



ATHENA

Association for Therapeutic Eurythmy in North America

NOVEMBER 2009



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ATHENA NEWSLETTER

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Although welcomed,
the viewpoints expressed in the
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those of the publisher.

LETTER FROM THE PRESIDENT

Dear ATHENA Members,

Our yearly journey is turning inward, bringing clarity and inner enthusiasm. This newsletter is the beginning of an enthusiastic new project whose seeds were born at the ATHENA conference with Rachel Ross last spring. We are addressing the constitutional types that Rudolf Steiner described, particularly in his talks on the education of children with special needs. Each newsletter will focus on a theme, a polarity of constitutional types. We begin with the epileptic and hysterical constitutions, realizing that awareness of various constitutions can lead us to a deep perception of the destiny of children and even adults. Out of compassion and understanding, we can offer assistance that can balance and heal the often difficult incarnations of individuals with a very dominant constitution.

As this is a new beginning, we welcome contributions from members. We hope for further articles, case studies, research, and questions from members, related to the material in this or future newsletters. We will continue with the study of constitutional types by focusing next issue on large and small headedness, but will continue our discussion of all constitutional issues.

We also encourage members to share successes as Stella Elliston has done for this issue. Please share results of your work with our ATHENA community. Questions to one another are always welcome and please do not hesitate to post them in our newsletter. Let ATHENA hear your feedback. It is our organization, our community, and our newsletter.

As you know, as ATHENA members we are part of IKAM, our international group for eurythmy therapy. Included in this newsletter is the English version of our international newsletter, which was published in seven languages. We are also members of AAMTA (Association of Anthroposophic Medicine and Therapies in America). Through our relationship with AAMTA and the doctors, we are creating a joint conference next summer in Denver, Colorado, August 4-8, 2010, with Elke von Laue and Dr. H. Broder von Laue. The von Laues have published a book that will soon be translated into English, *The Physiology of Eurythmy Therapy*, and they will share their groundbreaking work with us next summer. The ATHENA Board is pursuing grants to help with travel costs.

We did not receive grants this year from Glenmede or Mid-states Gifting that in the past have supported our work in schools. Yet the school programs that were supported by grants have continued and some have grown considerably. As we continue our outreach to schools and teachers, the value of our work is appreciated.

Those of us on the ATHENA board have the wonderful opportunity of sharing together, studying together, and furthering the work of our profession. For those of us who are geographically isolated, the contact is deeply valued. My wish is that we all can keep in warm contact with one another, asking questions, seeking advice, sharing research and insights and supporting each other in this extraordinary profession that we have chosen.

Sincerely,
Mary Ruud
ATHENA President

LETTER FROM THE EDITOR

Dear Friends,

This is my third issue as editor of the ATHENA newsletter and I have been asked to write an editor's letter. First of all, I wish to express that it is an honor to be allowed to be your editor. Our dear colleague, Vita Leicht was the previous editor and near the end of her life, she turned to me to help her complete her task. Secondly, you may know that I am a eurythmist, the editor of the EANA newsletter, and a teacher of eurythmy at the Green Meadow Waldorf School since 1980. Presently I am a student of eurythmy therapy, just beginning my practicum. I am in complete AWE of eurythmy therapy! Also it is humbling, as well as freeing, to be a student again, and I love every moment deepening my understanding and love of eurythmy.

The work of many colleagues is reflected in this issue. May it bring further insights.

Warmly,
Maria Ver Eecke

**Cover Photo: "Triune" by Robert Engman
Contributed by Barbara Bresette-Mills**

She writes: "I discovered the 'Triune' on my last trip to Philadelphia and it was such serendipitous moment as we had just been working with the three zones during our workshop."

ATHENA SUMMER CONFERENCE

Dear Colleagues,

It is with great excitement and expectation that I tell you of the conference we are planning for next summer in Denver, Colorado.

**The Etheric Body and the Polarity of the
'Upper and Lower Human Being'
with Dr. Broder and Elke von Laue, Denver,
Colorado, August 4-8, 2010**

This joint ATHENA/PAAM/AAMTA annual conference will bring an in-depth focus on therapeutic eurythmy as a tool for learning how anthroposophic therapies work with the etheric body, *particularly with regards to how we can understand and treat cancer.* Hans-Broder von Laue MD (anthroposophic physician) and Elke von Laue (eurythmy therapist) have worked intensively with this subject and will bring content from their new book, *The Physiology of Eurythmy Therapy* (to be published by Floris Books in May 2010). They will present the morning keynote and group eurythmy sessions, which will then be expanded in interdisciplinary case conferences, and profession-specific sessions for deepening the theme in relation to art therapy, massage, nursing, therapeutic eurythmy, medicine, and other health professions. We welcome the addition of other therapeutic working groups--please contact us if you would like to help organize sessions for other modalities.

Broder and Elke von Laue worked at Klinik Oeschelbronn in Germany for many years. They have studied the medical lectures and the therapeutic eurythmy lectures of Rudolf Steiner in very great detail. Their book describes their deep understanding of how the sounds work within the human being.

Many of us experienced the von Laues in Dornach during the World Therapeutic Eurythmy Conference. Dr. Broder speaks excellent English. Elke will need translating, though her movement speaks a language we will all understand. This conference will be an opportunity to engage with our therapy on a deep level and develop new understanding of how and why the vowels and consonants work in us. The anthroposophic physicians in this country are excited to co-sponsor this conference with us and we imagine a lively exchange with them and other therapists attending. This conference will be a unique opportunity to experience two colleagues who have devoted their lives to anthroposophic medicine.

We have chosen Denver as the location of the conference, hoping to make it possible for colleagues from both coasts to attend. The ATHENA board is working hard to find money to offer ATHENA members towards travel expenses so many of us can attend. We will keep the conference fee as low as possible.

We will need to know by January latest if you plan to attend and wish to receive travel assistance. We will consider the distance and travel costs when offering assistance. Please contact Mary Ruud, 8127 West Keefe Ave., Milwaukee, WI 53222, Mhruud@aol.com, with your request for funds. Include in your letter name and address and the cost of traveling to Denver from your location.

The von Laues have also offered to spend one or more days extra with the therapeutic eurythmists attending the conference because they have so much to bring to us. This is a once in a lifetime opportunity to work with them intensively. Please contact Jeanne Simon-MacDonald, 518-329-5722, knollhouse@fairpoint.net, if you would like to take part in this post conference work as soon as possible so we can arrange this with the von Laues. The cost for these extra days will be room and board only.

PLEASE NOTE: The ATHENA AGM for this year will take place during the conference in Denver - probably on Thursday, August 5, 2010. We will tell you more in the next NEWSLETTER.

Jeanne Simon-MacDonald for ATHENA

ANNOUNCEMENT: The Therapeutic Eurythmy Course of lectures now is available through Rudolf Steiner Press, www.rudolfsteinerpress.com.

EURYTHMY THERAPY, RUDOLF STEINER

26 OCTOBER 2009; Trans. by A. Stott (8 lectures, Apr 1921 and Oct 1922, GA 315); RSP; 176pp; 21.5 x 13.5 cm; pb; £12.95 ISBN 9781855842243

Created in 1911, eurythmy was developed for years as an artistic and educational discipline. Although Rudolf Steiner pointed out its healing aspects from the very beginning, it was only in 1921 that he gave a course of lectures that gave the art of eurythmy a vital new application. To the assembled eurythmists and doctors, he presented what one participant described as '...a complete and detailed method of eurythmy therapy, in which we could directly experience that even today the creative and therapeutic power of the word ... is still at work'.

Steiner's comprehensive lectures, republished here in a thoroughly revised translation, describe the principles of therapeutic eurythmy, giving many specific exercises. Primarily intended for practising eurythmists, these lectures also contain much material of particular interest. Steiner reveals the intricacies of rhythmic interplay between human physiology and the life-forces in the world around us. He describes the qualities of language and the dynamism contained in the individual vowels and consonants, elucidating their relationship with eurythmical movements and human experience. Through such movements, individuals are able to access the healing etheric forces.

The exercises, referred to by Steiner as 'inner gymnastics', contain enormous potential for psychological and physiological well-being. Gaining ever-wider recognition today, they complement conventional medicine, offering a therapeutic process concerned with mind, soul and body.

This new edition of these important lectures - previously published under the title *Curative Eurythmy* - includes an appendix with reminiscences by early eurythmists, as well as additional commentary from Dr Walter Kugler.

WORKING WITH THE CONSTITUTIONAL TYPES RACHEL ROSS, M.S.ED.

Therapeutic Eurythmist,
Remedial Teacher, Educational Consultant

When observing children, we can see two distinct sides of the incarnating human being. One side of this picture includes cosmic/human elements and stages of development, which all human beings manifest as archetypes in common with other human beings, included in this stream area the following elements:

- Form and structure of the physical body, the bones, muscles, tendons, etc.
- Early Movement Patterns (reflexes) that first appear in utero between 9 to 12 weeks. These important movement patterns set up and assist each infant for the labor/birth process, survival/security, eye-hand coordination, postural and to set up the body to move from two-dimensional space into three-dimensional vertical space.
- The path of movement development sets up the body for the brain development, set in motion through specific movements of the body and limbs. These movements bring about vital neurological connections between body and brain.
- Healthy awakening and integration of the senses also occur.

This is one side of the work we do in the pedagogy and therapies. We strive to correctly observe, assess, and then implement activities to establish healthy archetypes in each individual and to lay the foundations for the individuality to dwell in and use in this lifetime.

The other half of the picture encompasses the incarnation path of the individual through physical, etheric, astral, and ego. The karmic path includes impulses from past lives, choice of heredity and environment, development of the organs, temperaments, and constitutional types.

Rudolf Steiner has given up many lectures to teachers, doctors, and therapists concerning the growth and development of human beings. He gave indications for the pedagogical constitutional types, how to recognize them and

strategies to meet their learning needs. How do we help to overcome or transform these forces so that they do not become a hindrance to the child's development? The deeper manifestation of the constitutional profiles are given by Rudolf Steiner in the *Curative Education Course (Education for Special Needs)*, 12 lectures given in Dornach, June 25 – July 7, 1924.

Pedagogical Constitutional Types:
Large Headed Small Headed
Cosmic Earthly
Fantasy Rich Fantasy Poor

Curative/Medical Constitutional Types:
Sulfur Rich Sulfur Poor
Hysteric Epileptic
Feebleminded Maniacal

We are seeing more of the “curative/medical” constitutional types in children today than ever before. These children are being referred for Eurythmy Therapy and remedial intervention (Extra Lesson) services to help them and their teachers cope with their constitutional profiles. How do we effectively recognize these types and what exercises do we choose to bring balance and even to overcome these strong, influencing forces? Let us first take two of these polarities and become better acquainted with the deeper nature of each and how we might, as therapists, address them therapeutically.

THE HYSTERIC CONSTITUTION

QUALITIES OF BODY/SOUL/SPIRIT/SOCIAL

COMPILED BY CHRISTINE INGLIS

Early Childhood Teacher and Eurythmy Therapist

Description:

The hysteric child tends to be round in body type with soft hands, face and muscle tone. The hands are often damp or wet and either warm or clammy. There can also be an early appearance of body odor and sweating without much physical activity. This type of child struggles with a lack of physical and soul/social boundaries. Consequently, they enter into another's space without awareness that they have invaded someone else's private domain. When others set boundaries or their behavior is rebuffed, the hysteric over reacts, feeling slighted and even pain. Everything can be taken personally and the tendency to jump into things and then give up is a common occurrence.

The following are some of the notations and indications for treatment, both medical/therapeutic and pedagogical to help constitutionally hysteric children. These indications are from Rudolf Steiner, Dr. Kuschner-Bockholt, Dr. Weihs, and Dr. Holtzapfel: “The hysteric constitutional

type tends to be too open and out-flowing emotionally. The organ surface is too permeable so that the I and astral body flow too easily into the world. Pain of soul or soreness of soul is felt when the soul confronts a boundary, restrictions or opposition.” (Rudolf Steiner, Curative Course)

Bodily Quality: “A tendency to be thin-skinned, often have moist clammy hands, easily sweats, can have body odor before puberty, a history of bedwetting, rapid/superficial breathing, loose movement quality, and can be oversensitive when hurt. There is a tendency not to have boundaries. Tactile sensitivities can also be an issue.” (Rudolf Steiner, Curative Course)

“Some people feel exposed and unprotected by their body; their surroundings perpetually threaten to impinge on them. They feel as if their skin were raw, as if they did not have enough skin. Not only the physical vicinity of another person but even his words get “under their skin”. He is vulnerable, over-sensitive and constantly irritable...palms and fingertips will form the predominant part of the hand and will seem to outdo, as it were, the back of the hand. The hands are usually moist and there is a general proclivity to perspiration. The fingertips tend to overgrow the nails, which are usually soft, short and frequently bitten... There is the soft, open, somewhat blooming, promising, youthful-looking, hysteric, over-sensitive child. (Weihs, MD.; Children in Need of Special Care)

Soul Quality: Awake to the surroundings, attention tends to be in the periphery, fear of failure, must overcome barrier to enter to what is new. Transitions are difficult for them. (Rudolf Steiner, Curative Course)

“An over-sensitive child will react badly to any change in environment. When he is taken to a new school or locality, he will be inclined to withdraw, to fuss, to be unhappy and it takes him a long time to readjust and settle in the new situation. But if he stays in the same surroundings for a sufficiently long period and does not have to meet new people he will gradually establish himself and make good progress... Pictorially speaking, we might say that the body is relatively frail in relation to the force and magnitude of the wishes and emotions it must contain. Consequently the organism yields readily to the impulses of what must be called the soul, though by no means voluntarily.” (Weihs, MD, Children in Need of Special Care)

Social Quality: Tends to be open and sensitive, easily feels hurt, easily tearful, over-reactive to others and events, and often take things personally. (Rudolf Steiner, Curative Course)

“Also the vulnerability and mutism of child hysterics is to be found to a much greater degree in autistic children. The characteristic response of a hysterical child, ‘I can't do it’, with which it withdraws at first from every demand made upon it, but which it afterwards is able to fulfill, is intensified in an autistic child to become an absolute inability to perform certain

tasks (apraxia), although the capability of doing so is actually there.” (Holtzapfel, MD, Children With A Difference)

Teachers: “It is important to establish daily rhythmic expectations and routine.” (Rudolf Steiner, Curative Course)

“...Everything which aims at concentration towards a point – the daily rhythmical repetition of the same sentence (Rudolf Steiner himself points here to the verse spoken each morning in the lower grades), curative educational methods for the hysterical child, the soothing eurythmy for the maniacal child – are best practiced in the morning, because the tendency toward the point which is also the head tendency predominates in the child in any case at that time of day.” “In other phenomena too, epilepsy and hysteria show their rhythmic nature: epilepsy in its change from fits to the interval between fits, hysteria in its swings from depression to high spirits, between withdrawing and overflowing.” (Holtzapfel, MD, Children With A Difference)

“One can also observe a self-healing process at work in a hysterical child. These children have the tendency to create the missing borderline artificially by, for instance, wrapping their clothing tightly about themselves, pulling the bedclothes up over their ears or screening off a corner of the room to which they can retire.” (Holtzapfel, MD, Children With A Difference)

“An important fact in their education and therapy is to help them to achieve a more elastic relationship between their desires and emotions and their bodily organism. A very simple and yet very effective thing to do is to provide for such children all manner of exercises in which activities as diverse as writing or walking or going up and down the stairs, are begun slowly, then gradually increased in speed to reach a peak, after which the speed is gradually decreased to the slow pace with which they began... These conditions require a considerable degree of mature and sound human warmth from others. It does not help when those concerned believe that extreme and dramatic symptoms of this or that kind are simulated by these children. The adult must accept the symptoms are real, because the child actually suffers them, notwithstanding that they may not be organically triggered off, but there is instead a considerable emotional involvement. This must be understood before any effective help can be extended.” (Weihs, MD, Children in Need of Special Care)

“You will be able, for instance, to introduce such a method as I was describing, where you are continually changing the teaching, altering the tempo. By such means you will find you can work very strongly indeed upon glandular secretion, and therewith on the consolidation of the astral body in the child.” (Rudolf Steiner, Curative Education)

Eurythmy Therapy for treating constitutional hysteria: Large A, Large E, Love E, Hope U, full F exercise, I can/I can't/I must exercise, rhythm – from slow to quick, slow build up of tempo then once slowly at the end of the exercise.

I can/I can't/I must Exercise: Speak aloud and move at same time... do exercise with a copper rod – “I can” is on ego line moving backwards, holding the rod vertically with dominant arm extended in front of the body, bringing it back towards the shoulder; then “I can't” is done holding the rod horizontally at waist level while moving forward (a weaker gesture); then moving a circle that is placed behind one while taking the rod in the right hand and passing it behind the back to the left hand inscribing the circle with the rod and movement in space. The rod then comes from the left hand to the front of the body and is held again with both hands. Pause. The entire exercise is repeated 3 to 7 times.

Incarnating “A” (ah) exercise (harmonizing the etheric/constitutional forces streaming in from below): Form the “A” above and pull towards center of the body, then form it horizontally and pull it in, then form it down and pull it in – go on toes and come down into heels each time. This exercise can be done with seven “A” movements from above to below, each one extending with “A” and then pulling the gesture back into the body bending the elbows.

Extra Lesson exercises help to “finish off” stages of physiological development and milestones, while Eurythmy Therapy is working at a deeper level to harmonize the different systems and bodies to help the child's ego come in to be “master or captain of the ship”. The exercises help to harmonize the nervous system so there is less chaos and the child can access abilities and talents, and help build self-esteem through overcoming difficulties. Extra Lesson is working from the pedagogical side to create a well-integrated healthy learner. Eurythmy Therapy also strives to integrate the child's body, soul, and spirit from a direct and deeper level. These are complimentary therapies working on similar issues, but from a different standpoint using different forces and exercises.

Eurythmy Therapy for bedwetting: Begin with the B exercise, especially the legs. Then add the curative “F” exercise. The “F” with very strong jumps, walking backwards with the emphasis on the heel-movement after every “length” of “B-F”; or “F” with a jump. Follow this up with the arm movement for the musical “fourth”, as in tone eurythmy, experiencing the contraction of the hand at the end, then adding the walking form, inverted backwards. (This gives a strong experience of “remaining within one's own body boundaries” – in other words, learning where to stop. The bed-wetter fails to sense this. He literally “runs out”.) –Remedial Eurythmy, Maria Glas, M.D.

The hysteric child does not have established physical and soul boundaries. They don't perceive where they end and the world begins. The therapeutic, pedagogical, and remedial interventions for the hysteric child effectively help to transform the constitutional make-up of the individual child or adult, thus freeing her or him from being bound to these forces.

THE EPILEPTIC CONSTITUTION

QUALITIES OF BODY/SOUL/SPIRIT/SOCIAL

COMPILED BY RACHEL ROSS

The epileptic constitution stands as the polarity to the hysteric constitution. In the epileptic, the astral forces become stuck, congested, so that the ego and astral body can't enter smoothly into the world through an organ because the surface of that particular organ is too dense and consequently they become stuck. In the seizure or in the case of a constitutional level of this profile, there is a build up of forces that then explode into a rage of anger and even physical expression. After words the person is calm and balanced again, often tired and does not have the appropriate ownership for the effects of the outburst. These individuals have difficulty waking up.

Bodily Quality: Tends to be thick-skinned and dry skinned, is slow and deep breathing, and displays a cramped quality in his or her movements.

Soul Quality: Has a closed-up contact style; tends to be insensitive when hurt and has a poor awareness of surroundings.

Social Quality: in his/her own world; once engaged, stays.

Eurythmy Therapy: Large "A" and "E" exercises
All balance exercises (using even and uneven barbells).
All rhythm exercises are beneficial in promoting healthy breathing.

The epileptic is able to enter with his ego organization and astral body into the physical body and ether body. That he can do, but he does not come forth into the physical world; he is held fast within.

"Epilepsy is a constitutional illness; the entrance of the being of spirit and soul is made difficult through the densification of the etheric-physical nature in one or more organs. We know that the etheric and physical bodies remain bound together during the whole of life, while the ego and astral bodies are released during sleep and return on waking to the physical and etheric. Too great density in the bodily organism hinders the proper reunion. Waking up in the morning is always a fresh process of incarnation. We come in with our ego and astral bodies into the world of the senses. It is through the physical body, not in it, that the ego comes into contact with the earthy conditions, the force of gravity, which it surmounts on awakening properly. In the same way, through the physical body, the ego is in direct contact with water, air and warmth." Kirchner-Bockholt (Fundamentals in Curative Eurythmy)

Moreover, the astral body is connected through the etheric body with the sounding etheric world it permeates not only our own etheric body, but through it becomes part of the

etheric around us; in growth, light, chemistry.

In epilepsy there is one or other organ, which resists the entry and penetration through it of the surrounding world. The etheric body and physical body are too closely knit together, with the result that the ego and astral body are held up in that organ, without, at the same time, waking up in the world of the senses. In this condition of the body an epileptic fit can occur, so that through the chronic and tonic spasms an entry may be forced through that organ. For an epileptic, the situations are often easier after a fit, a release, until the organ has built up its resistance again. The fit, as such, should not be seen as the actual illness; the trouble lies in the organ, which has become hardened or slimed up. In a way, therefore, epilepsy is a difficult waking-up process. 'A' as the incarnation sound, and encourages this process of waking-up in a right way.

The basic curative eurythmy exercise of 'A' should be used in such cases in its strongest form, with very rapid swinging. The exercise can be done strongly in its strongest form, with very rapid swinging. The exercise can be done strongly and energetically; it accomplishes then what is otherwise done through the epileptic fit, but in a controlled, purposeful and therapeutic manner, and makes it easier to overcome the resistance of the organs.

Balance difficulties, dizziness, and vertigo are often issues associated with epilepsy. The "A" (ah) movement added to the balance exercises using barbells is helpful. In almost all epileptics the connection with the warmth element is upset. Therefore it is essential that they should be warmly dressed; in fact, so that they always perspire slightly. This relationship to the various elements should be taken carefully into consideration; otherwise the desired result may not be achieved with the sound that is being practiced.

The stillness
in stillness
is not
the real stillness.

Only when
there is stillness
in movement
can the spiritual rhythm appear
which pervades
heaven and earth.

Ts'ai-ken T'an

EPILEPSY AND HYSTERIA A STUDY IN POLARITY

By placing the symptoms of pathological conditions, one against the other, we can learn from their polar characteristics. We can characterize and compare. In our Therapeutic Eurythmy sound movements, we can also find characteristics which address illness processes and point to healing through their specialized applications. The study of Epilepsy and Hysteria give us an opportunity to work in this way.

“Epi” as in the word “episode” indicates a rhythm of appearing and disappearing. In the Old Greek language it meant ‘to seize hold of...by moving toward something or through’. Hysteria stems from the Sanskrit ‘Utlaras’, meaning ‘the outer’; in Greek, ‘to protrude’. The sounding of the words also differ greatly. The first breaks like waves on the beach. The second hisses like escaping steam.

In search of a genuine imagination of the ‘condition’ underlying epileptic illness, the element of earth comes to mind. The organism, or some area of it, is dense, solid and resistant. Water softens earth; warmth urges it to alter its chemical bonds. Air mediates between water and warmth. Sometimes spasticity accompanies this illness and the limbs are hard and difficult to control. The whole gesture reminds us of “ballen” (German word used by Rudolf Steiner) or contracting. The outer world is cut off. The ‘I’ is trapped within the body. We might think of M and also R as Therapeutic Eurythmy exercises.

Hysteria is full of movement. Like a wound which oozes into the world beyond the skin's containment, substance leaks as odor or sweat and so on. The earth element is lacking. These pictures can lead us to the dynamic movements needed to compliment medical treatment. We might think of B or T, D and U (“ooo”) in a modifies form. To review Rudolf Steiner's recommendations for patients verifies our perceptions.

The Large A (“ah”) Exercise brings the healing characteristic of the water element to a constitution in which earth predominates. It gently accomplishes what the seizure tries to do in its often forceful or even violent manner. The seizure brings the person to unconsciousness. During the Large A Exercise, the individual remains conscious and learns to penetrate his or her body.

The Large U (“ooo”) Exercise, when practiced calmly and rhythmically, solidifies and also releases tension.... accomplishing what the Hysterical Symptoms seek to do: to release substance and therefore be able to exist in the body in harmony. The conscious practice of our exercises brings form to the whole person's experience of being. We think of the sequence B, T, U as characteristic. Originally the B had the definition, “Protection within something” (Rudolf Steiner).

The other large vowel exercises can also be helpful

when viewed from the standpoint of the ‘elements’ which they express. This can be a very helpful study! The Large A (as in “day”) however, is not dominant in any element. To look at the wooden eurythmy figure, which partially unveils its meaning, one sees an obvious “X marks the spot!” Rudolf Steiner chose to characterize this as a “fixing” or strongly rooting of the ‘I’ in the etheric body. No other vowel exercise requires so much activity. I am referring to how it was given in the original course, not the exercise with swinging, similar to the Large U (“ooo”) Exercise. The A (“day”) is like a doorway, a direct entrance for the ‘I’ into all the elements which comprise and work within the human etheric body. Although the indication for this vowel is specific, it can be a central point of reference for the Eurythmy Therapist.

If we remember that every consonant contains a vowel which is sounded before or after it (Lecture Three, Therapeutic Eurythmy Course by Rudolf Steiner), we see how the vowels affect the pure movements of the consonants. We can lead the pure consonantal movement to its conclusion in a large vowel exercise... like kneading clay before giving it a fixed shape. This is an analogy which conforms to actual work in Therapeutic Eurythmy and can be of great practical value. In its archetype, the epileptic condition is a continual attempt to be born fully into existence. The archetype for the hysteric condition is a kind of premature death process, an expansion.... of what does not belong to bodily incarnation. Health, like inhalation and exhalation, is a ‘giving over’ from one condition to another, and back again. Polarity is overcome through rhythm. Polarity is a breach of health.

Another way to see this is to observe the dull, sleepy, heavy quality of the person who suffers from Epilepsy. Unfortunately, medications can worsen this problem. The person who suffers from Hysteria is ‘too awake’ and ‘on guard’ like a vigilant soldier. We are healthy when every tendency to reside in a one sided aspect of life is overcome through rhythm. We can lead individuals to participate in the dynamic processes of their etheric bodies through the practice of Therapeutic Eurythmy. Sleep, which renews us, is a great example. The whole person is renewed through the “I” working in the etheric body when it has departed from the nerve and senses. When doing Eurythmy Therapy exercises, the participant remains awake but the focus of consciousness is the actual movements of the elements in the etheric body. Therefore, the physiological effect is profound.

In training for this profession, it is essential not to hastily assign exercises to specific illnesses before each sound movement has been penetrated and understood. Rudolf Steiner referred to a “eurythmically schooled perception”. The imaginative faculty must be enlivened. Like Goethe, we must be able ‘to see’ what lives in our perception. The whole training process is a deepening of awareness. The actual exercises are only effective when they become ‘experiences’.

The task is to guide the patient, as directly as possible, to the essential being of each exercise. Then the experience heals. Rudolf Steiner said that what is easy for the patient has little therapeutic value. To heal means “to call forth , to name”.... that is, to engage the ‘I’ through volition, through activity. The mastering of a difficult exercise means real change and polarity overcome.

We can observe how the symptoms of illnesses are really an attempt to overcome the underlying conditions. We can also understand that spiritual activity can fulfill what the organism seeks to accomplish but cannot fully achieve. Rudolf Steiner said that Eurythmy Therapy comes from the ill human being. This means that very specific spiritual activities are required to treat what has become ‘anti - rhythmical’. Our exercises are the means and they require ‘objective’ forms of awareness: ‘Objective Imagination, Inspiration and Intuition’. Rudolf Steiner gave exact instructions as to how these activities are achieved.

Through conscious experience of vowels, consonants and together with gestures (Soul Exercises), the participant learns how to regain rhythm which is health and well being. In light of illnesses which give us insight, such as Epilepsy and Hysteria, we can learn to be more effective and therefore of greater service to those who need Eurythmy Therapy.

*Seth Morrison
Copake, New York*

EURYTHMY THERAPY FOR THE EPILEPTIC CONSTITUTION

A, later E are the main vowels. Use the great A as strongly as possible. Introduce E with care. Try to identify the element and the organ which is defective, and address it.

Earth: For symptoms of giddiness – ego organization and astral body fail to connect with the forces of balance. Do exercises with dumb-bells held in each hand, initially of equal weight. Can be vowels or the three dimensions of space. Repeat with a lighter weight in one hand, and then again repeat the exercises with it in the other hand. I also use athletic wristbands with pockets which hold several weights – you can decide how many you want to use. This can also be done with the legs, does not need to be very heavy. I use a heavy copper rod too.

Balance A: take a sagittal step forwards – A, up onto toes, A arms up; bring A arms in close to sides, bending deep into knees, straighten up, release toes; then up onto toes again bringing A downwards. Release toes, pause. Not easy, needs building up. Can be done on a balance beam, with turns, if possible. With a rod between the palms – A, arms up, and A in legs and onto toes. Rod onto shoulders and downwards. Release toes. Pause. The darker, soft, flaccid type needs later

more E – gives boundaries.

Water: Attacks accompanied by lapses of consciousness and nausea. Often swimming is the best thing. Especially tasty food! Air: irregular or wheezy breathing: use breathing exercises. Warmth: most epileptics are cold – ensure he is over-warmly dressed.

E: with the arms in a wide E, take a slow, diagonal step forwards with right foot, E cross with arms – cross the left foot behind; E cross with arms – then cross the right behind the left; Wide E with arms, take a diagonal step forward to the left with the left foot, cross the right behind, then the left behind. The form is of a kind of ladder moving forwards.

SRLM: can be done in many different ways, with a form/release quality. Gentle Kibitz M is good.

ASTRAL EPILEPSY , kicking, biting, spitting etc.– where there is a violent element in the attack with an amoral quality. Loss of consciousness. Child needs lots of space and a very gentle approach. Walk lemniscates, singing. Falling rhythms. Longs with arms down, shorts bring arms up to chest. IAO on the body Pitch with a simple song. Major and minor thirds, ending with major. In-winding, then out-winding spirals.

AND EURYTHMY THERAPY FOR THE HYSTERIC CONSTITUTION

The principle of the Hysteric treatment is to TAME or BIND TOGETHER the formative forces, so it must be carried out very exactly, do not permit sloppiness. This brings the ego into the limbs. I have found all these exercises to be helpful.

Great E; Great U (good to do it against the wall).

Build up a star on the body first –head, right foot, left arm etc. Walk a pentagram very exactly with vowels from above downwards, then reverse, also the vowels. Make a pentagon ‘skin’ around the star, with exact side-step feet, facing inwards. Form B on each way. On arrival at each point, feet together, then re-orient direction; reverse the pentagon. Then enter the form, feeling ‘This am I’ with I or E. Long pause, then repeat the star form. Should ideally be carried out for three successive days, then ‘let it dry for three days’ Rudolf Steiner. This creates a rhythm. Also, try walking the star with five steps for the first way, four steps the second, and so on. Add the vowels, from large to small. ‘I’ will’ – walking backwards; ‘I cannot’ – walking forwards; ‘I must do it’ – walking a circle backwards, stamping.

Three-fold walking, ensuring the feet are each time both brought to the ground, feel ‘I’. Facing each other, stamp towards each other, with B in left arm, like a shield. The one person makes I with right arm, the other keeps the B, then they alternate, getting faster.

*Gillian Schoemaker,
Camphill Special School, PA*

CHILDREN'S DESTINIES

WALTER HOLTZAPFEL, M.D.

Mercury Press (1981), Spring Valley, NY

The board of ATHENA has been preparing for this newsletter by studying the book, "Children's Destinies" by Dr. Walter Holtzapfel. Dr. Holtzapfel served as a school doctor in the Waldorf School in Ulm, Germany, and the Rudolf Steiner School in Basel, Switzerland. From 1969 to 1977, he was leader of the Medical Section at the Goethanum.

Although Dr. Holtzapfel describes many of the ways children can develop difficulties, our discussion focused on the sections of his work that illustrates epileptic and hysterical constitutions. We shared insights from children with whom we have worked and we found, though these classifications were originally used to help children in special schools, these strong constitutional symptoms are seen in many schoolchildren that are referred for eurythmy therapy.

The discussion of constitutional types in Holtzapfel is built out of his work with schoolchildren and his deep study of Anthroposophic medicine. Constitution is seen here as part of an individual's incarnation process. Holtzapfel describes the incarnation of a child as a gradual process, not at all smooth, but as a process of gripping and loosening. The child incarnates from above and below, right and left, front and back, and from periphery to center. Understanding the child in relation to these directions can lead to an intimate understanding of each child. Dr. Holtzapfel reminds us, that though we can characterize children in order to help them, we must remember each child is a whole person, an individual.

With the day and night rhythm and with the rhythm of breathing, we perceive an incarnation process. "In the morning and in inhaling, the individuality of the child is striving for a stronger connection with the physical body as it comes from above-downward; it is incarnating. In the evening and in exhaling, the child's individuality begins again to loosen itself, preparing to leave, to exarnate, in the direction of below-upwards." (66) There is a rhythmical nature to waking and sleeping, night and day, and the internal rhythm of building up and tearing down. "This is the rhythm of the soul-spiritual with the physical body, a rhythmic oscillation expressed in building up and tearing down; rising and falling of brain pressure; inhaling and exhaling, and waking and sleeping." (37) As the child develops, the incarnating and exhaling on going to sleep become less pronounced and a healthy development leads to adulthood.

To complete the incarnation process the human being penetrates his physical body with his Soul-spiritual individuality, but he must also connect to the environment. *The disturbance at the basis of epilepsy is related to the process of incarnation. In the course of the development of the*

child, the incarnation of its individuality is more than drawing into the physical body and permeating it. There is still another step to be taken. The individuality must connect itself with the physical-etheric forces of the surrounding world. This second step of incarnation is not completed by the epileptic. His soul-spirit is arrested in certain organs of his body instead of pushing through to the environment. (41)

The damming up of soul forces in the organ must be released and that is the seizure. Metabolic products accumulate in the blood before a seizure, and during the seizure, these are released. Like the relief after a storm, after a seizure children are improved and relieved in their whole constitution. This can work destructively on the child's organism so the attempt for healing is to make the seizure as self-healing as possible. Healing exercises are to help the child gain access to the physical forces of the surrounding world.

Epileptic children are often strong, appear athletic, and tend to assert themselves against hindrances. In contrast, hysterical children are rather delicate, sensitive, easily exhausted, and tend to withdraw. *Rudolf Steiner spoke of the hysterical child's soul as being sore or wounded. From this, almost all symptoms can be understood. If a man's hand is cut, he shrinks from grasping anything with it. It would be too painful. Just so does the child with a soul wound draw back from any demands made on it, since the taking hold of the duty would cause his soul pain. (49)*

Here, as the soul-spirit being descends into the growing physical body, taking hold of the body and permeating it, the hysteric child, in contrast to the epileptic who cannot complete the connection with the surrounding world, goes too far into the environment. These children lose themselves. Their "wounded" skin does not create a boundary. They are truly thin-skinned. These children sense the finest nuances in other people. This can lead to tactful awareness, but in some children, it can lead to screaming and weeping as they feel themselves "beside themselves". They feel lost in the surrounding world. They are sensitive to reprimand, even easily offended. Their awareness of the soul mood to their environment can lead to tyranny. The senses are very perceptive and they can hardly bear things such as unpleasant smells. Characteristic of the tendency to flow into the environment is bed-wetting and sweating. The child wants to draw back into herself. "I can't" is what they say to the world. *To help the hysterical child we must not 'play into their game' or express too much compassion. We must not let them get out of things that are difficult for them, as this would strengthen the hysteria. "The first since this would be moving with the child in the same element; the second, since the child realizes that his dread and holding back and his refusal are obvious and immediately detected, the child would experience his soul wound even more painfully." (57)*

To help the hysteric child we need to change tempo of a lesson, make new demands and let the child overcome herself. This will gradually help the child pull into herself and firm up her boundaries, leading to healing of soul wounds.

Holtzapfel compares the hysteric condition to excarnation, or a death process, the epileptic akin to a birth process.

The grasping of the metabolic-limb system ...over into the outer world is valid for man's supersensible members... Man enters this situation otherwise only at death when the supersensible part of the human being draws out of the physical. On the other hand, in the incomplete incarnation of the epileptic who in a way is stuck in the birth process, there is an arresting...leaving him as an onlooker of world occurrences. (56)

One can see out of Holtzapfel's descriptions the polarity between the epileptic child, imprisoned within himself, and the hysterical child who flows out into her environment. In this issue of our newsletter, we will look at the many ways these children and adults, may be helped with eurythmy therapy.

Mary Ruud

THE STARS ARE BRIGHTER IN YOUR PERIPHERAL VISION WORKING TOWARDS A CONSTITUTIONAL VIEW OF THE EPILEPTIC/HYSTERIC POLARITY ADAM BLANNING, MD

Bringing anthroposophic insights into the classroom is challenging, because we have to find practical methods for bridging Rudolf Steiner's descriptions of spiritual physiology with the realities of daily life in the classroom. How do we find a link between Steiner's descriptions and their manifestations? We know that the curriculum and its content supports and guides the evolving development (spiritual into physical) of the small child, but finding specific tools to meet the challenges of an individual child's behaviors can be daunting. Steiner gives us a foundation for beginning this work through his descriptions of the constitutional polarities, but the names given to the developmental polarities may seem too medical, too antiquated, or too abstract. At times it may feel presumptuous to even speak about a child's "spiritual physiology" unless we ourselves have developed skills of clear clairvoyance. But the beauty and reassuring brilliance of these polarities is that when they are present, they are absolutely consistent and manifest in forms both simple and profound. They can indeed help to explain the most puzzling behaviors. But not if you just concentrate on the behavior alone; then the child may elude explanation. This is because in many ways troubling behaviors are like the stars in the

heavens — they are a little bit brighter, actually easier to see, when we gaze not directly at them but at the "constellation" of daily rhythms and patterns that surround them.

This more peripheral, holistic field of vision is important because a single behavior can actually arise out of polar processes. The exact same behavior (as we perceive it from the outside) may be rooted in very different constitutions. Take a very concrete example: circle time. Children's challenging behaviors often come out during circle time. As the whole class is striving towards a collective mood and activity, those individuals who fall out of the activity are particularly noticeable. They are disruptive and distracting, or annoying to the teachers and to the rest of the children. It can be hard not to get fixated on the particular behavior in that moment, because we really just want them to stop. Admittedly, that is probably not the moment for trying to gain a constitutional view. Instead, do what is necessary, and then let that moment go and begin to watch the child during the moments when he or she is not demanding our attention.

A first and essential truth to grasp is that any frustrating or disruptive behavior really should be viewed as an expression of, or a compensation for, some developmental imbalance. Children outwardly express through their actions what they inwardly experience in their physiology. And a second essential truth is that the key to really understanding a behavior may not necessarily lie in what is happening during the behavior, but in what occurred just before it. The disruptive behavior in circle time is usually the child's way of orienting him- or herself, or breaking out of an imbalance. Since we cannot go backwards in time to see what they were doing just before they demanded the group's attention, we have to look for clues elsewhere. This is part of the process of using "peripheral vision" to gain more understanding of the child's relationship to his or her own body and the environment that surrounds it.

Let's get back to concrete examples, which arise out of actual observation of kindergarten circle times. Two different boys — they could equally well be girls, so please do not think this is should only but applied to boys, but boys do sometimes tend to express their constitution more physically — are both frequently disruptive in circle time. The disruptive behavior (for either boy) is generally a poking or pushing of the child next to him, or the making of loud, intrusive noises. Both boys are better behaved as soon as they are engaged one-on-one with an adult (such as the teacher calling out names or physically gesturing to them), and neither seems to be intentionally naughty or mean-spirited. If we wanted to use a label commonly used today, we could speculate that they have "attention deficit," which in the moment of the disruption is probably true; but it does not help explain why they lose their attention or what will help them to be more engaged in the activity.

When we begin to look at the specifics of each boy's physical body and behaviors, it becomes clear that although they exhibit similarly disruptive behaviors, they are expressions of very different processes. One fits the process of the "epileptic" polarity; the other of the "hysteric" polarity. How can we arrive at that conclusion? By looking at the "peripheral" elements of the form and structure of the child's body, how each boy plays, how he eats, how he sleeps. Let's start to look at the specifics of each boy.

The first boy is larger than many of the other boys his age, with a solid and powerful body. He is not fat, but it seems like there is a density to his muscles. In spite of his large size, his features are less sculpted and maybe appear a little younger than many of the other children his age. When he interrupts the circle, it is usually with a loud, silly noise, or a push to the boy next to him. While generally participating well in the circle, he has moments where his consciousness loses contact with his environment — in other words, from across the classroom you can see that he stopped listening and hearing any of the activity around him for several seconds. This behavior is repeated outside of the circle during times that he is not actively moving his body. When he finishes one of these brief episodes, he seems a little disoriented but quickly enters back into strong movement and the physical activity around him.

The second boy is more slight in his build, and quick. In observing his body, one is more aware of form or movement, as opposed to physical solidity. He is profoundly aware of his environment and fully engaged. He immediately picks up on the song and the hand gestures of the circle time, but he is, in fact, so aware of his environment that he also notices the laces of his new shoes, and the ticking of the teacher's watch, and is drawn to touch the fabric of the girl's skirt next to him, wondering what it would feel like. There are so many things to notice and be aware of, that it becomes very difficult to pay attention to what the teacher is doing, particularly when there are so many other interesting temptations much closer to him. Eventually he touches the girl's skirt next to him, or decides to take off his shoes and adjust the laces, and falls out of the circle activity that surrounds him. But this does not happen because he has become momentarily unconscious of his surroundings. It is ultimately because he is too conscious of his immediate environment and flows out into it.

In epilepsy, the medical term used for a person who has repeated seizures, there is a clouding or loss of consciousness, which may or may not be accompanied by jerking, cramping movements of the body. The physical body is temporarily unable to act as a vehicle for spiritual activity and consciousness, so that on a certain level the body briefly becomes an unpenetrated part of the surrounding environment. This process happens just before the jerking

movement of a seizure, with actual movement a breaking through, a compensation for working through this density. In Education for Special Needs, a series of lectures given in 1924, Rudolf Steiner expanded the term epileptic to indicate a developmental polarity in which the soul and spirit find it difficult to enter into a physical and etheric body that are too dense (which in the extreme will result in seizures, but is actually a much broader situation which happens with variable frequency in about half of us). In Lecture Three, Steiner describes it in this way:

The human being wakes up, but remains unconscious. You see, we have come in this way to an exact description, drawn from within, of the condition of the epileptic... The epileptic is able to enter with his ego organization and astral body into the physical body. That he can do, but he does not come forth into the physical world; he is held fast within... astral body and ego organization will be, so to speak, dammed up, congested beneath the surface of an organ. This condition then manifests outwardly as a fit. This is what fits really are. (Steiner, 60-61)

The boy described does not suffer from epilepsy, and as far as I know he has never experienced a seizure, but his moments of being withdrawn, or perhaps we could now say "inwardly congested," are epileptic kinds of behavior. His body, his physical and etheric body, offers a resistance to the astral body and ego organization such that he has moments during the day (more commonly in the morning) when this inner congestion happens and he loses conscious contact with his environment. When he does break through this congestion, he often goes into strong movement or makes a loud sound. This has two advantages for him: first, through movement he reclaims his body as he moves it and feels it in relation to gravity (this is actually one of the therapies for a child with an epileptic constitution); and second, when he disrupts things, the flow of the activity around him is momentarily disrupted and the consciousness directed towards him allows him to reorient himself in the group activity. His behavior is annoying and disruptive for the group, but for him it is both an expression of and a compensation for what he is experiencing in his spiritual physiology every day. He needs outward direction (the teacher directing him) or physical experience of gravity in movement (shoving the kid next to him) to again find his proper relation to his body and to the external world.

If we need to look for other confirmation that this is an "epileptic" constitutional process, we can make our view even more peripheral. The occurrence of a seizure at some point in the child's life is of course a clear indication, but the epileptic constitutional process is far more common than the experience of actual physical seizures. We can find additional clues if we look at the way the child sleeps and eats — because if the astral body and ego organization are having difficulty penetrating into a dense physical and etheric body, that

interaction should be mirrored on other levels as well. The astral body and the ego organization must enter into the physical and etheric each morning, and then release every night. We would then expect that a child on the epileptic pole would be slow to wake in the morning, groggy, and not really ready to interact with his or her environment until later in the morning, or perhaps not even until the afternoon or evening. Eating is another, internalized process of working with, or in this case literally digesting our environment. An “epileptic” child is not ready to do this early in the morning, and may have no real appetite until this waking process has finished. The child may feel best in the evening and get his or her best work and interaction done late in the day, though when it is time to go to bed, the astral body and ego organization are inclined to quickly withdraw from the too dense physical and etheric bodies. The child quickly falls into a fast, deep sleep. When we look at the way a child sleeps, at the way a child eats, we can see the same process happening over and over: engaging the body and then the environment is a slow process because it requires penetrating so much resistance in the physical and etheric bodies. Releasing from them is easy. If the epileptic polarity is true, it will manifest consistently on the levels of classroom behavior, waking and sleeping rhythms, and appetite and digestion.

The second boy, with the “hysteric” constitution, is of course also expressing and compensating for what he experiences on a daily basis. But his behavior arises out of the opposite process: instead of being held back by his body from entering into the environment, he overflows. Instead of a dense border, he has no borders at all. Steiner describes it this way:

Let us see what it is we really have before us in a young child who is said to be suffering from hysteria. He has trouble making contact with the external world... but instead of grasping all these things too weakly, as is the case with the epileptic, the child takes hold too strongly, he puts his astral body and ego into his whole environment... What is the result? You have only to remind yourself how it is with you when you have grazed your skin at some spot. Suppose you then grasp hold of some object with the sore surface, where the skin has been rubbed away. You know it hurts! The reason for your being so sensitive is that there you come up against the external world too vigorously with your inner astral body . . . the child who from the first brings his astral body right out — such a child will in a subtle way touch and take hold of things, just as though he had been wounded. Nor shall we be surprised to find in him this hypersensitiveness, this hypersensitive response to the world around him. A human being in this condition is bound to feel his environment much more keenly, much more intensely; and he will moreover have within him a much more powerful reflection of his environment. (Steiner, 76-77)

Where the epileptic child falls out of consciousness, the hysteric child falls into too much consciousness. When he is distracted or disruptive, it is because he cannot help noticing and responding to the things that are immediately in his environment (the laces of his new shoes, the ticking of the teacher’s watch, the fabric of the girl’s skirt next to him). He expands his consciousness, his awareness out around him, losing and forgetting the borders of where he ends and the world begins. Another word Steiner gives for the hysteric polarity is “soul sore,” so that it is actually a protective gesture for him to try to meet and respond to what he senses. When he reaches out to another child and makes contact, he is able to (re)establish his boundaries, because what he astrally feels to be “him” may actually extend well beyond the borders of his physical body. He can reel in his astral body to more appropriately integrate with the etheric and physical boundaries of his body: through outward redirection, or through a “quicker tempo,” (Steiner, 79) increasing the speed of his own activity. When the teacher stops the circle time in order to address him (the teacher’s ego thus giving form to the child’s astral body), or when he himself speeds up the song to a ridiculous speed, then he can pull his astral body back in to its proper proportions. That is his therapy. The first boy described, with the epileptic constitution, needs strong physical movement, sensing himself in gravity to properly orient himself in his body. This second boy, with the overflowing astral body, the hysteric constitution, needs to be pulled back. He is, in a way, acting out in order to help heal his own imbalance, to find ways to reign in and define the sensing of his astral body so that it better matches the space and definitions of his own physical and etheric bodies.

Expanding our view to find other confirmations of the hysteric constitutional process, we are looking not for seizures, but for physical processes that expand beyond the borders of the physical body. In the fourth lecture of Education for Special Needs, Steiner discusses nocturnal enuresis, or bedwetting: “whenever you have a case of bed-wetting, you can assume that the astral body is running out, overflowing,” and perspiration: “you will find that you need to observe particularly how the child sweats.” With an even more peripheral view, we again come to sleep and diet. With waking, we enter in with our astral body and ego — in a hysteric child this happens fast and too far. He (or she) wakes and is immediately engaged in the environment. He opens his eyes and seems immediately ready to explode into the day. But going to sleep may be far more difficult, as this hypersensitivity to the environment, this “soreness,” catches and holds the child’s consciousness. It takes a long time to withdraw from the world around him, and sleep when it comes may be fitful and shallow. In terms of his eating and appetite, he is ready (perhaps immediately) to eat in the morning, but as the day fills him with so many sensations and experiences his

appetite wanes. By the evening his “soreness” may reach the point where he cannot digest anything more. The food on the plate may hardly be touched — instead he gives an animated recounting and reenactment of the experiences of the day. In the same way that his astral body overflows into his environment, so too do a torrent of sensory experiences come “flooding” into his consciousness. They are too numerous, and perhaps too painful, to all be processed in the moment, so he needs to revisit and work through them before he can release into sleep. The epileptic child becomes unconscious and has difficulty making connection with his environment; the hysteric child loses his boundaries and overflows, becoming too conscious of the environment.

Both children stand out in circle time — they are disruptive, and it is because they have each individually become temporarily disoriented. The processes standing behind their actions, however, represent truly opposite extremes: one child gets stuck within the physical and etheric bodies and has to break through; the other expands out too far, overflows, and has to be brought in and protected. But in order to know which process stands behind the behavior, we have to develop a constitutional understanding. This is such a valuable tool! Once we can begin to understand children on a constitutional basis, then our insight into their behavior also helps us to begin to understand and imagine what they need to rebalance. We can begin to find ways to help them orient themselves before they are forced to act out and be disruptive. We can do this by carefully observing the patterns of incarnation, of spiritual physiology, through observing:

- classroom behavior
- interaction with the environment
- sleep
- appetite and digestion.

Then we have gained a more “peripheral,” more holistic understanding and can redirect our attention to specific behaviors and find their solutions. When we are working not with a specific behavior of the child, but with the whole being of the child, we can better meet and guide each child in his or her pathway of incarnation towards claiming and using the physical body as a proper tool.

Adam Blanning, MD lives in Colorado where he works as a school doctor and anthroposophic physician for the Denver and Boulder communities. His special passion is finding ways to meet, support and encourage the incarnation pathway of the young child. Dr. Blanning is working on a second article which will present specific therapeutic steps using experiences of gravity and changing rhythm, as well as a movement journey from Nancy Blanning specifically exploring their practical application in the classroom.

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INTRODUCTION TO “LETTER TO STUDENTS”

David Laskin was 47 when he crashed the plane he was flying while landing on his way to a business trip. He survived but with severe brain stem injuries that left him in a coma for five weeks. Eight years later he is presently in a wheelchair working with tremendous will to recover his speech and the use of his arms and legs. He is surrounded by loving support and the best care available. His family has chosen only alternative care (no drugs for seizures, etc...). A Chinese Herbalist and Acupuncturist and an Osteopath are in charge of the care of David's health. I am his therapist. This July, the current group of students in the Copake Camphill Therapeutic Eurythmy Training came to observe a therapy session with David and me. They are just about to embark on their own practicums. Seth Morrison, in his ever-present wisdom, thought that it would be instructive for them to observe our work.

I would like to share a letter that I wrote to the students before the session to ensure that they would have some understanding of the work that David and I do together. David's response is variable and what they were to observe might have been limited by David's condition on that particular day. As it turned out, David was very present on that day, and the mood that the students created could not have been more reverent. There was an outpouring of respect and compassion that allowed David to truly shine.

Jean, David's wife, spoke most eloquently before the session about her journey with David (she refers to “his injuries” rather than “the accident” because she believes there is no such thing as an accident). The experience of speaking to this very special group will perhaps be the beginning of more to come. Their story is truly inspirational and life affirming. So I now offer this letter to you, my fellow therapists, in the hopes that it will be of some value.

Stella Elliston

July 24, 2009

To All of the Students,

You will be observing a Therapeutic Eurythmy session with David and me. I'd like to fill out the picture for you a little. It has been a moving experience over the past five years. As his wife put it, “Recognizing his inner self, his dynamic presence ... is everything.” He has a host of therapists visiting who provide: massage, speech therapy, aquatic exercise, so what can eurythmy offer David? Ah ... the world.

The longer I work with the pure sounds of vowels and consonants the more sure I am that they are the doorways into the world. I see this as David's limbs open and relax to the sound of an ‘Ah’ naturally, and when the light turns on with an ‘Eee’ that accompanies stretching. I can see the joy in the

movement taking command of his limbs. This is the order of the day, each day, for David. And when the movement is accompanied, carried by a vowel sound or consonant, it metamorphoses into an experience with profound immediacy. I have used the gesture of each sound in eurythmic movement to help David reclaim his world in a practical sense. This is not to discount the more esoteric gains from each vowel and consonant sound. Of course, reaping this harvest is all important.

I am aware of the deep desire that his wife Jean has for David to use his wheelchair on his own (as well as to stand and walk ...) and I have found that the thrusting forward action of his arms on the wheel is enhanced, empowered when I use the 'F' sound it goes like this: Release - with an 'Eee' in the fingers, 'M' - moving back to the rear of the wheel, taking hold then again thrusting the wheel forward with an 'Fff', etc... This movement propels David backwards in his chair as he pushes the wheels forward. This is where we started. Not a bad place... backwards into the future!

Creativity could not be more in demand here. We arrived at this work with the wheelchair through the immediate need at hand. I begin each session with a rough plan, which gives me a security, a foundation. After that for me, being present is the only thing that matters, perceiving what is most needed. If David, for example, has a trembling (repetitive opening and closing) lower jaw from mild seizure activity, I begin with his legs. Smoothly describing the periphery of both legs I place my hands alongside his hips and apply mild pressure down the sides of each leg with long, deep 'U' sound. My hands move smoothly along the sides of his legs down to the ankles. This is very centering. I have experienced this with great satisfaction. I am one to name what I am doing, especially in David's case. This 'U' helps to strengthen standing so I tell him, "Two strong pillars, right and left, etc." His jaw will most likely still be trembling at this point. I then bring up a stool after having removed the foot pedals from his wheelchair and place David's feet on my knees. This is what I have stumbled upon to stop the seizure activity in his jaw and help wake him up. With his feet on my knees, I lift up my knee so that he has to press down and through his foot, keeping the short-short-long rhythm going as I speak our poem:

What's been done, has been done.

What's to do, do it now.

Show your strength in the deed.

Let the act be supreme.

Over thought, over dream.

I give a lot of resistance so that David has to really push through. This is appropriate because he is a big, strong man. What is most moving is when I glance up to his face and see that he is mouthing the words, sluggish but precise, never missing a syllable.

The power of the verse is astounding. Here again is another doorway. Besides the rhythm and sounds, the concepts within the poem are enriching as well. This is food that nourishes his daily life. The pushing through of his feet gives him a walking motion, R-L-R-L, etc. Everything seems to integrate after we have gone through this verse several times. There is a calm expression on David's face and an alert light in his eyes filled with interest and anticipation. His seizure activity consistently subsides after David has 'stepped' this poem. I am grateful to have stumbled upon this. It's deeply rewarding to offer relief. How did I stumble upon this? I have to ask ... This is the most thrilling aspect of this work for me: staying present, perceiving the need, then moving into an exercise, but movement with an open mind and heart. The need will dictate. We have the tools, they won't do much good if they are not addressing the need. What lives in our sounds, the essence of consonants and vowels, is an unfathomable mystery. Stepping into that world respectfully with a listening ear is the key. What and how can they serve? Only they can tell us.

The naming, pointing 'D' is also, according to Rudolph Steiner, healing for nerve damage. And it has truly been magic for David. "With 'D' blood and nerves make a harmonious whole," as M, Kirchner-Bockholt has noted. When David propels his right arm forward, extending his fingers, he imagines that he is touching the glass of the window. I try to make it very real, describing the coolness and smooth surface of the window pane. "Touch it, moving through your fingertips, 'D' ... 'D'." There is all of a sudden a thrust, an urge and then the nervous system overtakes the lethargy of his injured arm and hand. Function overcoming form. Without this sound to 'warm up' the gesture there is very little response.

We often move into vowels at this point, sometimes while David grasps two copper rods in his hands. This allows the inner gesture that is inherent in each vowel sound to become manifest. It is very apparent as he executes the vowel sounds (with a lot of hands-on help). The archetypal essence of each sound, the soul expressing itself, gives wings to David, allowing him to break through his injured instrument. The vowels are accompanied by a lot of verbal pictures on my part: "open up to the world, to a soft golden sunrise;" "close the gate for protection;" "sing, 'E', " I am here!" etc. This gives David a chance to express himself. The verse I sometimes use for the vowels has, as well, contraction/expansion within it.

"Prayer to a Guardian Angel"

Be thou a star above me

Be thou a shepherd to protect me

Be thou a guiding light to lead me

Be thou a rose of love within me

Be thou beauty shining though me

Be thou all around me.

– *Traditional Celtic*

“The limb system has its center in the whole circumference. The center of the limb system is indeed a sphere; namely, the opposite of a point, the surface of a sphere. The center is really everywhere; hence, you can turn in every direction and radii ray from all sides. They unite themselves with you.” Rudolph Steiner writes in *Study of Man*. When David holds a long wooden pole that reaches to the floor he can drag it himself to touch, connect with what is around him. This is a prelude to extending his limbs. It is a preparation that grounds and centers him in his space. We touch the table with the pole, the shoe on the floor, etc. The movement in his neck is very limited and his eyesight is compromised so this reaching, touching with the pole is a great way to orient. David's face usually becomes animated. He lights up when we are doing this. Clearly it is stimulating and exhilarating to claim his space in relation to what surrounds him.

Often towards the end of our session we bring out the copper balls. I am still trying to discover the best way to work with them. He seems to love the copper. It's often cold when it first comes to his hands. The anapest poem we use for placing the ball from one hand to another or giving and receiving between the two of us is;

Like the wind
Like the clouds
Like the birds
Fly the words
From you to me
From me to you.

Repetition and rhythm are all important. The rhythm of the poem carries the day here. It has the power to propel and sustain David's movements. Without it, it's a much bigger struggle. David, after years, can recite this poem with satisfaction, forming words with his lips. His fingers reach and hold as they can, giving and receiving, a fundamental human activity.

Taking hold, penetrating, ensouling. These are our tasks and there is no end to the possibilities. What is clear is that one step, one effort, one idea will give rise to the next. One is born from the other. Taking a chance, exploring the unknown while always cultivating a quiet observation is the all-important theme. Although I often fall short, David is ever patient, ever respectful. The same force, the same dynamic, strong essence that is David is alive and well. The force that flew planes, planted acres of daffodils, skied down the highest slopes in the world, built an ultra-successful business recycling metals... that very same force is now conquering new frontiers, reclaiming inch-by-inch the capacity to walk, talk and eat. To us his inner journey is filled with mystery, but the impression is that he is doing his work. Clearly he has boundless patience and acceptance. On his battleground he is indeed a warrior of the finest caliber.

All of those who surround him know without a doubt

that he is accessing and giving from a deep source of love and understanding. His challenges go way beyond what is ordinarily asked of us. The place that eurhythmy has in his life picture is deeply appreciated and respected by his family. For David, eurhythmy, in all its wisdom, seems to address both his inner and outer quest for greater life. I can only feel deeply grateful for being invited into this remarkable journey.

There is a lot more that has not been mentioned here. Ongoing classic exercises with David are a very important part of our work. To stimulate David's speech we use the 'Large Ey' (the pure E, as in Latin) exercise, the 'Large E' (Latin: I) exercise to support his walking, and the 'Large U' exercise to strengthen his ability to stand.

I hope that some of what I have described here will be visible for you today ... You never know!? And I wish you all well on your paths with this great work.

*All the Best,
Stella Elliston
Great Barrington, MA*

REVIEW OF ATHENA CONFERENCE WITH RACHEL ROSS, FAIR OAKS, CA, APRIL '09

A small group of therapeutic eurhythmists met with Rachel Ross to look at how understanding the 'Extra Lesson' approach, begun by Audrey McAllen, can help us meet the needs of children in need of extra help. Rachel is fully qualified in both therapeutic eurhythmy and in remedial education. She inspired us with her enthusiasm and knowledge. Soon we were sharing from our work and struggles, finding new ways to understand the issues children face, and expanding our horizons. For me, the most valuable experience was in our times of sharing eurhythmy with each other. Rachel has great gifts in leading groups and her visit was warmly received by our group of western eurhythmists!

Roger Lundberg

ST. MICHAEL NEWSLETTER 2009 FROM THE MEDICAL SECTION AT THE GOETHEANUM

Dear Friends,

Let me begin by warmly thanking all those who were involved as lecturers and participants at this year's annual conference on the subject of oncology in anthroposophic medicine.

With its more than 81 working groups, conference meetings and staff from 34 countries, there was a special atmosphere this year. For the first time we considered – as a globally active anthroposophic medical movement – a clinical

picture which led us to experience the substance flowing into the conference as a result of the involvement with which each person accompanied the words of the speakers, an involvement arising from the heartfelt experience of caring for their patients. This became particularly evident when Matthias Girke in his lecture on the last evening took the whole of his audience with him over the threshold of death, as it were, when he described the phases of leave-taking and terminal care based on the stages set out by Elisabeth Kübler-Ross. Those present said they had never experienced the presence of so many deceased – a particular intensity, warmth and fraternal quality could be felt which also steadily increased among the living participants during the course of the conference. Hence this time the response was also particularly warm and full of gratitude. Participants wrote that they felt strengthened in their work and commented: There is such a beautiful mood of starting out on something new and of fraternity among the participants that I leave for home with great happiness. (...) A participant from outside wrote: What touched me a great deal at your conference, apart from the interesting contributions by the speakers, was the joint singing with the physicians, nurses and carers in the hall of the Goetheanum. (...) Yesterday evening the mood created by the song – that the decline of what is external leads to the dawn of what is innermost in the soul – particularly touched us. At this moment I was set free from the mental pressure which accompanies me each day (...) It was truly a magnificent idea and I am convinced that such actions have a healing effect on people who are ill.

The subject of the 2010 annual conference will be the spectrum of rheumatic disorders – once again a clinical picture which we intend to prepare and work on worldwide. We look forward to receiving offers of contributions and suggestions for the organisation and holding of working groups by 30 November.

With regard to the conference celebrating Rudolf Steiner's 150th birthday from 15-18 September 2011, the decision was taken at the meeting of members of the School of Spiritual Science from 16-17 September 2009 to focus on the inner path of the physician and those professions working in medicine and therapy, and the opportunities for community building arising on that basis.

At the meeting of the boards of the medical associations and the IVAA delegates, the work this year was also experienced as particularly constructive and forward-looking. On the one hand, there was the reflection on where the anthroposophic medical movement stands at the present time and what the key current tasks are – e.g. intensification of training and public relations work in the various countries, improving the reciprocal flow of information and the opportunities for collaboration and assistance. On the other hand, there was the specific planning as to how the ongoing

work can be made more focused and lively, as well as the nature of the common work basis and the working methods of the Medical Section. How, for example, do we interpret the fact today that the anthroposophical medical movement and the Medical Section at the Goetheanum are one and the same thing in a certain respect? Why did Rudolf Steiner specify that this should be so at the 1923/24 Christmas Conference? These were questions which we also considered at the International Coordination of Anthroposophic Medicine / IKAM meeting.

Rolf Heine, the coordinator for nursing and care, had already urged beforehand that it was time to put in writing and debate our present forms of work and their history, down to IKAM standing orders, so that there should be clarity, not just among ourselves, but also for each member of the anthroposophic medical movement and beyond about what is done or not done by whom, when, how and why, etc. He was willing to prepare a draft for debate. This was then supplemented by a number of IKAM staff and myself (see annex). It was discussed in the various bodies and distributed to all those interested at the annual conference. It also reflects what I have tried to live and give as an impulse in the years since 1988 with regard to the leadership of and support from the Medical Section at the Goetheanum and the anthroposophic medical movement worldwide. I would now very much like to ask the readers of this Newsletter whether the draft reflects what is expected of the leadership of the anthroposophic medical movement or whether there are a whole lot of different issues which should also be considered. Is the way that the intentions of the Goetheanum and the School of Spiritual Science are set out comprehensible, do people feel spiritually at home or alien here? Is anything missing? Are there things which are too much, out-of-date, unnecessary? How form could spiritual community building take among a globally scattered, very individual membership?

All responses to these questions are very welcome – everything that helps to make this paper an expression of what lives among us today and is capable of being or becoming forward-looking. Rolf Heine is willing to help me to go through your responses and to revise the draft in their light. We look forward to undertaking this work and to the associated dialogue with you. Please send your comments, no later than 30 November, to: rolfheine@gmx.de and michaela.gloeckler@medsektion-goetheanum.ch.

With warm thanks and greetings,
Michaela Glöckler

Dates

12-17 October 2009 Medical Working Week
22-25 October 2009 Speech Therapy Conference
30 October-1 November 2009 The Messie Phenomenon:
advanced training for care givers and therapists
31 October 2009 Intensive Seminar for School Physicians
1-4 November 2009 School Physicians Conference/Learning
Support Teacher Conference
12-15 November 2009 Medical Conference in the Halde

Advance notices

1-3 July 2010 Pastoral Medical Conference of the School of
Spiritual Science for Physicians and Priests.

22-28 November 2009 Studies at HouseRüspe, Germany: 100
Years of Esoteric Science and the Foundations of
Anthroposophic Medicine. www.studienhaus-ruespe.de

News

Kathmandu/Nepal. Is there an anthroposophic physician
willing to actively advise the team of physicians in
Kathmandu for a period of 2-3 months? Marianne
Grosspietsch – founder of the Shanti Sewa Griha leprosy
nursing facility – approached Michaela Glöckler many years
ago with the question whether it was not possible to treat the
disorders of the patients in her hospital using anthroposophic
medicine and nursing. An international team started to tackle
it. Seventeen years after its foundation, Shanti today is a place
which not only offers leprosy patients medical assistance, a
new home and work but is also a place of refuge for children
with disabilities, orphans or victims of accidents who cannot
count on the required care in their ordinary life in Nepal.

Contact: Ursula Signer,
u.signer@gmx.de,
www.shanti-leprahilfe.de

London/UK. Petition for the protection of childhood. British
early childhood experts conclude that the recommendation to
reduce the school starting age to four should be rejected.
petitions.numer10.gov.uk/startingschool

Dornach/Switzerland. The eurythmy therapy training at the
Goetheanum will resume at Easter 2010 as an in-service
training course. Brigitte von Roeder will hand over the
management of the course to Kaspar Zett for age-related
reasons after ten years of looking after the full-time course.
She will, however, continue to teach.

Sekem/Egypt. The Heliopolis private university of Sekem
founder Ibrahim Abouleish was granted state approval on 31
August 2009. Teaching will start in 2010 with the first
Bachelor courses. www.sekemshop.de/epages/62216684.sf

Anniversaries

15 years of Paracelsus Hospital in Richterswil, Switzerland on
26 September 2009. www.paracelsus-spital.ch

Tblisi/Georgia. Twenty years of anthroposophic medicine in
Georgia – a milestone. It all started in 1989 following the
deployment of toxic gas against demonstrators when a number
of different methods of treatment were used. The effect of
anthroposophic medicine was so positive that a working group
was formed. In 1991, the first Institute for Anthroposophic
Medicine opened. This was followed in 1995 by the
establishment of “Man & Nature – Association for the
Promotion of Anthroposophic Medicine in Georgia” which was
involved in the development and operation of the following
facilities: *Therapie-Haus GmbH*, for eight physicians and
therapists with a pharmaceutical production laboratory and
pharmacy, out-patient service with welfare centre, nursing
training, in-service eurythmy therapy training for physicians
as well as anthroposophic medical training and an own
publishing house. www.manandnature.ge

Honours

Zeist/Netherlands. The founder and chairman of the Zeister
Muziekdagen (Zeist Music Days) foundation, Hans
Matthijsen – an anthroposophic psychiatrist – has been
appointed a Knight of the Order of Orange- Nassau by Her
Majesty Queen Beatrix. The Zeist Music Days celebrate their
twentieth anniversary this year and honoured him as the
instigator and co-founder of the Bernard Lievegoed Klinik in
Bilthoven. In 1995 he founded the Opinion Forming –
Euthanasia working group. He is also chairman of the
Johannis Foundation for anthroposophic social initiatives.

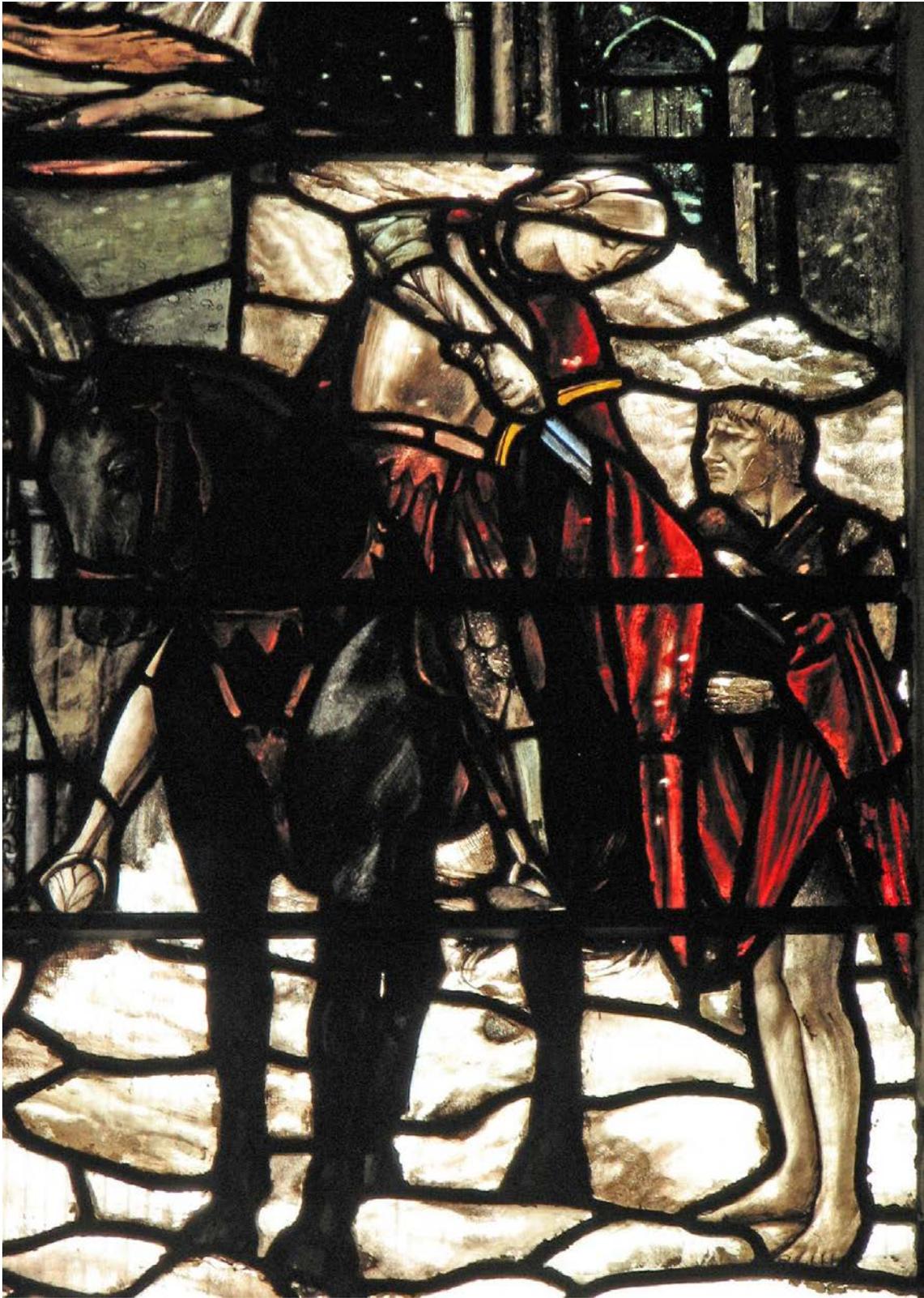
Important new publications

*Gynäkologie integrativ. Konventionelle und komplementäre
Therapien.* Hrsg. Ingrid Gerhard, Marion Kiechle; Urban &
Fischer Verlag, München 2009.

Onkologie. Themenschwerpunktheft, 4/2009. Der
Merkurstab. Zeitschrift für Anthroposophische Medizin. Hrsg.
Medizinische Sektion/Goetheanum, Dornach/Schweiz;
Gesellschaft Anthroposophischer Ärzte in Deutschland e.V.

Vademecum of Anthroposophic Medicines. Supplement Der
Merkurstab, ebenda., Journal of Anthroposophic Medicine,
Volume 62, 2009.

29.09.09 MG/HS, *Das Goetheanum*



SAINT MARTIN OF TOURS AND THE BEGGAR