

History of Music Therapy in Austria: how the fundament was built until 1992

I. Early protagonists from the turn of 1800/1900 until 1958. The pre-institutionalized phase in Austria.

The Viennese school of music therapy, which exists parallel to the British one since 1958, was developed from the *Reformbewegungen* (*reform movements*) at the beginning of the 20th century. The transfer of knowledge and expertise which contributed to the coming together of the theories underlying music therapy dates from the beginning of the 20th century and somehow ‘survived’ World War II in order to re-surface in Europe in the late 1950s.

One approach of historical research in Austria (Fitzthum 2003) was an analysis of the career of a Jewish pioneer called **Vally Weigl**. Born in Vienna in 1894, she was a pianist and composer who had to escape from Nazi terror in Austria and got the chance to start her late career in the United States as a well-known music therapist in the Seventies of the last century. She died in New York City in 1982. Her life makes an exemplary contribution to the history of music therapy. In her various publications, all written in the United States, the source of her knowledge came from Europe. Following her firsthand informations and comparing them with further biographies, we (Fitzthum & Gruber, 2003) came to the result that early music therapy protagonists from Austria, parts of Europe and the USA had several things in common:

- a comparable social background
- an identical philosophical and artistical background
- working right at the same sources
- with 1938, their “musictherapeutical work” in Europe was stopped

At the turn of the century from 1800 to 1900, we can find a remarkable relationship between being Jewish, being female, and being a musician. This combination was a

common background of early protagonists of music therapy (Fitzthum & Gruber, 2003). Those who succeeded to escape from European fascism after 1933 transferred their knowledge, especially to the USA, and supported the development of music therapy in their exiles.

Most relevant activities in the field of music, dance and health came from women, mostly born and educated in a similar context. Key features in biographies of female psychologists, sociologists, musicians and music therapists of this period are nearly the same. From this point of view, the roots of music therapy in Austria – and not only in Austria – are deeply connected with the roots of similar disciplines, not only in a biographical sense. There is no reason to underestimate this fact because it shows us that we have something in common with neighbourhood disciplines: on the long way of emigration, many protagonists collected and integrated nearly the same theories. Best examples are the New School for Social Research as well as the Mount Sinai Hospital in New York. They had the function of a stopover for Jewish refugees after 1938, but also as a centre of professional communication.

Some examples of women with a nearly identical biographical background are:

Anna Freud, born 1895 in Vienna, exile: London, died there in 1982.

Charlotte Bühler, born 1893 in Berlin, exile: Los Angeles, later decided to live together with her children in Germany again, died there in 1971.

Hannah Arendt, born in 1906 in Linden/Germany, exile: USA, died in New York in 1975.

Margaret Mahler, born 1897 in Sopron/Hungary, exile: USA, died in New York in 1985.

Lore Perls, born 1905 in Pforzheim/Germany, exile: South Africa, later New York. Died in 1990.

Vally Weigl, born 1894 in Vienna, exile: USA, died in New York in 1982.

Until 1933, before fascists slowly started to transform the new culture of the *reform movement* into their “strengthening the body-movement”, we have had a social and

artistical atmosphere where treatment through music and free improvisation was born. Our musictherapeutical inheritance from this period was:

- the enormous emancipatory power of the *reform movement*
- the idea that everybody is able to play music, if not, we have to work with his blockades
- every human being needs another human being to grow up. Dialogue is the most important way to feel myself as what I am.
- free improvisation, starting in former dancing classes (Carl Orff and Dorothee Günther)
- a holistic view of man

In 1938, most of the early protagonists had to escape from the Nazi regime or were killed by them. But the philosophical and artistical background for musictherapy was just done.

The professional concept of early music therapists like Vally Weigl (1894-1982) was quite mature, and their capacity for reflection was enormous. And this at a time when people in Europe started for the first time to acquaint themselves with music therapy – long before the findings of Daniel N. (Stern 1992) about "intramodal equivalences", "affect attunement" and "vitality affects" became standard knowledge in the fields of music therapy and psychotherapy.

II. Rhythm as a bridge between the time before 1938 and after 1945

One part of the *reform movement* (end of the 19th century to almost 1930) was the so called *rhythm movement*. This movement influenced a lot of disciplines: music, dance, theater, rhythmic gymnastics, philosophy, art pedagogy, remedial education. Rhythm was considered to be a transhistorical and transcultural phenomenon. Rhythm was the companion of humankind from its earliest origins.

In this time, Vally Weigl and others asked themselves how people and rhythm are connected with each other and how music could be applied to healing and education. **Emile Jaques-Dalcroze (1865-1950)** and **Mimi Scheiblauer (1891-1968)** were

especially important here, and contributions were also made by: **Elsa Gindler (1885-1961)** and **Heinrich Jacoby (1889-1964)**, **Dorothee Guenther (1896-1975)** and **Carl Orff (1895-1982)**, **Rosalia Chladek (1905-95)**, **Hans Kayser (1891-1964)**, and **Rudolf Steiner (1861-1925)**.

Almost every pioneer of the Viennese School of Music Therapy was taught by one or several of these individuals.

III. Pioneer generation up to 1958. The pre-paradigmatic phase in Austria.

Without knowing terms like "intramodal equivalences", "affect attunement" and "vitality affects" in Vienna in 1958, pioneers began using music just like any other verbal language. And in this way, pioneers offered their first clients the possibility of using music as a language, of exploring a new medium for expressing their feelings. Rhythm was used for finding a better and more enjoyable relationship with the patients' body and to initiate a feeling of "us". The way to offer all these possibilities was the "free improvisation".

From the early beginnings on, *free improvisation* was used as a "via regia" to the unconsciousness of the patient. Without doubt this fact became the base for humanistically orientated music therapists as well as for analytically orientated therapists.

Another approach of historical research in Austria is to analyze the pioneers' generation and its own dynamic (Mössler, 2008). About 10 years after the Second World War, a music therapeutic spirit occurred in Vienna on three different levels simultaneously: on a clinical level, on a political level, and on an academic level. Early Viennese music therapy, mainly supported by four Viennese musicians and clinicians (Koffer-Ullrich, Schmözl, Rett, Hoff) was embedded in institutional settings from the very first moment.

Editha Koffer-Ullrich (1904 – 1990) was the very first clinical music therapist in Vienna. She was a violinist and completed a music therapy training in the U.S. in 1956. Back in Austria, she started to work as music therapist at a Pediatric Clinic at the head of Andreas Rett (known for the first published scientific description of the Rett syndrome) and at a Psychiatric Hospital led by Hans Hoff. *Fitzthum&Mössler*

(2010) described the motivation of both clinicians as a search for new therapeutic approaches helping them to get in contact with their clients – children with special needs and mentally ill people. “At that time these people were merely coffered in psychiatric hospitals, unsupported, hospitalized and isolated. Hoff and Rett were interested in supporting reintegration and social rehabilitation processes and were therefore initiating a paradigmatic change in the treatment of this particular clientele which was – as we all know – stigmatized as unworthy living in the view of humankind of the National Socialism. Since then, a humanistic wind has started to blow in clinics and has also left its traces on music therapy. Those early music therapists were convinced that the interpersonal communication is most important in the treatment of mentally ill people in addition to medical and biological therapeutic approaches.” (Mössler, 2010). In 1958, Koffer-Ullrich founded the Austrian Society of Music Therapy, and a music therapy training was established in collaboration with the Viennese Music Academy under the direction of Hans Sittner in 1959. Koffer-Ullrich became the head of the new training course. In the following three years seven pioneers were trained and each of them developed their own working modes and theory constructions. They created the essence of Viennese music therapy:

Albertine Wesecky

Margit Schneider

Ilse Castelliz

Georg Weinhengst

Stella Mayr

Alfred Schmölz

Alfred Schmölz (1921 – 1995) represented the psychodynamic profile (as did Stella Mayr). He worked with psychosomatic patients and was influenced by depth psychological theories. He followed Koffer-Ullrich as the new chair of the Viennese training course. Till today, his influence is remarkable for promoting the *free musical dialogue*. He used to collaborate with clinicians who were trained in individual psychology, but his strongest influence occurred from a protagonist of the *reform movement*, from Heinrich Jacoby and his “Creative Music Pedagogics”. Jacoby trained his music students to express themselves through music and not to reproduce music. In this sense, he became Schmölz’ spiritual teacher. And since

Schmölz, music in music therapy is seen "as a media for expression and communication, which should help the client to come in contact with him- or herself and with others. They've [the pioneers have] started to use musical improvisation to symbolise, transform and work through personal topics and emotions to promote personal growth and change. This includes the dealing with psychodynamic conceptualisations such as transference and counter transference, resistance, projection, etc." (Mössler, 2010).

Albertine Wesecky's (1923 – 2010) strongest input was her behavioral attitude towards music therapy with children suffering from mental and/or physical retardation. Over time, Wesecky became a well-known personality because of her work with children suffering from Down and Rett Sydrom. Andreas Rett, her clinical senior consultant for more than twenty years, influenced her work by his strong political and social background. In their humanistic and also social democratic way of thinking, both agreed that every human being has the right to medical and therapeutical treatment, without any exception. Even the strongest handicap does not justify ignoring the individual's potential for mental and physical development. Music became the medium to come into contact with those children with special needs.

Ilse Castelliz (1914 - 2012) is still a devotee of anthroposophy as represented by Rudolf Steiner. Anthroposophical medicine as well as anthroposophical pedagogy were part of the *reform movement*. Educated in this attitude since her early childhood by her father (Lanzendorfer, 2007), her deepest interest in music therapy was the idea that everything is connected with everything (Fitzthum, 2003, p. 47). In this sense, the patient's music, voice, movement or paintings give a deep view into their inner life. This means, vice versa: the patient's pathological structure may be treated by giving them "healthy" structures. This can happen by playing a triad as well as by doing a special movement (therapeutic eurhythm). Castelliz worked as music therapist at the Rehabilitation Center of Psychiatry from 1962 till 1977 and also as a teacher for the Viennese training course.

Georg Weinhengst's (1918 – 2003) work had a similar philosophical background as Castelliz'. While working as a professional musician, he also worked once a week for free at the same Psychiatric Hospital Center as Castelliz. Due to his heavily

hospitalized clients on the gerontopsychiatric ward, he used to work in groups with very simple and easy musical elements. Mostly, his clients liked to play with only one tone. The old patients were sitting in a circle and every one held one tone in their hands. Together and with the help of the music therapist as a conductor, the root, the fourth and the fifth of a chord helped to accompany their singing. Weinhengst as well as all the other pioneers acted in a humanistic way: Even old and hospitalized patients have the right to join in in a certain solidarity and experience the feeling of being part of something instead of feeling alone and forgotten.

Margit Schneider's (1936 - 2013) influence on music therapy was also influenced by the *reform movement*. Before becoming a music therapist, she studied *rhythmics*, and for nearly twenty years she worked in both fields, rhythmics and music therapy. During this period, she also gave lessons for students of the music therapy training course in Vienna. Her approach was a humanistic one, too. She used music in combination with movements, even dance, as an important source of information about the patient's contact between inner and external world. This communication between both worlds was exercised through exercises of sensory awareness. In this way, patients learn how to relate to the world. Important aspects on the way to better communication are being spontaneous, emancipated and autonomous – but also being social in the sense of feeling connected with others and feeling their needs. This makes clear why Schneider was also very successful with her work in the area of autistic spectrum disorder.

Stella Mayr (1924 - 2013) also worked in the same Psychiatric Hospital of the City of Vienna like Weinhengst and Castelliz for twenty-five years and as a teacher for the music therapy training course. Her professional profile was very clear and she seems to be the only one who was not so much influenced by the *reform movement*. As a psychotherapist as well as a music therapist and a supervisor, she mainly worked in group therapeutic settings. She intensified verbal interventions and verbal reflecting. She was also trained in group dynamics and psychoanalysis. From my personal retrospective view as a former music therapy student in Vienna, she was the most "modern" music therapist, and her way of working was a perfect bridge between the pre-paradigmatic phase of the pioneer generation and the psychotherapeutic paradigmatic phase of the second generation in Vienna.

Theory and clinical practice of music therapy in Vienna have changed a lot since 1992, when members of the second generation became lecturers at the University of Music and Performing Arts in Vienna. Of course, this second generation of teachers, practitioners and researchers gave music therapy new inputs and took part in the international community to a greater extent.

“Due to the provided historical reflection it was highlighted that the Viennese theory construction of the pioneers was mainly influenced by the clinical work with the particular clientele, the original profession of the pioneers and the interdisciplinary collaboration with physicians and psychotherapists”. (Mössler, 2011, p. 179). There was no influences of other music therapy schools but Mössler (2011, p. 180) suggests “that similar processes of the development of theory construction have taken place within other music therapy schools.”

The foundations of all developments in Viennese music therapy till today still are a humanistic view of man and depth psychology in combination with the musical dialogue – three aspects that never have changed.

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Elena Fitzthum.

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