

An Important Period in the History of European Music Therapy

Symposium and Music Therapy Mentor Course. Herdecke. 1978-1980

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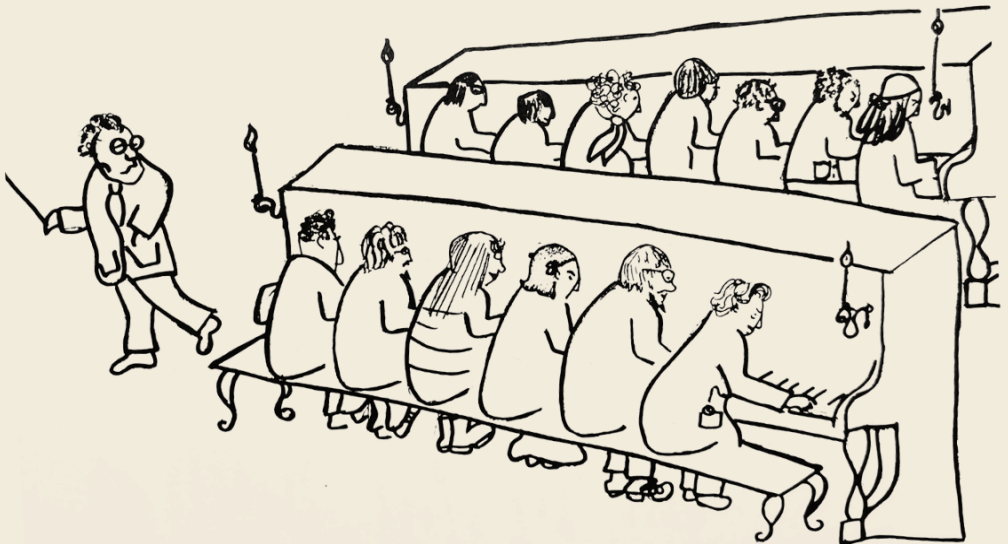
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Herdecke. Germany. 1978-1980



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*The front page illustrates the movement from playing the piano alone
to playing all together.*

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Introduction

By Inge Nygaard Pedersen

An Important Period in European Music Therapy

This historical and anniversary writing is meant to give current music therapists and music therapy students a chance to be reminded of an *important period* in music therapy in Europe. A period where the roots of most of the current academic music therapy programs - at least in Germany, Denmark and Hungary - were developed and where music therapists from all over the world began to speak together and to collaborate.

The background for the *Important Period*.

Music therapy training programs were developed first in U.S. in the 1950s after the second world war, where the target group primarily was war veterans. In Europe music therapy as a profession first started to be developed in the sixties. Some significant pioneers developed models and gradually started to train follow-

ers privately in their model/approach. In U.S. two distinctly different models developed back then, namely the Behavioral model and the Nordoff/Robbins model. The latter developed through a collaboration between composer and pianist Paul Nordoff (USA) and a British-trained special educator Clive Robbins (UK) and thus was developed and trained almost simultaneously in U.S. and Europe.

The Behavioral model at the beginning “frequently developed the use of music as a stimulant, a relaxant or a reward” (Wigram et. al. 2002, p.12). So “In this sense, the therapeutic process does not involve a dynamic and responsive interaction with the patient, but the music is structured in order to help the patient overcome emotional, physical, or psychological problems from which they are suffering” (ibid.). The model was based on listening to pre-composed music and defined as: “the use of music as contingent reinforcement or stimulus to increase or modify adaptive behaviors and extinguish maladaptive behavior.” (Jacobsen et.al. 2019, p. 183)

The Nordoff & Robbins model used musical improvisation based on certain musical scales/structures/ideas and was “in the beginning aimed at children with learning disabilities..... They developed the idea that within every human being there is an innate

responsiveness to music, and within every personality one can reach a 'music child' or a 'music person'" (Jacobsen et.al. 2019, p. 175). They believed in "the potentially natural responsiveness to music and the power of music to enable self-expression and communication, in spite of severe degrees of learning and physical disabilities." (ibid.)

Both models have developed further and have a much broader variety of theoretical platforms musical possibilities and possible target groups today.

In Europe generally, music therapy was developed more on the foundations of psychodynamic and psychotherapeutically oriented approaches. "Frequently one finds here a model where the therapist is actively using music-making through the medium of clinical improvisation in order to establish a musical relationship with the patients through which he or she will be able to help them understand the nature of their problem" (Wigram et.al. 2002, p. 11).

One of the first established models was The Alvin Model developed by the concert cellist Juliette Alvin. This model was rather eclectic for the period based both on psychoanalytical theories and free improvisation therapy inspired by the modern composer Stravinsky, who dared to break

the musical rules and give us new unknown sound-experiences. "Her theory was built on the primary statement: 'Music is a creation of man, and therefore man can see himself in the music he creates'. This idea was developed alongside Alvin's perception of music as a potential space for free expression" (Jacobsen et.al. 2019, p. 189).

Almost simultaneously the Analytical Music Therapy (AMT) emerged in London developed by Mary Priestley. She had taken the Alvin training model (a one-year training course at Guildhall School of Music and Drama). Priestley missed a focus on the psychodynamic processes during her training (such as transference relationships etc) - taking place in musical improvisation and in verbalisations, following these improvisations, when possible. So, she established AMT as an innovative complementary training module for other music educational programs with a strong focus on the psychodynamic processes taking place in improvisational music therapy. She defines the model as follows: "Analytical Music Therapy is the name that has prevailed for the analytically informed symbolic use of improvised music by the music therapist and client. It is used as a creative tool with which to explore the client's inner life so, as to provide the

way forward for growth and greater self-knowledge.” (Priestley, 1994, p.3). Other music therapists who trained followers at the time - around and before *the Important Period* started - were Edith Lecourt in Paris, who used music as a non-verbal form of communication in psychoanalytic treatment, Alfred Schmölz in Vienna, who aimed at giving patients a new dimension of expression (applying music as a means of expression for the spontaneous communication) and talked against “School-Master mentality” being present in therapy. Finally, Wil Waardenburg from Middeloo, The Netherlands had edited the book “Spielenderweise” rooted in creative therapy, where the relationship between music therapy and society, its view of humanity is clarified with roots in French phenomenology – Sartre and Merleau-Ponty. (Ruud, 1978). This short overview of the beginning of the development of music therapy before it became an academic profession in Europe can be seen as a background for *the Important Period* in music therapy beginning in 1978 - the focus of this introduction.

Eschen and the kick-off of the *Important Period*

Johannes Eschen from Germany, “originally a cantor, organist and

teacher of improvisation studied music therapy with Juliette Alvin, Alfred Niemann, Sybil Beresford-Pierse (Nordoff-Robbins) and Mary Priestley (AMT). He worked as a clinical music therapist and was a pioneer in developing music therapy studies in Germany at BA, MA and doctoral level.” (Eschen, 2002, p. 216). According to Ruud (1978), he transferred Priestley’s idea of giving patients symbolic images as a starting point for individual improvisation into group improvisation. “This method can be a viable path for music therapy because here we can connect the musical events with (verbal) situations/images that can somehow touch the patient’s conflicts. We can avoid making music therapy a detached play with tones while giving the patient a means of expression that is not too direct and threatening.” (Ruud, 1978, p. 8. Authors translation).

Eschen initiated together with Dr. Med Konrad Schily, a neurologist and psychiatrist at the anthroposophical hospital *Gemeinschaftskrankenhaus Herdecke*, the first international Symposium in music therapy at this hospital 16.- 21. October 1978. And this symposium really kicked off the Important Period (Eschen, 2002, 2010, Ruud 1978).

The *Important Period*

So, the *Important Period* began with this symposium in music therapy, where 35 participants from 12 different countries came together for the first time. The reflections on this symposium are here based on direct notes from two participants, Prof. Even Ruud, Norway (Ruud, 1978) and Prof. Barbara Wheeler U.S. (Wheeler, 2010). Ruud had his notes edited as an article in a Norwegian Journal, *Musikkterapi*, nr. 4 (4) 1978 under the title: *MUSIKKTERAPIENS SAMTIDSHISTORIE – En Skisse*. (Contemporary history of music therapy – a sketch). Prof. Wheeler edited her (kept) notes from the symposium together with responses from a questionnaire, she sent to the delegates in 2010, in the book “*Zu den Anfängen der Musiktherapie in Deutschland. Mentorenkurs Musiktherapie Herdecke. Rückblick und Ausblick*” (Beginning of music therapy in Germany. Mentor Course Herdecke. Review and overview). This book is describing the history of this *Important Period* in very great details, but also in a retrospective perspective.

The *Important Period* also included Eschen and Schily developing an

academic music therapy training program in Germany - a Mentor Course in music therapy in Herdecke, placed at Gemeinschaftskrankenhaus, starting 1.11.1978 running until 1.10.1980 with 13 students (Pedersen et.al. 2023, Pedersen & Scheiby, 1981, Eschen, 2002, 2010). This study was meant to train the students both to become clinical and academic music therapists and simultaneously to become trainers in future academic music therapy training programs in Europe. In German: “Ausbildung für die Auszubildenden” (training of trainers). The book (Eschen, 2010) offers very detailed descriptions of the content of and experiences from this Herdecke Mentor Course both from students and trainers perspectives. This anniversary writing here is a short update of the article by Ruud and the book by Eschen. When the book was edited, all contributors were active in their professional career and wrote from this perspective. Most of the contributors to this journal here also edited chapters in this book. Now they are all retired and are given the possibility to look back on their life and shortly describe the meaning of being part of *this Important Period* in music therapy personally and professionally in the perspective of a lifespan.

Excerpts from reflections on the Important Period from 1978 and 2010

I want to give a short glimpse into some of the reflections from Ruud, 1978 and Wheeler 2010, as many current music therapists and music therapy students may not be familiar with these historical documents.

Perspectives from Prof. E. Ruud

Ruud (1978) starts his article as follows:

“The symposium in October was an attempt to bring together the many different experiences in music therapy — practice, theory, and education, to form a common platform for the education of music therapists. The invitation to the symposium crystallized four points for further discussion:

1. What forms of international cooperation in music therapy education can we develop?
2. Can we transfer some of our own teaching materials to other countries?
3. What kind of teaching materials (units for “box of bricks systems”) can we develop in the coming years that can be exchanged between institutions?

4. How is it possible to systematically improve music therapy education systems? Can we find possible ways of cooperation regarding curriculum research?

The starting point for the symposium was thus practical. I had also expected concrete results in the form of working materials that I could bring home to the music therapy teaching in Oslo. But the result of the conference/symposium turned out to be different and perhaps very different from participant to participant.

When 35 music therapists from countries such as the USA, Canada, Argentina, England, the Netherlands, France, Austria, West Germany, Yugoslavia, Denmark, Sweden, and Norway come together, a lot of time is necessarily spent getting to know each other. I find it striking how little music therapists know about each other’s work. Music therapy and music therapists, in particular, are traditionally characterized by methodological self-absorption. It is possible that this has been necessary to build up a broad spectrum of music therapy activities and methods. Now, however, organised music therapy has existed for over 20 years in some countries, and the time should be ripe to look around and

beyond national borders.

In this context, the symposium was important. They were all there, the American music behavior therapists, the followers of Nordoff and Robbins, analytically oriented music therapists, and the eclectic ones.

Together, the participants covered music therapy work with all conceivable disability groups...

Slowly, the symposium became a music therapy course — “Introduction to Music Therapy Around the World” — where participants lined up to promote their music therapy. And in such a forum, where there is no shortage of prominent personalities, of leading music therapists, there was at times a crowd behind the podium. (The course program included 14 hours of organized interaction each day)” (Ruud, 1978. p1-2).

Perspectives from Prof. B. Wheeler

So here I will leave the perspective from the notes of Professor Ruud and move into the excerpts from the questionnaire examination made by the American Professor Barbara Wheeler in 2010. She presented her own notes - kept from the symposium back in 1978 alongside with the current survey responses from the participants at the symposium - in the book mentioned above, edited

by Eschen 2010.

She divided her excerpts into positive responses and responses including some concerns.

She starts with her notes from 1978 stating that:

“The first International Symposium on Music Therapy Training was held recently, with the primary purpose being to search for ways in which international cooperation in music therapy education can be beneficial..... The Symposium was the first of its kind. It opened up new channels of communication and explored areas for international cooperation in music therapy and music therapy training.” (Wheeler, 2010, p. 18)

She refers to responses from the two initiators of the symposium Johannes Eschen and Konrad Schily, where Eschen shared the following thoughts:

“Did you hear of participants (as I did), how they enjoyed the surprising experience: Music therapists of different backgrounds listened to the work of others, realizing, in spite of differences in theory that parts of the work were very close to what they themselves would have done with such patients. And some Americans said after the unification of NAMT and AAMT: Some of the basic milestone for the development were laid in the Herdecke Sympo-

sium” (Eschen, 2010, p.20-21).

Dr. Schily shared the following:

“The symposium could be seen as the beginning of varied professional and personal relationships, which have in part been lasting through all these years. These developments could not have been foreseen in 1978; I think we were part of a very fortunate constellation: the right people meeting at the right point in time and space. I’m afraid this would be very hard to describe” (ibid.)

One of the participants in the symposium became also a student at the Herdecke Mentor Course, Dr. Rose Marie Tüpker. She shared the following:

“In my perception the symposium was very important for the development of German music therapy and music therapy training especially for those courses which are connected with governmental institutions (universities and academies). Many of those, who were students in the following Music Therapy Teacher Course, are now really teachers or heads of music therapy training courses. We have now eight governmental training courses in Germany (Berlin, Frankfurt, Hamburg, Heidelberg, Magdeburg, Münster, Siegen, Witten-Herdecke) with many students and examined music

therapists.... the symposium was the beginning of the development of music therapy in Germany. And I think that we can be very pleased and thankful that it was such an international and interesting beginning.” (Ibid. p. 23/24)

For further reflections on the meaning of the Mentor Course and the development of music therapy - see also the writing of Pedersen concerning starting up music therapy in Denmark at Aalborg University. It should also be mentioned that the student in Herdecke, later Prof. Nicolaus Miklos Buzasi brought his – as he wrote to me recently - unforgettable Herdecke experiences - back to Hungary and build music therapy training courses at the university of Pecs and Budapest. By the age of 90 he is not capable of contributing to the journal. Finally the student – Benedikte Barth Scheiby brought Analytical Music Therapy to USA in 1990, for many years as a private training – from 2016 as an advanced training model at Molley University.

So, the Symposium and the Herdecke experimental training had a lot of further influence on music therapy in Europe.

One of the teachers (Clive Robbins) and simultaneously a founder of one of the two models, we as students

were trained in simultaneously in The Herdecke Mentor Course, shared the following thoughts: “Experimentally, it (the Mentor Course) sought to combine the Analytical Music Therapy practice developed by Mary Priestley and the Creative Music Therapy approach, that Paul Nordoff and I developed. The idea appealed to me, and I had high hopes for the course, but in practice it proved to be an unrealistic ideal, and its aims could only be partly achieved. Nevertheless, it was an important course in Germany at the time, and most of its participants went on to become leading therapists, teachers and researchers in the field”. (Ibid., p. 24)

I will terminate this introduction with the final reflections from Prof. Wheeler in her chapter in the book from 2010:

“As I look at the international cooperation that occurs today with that, which took place at the time of the symposium in 1978, there is really no comparison. At that time, there were probably fewer than five music therapists who were widely known outside their countries. Other than those few who were known, most of us were not even familiar with the names of most music therapists in other countries. The conferences

and symposia and international publications, which we now take for granted, had not begun. Obviously, we did not share through e-mail or web-based publications, which have made it so much easier to share across the miles and across international borders. While it is likely that international communication and cooperation would have eventually developed, there is no doubt that the collegial sharing and relationship building that took place at The First International Symposium on Music Therapy Training in 1978 were early steps towards this development. How important these early steps were cannot be determined.” (ibid. p 29).

With this background information I will from here give voice to the members (students and initiator) at the Herdecke Mentor Course 1978 – 1980 to share the meaning of this course and *the Important Period* for every author in this journal - seen in a lifespan perspective.

References:

Eschen, Th. J. (2002) *Analytical Music Therapy*. Jessica Kingsley Publishers.

Eschen, Th. J. (2010) *Zu den Anfängen der Musiktherapie in Deutsch-*

land. Mentorenkurs Musiktherapie Herdecke. Rückblick und Ausblick. Reichert Verlag Wiesbaden.

Jacobsen, S.L., Pedersen, I.N., Bonde, L.O. (2019) *A Comprehensive Guide to Music Therapy. 2nd Edition.* Jessica Kingsley Publishers.

Pedersen, I.N. & Scheiby, B.B. (1981) *Musikterapeut – Musik – Klient. Erfaringsmateriale fra den 2-årige musikterapiuddannelse i Herdecke 1978-80. (Music Therapist – Music – Client. Experience Material from the 2-year Music Therapy Program in Herdecke. 1978-80).* Aalborg Universitetsforlag.

Pedersen, I.N., Lindvang, C., & Beck, B.D. (2023) *Resonant Learning in Music Therapy. A Training Model to Tune the Therapist.* Jessica Kingsley Publishers.

Priestley, M. (1994) *Essays on Analytical Music Therapy.* Barcelona Publishers.

Ruud, E. (1978) Musikterapiens samtidshistorie – en skisse. *Musikterapi nr. 4* (4). 1978

Wheeler, B. (2010) First International Symposium on Music Therapy Training: A Retrospective Examina-

tion. In: Eschen (ed.) *Zu den Anfängen der Musiktherapie in Deutschland. Mentorenkurs Musiktherapie Herdecke. Rückblick und Ausblick.* Reichert Verlag Wiesbaden.

Wigram, T., Pedersen, I.N. & Bonde, L.O. (2002) *A Comprehensive Guide to Music Therapy. Theory, Clinical Practice, research and Training.* Jessica Kingsley Publishers

**Inge Nygaard Pedersen.
Editor.**

A Retrospective or: How Johannes Eschen and Konrad Schily Came to Orga- nise the Music Thera- py Mentorship Course (November 1978 to September 1980) at the Hospital in Herdecke

By Konrad Schily

In 1969, Johannes Eschen began undergoing psychoanalysis. In 1970, at the age of 42, the church musician attended a psychiatric congress in Zagreb, where he encountered music therapy for the first time. He decided to study analytically oriented music therapy at Guildhall School of Music and Drama (Juliette Alvin), with practicum periods at St. Bernhard's Psychiatric Hospital (Mary Priestley) and Goldie Leigh Hospital (Sibyl Beresford-Peirse) in London.

Also in 1970, I was a 33-year-old physician on holiday with my fam-

ily. During that time, I met Paul Nordoff and Clive Robbins, who were staying in the same guest-house. Paul and Clive explained their work with disabled children using tape recordings. The style of the improvised music ranged from nearly unbearably dramatic to balanced or even cheerful, but it was never arbitrary and always strictly related to the patient.

Even during this first encounter, the demonstrations of the therapy and its successes were so convincing to me that I immediately wanted to introduce this form of therapy in my hospital and knew that I would advocate for music therapy more broadly in the future. I was deeply impressed by how every impairment of the physically and emotionally disabled children was met with understanding in musical improvisation and was intuitively integrated into a greater unity through music. It was inspiring to observe how the children were guided beyond their disabilities and how, over the course of treatment, they were able to overcome these limitations and develop the ability to make contact and speak. Equally impressive was the precise documentation of each therapy session, including the scaling of

the emotional and verbal contact achieved between patient and therapist. The case studies and their evaluations also demonstrated the method of musical improvisation tailored to the patients' specific deficits. The method clearly showed that the art of music in therapy is not tied to a single genius but can be learned by anyone with therapeutic intent and sufficient musical ability.

Had it been possible, I would have immediately hired Paul Nordoff and Clive Robbins at the Hospital in Herdecke. However, the hospital had only just opened in November 1969, and we were dealing with many other pressing concerns. At that time, music therapy was virtually unknown in Germany, both to my colleagues and myself—I only knew Paul and Clive.

But I stayed in contact with Paul Nordoff and Clive Robbins. In 1974, Paul told me he had met Johannes Eschen at Goldie Leigh Hospital in London, who, during his music therapy training at the Guildhall School of Music & Drama and he also became familiar with the Nordoff/Robbins approach (Sybill Beresford-Peirse and Jean Eisler). Even at my first

meeting with Johannes Eschen, it became clear that we came from completely different worlds. Yet we both felt that we might be able to achieve something together. We developed ideas, plans, and hopes about how we could promote music therapy in Germany and, for example, how music therapy could potentially reduce or even replace the use of psychotropic medication. In this regard, our worlds once again aligned.

To take the first step, Johannes Eschen agreed to translate the book *Therapy in Music for Handicapped Children* by Paul Nordoff and Clive Robbins into German. This became possible in a timely manner, as Eschen, after completing his studies in London, held only a part-time position, and I was able to fund a second part-time position through a foundation. The book was published in 1975 by Klett Verlag in Germany.

I remained in contact with J. Eschen, and the idea matured to have talented young musicians in Germany, interested in music therapy, taught by music therapists from abroad. I discussed these plans repeatedly with Paul Nordoff. Eschen and I made several attempts

to realise our ideas at universities, but they met with no understanding. We did not allow ourselves to be discouraged and continued to discuss our plans with Paul Nordoff in 1976, who by then was seriously ill and receiving treatment at the Hospital in Herdecke.

Paul Nordoff agreed to Johannes Eschen's proposal to focus on Nordoff-Robbins music therapy and Analytical music therapy as the two methodological foundations for this first training course. Based on his knowledge, Paul recommended many foreign therapists as potential lecturers and, as far as his illness allowed, even informed some of them about our upcoming visits. Even after Paul Nordoff's death in January 1977, Eschen and I continued our efforts to make the course a reality. By then, we had agreed on the course content. However, we encountered numerous obstacles. We wanted formal academic accreditation so that we could issue appropriate certificates to graduates, which required ministerial approvals and other bureaucratic steps. Once again, financing was a major challenge, as it was clear that the talented young

people we hoped to attract—just beginning their professional lives after their studies—would not be able to afford the course. On the contrary, we realised we would need to provide them with scholarships to cover their living expenses.

Things changed significantly about a year after Paul Nordoff's death. Johannes Eschen and I often wondered why we hadn't been able to advance the project during Paul's lifetime, and why the world seemed to have changed so fundamentally just a year later. The obstacles could be overcome, and we were finally able to dedicate our time and energy to preparing and launching the course.

Eschen and I made a good—and I may say—a successful team. Naturally, he was more of a representative of the analytical approach, while my enthusiasm for Nordoff-Robbins music therapy remained undiminished. We were both aware of this difference and spoke openly about it. But we also recognised and respected each other's ideas and hopes. This difference was actually a prerequisite for allowing applicants from very diverse backgrounds to apply and express themselves freely during

the highly personal interviews that were part of the entrance test and process.

The Symposium on Music Therapy 1978

Through our preparations for the course, we had gained extensive knowledge that music therapy had already been practiced in almost all European countries – except Germany – for quite some time, and we knew who was active in Europe and the USA. To my surprise, there were already two distinct music therapy associations in the USA. One of these associations was more psychologically and analytically oriented, while the other leaned more toward the creative artistic approach of Nordoff and Robbins.

Financial support from the Volkswagen Foundation enabled us to invite therapists from all countries. This seemed to us to be a great introduction to the mentor course, as the invited speakers would not only represent different countries but also present their various approaches to music therapy. This would bring the full diversity of approaches in music therapy at that time to light.

It would go too far here to delve into the details of the symposium and the individual speakers. I remember that representatives of the different music therapy associations from the USA met each other in person for the first time in Herdecke. Overall, I recall a joyful and open atmosphere of mutual recognition among the very differently shaped personalities. And I remember that the lectures were refreshingly easy to understand, and since they were delivered freely, there was room for lively and engaging discussion.

The Mentor Course

Each student and lecturer will have their own very personal memories of the course's content. I only recall that Rachel Verney and Merete Birkebaeck, who taught the Nordoff-Robbins approach, wanted to leave several times because some of the students developed an almost hostile attitude toward them and the creative music therapy approach. I am still grateful to Merete and Rachel today that they did not leave. Clive Robbins also described this rejection. Johannes Eschen was in charge of the course content and apparently tried to

mediate. I myself had such a heavy workload with patient care, hospital management, and other commitments that I could not participate in the course continuously — and it is questionable whether I could have changed the mood anyway.

Outcome

For each individual student, participation in this course was a key and, in many cases, decisive event in their later professional career. As far as I can tell, almost all participants went on to be professionally very successful.

This is also true for Johannes Eschen. Through the development of the course, he was able to continue drawing on the connections and experiences gained from it.

And it is true for me as well.

Thanks to the course, I was able to establish a music therapy degree program at the Herdecke hospital in cooperation with the Aachen University of Music. And this was possible because I had met Rachel and Merete through the mentor course, and they were willing to serve as the first lecturers in this program. The degree program was later incorporated into the Univer-

sity of Witten/Herdecke.

Rachel and Merete confirmed my initial conviction by showing that the art of music in therapy is not bound to a single genius individual, but can be learned by anyone who wants to work therapeutically and has the necessary musical ability.

Rachel Verney worked very successfully at the Herdecke hospital with adult patients in the neurological and psychiatric departments and expanded the clinical practice of Nordoff-Robbins music therapy beyond the field of children with disabilities.

Conclusion

I do not remember all of the course lecturers. But I do remember all 13 participants in their very distinct and unique personalities. I thought it was wonderful that there were exactly 13. And I am still happy today that so much became possible because of this course.

Dr. med. Konrad Schily

Fachartz für Neurologie und
Psychiatrie

Im Vorstand des Gemeinschaftsk-
rankenhaus Herdecke seit 1966.

Mitglied des Deutschen Bundestag-
es – dem Ausschuss für Gesund-
heit. 2005-2009

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How I ended up in Herdecke

By Rosemarie Tüpker

When I finished school in May 1970, there were two interests that drove me equally: music and psychology. Therefore, at first, I tried to study both at the same time, music at the *Cologne University of Music* and psychology at the *University of Bonn*. But that was a bit too much: so, after the first semester I decided to devote myself entirely to practical music training and postpone my psychology studies until afterwards. That was a good decision, because studying music at the Cologne University of Music was fulfilling and exciting at this time, with all the new music, jazz and free improvisation. That was in the heyday for this music (see Tüpker 2024).

I then began studying psychology in 1975, now in Cologne after all, which was also a stroke of luck, because Wilhelm Salber was teaching his Psychological Morphology there at this time. This seemed to me from the outset to be par-

ticularly suitable for describing musical processes psychologically without destroying them with irrelevant terminology. For me personally, the transition to the 1978 mentoring course was therefore smooth and characterised by an inner logic.

Being part of the experimental training program The Herdecke Mentor Course 1978-80

The desire to combine my two interests into a ‘therapy with the help of music’ already existed for me when I was at school ‘somehow’. However, this was initially more of a very personal experience along the lines of: ‘Music helps me, so why shouldn’t she help others too?’ (see Tüpker 2017) In the meantime, I had learnt a lot about music therapy in the real world, met Paul Nordoff in London, but also found out that regular training was only available in London or Vienna at best. So, I was delighted when I found out that not a hundred kilometers from where I was studying, Johannes Th. Eschen and Konrad Schily had initiated the adventure of a mentor training for the German-speaking countries (see Eschen 2010). I was able to be

part of both the preceding symposium and the two-year training program. The University of Cologne was generous and granted me a leave of absence for these two years so that I could continue my studies after Herdecke (with a combination of musicology, psychology and philosophy) and later complete my studies with the Dr. phil.

The symposium in October 1978 was already an important experience for me. Eckhard Weymann and I had been engaged as student assistants and thus got to know important personalities from the international music therapy scene at the time, such as Charles Eagle, Richard Graham, Barbara Hesser, Judith Jellison, Gail and Herbert Levin, Vera Moretti, Joseph Moreno, William Sears, Frederick Tims and Barbara Wheeler from the USA, Nancy McMaster and Susan Munro from Canada and Frances Wolf from Argentina. This was the first time that the American tradition met with the European tradition, which was represented by Claus Bang from Denmark, Werner Wolf Glaser from Sweden, Even Ruud from Norway, Volker Bolay and Wolfgang Schröder

from Germany, Sybil Beresford-Pierse from England (after whom later on a cat in Herdecke was named), Edith Lecourt from France, Will Waardenburg from the Netherlands, Alfred Schmölz from Austria and Darko Breitenfeld from Yugoslavia. Some of the symposium participants then remained with us as permanent lecturers: Rachel Verney from England and Merete Birkebæk from Denmark or came more frequently as guest lecturers such as Carol and Clive Robbins and of course Johannes Th. Eschen as one of the two initiators of the mentoring course.

In terms of music therapy, two orientations were the linchpin of music therapy teaching and practical experience on the course itself: creative music therapy (Nordoff 1977), represented by Rachel Verney and Merete Birkebæk and by Clive and Carol Robbins as guest lecturers, and psychoanalytical music therapy (Priestley 1983), which was introduced to the course by Eschen, Colleen Purdon and Ole Teichmann as permanent lecturers and by Mary Priestley herself as a guest lecturer.

For me personally, both approaches took up already existing passions that needed to be combined and which now - at least for me - are perfectly compatible: the fact that it is not a betrayal of the music if you also talk to the patients is just as self-evident to me, as the experience that the precise analysis of the joint musical work can also be of importance for psychoanalytical understanding. I am sure that it is no danger to musical creativity to reflect on one's own development process, just as I know from experience that music can be more evident than words. In an essay on the central books by Nordoff and Priestley, I described how much I appreciated the dialectical discussion of these two different approaches to music therapy (Töpker 2010).

Equally important, however, were the special characteristics of teaching in the subjects of medicine and psychology. The medicine that we learnt about from Konrad Schily and other doctors working at the Herdecke hospital is known as anthroposophical extended medicine. In my experience, the form taught there and later at the University of Witten is a success-

ful mixture that combines the strengths of both disciplines as undogmatically as possible. This is particularly evident in nursing, which is clearly orientated towards a humanistic view of man.

A psychologist with a behaviorist orientation had been hired to teach psychology. When it soon became clear that this did not fit in with the rest of the concept, I was able to establish a connection with the Salber Psychological Institute in Cologne. Through Werner Seifert, we all got to know the approach of morphological psychology, tried out some of the scientific-hermeneutic methods such as description (see Töpker 2004). Some of us extended the music therapy self-experience offered in the course with a course of so-called 'intensive analytical counselling'. This focal psychotherapeutic therapy comprises 20 hours and could be easily integrated into the mentoring course. It was probably helpful for many of us, because it added an external perspective to the sometimes somewhat too dense mixture of learning together, self-experience, intertherap and living together on a campus. And last but not least, the wonderful improvisation lessons with

Alfred Niemann were an inspiring opportunity for me to expand and develop the experiences with free improvisation that I had begun in Cologne.

The meaning of my Herdecke training years for me personally in my life

As it was probably the case for all of us, the Herdecke period was also a very moving and eventful time for me personally due to the intensive group life, the integrated self-experience and the many practical experiences, including a 6-week internship in Scotland with Julianne Cartwright in a psychiatric ward and with mentally disabled people.

However, after 45 years, this has now faded into the background. I was later able to continue my entry into self-experience/training therapy with several years of psychoanalysis, which of course changed me more personally than the beginning in Herdecke. The highly significant experiences with musical improvisation and a depth psychological view of the psyche that I had already had beforehand continued in a successful way in Herdecke, became somewhat

swirled and reorganized themselves. They were tied together to form a viable professional identity, which was able to develop further both in my clinical time and in research and teaching. However, there have been many more turbulences and reorganisations in my life.

The meaning of my Herdecke training years for my professional life

As there was no regular training in music therapy in Germany at the time, the course certainly helped me and many others in my future career. Immediately after completing the course, I found a part-time job as a music therapist in an anthroposophical youth center, which provided me with financial security and allowed me to complete my university studies in Cologne. Two years later I took up a full-time position in a psychotherapeutic clinic in Bad Zwesten, Hessen, where my fellow students Tilman Weber and Eckhard Weymann were already working. The research work with these two and Frank Grootaers shaped me as much as the experiences in the morphological training courses we

offered together. They were also a good preparation for my later teaching activities as head of the music therapy training course at the University of Münster (first as a Diplom, later as a Master). With a period from 1990 to 2017, this was the longest phase of my professional activity.

For my work in Münster, I took away from Herdecke the need to ensure better protection for students in their self-experience. That also meant not conducting intertherap. In my memory, as students at the end of my time in Herdecke, we came to the conclusion, that mixing transference and countertransference in this process is rather harmful. As one of the positive aspects I carried forward was that I helped to organize and stimulate many improvisation concerts in Münster. Through them, the students were able to get to know improvisation as their own artistic expression and as a special community experience, beyond all therapy. In the Master's program, a self-organised improvisation concert by the students was even possible as a form of examination, which was something quite special at a public university.

To take up a question posed by Inge Nygaard Pedersen: In the music therapy training program at Münster University - which I was responsible for - the students were also confronted with different approaches, which they could and had to combine into individually very different orientations. Although there was a certain bundling in morphological music therapy and psychology. But the morphological approach is in itself open with regard to the question: 'How do I work specifically in music therapy with the people who come to me with their concerns.' It is not fixed to a specific procedure or method, as is also reflected in the volume on my farewell conference (Tüpker 2019). The intensity with which a student wanted to deal with this issue, was also left to the individual students. A second psychological focus was psychoanalysis including self-psychology and object relations theories. In the internships, in self-experience and in teaching disciplines, the students also got to know lecturers from other disciplines and were able to orientate themselves differently during their studies and through the internships.

There was a 'built-in' dialectical confrontation in the medical teaching (about a quarter of the courses), as this followed 'normal conventional medicine' and the scientific models it represented and increasingly the concept of evidence-based medicine. The lessons were taught by the medical lecturers from the Faculty of Medicine and largely took place together with the medical students. In the Master's program, the students also had to pass the multiple-choice tests offered there, which (almost) all of them managed to do. (see Modulhandbuch Master Musiktherapie der Universität Münster)

I am grateful to the two initiators, Johannes Th. Eschen and Konrad Schily, who were available for over two years to meet the demands and wishes of the 13 students, which were certainly not always easy. They were ready to drop what had been thought and planned before and to take up and realise new ideas. Special thanks are due to Konrad Schily for managing to raise the financial basis for this course, which also included scholarships for us students. For me, Herdecke was therefore the

only period of my studies, where I didn't have to work on the side.

References:

Eschen, Th. J. (2010) *Zu den Anfängen der Musiktherapie in Deutschland. Mentorenkurs Musiktherapie Herdecke. Rückblick und Ausblick.* Reichert-Verlag, ISBN 978-3-895-00778-1

Priestley, M. (1983) *Analytische Musiktherapie. Vorlesungen am Gemeinschaftskrankenhaus Herdecke.* Klett-Cotta-Verlag 1983, ISBN 3-608-95186-5

Nordoff, P.; Clive Robbins (1977) *Creative Music Therapy.* John Day. ISBN 0-381-97100-7

Salber, W. (2009) *Morphologie des seelischen Geschehens.* Bouvier. 3. Auflage. ISBN 978-3-4160-3269-8

Tüpker, R. (2004) Morphological Music Therapy. In: *Nordic Journal of Music Therapy*, 13/1, 2004, 82-92

Tüpker, R. (2010) Wiedergelesen: Paul Nordoff/Clive Robbins und Mary Priestley. In: *Musiktherapeutische Umschau*, Bd. 31/4 (2010), p. 391-394

Töpker, R. (2017) Profile 45: Rosemarie Töpker – Germany. In: John Mahoney (Ed.) (2017): *The Lives of Music Therapists: Profiles in Creativity - Volume 2*, Barcelona Publishers. E-ISBN: 978-1-945-41121-2

Töpker, R. (Ed) (2019) *Spielräume der Musiktherapie*. Reichert. ISBN 978-3-954-90392-4

Töpker, R. (2024) *Gruppenimprovisation. Spielformen aus der Musiktherapie*. Books on Demand. ISBN 978-3-759-71182-3

Modulhandbuch Master Musiktherapie der Universität Münster (2011-2017) https://www.uni-muenster.de/imperia/md/content/musikpaedagogik/musiktherapie/pdf-dateien/modulhandbuch_3-2011.pdf

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Music Therapy Forms Relationships About the Sustainability of Music Therapy Training

By Wolfgang Mahns

“Music expresses that which cannot be said and on which it is impossible to be silent.”
(Victor Hugo)

Training of Mentors

In the 1970s, in German speaking countries, existed several institutes and training programmes for music therapy which were quite different with regards to the concept of music, the therapy, the support or the healing. At the same time, there were numerous international pioneers who developed their own schools of thought and practices. They used elements of music in an active or receptive form for the purpose of healing, of support or rehabilitation. The area of self-taught or systematically planned and reflected music therapy practice was varied and broad. The

instructors themselves were often autodidactic pioneers and came from the fields of medicine, musicology, psychology or from various areas of music practice such as church music, orchestras, musical education, special and curative education or social pedagogy. Johannes Th. Eschen was one of the founding members of German music therapy. His vision was to develop music therapy standards that would form a framework for serious study programmes at university level, both nationally and internationally. To achieve this, prospective music therapists needed to be trained by music therapists. However, these music therapist trainers, required for this first round of applications, first had to be trained themselves, by experiencing, from the inside, the various music therapy ‘schools’ and their respective theoretical backgrounds and methodological peculiarities, often through direct contact with the founders of those schools’. The Herdecke mentor course served this purpose.

This paved the way for the development of regular study programmes. Students were exposed to music therapy first hand, ex-

periences were explored and new developments were trialled. The focus was on 'self-awareness', as a process in the context of training as a music therapist, in which the prospective music therapist experienced the various applied methods in the role of the client. This way, music therapy training followed, right from the beginning, the disciplines of professional ethical principles of psychotherapeutic therapy and especially depth psychology-based therapy.

My Background

From 1973 to 1978 I studied School Music at the University of Music and Theatre in Hamburg, at a time of great social upheaval in Germany, in the wake of the 1968 'student movements'. Some of the former protesters had embarked on a 'march through the institutions' in order to break up and reform the encrusted social structures of post-war Germany. This was accompanied by a spirit of optimism in all areas of society, e.g. through new art forms in music, dance and the visual arts or by a remake of how people with mental illnesses, physical or mental disabilities and experiences

of violence were treated (including a reform of psychiatry, inclusion, child and youth welfare).

From my very first encounter in the 'old building' in Hamburg-Pöseldorf, I realised that the Hamburg University of Music was still very much caught up in the traditional understanding of music. The buildings and people seemed to me like a sounding museum, like an 'island of bliss'. However, after some initial reticence I grew to love this 'island existence' with its people and all its course content.

Where there was too little room for manoeuvre, we organised our own projects with a group of students and put these to the test in school practice. Despite all the important impulses, I always felt there to be a strong contrast between the 'Sounding Museum' and the reality of school.

We were helped here by the fact that the school authorities had developed new regulations for teacher exams which had to be implemented in the form of study regulations for the subject of music. For me as a student representative, this created an opportunity to

contribute to 'cutting out old habits' and establishing new practice orientated subjects. To this end, a separate professorship was created for 'Practical Music-making in Schools', and the subjects of Singing/ Conducting and Percussion were introduced for all students. Not all professors were pleased with this development.

The following year, the then Head of the Department of Music Education and later University President Hermann Rauhe brought one of the founders of German music therapy, Johannes Th. Eschen, to the university. He was to implement music therapy as a field of study and research. This initially involved group improvisation, leading therapeutic groups, psychopathology and rhythemics. As special education students we were the main benefactors of these new impulses, as we were now able to build bridges to educational-therapeutic practice at special schools without having to renounce the artistic performance.

Transition and Specialisation in Herdecke

After completing my 1st State

Exam (degree level), I realised that I didn't want to transition seamlessly into the existing school system. The music therapy courses offered by Johannes Th. Eschen, Isabelle Frohne-Hagemann, Harm Willms and others had left their mark. Already in my dissertation in 1977, I dealt in detail with music therapy improvisation in the field of social pedagogy.

The two-year mentoring course was created through cooperation between the Hamburg University of Music and the Herdecke Community Hospital and with the support of the state of North Rhine-Westphalia. I applied to take part and passed the entrance exam. This gave me the opportunity to deepen my knowledge of the psychotherapeutic and curative possibilities of music therapy. We were able to familiarise ourselves with the most important international schools of music therapy and their founders. The two-year full-time course produced thirteen graduates. We became training supervisors at various places of study, practised in clinics, schools or outpatient institutes or initiated research projects, laid the foundations for specialist publications and contributed to the develop-

ment of professional standards in professional associations. In Herdecke, we argued about the 'right ways', i.e. which are the more effective, the more healing, the more human ways? Would it be the curative music therapy according to Paul Nordoff and Clive Robbins or the analytical music therapy according to Mary Priestley? (cf. Mahns 2004). Thanks to Grawe, we know that it is completely different variables - independent of school or method - that make a therapy effective. In addition to theoretical and methodological rigour, these include above all personality traits of the (psycho)therapist such as 'conviction of self-efficacy' and 'enthusiasm'. A behavioural therapist may be a more successful therapist than a child analyst. It therefore depends on authenticity, the ability to bond, resonance and flexibility in the specific situation and much more. At that time, we had not yet reached that stage (cf. Grawe 1994).

Effects

The humanistic image of man (cf. Maslow, A. 1981), which Johannes Th. Eschen and other lecturers

and participants lived personally and through their profession and which was systematically conveyed during the Herdecke programme, was strongly formative for me. It played a substantial role for me in my dealings with people at all levels, for instance by letting the partner grow, looking at things together (without a previous plan or a certain preconception) and seeking and finding creative ways and solutions even in borderline areas of life. This happened in conjunction with Konrad Schily and the anthroposophical context of the Herdecke Hospital, which also offered a wide range of internship opportunities. In my capacities as Head of the Additional Study Programme in Hamburg and of the Continued Training in Music Therapy in Rendsburg, as Head of the Rendsburg Music Therapy Institute and as a Teacher and Music Therapist in schools, I was able to pass many of these experiences on. During the last twelve years of my work at the Hamburg Education Authority, I had management responsibility as a Head Teacher. Even in this role, I noticed the effects of the Herdecke training on my professional life. My share of music therapy practice was

only small, but the qualities I had experienced were also of importance for my leadership role, in situations such as being able to improvise, to see conflicts and resolve them appreciatively, to see the perspective of others, to always find ways to remain in dialogue even with 'hard' school structures, to listen to one's own inner voice and to allow the 'inner child' to come forward (cf. Herbold/Sachsse 2007). Leadership means influence as well as power.

In my everyday role I regularly experienced various situations that I was not prepared for. These included crisis situations, incidents of violence, difficult parents, surprising decisions by the Education Authority and the many daily unplannable, mostly pleasant, but sometimes difficult challenges with pupils, teachers and employees of the Education Authority. In such circumstances, I endeavoured to comprehend, remain flexible, maintain my composure regardless, remain credible and make the right decisions. At times, this felt like 'squaring the circle'. I would certainly have stumbled much more, without the basic therapeutic training I had acquired over

the years, without the additional qualifications in school management and case management, without the intuition I had practised and applied, without self-awareness and without the regular reflective distance provided by supervision.

Improvisation as a Principle and Effect

During and after the Herdecke training, the focus was on improvisation and the creative handling of the unpredictable. Already Ruud describes the 'improvising person' in our joint book 'Meta-Music Therapy' (cf. Ruud/Mahns 1992, 140 f.). He sees improvisation as a survival principle of being human, even outside of musical-creative activity. In the case of material scarcity, minor or major catastrophes or seemingly insoluble conflicts, it is often crucial how one perceives the scarcity, the catastrophe and the conflict and how one deals with it. On a small scale, music therapy improvisation - be it associative, structured or dialogue-centred - certainly provided a rich field of practice for fantasising, improvising and surprising twists and turns.

My final thesis in the Herdecke programme dealt with 'The logic of intuition'. There are obvious regularities in sensing and guessing human needs such as dangers, events or perhaps the outwardly hidden or disguised desire of the other person. This instrument of intuition is indispensable for psychotherapists, and in my other roles, it was also always present and in the foreground. Fortunately, in addition to wonderful colleagues, I had daily contact with pupils, many of whom had communication disorders (including autism spectrum disorder). The contact often takes place exclusively through vibration, flotation and perception. The content of the message is often not as important as the contact itself. This reassures my counterpart that I am there as a teacher or head teacher and that I am interested in him or her, that I am engaging with the puzzle of his or her ways of communicating without always being able to solve it.

A few years ago, I had the opportunity to visit and work with our university friend and colleague Benedikte Scheiby in New York at the Beth Abraham Centre

for Rehabilitation in the Bronx. She took my wife Beate and me into a group. This resulted in a free improvisation together, into which we carefully threaded our way. Next to me sat Mr S., a middle-aged man in a wheelchair who was obviously very physically impaired and who spoke aloud in a way that I couldn't understand. The music took the form of a calm, swaying carpet of sound in slow motion, on which first an ostinato in D major emerged and then the melody of 'Rolling Home' appeared. I began to improvise a verse and sing the refrain 'Rolling Home across the sea ...' The song is originally a shanty that was handed down from English sailors in Australia. It expresses a longing for home that arises far from home. Mr S. was humming along and we had a common level of non-linguistic understanding. At the end there was silence for a long time and a strong feeling of being touched. Benedikte picked up on this and spoke to Mr S about his feelings.

He suggested that he had travelled across the sea on a ship, obviously a traumatic experience. At the same time, he seemed to feel

safe in the here and now of the cosy group music. Benedikte later reported that Mr S. had fled across the sea from Cuba. The boat capsized and Mr S. almost drowned. After the rescue, he suffered a severe disability. He was, at that point, undergoing rehabilitation after suffering a stroke

For me, this was a ‘magic moment’ of music therapy, completely unexpected and unplanned, and a unique experience. Benedikte and I had probably not played music together for over 30 years. Such moments were also rare for my wife and me. And yet, in the here and now, a meaningfulness arose in the contact with the people present, a situation which engulfed the room, the therapist, the sounds and the resulting closeness like a raging fire. Although we were only guests, we were woven into a special moment of inner involvement, the effect of which lasted for a long time.

Conclusion

In everything we do, we shape relationships, whether we realise it or not. This is how occurs ‘lifelong learning’. In my opinion, the quali-

ty of the relationships between the Herdecke mentors and their teachers has particularly deep roots, which also has to do with the special circumstances of a pioneering group from over 46 years ago, but certainly also with the shared medium of music, whether as an artistic activity or in connection with music therapy experience.

From the very beginning, the graduates of our mentoring course were involved in the working methods of individual music therapy, group music therapy, inter-music therapy and psychodynamic movement via ‘personal learning’ (cf. Mahns 1988, 141-152). This provided the opportunity for permanent internal and external processes of experiencing music therapy actions and music therapy relationships. This special intensity of relational experiences also had an impact on the relationships within the group of lecturers and participants. In different constellations and phases, professional teams and collaborations, study programmes and research projects were developed, publications were released and people referred to each other, sometimes even after long breaks. In many cases people also met privately across physi-

cal distances, shared each other's successes or mourned the death of a student friend.

The idea of training trainers, so-called mentors, was unique in Germany. According to Jacek Tkaczuk, a mentor is 'an experienced, wise counsellor, teacher and educator' (Tkaczuk, 2025). He is 'a person you learn from. The mentor has a certain level of expertise and experience in a particular field, and the mentee - i.e. the learner - benefits from this experience by taking advantage of the mentor's support, advice and help.' This goal was more than fulfilled with the mentoring course for music therapy in Herdecke. Just as relationships are also evident in composed music, joint musical activity in a choir, orchestra or chamber music can create and deepen relationships. In the context of music therapy, the moments of resonance, empathy and spontaneous interaction as well as appreciation and tolerance towards others, also play a special role. Even the 'unheard' or the 'unspoken' can be significant and effective. This may explain the sustainability of the relationships I have experienced for almost 50 years, both professionally and

personally, and I wouldn't want to miss a single one of these experiences.

References:

- Eschen, J.Th. (2010): *Zu den Anfängen der Musiktherapie in Deutschland. Mentorenkurs Musiktherapie Herdecke. Rückblick und Ausblick*. Wiesbaden: Reichert
- Grawe, Klaus u.a. (1994): *Psychotherapie im Wandel. Von der Konfession zur Profession*. Göttingen: Hogrefe
- Herbold, W. & Sachsse, U. (2007): *Das so genannte Innere Kind. Vom Inneren Kind zum Selbst*. Schattauer, Stuttgart, New York: Schattauer
- Mahns, W. (1988): Persönliches Lernen in der Musiktherapie-Ausbildung. In: Decker-Voigt, H.-H. (Hrsg.): *Zur Wechselbeziehung zwischen persönlichem Menschenbild und dem eigenen musiktherapeutischen Handeln. Hamburger Jahrbuch zur Musiktherapie und intermodalen Medientherapie. Bd. 2*. S. 141-152. Lilienthal/Bremen: Eres

Mahns, W. (2004): *Symbolbildung in der analytischen Kindermusiktherapi*. Münster: LIT

Mahns, W. (2008): *Ein Schülermord im Oktober*. Goch (Santiago)

Maslow, A. (1981) *Motivation und Persönlichkeit*. Reinbek: Rowohlt

Ruud, E./Mahns, W. (1992): *Meta-Musiktherapie. Wege zu einer Theorie der Musiktherapie*. Stuttgart – Jena – New York: G. Fischer

Tkaczuk, Jacek (2025):
Wie wird man Mentor?
<https://mentiway.com/de/wie-wird-man-mentor-anforderungen-kompetenzen-entwicklungsweg-des-mentors/>
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The Herdecke Experiment: Splits and Bridges

By Eckhard Weymann

The invitation to write an essay about my Herdecke experiences for this journal evoked mixed feelings in me. That's why I initially declined but then decided to reflect on this ambivalence after all, because it could perhaps be an interesting aspect of the Herdecke experiment for others as well.

Forty-five years after the end of the Mentorenkurs in Herdecke, I appreciate what I must owe to this fortunate coincidence of having ended up in this special training opportunity. The people involved deserve great thanks and respect for what they dared and achieved.

At the same time, I find myself criticising some of the conditions under which this learning process was conducted. At some points, I have my reservations about the architects of this training programme, which was undoubtedly set up with the best of intentions and a great deal of effort. My impression is that all of us - students,

teachers and directors - were in a permanently overstretched learning situation. We were in a fundamental ideological conflict between two music therapy 'schools' right from the start, for which there was no constructive solution in the two years, at most there were withdrawals. In my opinion, the managers could and should have anticipated this excessive demand. In November 1978, the music therapy world was deeply divided and hostile. The first cautious steps towards each other had only just been taken (see introduction 'An Important Period'). Was it not naïve to believe that 'all would be well' now? This is my criticism. Of course, you can also grow and learn something from a situation like this. Still, alongside my gratitude, I mourn the missed opportunities.

1.

It was in 1975. Konrad Schily, one of the later leaders of the Mentorenkurs, invited me to his house in Herdecke one evening to meet his friend, the American music therapist Paul Nordoff. I had previously completed my community service at Herdecke Hospital.

While Konrad grilled steaks for us in the open kitchen, Paul sat at the piano and improvised four-handed with Konrad's little daughter on his lap. Later that evening, he played Brahms Intermezzo, which touched me deeply! At the time, I was already studying music education and piano at the Cologne University of Music. Later, in a conversation with Paul, I asked him for advice on how I could find a way into music therapy. He replied: 'There is only one way for you: You must come to London and join my course there! But I have my doubts that you have the guts to do that.' I found this statement somewhat outrageous, presumptuous and self-centred. To my surprise, however, my friends and my piano professor advised me: 'This is your chance, take it!' In the summer semester of 1976, I travelled to London and took part in the Goldie Leigh Hospital Training Programme as a guest student, qualifying me for the later Mentorenkurs in Herdecke without even realising it. It was the last course for Paul Nordoff, who was already very ill and passed away in January 1977 in Herdecke. One of my fellow students in London was Rachel Verney, who later became

our lecturer. Rosemarie Töpker, a friend I knew from my music studies in Cologne, came to visit me for a few days and was also able to take part in Paul's lessons and observe therapies. We both got to know the magic of this work. In the months that followed, the plans for a Mentorenkurs (teacher-the-teachers course) in Herdecke took shape and it was always clear that I would be one of the participants, even though I didn't yet fulfil an important requirement: I had not yet completed my first studies in Cologne. But my stay in London was apparently reason enough for me to come on board as the youngest participant at the age of 25. Before the course started, there was an important prelude: The First International Symposium on Music Therapy Training, which was mentioned in the introduction of this journal. Here Rosemarie and I were engaged as student assistants and thus had the opportunity to meet all the important pioneers of music therapy in person.

2.

1978-1980. What I see in front of me when I think back: our flats

at the arcades of the clinic's own residential building on Bergweg. The conviviality with lots of coffee, beer and wine, cooking together, lots of music, sometimes discussing and partying into the night. On the other hand, there were the constant disputes and arguments. 'Herdecke' didn't feel like a safe place to me, more like a place of high, perhaps dangerous intensity, where you could also fail. In my memory, there was a lack of basic holding structures and supportive personalities at times. The 'Herdecke experiment': maybe that's it. An experiment with partly unclear hypotheses, variables and methods.

The polarisation of the 'camps' arose between the supporters of the Nordoff-Robbins approach and those of the psychodynamic school according to Mary Priestley. I am sure my personal dismay also had something to do with the fact that I changed sides along the way, which probably led to me being seen as disloyal by some of those who were disappointed. Fortunately, I was not alone in taking this step. Why did I have to change sides? At the beginning, I was obviously very convinced by Paul

Nordoff and his approach. I had personally witnessed his brilliant art of relationships and improvisation, which was then passed on to us in the course in such an inspired way, especially by Rachel. And yet something was increasingly missing from this wonderful practice: a psychological-philosophical background, a theoretical framework, which I found in Analytical Music Therapy. This is where the experimental project could have had great potential for development. Inspired by our teachers, we could have said: What theoretical foundation would be appropriate for the Nordoff-Robbins practice? And on the other hand: how can psychodynamic work benefit from the delicate phenomenological-musical tools and quality awareness of the Nordoff-Robbins approach? Instead, on the part of the students and some of the teachers of the course, I tended to perceive isolationist movements, devaluations, a rigid focus on practical procedures ('index sheets') or polemics in relation to theoretical viewpoints. A major point of contention was the question of whether self-reflective skills like 'music therapy self-experience' and intertherapy were even

necessary for this profession in addition to musical skills. We argued about this a lot. Everyone will remember the so-called Monday conferences, where things often got heated.

3.

We must have been a difficult group for the people in charge. With extreme tendencies towards 'rebelliousness', constant questioning or even isolation and withdrawal. Yes, this kind of dynamic also somehow fitted in with the times: the climate of the Encounter groups, primal therapy, the student protests of 1968, free jazz... The improvisation marathons in the basement of the hospital remind me of this. Instruments, values and structures were being beaten and/or people were frightened into retreating into the tried and tested. The centre field of constructive debate and more nuanced tones was difficult to discern at times. Unstable situations can inspire people, perhaps with the courage of despair, to create something new themselves. It was the same for me in Herdecke. A key moment was the first visit from the psychology lecturer Werner

Seifert. I am probably not the only one who remembers the moment of astonishment in the group when Dr Seifert, after listening to an audio recording from music therapy for the very first time, was able to make a very accurate assessment of the 'case' without any further prior information or specialist knowledge. His expertise in a phenomenological psychology enabled him to draw conclusions about the client's way of life and particularities just from listening to the spontaneous expressions in the improvisation. We wanted to learn that too! After this 'pivotal moment', several description groups were formed, at least one of which was to last for decades after the training period and developed into a research group and institute of which I am a member.

This example serves to honour a topic that is an integral part of these training experiences: despite or perhaps because of the heated situation, the Mentorenkurs was a place of origin for deep relationships, for professional and personal friendships, sometimes for a lifetime. The encounters with some of my fellow students and teachers and the intensive collaboration that followed, have left deep traces

in my biography, for which I am really very grateful!

4.

I feel very lucky in life! My training on the Mentorenkurs turned me into a music therapist who was qualified to be a lecturer. Through the years I found traces of the way in which Herdecke experiences shaped my work as a person, a lecturer and later as a Programme Director. In 1985 I got my first teaching position at the University of Music and Theatre (HfMT) in Hamburg. Even there were aspects that reminded me of Herdecke, everything was still somewhat experimental, and nobody knew exactly how a degree programme in music therapy should be structured best. I remember important debates, some with the help of external supervision, which helped us all to move forward. For instance, when we were able to clearly separate the training of self-reflective skills like supervision and music therapy self-experience from teaching and examinations in terms of personnel and organisation. My unsatisfactory experiences with the lack of separation of intimate spaces for self-reflection and self-revelation

from the public sphere of the study programme may have made a significant contribution to this.

In addition to teaching and practising as a music therapist, I also trained as a supervisor and coach in the early 1990s. Yes, here too there are traces of my Herdecke experiences: I want to encourage constructive dialogue in work teams, in which differing opinions do not lead to hostility, but to new insights. In my teaching and management activities at the Institute for Music Therapy at the HfMT and at the Frankfurt University of Applied Sciences, it was always important to me to encourage openness in thinking alongside clear, holding structures. In the Hamburg faculty, I was able to represent my own position of morphological music therapy alongside humanistic-psychological or psychoanalytically inspired positions and bring them into exchange - clear profiles in good neighbourhood. For a long time, my most important concern was, together with others, to research and understand music therapy improvisation both artistically and psychologically and to convey these syntheses to students as an

attitude and practice. I interpret this now as an attempt to close a gap that was painfully felt in Herdecke.

The experiences from the Mentorenkurs were mixed, as I described above. The negative aspects of the Herdecke experiment, which still need to be criticised, analysed and understood, have also influenced me in my teaching by trying to proceed differently. The missed opportunities have provoked the attempts at a close connection between art and psychology in theory and practice that I have undertaken with colleagues. The missed dialogues have shown the need for constructive discourse, which sometimes requires special knowledge. The temporary disorientation and perceived defensiveness have sensitised me to the need for well-reflected university didactics.

It makes me happy that we think so much less in terms of 'schools' and 'camps' today than we did at the time of the Mentorenkurs and instead appreciate the variety of practical and theoretical approaches to music therapy. Could the after-effects of the Mentorenkurs have played a certain part in this?

I can only speculate about the consequences of the Herdecke experiment for my personal life. I am not sure what would have happened to my personality without this 'hard school'. In any case, I have grown in the various group experiences, have become (more) able to deal with conflicts and more self-confident. A broad horizon of philosophical, psychological, sociological and literary ideas opened up before me. Here I received fundamental and inspiring impulses for my life's theme of improvisation, especially through the seminars with the composer Alfred Nieman from London. To summarise, I can say that I have found colleagues and friends here, discovered my professional passion, a goal, a task that is worth living and working for.

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Selected publications:

Weymann, E. (2004). *Zwischentöne. Psychologische Untersuchungen zur musikalischen Improvisation*. Psychosozial Verlag.

Stegemann, T., & Weymann, E. (2019). *Ethik in der Musiktherapie. Grundlagen und Praxis*. Psychosozial Verlag.

Decker-Voigt, H.-H., & Weymann, E. (Eds.). (2021). *Lexikon Musiktherapie* (3rd ed.). Hogrefe Verlag.

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Mentor Course Herdecke and Beyond. An unplanned journey

By Joachim Ostertag

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We make many decisions with the hope that they are part of a greater plan towards some imagined destiny. Sometimes we make decisions to break from old paths and new destinies appear. And some decisions follow a logic that seems random, outrageous, risky and even foolish at the time. Whatever our motives, there are urges that we may or may not be aware of as we move on and live through our personal, relational, professional and political spheres. Every once and a while we take a pause wondering about the significance of certain moments. Once the dust of past turmoil has settled and we look back, our past and present paths appear in new lights and greater clarity. This reminds me of “the great questions of life” that Murray Sinclair (former Canadian Senator and Indigenous lawyer) posed: Where do I come from? Where am

I going? Why am I here? Who am I? (Sinclair, 2024)

The Mentor Course was a moment in time (1978-1980) that brought together an international group of people, students and teachers with different backgrounds in music and expectations. The overall purpose of the program was to train music therapy teachers, and it was the goal for students and teachers over two years to explore music therapy through observation, literature review, lectures by various visiting music therapists, experiential music therapy, and practical work. The learning and experience would contribute to the development of a comprehensive music therapy program for West Germany and train a first generation of West German music therapy teachers. The Mentor Course was a project that, by design, experimented with a tapestry of ideas around various therapy models and personal approaches with the hope that all would go well, and that a tangible concept of Music Therapy would eventually evolve. This explorative, living learning process would include a lot of personal and interpersonal commitment and engagement.

I became part of this experiment as a 25-year-old man, with a degree in music, and not sure where to go next. I had written a thesis on Music Therapy for my degree at the Freiburg Musikhochschule, which was based on applying a communication theory lens reviewing available literature and a naïve belief, that I could come up with a theory through study, thought and reflection. I had plans to study medicine which would still take many years, and I could not see myself as a professional musician or teacher. I felt somewhat stuck. Music Therapy, which was just starting to be talked about as a possible future profession in fields of psychotherapy and education, seemed a perfect fit. Now a path forward opened although still cloaked in mystery with no real definition. But this lack of definition tweaked my curiosity, sense of adventure and even pioneering of unknown territories.

The Mentor Course started with a strong initial optimism and trust that this would lead to possibilities for meaningful work, a profession where I would play an important role in individual people's lives. The Mentor Course quickly became a very intense experience

and not without turmoil. Representatives of different approaches to music therapy with divergent philosophical underpinnings descended on Herdecke. Personal beliefs, theories, conflicts over teaching methodologies and music as a healing agent were discussed, unpeeled, questioned.

Confusion soon took over. The main pillars of the program were by design the Music Therapy approaches of Mary Priestley (Analytical Music Therapy) and Nordoff-Robins (Creative Music Therapy), and unfortunately, very quickly chasms developed between these two. The program design and delivery struggled to mediate the immediately developing alliances with either approach (analytical versus behavioural-pedagogical), towards a cohesive and complementary Music Therapy methodology.

This complicated and often tense context still allowed deep explorations of our personal and interpersonal relationships with music and improvisation. We searched how music was shaped by our experiences and the roles we as therapists could and needed to play within the musical relationship and how

complementary verbal processes could lead to new insights and work through areas of emotional and relational conflicts. This was very exciting, and it seemed we were discovering new ways to study psychological processes. Although our language(s) around concepts remained tentative and vague, some things seemed to take shape, and at the end I felt fairly confident, that I could work in the field of adult psychiatry/mental health.

After the Mentor Course I worked as a music therapist at a mental health hospital with inpatients with serious diagnoses of depression, psychosis and schizophrenia. My curiosity continued as I explored ways to develop meaningful relationships with people who experienced extreme distress mentally, psychologically and in their relationships. And, as I later reflected on these cases, we can assume that all of them had experienced various levels of trauma and sexual violence, which at the time was not yet acknowledged or seen as areas of interest. Their foremost need was to feel safe and understood, in whatever state they were in. However, initially I was

not well prepared for providing them with that safety they required to build trust, in order to engage in musical improvisation and processes of introspection. Our understanding built at the Mentor Course had been that the realm of free improvisation, including group improvisation, would somehow constitute a neutral zone, pure and unthreatening. Subsequently I assumed that the anxieties and resistances many showed would be part of the material to be worked through in the therapeutic improvisation. I interpreted these anxieties as signs of inner conflicts and pathological dynamics and subsequently ignored, that they were important manifestations of resilience and strength, that were not to be broken.

However, in some individual sessions with schizophrenic men we developed musical dialogues, that allowed me to enter realms of their enormous inner destructive turmoil, while musically staying connected with them and offering voices of calm presence and care. Eventually they developed musical forms (strategies) as counterpoints to their inner destructive chaos. And these changes were also re-

flected in their general behaviour, in reduction of hallucinations, less anxiety, greater overall contentment. Case study: Der “wilde Man” und die “sanfte Weise”. (Ostertag J. 1985).

With depressed and suicidal clients in group music therapy I increasingly engaged in one-to-one improvisations, staying away from group improvisations as they were too anxiety provoking. The focus usually would be to offer simple structures and develop calming and soothing soundscapes together, as I followed their meandering and hesitant play. This eventually led to more trusting therapeutic relationships, where we also could start addressing conflicts in their lives. Patience and empathy were of great need!

Today, I think of missed opportunities during my early years because I didn't yet have a feminist and trauma informed lens, that places safety and choices for clients in the centre. I think the way we, as a team at the mental health hospital ignored the warning signs and put pressure on clients, may have contributed to a series of suicides by women on the hospital grounds. We clearly did not take

into consideration the historical trauma of the clients or how the treatment was retraumatising. We failed to recognise gender-based violence because of our patriarchal biases. When I attempted to review these deaths, nobody was interested. Without intent our team clearly replicated the oppressive system, that these women experienced during their lives. They were medicated and confronted with a music therapy practice, that they experienced as threatening and unsafe. Today I would approach their despair and isolating experience through ‘trauma informed music therapy’, a feminist lens and explore ways of empowerment and resilience. (Beer et al., 2022)

I worked with a group of men struggling with major psychosis who described one of their musical improvisations as Nazi soldiers marching through town. While I felt horror about these associations, they stated that it would have been better for them: ‘The Nazis would have killed people like us and so we would not have to do it ourselves’. Today I would put priority on safety, trust, and then slowly explore their stories growing up as boys during and post war

in Germany; what messages about boys and girls did they receive in their families, how did they develop their gender identities, including forms of masculinity, power and control dynamics between fathers and mothers. What were the inter-generational trauma? What did attachment relations look like at home? And I may have included my own history as well in these conversations.

When my young family and I moved to Canada I encountered new hurdles. As far as I could see mental health institutions were even more based on medical and behaviouristic models than in Germany, and there was no interest in psychodynamic music therapy.

For a while I worked with autistic children in a very supportive group home near Ottawa. A new exciting field that Juliet Alvin had pioneered decades earlier. Here I learned to follow the lead of the children as I developed very intense musical dialogues with them following their nonverbal and vocal idioms. Our music would often wander with sudden moments of mutual give and take, and intertwining duos over weeks and months would grow longer with

increasing coherency.

When we moved to a rural community in Ontario, I started a private practice and saw predominantly children (age 4 to 16), who had been abused or had witnessed violence against their mothers. Now I started to integrate music, play, art, storytelling and conversations as I shaped therapy for each child according to their situations, needs and wishes. Often the music became an interpretation of their stories and plays, building greater emotional dimensions. The music allowed a wide range of relations from symbiotic closeness (attachment) to separation and independence, and it often helped them giving their longing for care a voice. The physical and emotional experience of attachment in the music was of great importance for many children, who had experienced trauma, neglect and chaotic relationships with caregivers.

During this time the focus of my work started to shift quite dramatically. I attended international conferences on child abuse and child witnesses of domestic violence. (Pelet et al., 1995) Here, for the first time the spotlight was put on systemic injustices and reali-

ties of the impacts of child abuse. This also included the effects of mothers' traumas on children, not only in individual lives but also globally within our patriarchal culture. Lots of research was done on the epidemic proportions of male violence against women and children. And it became increasingly clear to me that up to now, we had mostly ignored these crucial dimensions in our mental health work. Systemic violence and trauma have many faces, and it is all around us. We are all affected by it and we need approaches that go beyond the confinements of introspective psychotherapy. If we ignore the systemic power structures of patriarchy that contribute to mental illness, we as therapists, easily can be part of the problem. We need to adopt intersectional lenses that included gender, race, injustices and social status.

The opportunity arose for me to train as a counselor for men who abuse women, based on **the Duluth Model**. This model and subsequent practice was quite a radical break from my earlier work: it was mostly based on feminist theory, focusing on power and control in relationships with

a psychoeducational approach. Men would explore the origins of their personal beliefs about gender, tactics of power and control while being accountable for their behaviour. We inquired how inter-generational trauma, mixed with misogynist beliefs and rigid gender norms led to gender-based violence. Group work allowed men to see how their individual belief systems were rooted in collective social constructs. And these belief systems led them to strive for superiority through a multitude of tactics of abuse, e.g. emotional abuse, coercion, threats, male privilege, sexual and physical violence. Ultimately the men would recognise how their thinking and their behaviour were not only destroying people around them, including their kids and partners but also themselves (e.g. high rates of injuries, addictions, suicides). The goals were to explore alternative beliefs based on equality and respect and how they result in change of behaviours and relationships. I learned that these groups could develop internal cultures of reflection, learning and care, that would lead to changes in their understanding of being men, and how they related to women, other

men and children.

I increasingly acknowledged that as men we are all in the same boat struggling with overcoming scripts, that told us how to act as real men, and that we needed to break these cycles, become caring of each other, show vulnerability, and become accountable rather than strive for power and superiority. Subsequently, counselling was not conceptualised as mere treatment of individual men, rather the change processes were part of a larger community response to gender-based violence. This meant that as a community we are also responsible for speaking up, work together and provide safe spaces for women and children. As the leader of the Men's Program Grey-Bruce, public speaking and community engagement became integral aspects of my work of addressing the larger intersecting issues of violence.

This led me in 2013 to initiate the *Change the Cycle Tour*, where I biked from my hometown Owen Sound in Southern Ontario to Vancouver to raise awareness on Violence Against Women and on Missing and Murdered Indigenous Women. This project allowed me

sharing the insights from the practice with the communities along the road, through newspaper and TV interviews and many conversations with people and hearing their stories. This very intense experience gave me further appreciation for the complexities and intersects of human exploitation, colonisation as well as strength, various levels of collective resilience and healing in so many places. There was a growing sense of solidarity among people and organisations I met.

Since I retired from the Men's Program, I am involved in several climate and environment initiatives working with our city to adopt climate action and attempting to engage people of all ages to work towards a greener community and a more sustainable future for all of us. It's a continuation of the path I started many years ago, and in the spirit of me trying to be the change I want to see in the world and that the personal is the political. We need to end exploiting humans and our biosphere. Looking back, I see that the unplanned journey, that started in Herdecke, found direction and purpose: The two years at the Mentor Course were

about understanding human experiences, how they translate into musical improvisation, and finding meaning in music and in the spaces between us, as we explored words behind the music and music behind the words. The potent dynamics of the Mentor Course remained part of my mental make-up, holding the many unanswered and unasked questions, that I carried through my professional and personal life. The people I met on the way taught me a lot about stepping back and listening with greater patience and compassion, exploring further my role as a man, with its inherent privileges and vulnerabilities, my positions in my family, community and the world. This process has not been without pain and constant need for self-reflection. However, as I gain a better understanding of where I come from, including what determined my gender roles in this culture, my moving forward is becoming clearer discovering new connections: Embracing community as an agency of resilience and change allows me to see the wisdom in collectivity and the potential for finding new truths and ways forward for all of us, in all our relations, counselling, infor-

mal gatherings, and community engagement.

References:

Beer, L. E. & Birnbaum, J.C. (2022). *Trauma Informed Music Therapy, Theory and Practice*. Routledge

Peled, E., Jaffee, P. Edleson, J.L. (1995). *Ending the Cycle of Violence, Community Responses to Children of Battered Women*. Sage Publications

Sinclair, M. (2024), *Who We Are, Four Questions For a Life and a Nation*. McClelland & Stewart

Ostertag, Joachim (1985), Der “wilde” Mann und die “sanfte” Weise. *Musiktherapeutische Umschau* 1985

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How I ended up in Herdecke

By Mechtild Jahn-Langenberg

As I noticed, that an experimental training program "The Herdecke Mentor – Course" was going to start in November 1978 and last for 2 years, I applied for student-ship and passed the entrance test. At that time, I worked as a teacher at a primary school, covered all ground subjects and had music as my main subject. I experienced in my classes, how powerful music, especially free improvisations helped, to be connected to personal feelings and phantasies. It also promoted talking about the experience of playing and coming in contact with the therapist or members of a group.

I quitted school, and passed the two years 1978 – 1980 at the Music Therapy Mentor Course, which was an experimental training course.

The course was lead by Prof. Johannes Th. Eschen as musician and music therapist with a music

therapy training from London (including training by Juliette Alvin, Mary Priestley and Sybil Beresford Pierce), and Dr. Konrad Schily, neurologist from the Clinic at Herdecke Gemeinschaftskrankenhaus. He presented the medical theories in therapy.

Analytical Music Therapy became my main interest during my training and this followed me throughout my professional career in Music therapy.

There was an international group of teachers and the main language was English. Some of them were continually present in Herdecke, many others came for block lessons.

How did I experience the two years 1978 – 1980 being part of the experiential training program, the Herdecke Mentorenkurs?

There were strong psychodynamic processes emerging in our group, where different approaches were presented, and two main theories should give foundation for our discussions. (see introduction to this journal).

Students and teachers had to cope with different methods and the upcoming tensions.

In between we were often confronted with unclear concepts, and we learned, that music therapy needed research and development of methodology.

My first motivation for this programme, coming from the world of pedagogy and being a teacher, was to broaden my possibilities to teach and help pupils and students. During the course I became attracted to clinical psychotherapy and treatment methodology, specifically based in psychoanalysis.

The meaning of my Herdecke training for my professional life.

After the exams I applied for a position as an academic trained music therapist, and I ended up to work as a psychoanalytically informed music therapist working at the clinic of Heinrich Heine University Düsseldorf.

Prof.Dr. Annelise Heigl-Evers at Heinrich Heine University supported me to integrate this new therapy method, music therapy, in this clinic, as an art based clinical

access to build contact with the patients. (Langenberg, 1988, Langenberg et al., 1992, 1995)

During these years I learned to collaborate and discuss with doctors and psychologists, and I was very happy about having been trained in multi-faceted discussions during my Herdecke Mentor Course Training.

At this clinic a research group with different professions were very engaged to develop together a qualitative method of how to understand the meaning of an improvisation of patient and therapist coming out of a therapeutic process.

I got the title of a research assistant, and this brought me later to a position as Director of the MA program in Music Therapy at University of the Arts Berlin, where I served from 1995 – 2016. When being at Heinrich – Heine University I also started an international collaboration of developing qualitative research in music therapy. I organised symposium meetings every second year for many years and some of our reflections and discussions are edited in (Langenberg et al., 1996).

I built the Master Program in Music Therapy at the university in Berlin from 1995 where I really could implement my experiences from Herdecke, and also my experiences from my position at the Heinrich-Heine University. I continued the international collaboration of qualitative research in music therapy throughout my professional working life:

As my health does not allow me to write more in detail, and as I have been very much encouraged by the editor of this journal to do so, I will terminate my writing here with a letter on behalf of the current and former members of the Directors of IMB (International Music Therapy Institute) at the Universität der Künste Berlin on the occasion of my retirement.

The letter:

While we were all saddened at the reasons for Mechtild's early retirement, we are in a unique position to attest to the importance of her contribution to music therapy internationally. Nearly 20 years ago in the early 1990s, the practice of qualitative research had only just begun in the USA. Mechtild

came to New York and presented her research. It was clear to us at the time that her pioneering work deserved to be disseminated in the USA, and she was an invited contributor to the first music therapy journal issue devoted to qualitative research.

This connection was solidified when Mechtild organized the First International Symposium in Qualitative Research in Music Therapy in Düsseldorf in 1992, which brought together a large international group of clinical researchers involved in qualitative inquiry. Mechtild was instrumental in organizing the content of this symposium into the first book in music therapy to focus on qualitative research in music therapy: QUALITATIVE MUSIC THERAPY RESEARCH: BEGINNING DIALOGUES. Subsequent meetings of the symposium group were held every 2-4 years in Berlin. Because of her role in organizing these meetings, it is safe to say that Mechtild was the central figure in advancing the practice of qualitative research in music therapy throughout the world and enhancing knowledge of music therapy in the larger world of psychotherapy

research. We are all extremely grateful for her efforts going back to 1992 when our collaborations began. And while in some ways her withdrawal from professional activities may be premature, it is clear that Mechtild's accomplishments reflect a full career lived to completion.

With great respect and affection

Dr Kenneth Aigen, Dr. Dorit Amir, Dr. Jane Edwards, Dr. Carolyn Kenny, Dr. Barbara Wheeler.

References:

Langenberg, M (1988). *Vom Handeln zum Behandeln. Darstellung besonderer Merkmale der musiktherapeutischen Behandlungssituation im Zusammenhang mit der freien Improvisation.* Fischer Verlag.

Langenberg, M., Frommer, J. & Tress, W. (1992) Qualitative Methodik zur Beschreibung und Interpretation musiktherapeutischer Behandlungswerke. *Musiktherapeutische Umschau*, 4, 258-278.

Langenberg, M., Frommer, J &

Tress, W. (1995) From isolation to bonding. A music therapy case study of a patient with chronic migraines. *The Arts in Psychotherapy*, 22, 87-101.

Langenberg, M., Aigen, K. & Frommer, J. (1996) *Qualitative Music Therapy Research. Beginning Dialogues.* Barcelona Publishers.

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How I ended up in Herdecke

By Inge Nygaard Pedersen

I have written extensively about, how I became a music therapist and why I ended up at the music therapy Mentor Course in Herdecke in (Eschen 2010). For those who have not read the Eschen book, I will give a short summary here.

In autumn 1977 I was asked by one of my teachers (an actress) - who taught us musicology-students at Copenhagen University *body and voice improvisation* - if I could take over a week-course for her. When I arrived at the wonderful course place at the seaside, participants on this course called themselves autodidact or self-taught music therapists. I had never heard this word music therapy previously, and it gave a real 'click sound' in my head. For several years I had been searching for and reflecting on, how I could use my university education as a musicologist combined with a private education in relaxation, massage and movement and a preliminary organ examination at the Royal Conservatory of Music. I was 27 years old by

then. MUSIC THERAPY. Of course! By returning from the week-course, I asked a university professor if I could be allowed to write my Master Thesis on the issue of music therapy and have a supervisor for this. He - being very surprised - told me, that another female student had asked him the same question the day before - and he had never heard the word music therapy before. The other student was Benedikte Barth Scheiby. We did not know each other, but we very quickly became close friends and decided to collaborate on a master thesis. We researched that one music pedagogue in Denmark - Merete Birkebæk - had undertaken longer training courses in something called *Nordoff Robbins Music Therapy* in London. This approach was based on a collaboration by a musician and a special pedagogue, so MB was collaborating with special pedagogue Anne Lise Dyhr. We contacted Merete and were allowed to follow their work with multi-disabled children for 3 weeks. We observed and interviewed - took a lot of notes, audio- and video recording excerpts and went home to organise our data. A few days later we received a letter from Merete, who told us that she had been asked to become a teacher at a music therapy Mentor Course

in Herdecke, Germany. She had answered that she would be happy to do so, but only if she could bring two Danish students for the student group. So, we were invited and signed that we could speak fluently German! At least we learned to do so while being in Germany. To become a student at this course, one needed to have finished or almost finished a university degree in music science (musicology) or a conservatory degree in music. As we had almost finished our university degree, we fulfilled the demands, and we just had to take the entrance test when coming down there.

My experiences from the Herdecke Mentor Course

The two year full-time boarding course training at Gemeinschafts-krankenhaus Herdecke was very intense. We were taught more disciplines in self-experience every week, theory and philosophy courses and music training - especially training in different ways of improvising every day. We lived two and two together in small flats next door to each other in the hospital area, and we spent a lot of time together in the student group. I had a visit by a Danish friend during the second year. He immediately stated, when

arriving at the hospital, "It is like entering a nuclear reactor here – such intense energy!"

Every Monday evening, we had our plenum meeting for several hours to evaluate the training we had had during the last week and to discuss if we needed/wanted something more or different - and we often disagreed, and we had lots of dynamic discussions. On the other hand – everything we agreed upon, was just accepted and implemented. One example was that we agreed we needed individual therapy from outside the program in the form of psychoanalysis. So, we were offered 20 sessions by a well-known psychoanalyst in Cologne. This analysis strengthened my German thinking and dreaming very effectively. Years later when I came to Germany, after having moved back to Denmark, I started to dream in German after the first day. I was very happy sharing an apartment with Benedikte – so every day I had to speak both Danish, German and English – as most of our teachers were English speaking. I soon learned to switch language almost unconsciously. Both Benedikte and I were late owls so sometimes we were skiing in the mountains illuminated by the moon in the middle of the night - or

baking cakes or just discussing and had a lot of fun.

My background as a relaxation and movement pedagogue and the fact that Benedikte had taken courses in bioenergy provided us to get the chance to develop the discipline *psychodynamic movement* further from the basic form developed by Mary Priestley. We were allowed to offer workshops for co-students. This was very meaningful. I further really liked the way we were taught and experienced musical improvisation. Improvisation as art by Alfred Niemann – and improvisation as communication and contact creation by Nordoff and Robbins. Last, but not least, improvisation as symbolic expression for our inner life and as a symbol for dynamics of the relationship of the players as taught by Priestley. Finally, the group improvisation by Eschen in the relationship-rondo form, where in a group of 6 the form often was: tutti – duo – tutti – duo – tutti – duo – tutti. But often with variations. Most often the duo implied two participants sitting next to each other. It could also be participants sitting opposite each other, which created another dynamic. We also experienced the form of tutti – solo – tutti etc., where the solo experience could

be both tensed and enjoyable (everyone is listening to me) and then being recognized and acknowledged in the following tutti emerging from listening to the solo by the rest of the group.

I have used these improvisation forms a lot during my 45 years of being a music therapist. I have developed the rondo form to become a way of listening to one another. In a group of 5-6 participants they are told to choose an instrument and try out how it sounds. Then they are told to close their eyes and are instructed to play - as an example: tutti – duo – tutti – trio – tutti. They do not know for whom the duo or the trio will emerge, and they do not know when. So, it is all about listening and about, how do you react when you do not know (cannot see) but have to listen intuitively. Is a trio arising when there exists an expectation of a duo? Or how do you react if there is an expectation of a duo, but you find yourself playing solo? Lots of psychodynamic experiences and discussions come up. When I arrived at Herdecke, I was quite insecure about my identity both personally and professionally. I had – as mentioned above - several educations behind me, but not a real aim for my working life. I expe-

rienced pressure from my family to get a proper job. I already had experiences from growing up in my family of being the black sheep, as I grew up in a culture of Home Mission. I could not in any way identify with this and broke out of it in my early teenage years, as the only one of us three siblings. So, with this background, the Herdecke experiment and often chaos situations were a real release for me – here I was not alone with chaos. And I was very grateful for the opportunity to use self-experience disciplines to heal my own traumas before becoming a music therapist. It was the right timing for me to do so. So, the Herdecke experience had a very important influence on my life both personally and professionally.

The influence on my professional life

I also wrote extensively in Eschen (2010) about my professional life - how I had the luck to be headhunted for being employed at Aalborg University to prepare and start the music therapy program there back in 1981 (still the only program in Denmark). Here I was first in a research position, later assistant professor, associate professor and Professor with specific tasks, and

I stayed there for exactly 40 years. I look back on these years with much gratefulness as I experienced so many different processes and never ever felt any kind of routine in my work. I never experienced to be either bored or tired by too many repetitions. It was almost as a prolongation of the experimental Herdecke period and I was happy to be prepared for this through my Herdecke experiences.

To the different processes - at the beginning I had a lot of fights with the dean of Faculty of Humanity and other administrators - then the program expanded from 4 to 5 years – then I got funding to start a Nordic research collaboration program (NORFA) (Pedersen & Mahns, 1996) - and from these experiences we were allowed to start an international Doctoral Program in music therapy (Jacobsen et al 2019). Finally we were allowed to establish a research clinic at the Mental Health Hospital in Aalborg – an integrated clinic half paid for by both the university and the hospital where we edited annual journals <https://journals.aau.dk/index.php/MIPO>

So, to the challenges. When I came to Aalborg University for the first time to discuss my position and tasks for my employment in 1981,

I told the dean of the Humanistic Faculty Hans Siggaard Jensen (who took part in the Symposium in Herdecke, October 1978, see the introduction), that I wanted to develop a program with three different parallel running training tracks with equal weight, as we had experienced and discussed in Herdecke for future music therapy programs. An academic track containing the academic disciplines belonging to a university, a musical track which was known at Aalborg University from the musicology program and then - further a self-experiential/clinical track. The last track, HSJ immediately told me was not possible at a university. I was steady and told him that in this case he had to find another employee. He was silent for quite a long time and then he suggested that I started out like I wanted as a trial for 6 years. I then needed to accept a comprehensive evaluation by the Ministry of Education and Ministry of Culture when the six years had passed. I accepted - received this evaluation which turned out to be positive, and the structure with the three tracks is still there today.

In September 2024 I had an e-mail from a female music therapist working at a hospice telling me, that

after a joint singing event she had performed, a man had asked her if she knew me, which she did. He asked her to write me an e-mail and ask me to come and see him. This man was Hans Siggaard Jensen. I visited him, together with my close friend and previous college Lars Ole Bonde. During our two-hours dialogue, he told me that he was very happy, that I was so steady and firm when I started my work at Aalborg University. He himself actually wanted the same structure in the music therapy program as I did back then, but he had been warned by the association of psychologists and the association of medical doctors in Denmark, who did not want a third player with a humanistic academic background in psychotherapeutic work in the Danish health system. So, if a music therapy education should be established, it should be with a focus on (special) pedagogical work. This meeting with HSJ was such a relief for me – no longer feeling as being mostly an opportunist to him. He died three weeks later.

As I also wrote in Eschen (2010), the most important personal learning issues for me from Herdecke were to navigate in chaos, to improvise with everyday situations, and to become grounded enough

to gradually trust my intuition and to apply it for clear thinking. These qualities have followed me throughout my life after Herdecke - be it in clinical work, teaching (Pedersen et al. 2023), research (Pedersen, 2007, Pedersen et al. 2021, Pedersen et.al. 2024), administration, leadership, supervision (Pedersen, 2013), etc. One of my colleagues in Aalborg often called me *the creative problem solver*. I never saw this picture of myself, but I can see that my experiences have provided me with such kinds of qualities, which I am very grateful for.

Summing up, I can say I would not have been without the Herdecke training experience. As confused as I was concerning an aim of my working life, when coming down there – everything seemed to be pre-planned for me, when I returned. Since my retirement in 2021 I have been very active in the Danish Association of psychotherapists. Music therapists can be members of their association counting more than 4.000 members. They have a much bigger official and political voice than the small association of less than 2-300 music therapists. In spite of still existing resistance from the psychologists and psychiatrists, other authorities in the health system more and more see the value

of psycho- and music therapy work as beneficial for the clients. So, it seems to follow me throughout my life to be a culture breaker - where a culture seems to be restricting - and to be part of new beginnings. This started already in my teens breaking out of my family culture, but for many years I felt negative about it – felt like being wrong, at the same time as I knew I could not act differently. This feeling started to change through my Herdecke training experience - to me feeling more integrated. The pivotal moment for this long process was the day before my beloved mother died in 2005. I sat at her bedside, hold her hand and song for her. She flew in and out of consciousness, but all of a sudden, she raised her head, looked at me and said: “Inge, I want you to know that you are the one of my children I have had the most honest relationship with”. She died the next day without being conscious anymore. I was deeply touched.

Overall, I feel I have been very lucky during my life. I was specifically lucky to get the chance to be part of the Herdecke training course. I was just as lucky to be headhunted to get a possibility to influence the development of music therapy in Denmark together with gradually

many wonderful colleagues among others two from Herdecke. Wolfgang Mahns (Hass) 1 semester and Benedikte Barth Scheiby for 8 years. In the nineties I had prof. Tony Wigram and prof. Lars Ole Bonde by my side and the three tracks became very much solidated by then. Last, but not least, I was lucky to have a wonderful and supporting family. So, thanks to life.

References:

Eschen, J. Th. (2010) *Zu den Anfängen der Musiktherapie in Deutschland. Mentorenkurs Musiktherapie Herdecke. Rückblick und Ausblick. Zeitpunkt Musik.* Reichert Verlag.

Jacobsen, S., L., Pedersen, I.N. & Bonde L.O. (2019) *A Comprehensive Guide to Music Therapy. 2. Edition.* Jessica Kingsley Publisher

MIPO. *Musikterapi I psykiatrien.* Online. (Music Therapy in Psychiatry. Online.) <https://journals.aau.dk/index.php/MIPO>

Pedersen, I.N. & Mahns, W. (1996) *Nordic Network in Music therapy research 1993-1996. Membership: Denmark, Norway, Sweden, Finland, Germany, England.* Aalborg Universitetsforlag.

Pedersen, I.N. (2007) *Counter transference in music therapy: A phenomenological study on counter transference used as a clinical concept by music therapists working with musical improvisation in adult psychiatry.* Doctoral Thesis. Aalborg University. <https://vbn.aau.dk/en/publications/counter-transference-in-music-therapy-a-phenomenological-study-on>

Pedersen, I.N. (2013) *Kunstneriske medier i supervision af psykoterapi. Indsigt og vitalitet. (Art media in supervision of psychotherapy. Insight and vitality).* Aalborg Universitetsforlag.

Pedersen, I.N. et.al. (2021) *Music Therapy vs. Music Listening for Negative Symptoms in Schizophrenia. Randomized, Controlled, Assessor- and Patient- blinded Trial.* *Frontiers in Psychiatry.* <https://doi.org/10.3389/fpsy.2021.738810>

Pedersen, I.N., Lindvang, C. & Beck, B.D. (2023) *Resonant Learning in Music Therapy. A Training Model to Tune the Therapist.* Jessica Kingsley Publishers.

Bonde, L.O., Perdesen I.N. & Rid-
der, H.M. (2024) Development of
a Music Therapy Research Culture
in Denmark. *Danish Yearbook of
Musicology* . Volume 45 . 2022-24.
p.41-69.
[https://www.dym.dk/dym_pdf_files/
volume_45/dym45_2_03.pdf](https://www.dym.dk/dym_pdf_files/volume_45/dym45_2_03.pdf)

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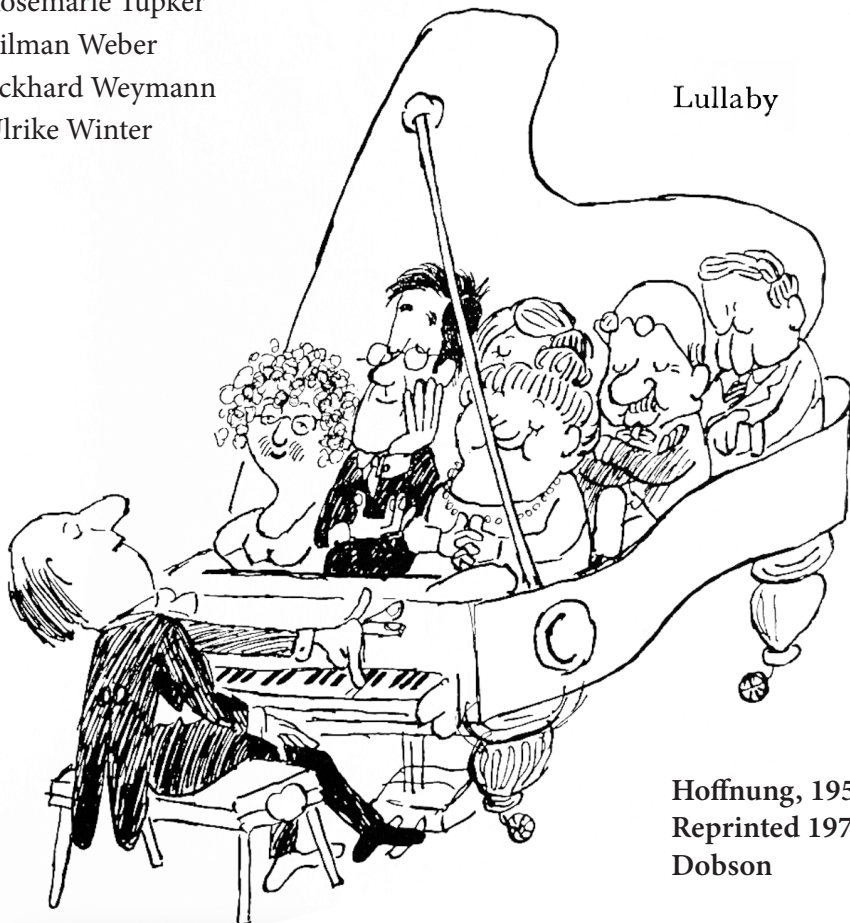
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Colleen Purdon
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Rachel Verney



Hoffnung, 1957
Reprinted 1978
Dobson



The beginnings of international collaboration in music therapy involved North and South America, as well as Europe. Today, music therapists work together across the globe.