes into his fingers", anything he feels like or anything that „just happens", can be of great help to the patient. The options to remain silent or to listen together to the recorded improvisation are also part of the setting.

Therapeutic interventions are conceivable on three levels:

- the therapist changes his/her musical interaction
- verbal interpretation
- the therapist suggests a new rule for the music or the playing

Rules in the playing and improvising of music are in this case never an end in them; rather their purpose must be grounded in the individual therapeutic process. There are no categorical articles of faith either, as to what the patient should discuss or how he should do this. The therapist's verbal interventions are closely related to modern psychoanalysis. The opportunities that all participants have in these discussions are increased – and this is an aspect common to all music therapeutic schools of thought – by the various possibilities of speaking about music. The treatment can take place as individual or group therapy.

While working with psychotic patients, therapists will find the most important difference lies in establishing the therapeutic relationship. This is true for all aspects of the relationship – music, discussion, as well as for the kind of therapeutic intervention required. With regard to the musical improvisations, Deuter (1996) has worked out in a very differentiated and empathic way how the „working together" through musically formed and structured images could be deepened and amplified through establishing a „common presence, an attendance together". In this way forms of being together which were bearable for schizophrenic patients could be established and excessive intimacy as well as of excessive distance for the patient could be avoided. Deuter describes, as does Kunkel (1996) how in this special space, moments of contact and encounter become possible, moments which do not oppress or stress the patient and which make a further development possible.

Morphologically orientated music therapy with children and adolescents (Irle/Müller 1996, Reichert 2001) differ from work with adults primarily through the inclusion of the children‘s play in the therapy, in addition to the playing of music sometimes replacing discussions. . Also children and adolescents more often bring music with them of their own accord, music that they want to listen to together with the therapist; they more often ask to be taught how to play a particular instrument or they want to sing a particular song. Whether or not the therapist fulfils their wishes or accepts their ideas, depends on the one hand on her evaluation (orientated on the individual process of the child) of what will further the therapeutic progress and what will hinder it, and on the other hand on the particular concept, in the narrower sense, in this case.
Morphologically orientated music therapy with children can be practiced with a psychotherapeutic emphasis; however originating from the morphological school of thought a pedagogic direction can also be conceived (morphological pedagogy exist as well). The natural result of this diversity are differences with regard to the actual procedure chosen, a topic that cannot be dealt here with in detail. Therapeutic interventions can take place within the music itself, in scenic play or more generally in the general context of interaction with the child. Verbal interventions depend on the assessment of the child’s or adolescent’s ability to understand interpretations as such and deal with them.

When working with mentally handicapped people, morphological music therapists often base their work on scenic understanding (Lorenzer[1] of the entire therapeutic process. Here morphological music therapists as well are strongly influenced by Niedecken’s work (1989) on psychoanalytical music therapy for the mentally handicapped.

The role music plays here is mostly that of an integral part of the activities in the treatment and of the therapy as a whole. Paying attention to comprehensive morphogenesis as well as transference and counter-transference can assist substantially. In this field of work palliative and remedial forms of therapy – in addition to the rather more psychotherapeutic orientated work which has been prevalent until now – could be conceivable. However up to this point in time no scientific research has been published.

Morphological concepts for work with oncological and neurological patients, patients suffering from dementia or elderly people (Tüpker 2001) are in progress.

[1] English text to Lorenzer s. Schaffrik, Tobias (2002): The Work of Alfred Lorenzer. http://www2.uibk.ac.at/bidok/library/grundlagen/schaffrik-lorenzer-work-e.bdkb

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