



Special Issue

The Orff approach to special music education and music therapy:
Practice, theory and research

Orff Music Therapy: History, Principles and Further Development

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Abstract

Orff Music Therapy, a developmental approach to music therapy, was developed by Gertrud Orff within the framework of social paediatrics in Munich, Germany. A short historical background of Orff Music Therapy is discussed. The history of the clinical setting in which it was developed is described as is Gertrud Orff's professional background. The role of Orff-Schulwerk in Orff Music Therapy and the development of theoretical foundations are discussed. Current principles and practice of Orff Music Therapy, illustrated by a case example show how the profile of Orff Music Therapy has developed. On the basis of the case example, theory is related to practice. Finally, changes influencing Orff Music Therapy today, training and research are considered.

Keywords: Orff Music Therapy; developmental disabilities; Gertrud Orff; developmental music therapy

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Introduction

Orff-Schulwerk has been used in work with persons with disabilities or other disturbances for over sixty years. Hofmarksrichter (1962) reported using the Orff-instrumentarium and Orff-Schulwerk with children with hearing disabilities whilst Thomas (1962) wrote of his work with children in child and youth psychiatry in the 1950's. Göllnitz and Wulf (1964) described their work using Orff-Schulwerk together with rhythmic-psychomotor gymnastics with children with brain damage. Wilhelm Keller (Schumacher 2000) is also well known for his work using Orff-Schulwerk with both handicapped and non-handicapped persons.

Carl Orff (1962) stated that he had never thought of using the Schulwerk in this way, yet it is

not surprising that applications of Orff-Schulwerk were developed for persons with disabilities. The philosophy that Orff-Schulwerk should be made available for all children, and not only for the talented few, leads logically to this result.

Orff Music Therapy as developed by Gertrud Orff within the clinical setting of social paediatrics in Munich, Germany, is the topic of this article.

Historical background of Orff Music Therapy

Orff Music Therapy has been an integral part of the therapeutic programme at the kbo-Kinderzentrum München since 1970. The Kinderzentrum was the first centre for social paediatrics in Germany.

The clinical setting

The medical area of social paediatrics was developed through the work of Professor Theodor Hellbrügge after World War II. Hellbrügge worked as a paediatrician with children in institutions at this time. He found that developmental delays and developmental disorders could be diagnosed at a very young age. This led him to develop diagnostic instruments for these children. It soon became obvious that other fields of expertise were necessary to meet the needs of children whose developmental problems were very complex, and he included psychologists and different therapists, nurses, social workers and educators in his team as well. He involved parents in the processes of diagnostics and therapy, which was quite extraordinary at that time. The goal of social paediatrics was, and still is, the early diagnosis and treatment of developmental problems and the integration of these children into their families, schools and society (Hellbrügge 1975, 1981).

While developing the new discipline of social paediatrics, Hellbrügge visited Hofmarksrichter, who worked with hearing impaired and deaf children and youth using Orff-Schulwerk. He was very impressed with what he saw and had the idea of developing a form of music therapy using Orff-Schulwerk within his newly founded area of medicine (Hellbrügge 1975). He had received an Orff Instrumentarium and contacted Gertrud Orff in 1969 during her stay in California where she was conducting training sessions in Orff-Schulwerk for teachers to invite her to conduct such training sessions in Munich¹.

Gertrud Orff: Professional background

During her marriage to Carl Orff between 1939-1953, Gertrud Orff worked with Carl Orff and Keetman to develop Orff-Schulwerk. She often told me this personally. In an unpublished manuscript that is part of her estate, she also documented her role using entries in her diary between 1948 and 1953². After her divorce from Orff, she continued using the Schulwerk in her pedagogical work with children and continued to train adults in the application of the Schulwerk³.

¹ Theodor Hellbrügge to Gertrud Orff (21st October 1969). Personal correspondence. Estate Gertrud Orff in the Archive Orff Zentrum München.

² Orff, G. (undated). Manuscript: "Beitrag von Gertrud Orff zur Geschichte des Orff-Schulwerks". Estate Gertrud Orff in the Archive Orff Zentrum München.

³ Professor Hans Wolff to Gertrud Orff (7th August 1962) expressing his joy that Gertrud Orff is working

In her notes between 1961 and 1966⁴, she records that she used the Schulwerk in schools, children's homes and in the clinic for child and youth psychiatry. This makes it apparent that her work probably also included children with developmental problems. She also taught educators who were being trained to work with children and youth with developmental disorders and disabilities to apply Orff-Schulwerk in their work with these children. Her work on the Bellflower Project in California between 1966 and 1968 included working with children with disabilities in self-contained classrooms⁵.

In 1970 she began developing Orff Music Therapy for children with developmental delays, disorders and handicapping conditions using the Orff-Schulwerk as the musical basis for this work. The development of this form of therapy was carried out at Hellbrügge's request. His aim was to positively influence the emotional development of the children (Hellbrügge 1975) and he coined the name 'Orff Music Therapy' (G. Orff 1976).

Gertrud Orff worked with children at the Kinderzentrum München from 1970 to 1984, further developing her principles of therapy. She wrote: "Orff Music Therapy has developed out of practical work" (G. Orff 1980: 9). She also trained professionals to use her principles of therapy and published numerous articles and books.

with music and with children. Estate Gertrud Orff in the Archive Orff Zentrum München.

Katholisches Familienwerk e.V. München (1963). Unpublished report of the Katholische Familienwerk, in which sessions in Orff-Schulwerk for children are mentioned. Estate Gertrud Orff in the Archive Orff Zentrum München.

Newspaper article (no name of newspaper, no date on the clipping, author only with the initials „tu“) documenting G. Orff's role as a teacher at the Heilpädagogische Ausbildungs- und Forschungsinstitut at the clinic for child and youth psychiatry. Estate Gertrud Orff in the Archive Orff Zentrum München.

⁴ G. Orff (1962-1966). Forty-four unpublished notebooks with lesson plans for sessions with children and for a course for kindergarten teachers, teachers etc. at the orphanage in Munich. Estate Gertrud Orff in the Archive Orff Zentrum München.

⁵ Orff, G. (undated). Manuscript 1, "Adaption des Orff-Schulwerk in amerikanische Schulen" (7 pages). Estate Gertrud Orff in the Archive Orff Zentrum München.

Orff, G. (undated). Manuscript 2 about the Bellflower Projekt (6 pages). Estate Gertrud Orff in the Archive Orff Zentrum München.

Adapting Orff-Schulwerk

According to Gertrud Orff (1980:13) “The Orff Music Therapy has developed organically out of Orff-Schulwerk”. She used elements of the Schulwerk adapting them to and redefining them within the therapy situation. She considered four elements of Orff-Schulwerk especially suitable for working with children with developmental delays and disabilities: the idea of *musiké*, elemental music, multisensory aspects of music, and the instrumentarium (G. Orff 1980). These are still pertinent in Orff Music Therapy work today.

Musiké

Gertrud Orff defined music within Orff Music Therapy as *musiké*, “a total presentation in word, sound and movement” (G. Orff 1980: 9). She used not only instruments and body instruments but also non-musical materials to produce sound. Vocalisation and verbalisation were contents of speech that could be used in a meditative or rhythmic way. The meaning of movement was broadened to include facial expression, spontaneous movement of a part of the body or ‘inner movement’, as in feelings (Orff 1980, 1989). Through this broad definition of music, activities such as “playing with sound”, role-play, rhythmic and/or melodic play could be developed. It also enabled the development of musical activities in which children with developmental disabilities could always actively participate (M. Voigt 1999, 2003).

Elemental music

The principle of elemental music, the unity of music, movement, dance and speech that makes it possible for all persons to actively participate in musical activity, is a central aspect of Orff-Schulwerk (C. Orff 1962). It is intended to give children the chance to experience themselves as persons and to make music with others (G. Orff 1980).

Gertrud Orff (1980) used elemental music as a creative stimulus for the child, enabling him to experience his own possibilities for development within the musical situation and to interact musically with others. Making music spontaneously (improvising) was, and is, a central means of interacting in Orff Music Therapy. Structure and form are present through the music itself through such simple things as sound and silence or playing and not playing (G. Orff 1989).

Gertrud Orff wrote that the elements of her form of music therapy “[...] are sound and movement, working together in a stimulating play situation”

(G. Orff 1980: 18). She included the spontaneous play of children in her therapeutic procedures. For her, musical activity and play had much in common: each could be planned ahead with clear structures and each could be developed within the situation itself. Children could play music alone and have the instrument as a partner or play music with someone else. Different characteristics of play were also deemed relevant in the musical situation of play such as exploring and investigating, practising through play, or associating sounds with situations, moods or ideas (G. Orff 1989).

Instrumentarium

For Gertrud Orff (1980), the instruments made three types of communication possible. The child could communicate or interact with the instrument itself, with the therapist or with another child. She felt that through this active participation, a link could be established between players, both closeness and distance would be possible, communication could take place and social skills could be practised.

The traditional instrumentarium of Orff-Schulwerk was broadened to include other instruments such as the lyre, harp and various percussion instruments (G. Orff 1980). By having a wide variety of instruments available, possibilities for motivating the child to participate actively in social interaction through music were increased. This variety also made it possible for children with severe disabilities to produce musical sounds.

In addition to musical instruments, non-musical materials from everyday life or objects for play such as balls, scarves and marbles were (and still are) used. They served to provide children with multisensory experiences within the musical situation of play (G. Orff 1980; M. Voigt 1999).

Multisensory aspects of music

Gertrude Orff felt that multisensory aspects of music, used within a social context, were inherent in the idea of *musiké*. Combining modalities such as experiencing sound together with visual, tactile or kinaesthetic stimuli was considered to be complementary to the possibilities of musical expression in working with children with disabilities. She was convinced that a multimodal approach provided a means of meeting the needs of the child, reaching children with sensory disabilities or children who were not yet ready to act musically (G. Orff 1980). For example, combining the feeling of vibrations from the drum with hearing the sound could catch the children’s attention, stimulate them or cause them to relax. In this way it could be possible for a child to feel a

part of his body that he did not usually use (M. Voigt 1999).

Developing theoretical foundations for therapy

Gertrud Orff (1980) developed the theoretical foundations of Orff Music Therapy while working practically with children. Her goal was to support the development of the children, not to teach them music. The emphasis of her work was placed on the development of children's social and communicative competencies in order to strengthen their self-concept.

For Gertrud Orff, it was always important to regard the strengths of the children and their potential for development, not only the deficits caused by the disability (Orff 1980, 1989). This attitude toward persons is akin to that of humanistic psychology.

Gertrud Orff wrote (1980: 4): "Our starting point is the child. The handicapped child is there in front of us and we have to find access to him". This makes Orff Music Therapy a child-centred form of therapy (Bruscia 1987; Plahl 2000; Smeijsters 1994; Vocke 1986). She also saw the relationship between the patient or client and the therapist as a central factor in therapy. Orff described this as a state of encounter in which the therapist has the role of a mediator for the child (Orff 1980, 1989).

Within this state of encounter, the therapist was to accept the initiatives and ideas of the child and to interact with him at his level of development. She called this 'iso', meaning similar or the same. At the same time, she felt it was necessary for the therapist to stimulate the child by bringing new ideas and impulses into the therapy situation so that the child's developmental potential could be supported. This behaviour of the therapist was called 'provocation' (Orff 1980, 1989).

Gertrude Orff's work in the area of social paediatrics resulted in a strong emphasis on development and developmental processes. Within the interdisciplinary work of social paediatrics developmental psychology has always played an important role in providing understanding of the nature of developmental problems and the effects of these on the child, his caregivers and his social environment. Knowledge from this area has complemented the premise of humanistic psychology (M. Voigt 1999, 2001, 2003).

Principles and practice in Orff Music Therapy today

Orff Music Therapy has developed its own profile over the years. The philosophy of humanistic psychology and the child-centred, psychotherapeutic approach remain relevant. They

form the basic attitude toward clients for all therapists using Orff Music Therapy (M. Voigt 1999).

Musical activity is still based on the elements and principles of Orff-Schulwerk as described by Gertrud Orff. However, the instrumentarium has been broadened to include keyboard instruments such as the piano and electronic keyboards. Additionally, instruments are adapted as needed to enable children with severe motor disabilities to have the experience of producing sound (M. Voigt 1999, 2001).

The strong emphasis on developmental processes, including general development, development of personality, the family and social environment of the child and the adaptation of procedures to fit the needs of the child and his family members, is a major characteristic of Orff Music Therapy. Within the discipline of music therapy, Bruscia (1998) has classified Orff Music Therapy as *developmental music therapy* for this reason.

Over the years, our work with parents has intensified. We have gained understanding of the situation parents are in, including the problems, disappointments, stress and worries that they have. We have also come to realise that they are important partners for us in music therapy, because they are often able to help us understand their child better. Many parents are included in therapy, especially those with young children and children with multiple disabilities (M. Voigt 1999, 2001, 2002, 2003).

The theoretical foundations developed by Gertrud Orff have been substantiated by findings and knowledge in developmental psychology.

The principles for the therapist's behaviour, ISO and provocation, are known within developmental psychology as the concept of *responsive interaction* (M. Voigt 1999). This type of interaction requires the adaptation of procedures to meet the needs of the child, which continually change during development (Sarimski 1993). In therapy, the therapist is thus able to adapt procedures flexibly to meet the child's needs.

"The child is not pressed into a specific therapy 'programme' but the therapy is adapted flexibly to meet the needs which are a result of his/her individual developmental processes" (M. Voigt 1999: 169).

Studies suggest that this type of interaction has a positive influence on important aspects of development such as concentration, solving problems independently and the quality of the parent-child relationship (Hughes 1995; Sarimski 1993). Plahl (2000) has demonstrated that this type of interaction in Orff Music Therapy has a positive

effect upon the pre-verbal communicative development of children with multiple disabilities.

Gertrud Orff's emphasis on *play* is another aspect of therapy that is supported by findings in developmental psychology. Oerter (1999) and Orff (1980, 1989) both stressed factors such as the affective and cognitive aspects of play, the necessary competencies of the adult when playing with the child and the use of responsive interaction.

Because of the broad spectrum of developmental problems of the children treated in Orff Music Therapy, we have come to realise that diagnostics by the paediatrician and the developmental psychologist are important in enabling us to work with the children in a goal-directed way. These diagnostics do not limit us in our ability to approach the child adequately; rather, they make it possible for us to understand the strengths and weaknesses of the child and to adjust our procedures to meet his needs and the needs of his family from the beginning of the therapy process (M. Voigt 2001).

Below I will focus on the practical application of Orff Music Therapy within the framework of social paediatrics. The following example (M. Voigt 2002, 2003) can help us to understand how Orff Music Therapy is carried out in practice.

Case example

Mark⁶ came to the parent-child ward of the Kinderzentrum München for the first time at the age of eleven months. He had a very severe cerebral motor disorder and was just beginning to turn from his back onto his side. His ability to swallow was also affected, making feeding very difficult. Because of his multiple health problems, the interaction between parents and child took place mostly at the care-giving level. Assessment by the developmental psychologist was very difficult because of his problems in reacting to stimuli. He was referred to music therapy for two reasons: a) for observation of his behaviour within the social situation of musical play, and b) to support parent-child interaction.

First experiences in music therapy

Mark's severe motor disability made it impossible for him to approach the instruments in the first session or show me in some way if he had seen something that interested him. For this reason, I offered him the bells and developed a little interactive game with him using a German children's song about little horses, "*Hopp, hopp,*

hopp. Pferdchen lauf galopp". At the end of the song, I asked him where his horses were and socially reinforced every movement of his arms that caused the bells to sound, even if this occurred by chance. I then answered him by playing my own instrument as in a dialogue. After nine minutes his arm movements became very distinct, causing sound to occur very clearly. From this time on, his answers during the dialogue part of the song took place in this way. During his stay at the Kinderzentrum, this activity became an important part of therapy. Variations in the activity were developed when new behaviours such as letting the bells fall, were shown, even if by chance.

Mark's parents were always present, observing, helping me to understand him and assisting me in handling when necessary. They normally perceived him to be very passive and were pleasantly surprised to see him so active in interaction. In the fourth session I involved Mark's mother actively in the little game with the bells. At first, it was necessary for me to give her cues as to when to respond with her bells. During the activity she became more confident in her own ability to play with Mark using music. Her signals became clearer, and the joy that both had in playing with one another was very observable and touching.

The family used the activities from music therapy as a part of their repertoire of play at home. Eight months later, the family returned for a further stay at the Kinderzentrum. Here it was observed that the parent-child interaction had reached a new level.

I had played the drum as Mark rolled back and forth, laughing, between his father and me. His father gave him a mallet spontaneously. Mark then became very active in determining the course of the activity. He rolled back to me, played the drum with the mallet, rolled back to his father, gave him the mallet, rolled back to me, played the drum and then back to his father, giving him the mallet. He repeated this sequence many times, and both he and his father seemed to be enjoying themselves immensely.

Further course of therapy

Mark returned to the Kinderzentrum regularly over a period of years. Each time, it was necessary for me to adapt my procedures to his progress in development.

As his abilities to communicate improved, his wishes could be better understood and activities were developed based on his interests and initiatives. I discovered that he had a very good sense of humour. For example, in the development of a musical activity based on the German equivalent of "*Pat a cake, pat a cake, baker's*

⁶ The real name of the child has been changed.

man”, he thoroughly enjoyed saying “no” and laughing each time I asked if the cake was done.

Symbolic play was carried out musically. For example, we “rode” on horseback playing the *Big Bom* while sitting on it. The horses were “fed” by playing the guitar, the “went to sleep” when the table harp was played. Mark accompanied my rhythmic speech or situation songs by playing the instruments. He determined the sequence of events using the language of which he was capable.

Relating theory to practice

How can this case example help us to bring theory and practice of Orff Music therapy together? Mark was referred to music therapy after diagnostics were performed and concrete indications were formulated. Because of this, we were able to orient our procedures to his developmental level from the beginning. The course of therapy contributed to the continuing assessment of his development. In our sessions we were able to realise that he had more resources than were expected at first. The other members of the social paediatric team who worked with Mark were able to gain new insights into his developmental potential through the information we provided.

At the beginning of therapy, I observed Mark closely in order to determine to whether my suggestions for musical interaction and play appeared to interest him. I was dependent here upon his reactions to the activities. I interacted with him at his level of development, bringing new impulses into our situation of play in order to support his development, reacting to impulses from him, even if these occurred by chance.

With time, he developed more communicative competencies making it possible for me to develop activities in interaction with him that corresponded to his interests and initiative. The complexity of the activities was matched to his ability to comprehend them. These procedures for therapy represented responsive interaction.

In therapy itself, our activities corresponded to the definition of *musiké*. Elemental music was used in a situation of play in order to involve Mark actively. The multisensory aspects of music also played a role in his active involvement in the activities – for example, experiencing sound and the kinaesthetics of playing the bells at the same time, experiencing sound and the tactile sensations produced as the *Big Bom* was played while he sat on it. Instruments were chosen that were easy for him to play. Adaptations such as fastening a wooden marble on an elastic band stretched across the bass drum enabled him to make music with a “bang!”

Mark’s parents were involved in therapy as mentioned above. They discovered that he not only had problems but also had strengths. In this situation they were able to discover their own abilities to play and interact with him that had remained in the background because of the many worries caused by his health. They continued to use activities from music therapy at home when the family played together.

All of the above-mentioned factors in my work with Mark correspond to the definition of developmental music therapy as defined by Bruscia (1998).

Changes influencing Orff Music Therapy

Children with developmental problems and disabilities have always been the main group of children who have received Orff Music Therapy. The work in social paediatric centres and other institutions dealing with persons with developmental problems has developed further. Society has also changed over the course of years. Let us consider several changes and what these mean for Orff Music Therapy.

New groups of patients and clients are now receiving therapy. Although the principles of responsive interaction and of developmental music therapy remain the same, the activities and procedures used in therapy must be adapted to meet the needs of these clients.

Infants and children with developmental problems grow to become youth and then adults. Therapists must broaden their repertoires of music and musical activity, always keeping the development and needs of the clients in mind. Additionally, they must be aware of important themes for these clients, taking these into consideration when planning and carrying out procedures or activities.

Music therapists may also be called upon to work with clients with different diagnoses. For example, in the Kinderzentrum München, music therapy has become a regular part of the therapy programme for very small children with disorders in self-regulation. Their parents are often under a great deal of stress. The children cry a lot and there are often problems with feeding or sleeping.

A very important aspect of this work is helping parents to discover their own competence for play with their children in a situation that does not focus on the regulation problems. Here, they have the possibility of observing the ability of their children to play and to enjoy interacting with them. They can experience interacting with their child without the pressure that occurs in the feeding or sleeping situation. Music therapy is a part of the interdisciplinary team working with these children

and has a clearly stated purpose within the team – that of creating a relaxed atmosphere of play so that parents can experience new ways of interacting with their children, enjoying being together and thus strengthening their relationship with the child.

Society has also changed. In social paediatric centres and other institutions caring for children, problems in social behaviour and problems in the family environment are often observed. Here, the focus of problems includes not only very negative occurrences such as violence in the home but also the insecurity of parents in fulfilling their parental roles.

Music therapy must provide situations in which children have the opportunity to express their experiences through music in an attempt to come to grips with these and at the same time to learn new ways of behaviour that are positive. When children have received too little orientation because of the insecurity of their parents in filling their parental roles, providing structure can be of utmost necessity. Music and musical activity enable us to give this to the child while simultaneously making honest experiences of success possible, for example by practising musical activities for performance. Perhaps the idea of the therapy setting must be broadened to include such ‘learning’ situations, when these meet the needs of the child.

In Germany, many families with an immigrant background now come to be examined, counselled and treated in social paediatric centres and other institutions. Often the cultural background differs greatly. This can be true with regard to ideas on how to raise children and also education. The music experienced by the children in their families can also be different to that which we are accustomed to using in music therapy. Music therapists must inform themselves of these cultural differences because they often have an effect on the needs of the children and families.

Orff Music Therapy: Training and research

It was mentioned above that Gertrud Orff conducted training courses for persons working with children with developmental delays. Since 1986, a three-year study course for persons working with these clients has been offered. It is designed to train professionals with this background to apply Orff Music Therapy.

At the state level, Orff Music Therapy was part of the normal course of study for music therapists at the Hochschule Magdeburg-Stendal when a basic training course was offered there. Orff Music Therapy is now part of the Master’s programme at the University of Applied Sciences Würzburg-Schweinfurt. This Master’s programme offers a

specialisation of music therapy in the work with persons with disabilities and dementia

Careful and thorough research is necessary for music therapy in general. Plahl’s (2000) thesis on the effects of Orff Music Therapy on the preverbal communication in children with multiple disabilities was an important step in this direction for Orff Music Therapy. Other theses have been written about Orff Music Therapy using the method of microanalysis to measure results of therapy (Åsebø 1999; Eckardt 2007; Fischer 2004; Scholz 2005; I. Voigt 2002). However, more research is needed to substantiate the effects of developmental music therapy according to Gertrud Orff, and also to give us information about where optimisation and further development is necessary.

Summary

Gertrud Orff developed a form of music therapy within the clinical framework of social paediatrics in Germany. Bruscia has defined it as a form of developmental music therapy. While developmental music therapy according to Gertrud Orff has continued to develop during the last forty years, basic principles still remain relevant.

The child and his developmental needs are at the centre of attention of the therapists. Procedures are adapted to fit the needs of the child and his family. By using responsive interaction and elements of Orff-Schulwerk in a situation of play, the music therapist applying Orff Music Therapy strives to achieve developmental goals and to support the child and his caregivers. This work with children with developmental problems or disabilities and their parents can be described as a voyage of discovery.

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