

## Trumpet Therapy (fff fortissimo, )

(Tonstärke Therapy) developed by Susanne Müller-Wiedemann

1. Step the rhythm of a music (e.g. a March in 4/4 beat) played on the piano or other available instrument. See example (Rigaudon).
2. The client stands with their back to the trumpet and does the eurythmy tone gestures to these notes (if possible jumping the G). Three times  
Ideally these and the following notes should be played on the trumpet. If no trumpet is available they can be played on the piano (sforzando) using lower and middle octaves to increase the volume of sound.



3. Step the rhythm following the melody (client still has their back to the trumpet) backwards to the rising tune, forwards to the descending tune. If the client is able, tone gestures can be done with the arms at the same time. Three times



4. Repeat tone gestures in standing as in 2., but only once.



5. Stand and listen to the last tune (TAO notes) played on the lyre three times. The client stands with the back to the Lyre.



Rigaudon

Henry Purcell

The image shows a handwritten musical score for the piece 'Rigaudon' by Henry Purcell. The score is written on three systems of music, each consisting of a treble clef staff and a bass clef staff. The first system starts with a treble clef staff containing a series of eighth notes with a wavy line above them, and a bass clef staff with a similar rhythmic pattern. The second system begins with a measure number '6' and continues the melodic and harmonic development. The third system begins with a measure number '11' and concludes the piece with a double bar line. The handwriting is clear and legible, with some wavy lines above notes in the treble clef staves, possibly indicating a specific performance technique or a transcription error.

Example for part 1. of Trumpet therapy:  
stepping the rhythm

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## THE TRUMPET THERAPY (TONSTÄRKE-THERAPIE)

The therapeutic use of another element of tone-eurythmy, which will here be discussed, has over the last few years been developed into the so-called 'Tonstärke-Therapie', (i.e. a therapy involving intensity of sound). It arose out of the curative approach and the practise of eurythmy with autistic children. It may either be used as an individual therapy or as a group-therapy with children, who display an extremely weak muscle tone, have a tendency to large-headedness and are not sufficiently able to take in and absorb sense-impressions. These children are usually fearful and are mostly found among the so-called autistic children. Besides poor muscle tone the main symptom is an over-sensitivity to noise.

In contrast to the type of children discussed in the previous article (about the Listening Space therapy) the fascination about the realm of sight is absent, in fact this realm is usually not sufficiently grasped. Apart from this the children also show a variety of deficiencies in posture and movement. From these various symptoms we can see that the 'peripheral ego', in the sense of the 'Curative Course', is insufficiently connected to the forces of gravity. Here we are presented with an indolence or a weakness of movement and a tendency to obsessive behaviour. As a eurythmy gesture for the intensity of sound of a musical composition Rudolf Steiner indicated a tightening of the finger-tips. This increases the tension of all the other muscles, especially of the arms, but also of the rest of the body. We are here reminded, that the healthy human being, as an unconscious reaction to overwhelming acoustic impressions, will tighten the muscles of his limbs. Also in the ear a small muscle, the stapedius muscle contracts when hearing loud sounds, taking the 'stirrup' or stapes, one of the middle-ear ossicles, away from the oval window of the labyrinth, thus diminishing the conduct of sound.

We have the impression that these children have no possibility to respond in a differentiated way either to loud sounds or noise, or to acoustics altogether, because their movements are not sufficiently incarnated in the realm of gravity, and take hold of the forces of gravity inadequately. Yet the experience of movement as a victory over gravity and the joy resulting from the sense of movement are based just on this ever increasing grasp of the process of incarnation. This is why these children are marked by a severe unhappiness.

The main element in the 'Tonstärke-Therapie' is the use of the trumpet. We help the child to do the eurythmy gesture for the intensity of sound. Through the eurythmy gestures in this regular musical exercise the peripheral ego-forces within the muscles become stronger. The child feels stronger in himself, while before there was only a feeling of helplessness. He learns to respond to the sound with his muscles, so that an ever stronger relationship between sound, perception and muscle-tone comes about. The sound becomes more differentiated in its intensity, and the child is more and more prepared to perceive, instead of being overwhelmed by the intensity of the acoustic impressions or sounds of speech.

Children, who show symptoms pointing to the use of such a therapy, usually very soon learn, at first with the assistance of their helpers, to 'tune in' to the sounds of the trumpet with gestures of tone-eurythmy. In detail the therapy takes the following course:

In order to tune in the children walk to the rhythm of a cheerful, march-like composition in quadruple time (e.g. Purcell: Rigaudon). For this any combination of instruments may be used - xylophone and flute, chimebars and recorder, piano etc. - It is important in this exercise and the subsequent exercises in music and tone-eurythmy, that the tones are produced quite

deliberately. While the piece is being played for the first time the children and their helpers, holding each others' hands like dancing partners, move through the room anti-clockwise. When the music is repeated the direction is reversed.

In the next phase the notes C F G C are played upwards and downwards on the trumpet with great intensity. Now the children and their helpers stand opposite each other, the children with their backs to the trumpet. They are encouraged to accompany these notes with the appropriate eurythmy gestures, jumping lightly for the G and tightening their fingers for the intensity of sound. This is repeated twice. Now the same sequence is played in the following rhythm: (see 3. on sheet with music)

Energetic steps corresponding to the rhythm are now added to the arm-gestures for the notes. When the pitch rises the children move backwards (the helpers forwards), when it descends the children move forwards.

After this has been done three times, the individual notes of the previous phase are played again, but this time the sequence is played only once upwards and downwards. The gestures for the notes are again performed in standing.

To conclude the therapy the children and their helpers stand still and listen to the following notes played on the lyre: (see 5. on separate sheet with music, TAO notes)

So far observation of these children has shown that the success of this therapy can clearly be observed from the way they move. Often a stimulation of movement may be seen immediately after the therapy, and many children who are normally quite apathetic, will now jump about happily. For a curative eurythmist it is remarkable to observe, that through the sound of the trumpet the peripheral ego, in the sense of the curative course, is encouraged to become active in movement. The joy in energetic movement, which was observed, stems from this. We have experienced, that, immediately after the therapy, a child will find it easier to do the radiating gesture for the 'I'(ee) in curative eurythmy. This is an exercise, which should only be done, when the child is really able to enjoy this gesture for 'I'(ee). The T-TAO is based on the power of the tone radiating from the cosmic spheres. It becomes manifest as intensity of sound from without and only if it has thus been stirred is it able to become inward and form itself into a eurythmic and curative eurythmic movement of the 'I'(ee).

Both therapies which have here been described have come about through the phenomenological observation of children in need of special care.

It would be advisable to also follow this path diagnostically, if one wants to apply this form of treatment. Here of course, the various areas for observation, first of all regarding speech and music, are important, particularly what kind of movements the child makes, the observation and examination of muscle tone and the degree of visual and acoustic concentration in various life-situations. One should always test the peripheral hearing of these children, as well as their vision, as also visually impaired children often show an extreme tendency to the listening space, connected with a weak muscle tone and insufficient mastery of the forces of gravity.

by Susanne Müller-Wiedemann.

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