



ATHENA

Association for Therapeutic Eurythmy in North America

AUTUMN 2014



ATHENA

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2014-2015

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Front Cover: “Sunday Morning from the Gardener” by
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www.camphillspecialschool.org

ATHENA NEWSLETTER

Please send contributions to:

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Deadlines: April 1 and Nov. 1

Although welcomed,
the viewpoints expressed in the
ATHENA Newsletter are not necessarily
those of the publisher.

www.therapeuticeurythmy.org
www.forumhe-medsektion.net

LETTER FROM THE PRESIDENT

October 26, 2014

Dear Members of ATHENA,

AS we make our descent on the annual journey with the archangel Micha-el and the Christ from the out-breathing in the cosmos in the summer time to the inbreathing of winter we are met with many challenges – personal and professional. Most of us individually are making ends meet by practicing other therapy modalities, or we continue to do pedagogical eurythmy, take up kindergarten teaching, etc., with a few therapeutic eurythmy clients on the side. The trend of diminishing positions for eurythmy therapy in Waldorf schools does continue, with perhaps the Eugene Waldorf School in Oregon showing signs of bucking this trend. Are we ready to meet our challenges? Can we stem this ebb tide? Can we find the Michaelic power to bring eurythmy therapy, the heart of our work, stronger and more visibly into the world?

IKAM* and the ATHENA board hold many concerns in common and we are hoping to find activities, articles and solutions that will in time give greater visibility and credibility to eurythmy therapy, especially in the medical world. The on-line survey to assess the effectiveness of eurythmy therapy that you have been asked to send to all your clients is one attempt. Assessing the effectiveness of eurythmy therapy is difficult, but we have to make a start. Again, the goal is to gain recognition as a viable therapy among standard medical professionals and insurance companies. We are still also asking for articles on eurythmy therapy that can be included in a special edition of the Waldorf Journal. The introduction of AnthroMed membership in ATHENA this past year is another attempt for us to give eurythmy therapy recognition as an internationally established and recognized anthroposophical therapy. As an aside from this process, since the annual AnthroMed membership is based on the calendar year, the board has decided to change back our annual membership from the fiscal (July through June) to the calendar year. We also hope this will make it easier for our members to know if they are up to date with their membership! Lastly, the tele-conferences that were started last year, although having obvious limitations, have provided an inexpensive and viable way to experience collegueship and gain new insights in our work, as well as providing one and a half hours of professional development hours.

This fall the board has been active in finding new members who have the time, energy and enthusiasm to

take on some of the many tasks that benefit us all. In the last several years Mary Ruud, our past president, Maria Ebersole, our IKAM representative, Barbara Bresette-Mills, our AAMTA liaison and recording secretary, and Christi Pierce, member-at-large, have ended their terms as active board members. The board now consists of eight members: Dale Robinson as president, Mary Brian as vice-president, Susan Walsh as treasurer, Andrea Marquardt-Preiss as corresponding secretary and new IKAM rep., Susann Eddy as AWSNA liaison, and three new members that we wish to warmly welcome on board: Stella Elliston, Jason Yates and Miyoung Schoen. We are still looking for someone with the ability to take over the treasurer position from Susan Walsh.

Among the tasks on hand are:

- 1) administering this year's WEF/Glenmede grant and our own Children in Need Fund,
- 2) redoing/up-dating our web site,
- 3) offering an insert to our TE brochure that is geared more directly for the school setting,
- 4) preparing for our annual ATHENA Conference 2015 this summer on 'Anxiety',
- 5) preparing for another mini-conference or workshop just before the IPMT event where we can interface with interested doctors, as we so successfully did two years ago, and
- 6) preparing to make therapeutic eurythmy a strong part of the next bi-annual AAMTA conference in 2016 in California, which will be on the theme of Digestion.

Stella has jumped in with great interest and has taken on overseeing the Children-in-Need Fund. This is a fund to which individual eurythmy therapists can apply to fill some of the gap when families or other scholarship or funding sources are unable to meet the full fee that is charged per session. Although the initial amount available in this fund is very modest, we hope to find donors or other ways to keep this fund replenished as we go into the future. Jason Yates has the expertise and willingness to help us revamp and keep our web site up to date (finally!). And Miyoung has expressed her willingness to apply her organizational and computer skills to oversee membership activities, relieving Andrea of some of this as she takes on the IKAM liaison position.

We must all keep stepping up to the plate to meet the challenge for eurythmy therapy in our time. ATHENA is a common organ for us all, an organization where we come together with our concerns and challenges and gain strength and confidence and a

stronger voice to make positive changes for the future of our profession – this is what we are all about! This is one way we can work together with Micha-el to meet the fears, hindrances and challenges of Ahriman and continue on with the Christ forces to forge the way for our healing work together.

Wishing you all much warmth and blessings through the holidays and into the New Year!

Dale Robinson

*IKAM is the association of internationally active coordinators and people in positions of responsibility within the anthroposophic-medical movement.

The following is an article I wrote for the AAMTA 2015 Annual Newsletter. All the sister organizations were given the suggested theme of: 'How do we reach out to the broader world of integrative therapeutics? How do we build relationships with those outside our immediate circles?' I am sharing these thoughts with you as ATHENA members and would like to encourage a dialogue among us on this theme. For instance, what are your thoughts on the statement in bold below? Also, I expect that there are numerous other aspects that can be included and 'integrated' by eurythmy therapy. What do you think? What are they? How would you best express them? Please send in your comments to: Maria Ver Eecke at editor@eana.org.

Thanks and warm regards,

Dale Robinson

REACHING OUT AS INTEGRATIVE MOVEMENT THERAPISTS

Reaching out and forging connections with other therapeutic modalities needs an ability to clearly state who we are and what we have to offer, as well as a willingness to listen to others and to understand what they are offering.

For ATHENA the question, who are we, is an ongoing issue. The term 'curative eurythmist' has been replaced by 'therapeutic eurythmist' following the threat of a law suit back in the '80s that 'curative' stated a false claim. Presently in the UK and in Germany 'eurythmy therapy' ('eurythmie therapie') is the most commonly used term for what we do. This term is gaining more and more popularity on this continent as well. As a sub-title the phrase 'integrative movement therapy' is also becoming more popular. Perhaps a statement that would

have the broadest acceptance among eurythmy colleagues right now would be: **We are therapeutic eurythmists and we do eurythmy therapy, an integrative movement therapy.**

But this still doesn't explain to people what we actually do. To 'reach out to the broader world of integrative therapeutics' we can spare people an explanation of eurythmy, per se, but we clearly have to explain (better yet, demonstrate or allow people to experience) what we offer and are integrating – so they can grasp what it is. Our anthroposophical understanding of the human being (and our focus as therapists) gives our work a wide array of applications, but not everyone will readily understand all of these. So depending on who we are addressing, we might elaborate on one or more of the following possibilities. (This list is not meant to be limiting.)

1) Eurythmy movements integrate the four bodily (or lower) senses: touch, well being or life, self-movement and balance. You see this integration clearly in the Dexterity 'E' exercise or with any of the consonant gestures which in eurythmy therapy are often done with small jumps, landing on the toes for a second or two.

2) Using physiological terms (just looking at the physical body), eurythmy therapy is very effective at integrating the tactile system, the autonomic nervous system, the sensory-motor system and the vestibular system (which are respectively reflected in the four lower senses, above).

3) We can also concentrate on and integrate the four 'members' of the human being (physical, etheric, astral and ego) which are, again, reflected or honed in the respective four bodily senses or systems, above.

4) Eurythmy movements can help integrate the three human soul forces: thinking, feeling and willing.

5) We can also look at strengthening and integrating the higher senses elaborated by Rudolf Steiner – as these are a metamorphosis of, again, the lower senses. Here, together with the transformation of metabolic forces and the refining of our feeling and thinking nature through eurythmy movements we open doorways into the more subtle, psychological effects of eurythmy therapy.

6) We can also further strengthen and integrate into the earthly human being the cosmic archetypes found in the planets and constellations (in the form of vowels and consonants).

Submitted by Dale Robinson

www.therapeuticeurythmy.org

www.forumhe-medsektion.net

CHANGE IN ANNUAL MEMBERSHIP

Due to the connection we now have to AnthroMed and to be more in sync with them, we are changing our annual membership dues back to the calendar year, beginning in January 2015.

With this newsletter, you'll receive a new membership form. Please send your dues and the form to our new Membership Secretary, Miyoung Schoen, 4421 Chestridge Road, Fair Oaks, CA 95628.

A NOTE FROM THE EDITOR

Dear Members,

Welcome to new members of the ATHENA Board, who are introduced in this issue! Thank you to Dale for your guidance in developing this issue and for your insightful contributions. The online conference calls are documented here, sounding well worth the effort to join the conversation. The *ATHENA National Confernece* will take place in Chicago, July 30-August 1, 2015. Be sure to save the date!

Blessings on our work,
Maria Ver Eecke

INTRODUCING OUR NEW BOARD MEMBERS

Stella Elliston: My biography through the lens of eurythmy begins in England at Emerson College in 1980, when I started the training with Molly Von Heider and 20 other students. We were an international group, lucky to receive the pearls of wisdom from Molly who, by that time, had many years of experience.

The following year I returned to the states in Spring Valley, NY, to continue studying with Dorothea Meir, a life-changing teacher. After graduating I performed with various groups and observed in NYCity in preparation for a teaching commitment in Garden City, NY.

Following this was a move to Great Barrington MA with my husband Peter who is also a eurythmist (and an ex-college football player—one of a kind!). Peter had taken on a sixth grade at the Great Barrington Waldorf School. We began our family of six with four children, thus putting off my plans to teach in the newly formed Great Barrington Waldorf High School.

Our second son was born early and had a brain bleed causing severe limitations. My impulse to help him brought me to the therapeutic training with Seth Morrison and Anna Rey, which was located just 20 minutes away from us in Copake, NY. There I found once again my teacher in Seth. It is a great program!



Since then I have been working with students at the Great Barrington and Hawthorne Valley Waldorf schools, as well as with autistic adults, brain damaged adults, stroke patients, etc. Free now of children and dogs at home, I continue to learn and grow in this most wonderful work.

Miyoung Schoen: I have a deep connection and appreciation of eurythmy, therapeutic eurythmy, and anthroposophy



through my work and family, including four children. It's been a true blessing, best education, and I am devoted to this sacred work. This is my seventh year teaching eurythmy, currently teaching K-7th grade at Sacramento Waldorf School.

I have a private therapeutic practice and I am building connections with anthroposophical doctors in the area. The more I work, the deeper wisdom I find of the vast application of eurythmy. I also find the great need of on-going education, collaboration and support among eurythmists, especially in therapy.

Best Regards,
Miyoung Schoen

Therapeutic Eurythmy at Cascadia: A Six Month Practicum in Brief

*Reprinted from the Annual Report (2013-2014) of
The Cascadia Society for Social Working,
a Camphill Lifesharing Community,
North Vancouver, BC
www.cascadiasociety.org*

After performing for two years as a stage eurythmist in Europe, I began a full-time therapeutic eurythmy training in the small town of Unterlengenhardt on the edge of the Black Forest. In order to fulfill the requirement of a six month hands-on practicum, I sought a suitable place in the English-speaking world. Having applied to Camphill communities in England, Scotland, Canada, and the United States, I was ultimately met with the most enthusiasm by the Cascadia Society for Social Working in North Vancouver.

So, in September 2013, I began my practicum under the able mentorship of Ruth Tschannen. During my first week I helped to create a therapy space in the main building that fulfilled the necessities for working with a diverse set of patients. By the end of that same week, I had begun holding therapy sessions for up to eight patients a day.

Although the vast majority of the patients were companions in the Cascadia day program, I also had the opportunity to work with other adults and children from the wider community. The therapeutic eurythmy sessions with

companions typically lasted between fifteen and forty minutes, whereas “outside” patients had longer sessions lasting between forty-five and sixty minutes. Due to the abundance of willing patients, I finished my practicum time having completed over five hundred therapeutic sessions.

In addition to the therapeutic work, I had occasion to create a weekly eurythmy class for older persons that primarily focuses on the social aspects of eurythmy. The group has worked together eagerly for several months and intends to continue in the fall after a break for the summer.

Cascadia has proved to be a rewarding place to do a therapeutic eurythmy practicum in several other regards. A group consisting of Cascadia coworkers meets weekly to study works by Rudolf Steiner that relate to individuals with special needs. A separate long-standing therapy group consisting of doctors and therapists meets once a month to work together and plan events. I was privileged to have been able to present one of my patients as a case study at one such event—a doctor's conference held last fall. There is also a group of therapeutic eurythmists that meets regularly to take up specific themes related to the eyes and eyesight. To have been able to participate in these three groups during my practicum time was very enriching for my personal development as a therapeutic eurythmist.

At the end of March, I returned to Germany to complete my coursework and to present a case study with practical exercises to my colleagues and teachers. This so-called Abschluss (“completion”) course lasted for three weeks and proved to be a very fulfilling time of study.

After receiving my diploma in April, I returned to Cascadia and have again begun working therapeutically with several companions. I have also been invited to be on the board of ATHENA (Association for Therapeutic Eurythmy in North America) and, in conjunction with an initiative from Ruth Tschannen and a local doctor, plan to help create a therapeutic eurythmy training for doctors on the North Shore.

I would like to express my thanks to everyone at Cascadia for their support throughout my practicum. I am especially grateful to Ruth Tschannen for preparing the way for therapeutic eurythmy at Cascadia and for her sustained commitment to the development of this important therapeutic impulse in North America.

*Jason Yates
May 20, 2014*

From *What Is Art?: Conversation with Joseph Beuys, by Joseph Beuys (1921-1986)*

“The Christ force, the principle of evolution can only arise in human hearts, can only unfold from people, because the ancient evolution is over. That is the root of the crisis, everything new arising on the earth, must be fulfilled through human beings...”

Who seeks to see with inner sight, beholds the Christ is long since there, no more in physical, but in moving form, in an invisible substance for our outer eye. This means, his substances weaves through every individual space and every single moment. So he is ever near...”

The form, in which the body of Christ dwells in our time, is the medium of movement itself... This is also the principle of resurrection: the old form, which is dying or stricken, transforms into a buoyant, pulsing, life-quickening, soul enlivening spirit indwelling form. This is the future-bearing enhancement of artistic creation.”

Beuys speaks of “the essence of Christ” (das Wesen des Christus) suggesting that every human being must be, potentially at least, “a kind of Christ.” Stressing creativity and freedom as fundamental values, Beuys sought a means to build a new society in which “every man is an artist.”



Jason Yates pictured on left

ATHENA FINANCIAL REPORT**JULY 1, 2013-JUNE 30, 2014****REGULAR ACCOUNT INCOME**

Membership Dues 2013-14	\$1,800.00
Dues for AAMTA 2013-14	\$ 410.00
Dues for Ikam 2013-14	\$ 410.00
AnthroMed Dues (2014)	\$ 270.00
Membership Dues (all) 2014-15	\$ 615.00
CA Conference Daily Fees	\$ 200.00
Donations to Athena	\$ 141.00
Children in Need Fund Donations	\$ 158.00
Brochure Sales	\$ 83.00
Reimbursement from Medical Section for M. Ebersole	\$ 484.00
TOTAL	\$4,571.00

REGULAR ACCOUNT EXPENSES

M. Ebersole to Dornach Delegates Mtg. (travel, room, board, conference fee)	\$1,688.00
Aug. 2013 Board Retreat	
Travel	\$1,482.76
Room and Food	\$ 483.13
Space Rental	\$ 75.00
Gifts for Outgoing Officers	\$ 73.95
IKAM Annual Fee	\$ 500.00
AAMTA Membership Dues	\$ 550.00
Transfer to Children in Need Fund	\$ 123.00
LiliO Website fees	\$ 340.00
Bank and Exchange Fees	\$ 108.52
Donation to AAMTA (from a member)	\$ 25.00
Postage	\$ 54.24
Autumn 2013 Newsletter	
Editor Stipend	\$ 200.00
Printing	\$ 568.89
Postage	\$ 164.71
Envelopes	\$ 27.08
Spring 2014 Newsletter	
Editor Stipend	\$ 200.00
Printing	\$ 399.51
Postage	\$ 66.33
In-house Form Printing	\$ 12.50
2014-2015 WEF Grant Application Fee	\$ 200.00
TETNA Graduations Roses	\$ 42.50
TETNA Grads Mailings	\$ 60.68
CA Conference Feb. 2014	
Food	\$ 241.28
Folders and Photocopies	\$ 10.49
M. Glockler and S. Johnson Gifts	\$ 57.81
Board Travel to Toronto AGM Mar. 2014	\$ 314.80
Gifts for Outgoing Officers	\$ 3.73
TOTAL	\$ 8,543.91
ACCOUNT BALANCE ON JUNE 30, 2014:	\$5,633.46

GRANT ACCOUNT INCOME

Waldorf Educational Foundation for 2013-14 Projects	\$11,500.00
Returned Funds from 2012-13 Grant Recipients	825.00
Returned Funds from 2013-14 Grant Recipients	275.00
TOTAL	\$12,600.00

GRANT EXPENDITURES

Grant Category 1 – Educational Workshops	\$3,000.00
Grant Category 2 – Seed Money	\$5,025.00
Grant Category 3 – Professional Development	\$3,512.50
CA Conference S. Johnson Honorarium	\$ 800.00
CA Conference Travel Grants	\$ 2029.64
Toronto AGM Travel Grants	\$ 682.86
2012-13 Grant Report	\$ 500.00
AAMTA Fiscal Agent Fee	\$ 287.50
Transfer to Launch Children in Need Fund	\$2,000.00
TOTAL	\$14,325.00

ACCOUNT BALANCE ON JUNE 30, 2014: \$3,817.63

CHILDREN IN NEED FUND ACCOUNT (established August 28, 2013)

ACCOUNT BALANCE ON JUNE 30, 2014: \$2,123.00

*Respectfully submitted,
Susan Walsh, Treasurer
September 5, 2014*



Originally from New Jersey, Susan grew up in Arlington, Virginia, and after many years away, returned in 2006 to the D.C. area. As librarian, she worked at the Art Institute of Chicago Library, the Pierpont Morgan Library in New York City, Sunbridge College Library, and several New York State public libraries. Her most unusual jobs during college were in a potato chip factory and at the Oktoberfest in Munich! Her interests include bookbinding, swimming, walking, and travel. Travels have taken her around the United States and Europe (especially to Germany thanks to a German mother), to Ecuador and the Galapagos Islands, to northern India and Katmandu, Nepal, and to Turkey where she has visited more than five times. Susan speaks German and has studied French, Latin, and Turkish.

Degrees: BA, German, Franklin and Marshall College; MLS, Library Science, Drexel University; Foundation Year, Sunbridge College; Artistic Eurythmy Training, Eurythmy Spring Valley; Pedagogical Eurythmy Training, Antioch New England Graduate School; Therapeutic Eurythmy Training, Peredur Centre for the Arts, East Grinstead, England.

PHYSIOLOGICAL EFFECTS OF EURYTHMY THERAPY

Dale Robinson

Along with the many profound and lasting aspects of eurythmy therapy, there is often a significant interplay with and impact on the physical body. What are some of the physiological effects of eurythmy therapy? Why is it so effective, especially with developmental concerns in children? Having worked with a developmental pediatrician over the past decade, I will endeavor to provide some answers to these questions in the following. The end goal of this article is to extend a physiological understanding and appreciation of eurythmy therapy.

To serve as an example of how eurythmy therapeutic gestures and exercises work in general with specific physiological processes, I have chosen one exercise often used to promote dexterity, known as Dexterity 'E' (as in Hey). In describing this exercise, four distinct observations can be made. The corresponding medical terms, as well as the terminology integral to the eurythmy therapist and that often used in Waldorf surroundings will also be introduced, as well as Rudolf Steiner's indication for Dexterity 'E' when it was first presented during his course for physicians and eurythmy therapists in 1921.

Dexterity 'E' has a crossing of the arms with strong contact made between the two lower arms. At the same time the heel of one foot contacts the knee of the opposite leg. The first physiologic observation to be made here is that there is specific *tactile stimulation*. Many eurythmy therapy exercises and gestures are associated with repetitive small jumps. Dexterity 'E' also has a variation with such a jump just before contact is made between the two arms and heel-knee. When this is done (upon landing) it further stimulates the tactile system.

When the exercise is presented to a child, he or she may be given an imagination such as laying down solid stones to build an imaginary castle. A warm, supportive and healthy learning environment is promoted so the individual becomes comfortable and open to learn and explore. In this way the *parasympathetic nervous system* (i) is activated. This is the second observation. It is subtle and easily overlooked, but very important. With the stimulation of the parasympathetic nervous system, the individual becomes more relaxed and, physiologically, more blood then flows to the digestive organs and brain.

A third observation: In order to perform most eurythmy therapy exercises, the arms and legs need to be consciously moved and coordinated. Here *sensory-motor integration* and *proprioception* (knowing where the body is in space) are called upon to a very high degree. Specific to Dexterity 'E' the movement is bilateral, with hands crossing through the midline of the body as the arms are brought to the center point of contact. This promotes *bi-lateral integration*. It integrates the right and left sides of the body and develops the

corresponding *neurological pathways* in the brain. The upper and lower body is also being integrated as the simultaneous arm and leg movements are coordinated. Both *vertical and horizontal midline barriers*, which up to the age of five or six, inhibit movements that cross from one side of the body to the other or between the upper and lower body are also worked through in this way.

A fourth and final observation is that when performing this activity there is a balancing on one foot at the moment of contact – a challenging task at first for the developing child. This results in a stimulation of the *vestibular system* and all the benefits that this provides. (ii) When adding the small jump this experience is again enhanced with a short, but intensified moment of balance when landing. The slower the exercise is done or the longer one stays on one foot the more of a challenge there is to balance. The sense of balance especially calls on the individual's presence in mind and body.

So we see with this single exercise, there is a stimulation of the tactile system, autonomic (parasympathetic) nervous system, sensory-motor system and the vestibular/balance system. This is so with many of the other eurythmy therapy exercises, as well. And it is very important, developmentally, because the child first needs to develop these capacities and the corresponding neurological pathways in its body in order to function properly. If this activity is not completed, the child will continue to rely on the primitive reflexes given at or shortly after birth. In other words there will be retained reflexes and it will not have gained a sufficient degree of conscious control or freedom from the physical body. Moreover, the neurological pathways that are developed in childhood are the same pathways used for all higher emotional and cognitive functions later on in life. Thus a strong physical basis for these higher capacities is also established.

Expressing this with simpler terminology researched and developed by Rudolf Steiner, we can say that the Dexterity 'E' exercise works with and integrates the four 'body' or 'lower' senses: the sense of touch, the sense of life or well-being, the sense of self-movement and the sense of balance, respectively. With each of these senses there are specific sensations which allow a person to experience the physical body in relation to the surrounding world. The overall effect of these senses is one of connecting the individual with the physical world. It is fundamentally awakening, strengthening and grounding.

Taking it further there is also the possibility in eurythmy therapy to focus on one of the four 'members' of the human being often described in Waldorf Education. *Through the tactile system the physical body (our physicality) is especially addressed*. Is the person grounded? Awake? Fully incarnated? Or is the person largely unaware of his or her surroundings? Dreamy? Issues in the etheric or life body can be addressed through the autonomic nervous system. Is the person in the fight or flight mode or is he or she in a place

where learning can come about? What habits and patterns are there? Are these conscious and health inducing or apt to produce discomfort or even illness? *Through the sensory-motor system we can especially work with the astral or soul body.* What is the quality of the movement? Is it really conscious? How does the person express him or herself through movement? Does the person bump into things? Does the body give enough feed-back as to where he or she is in space (proprioception)?

Through the vestibular system we address the individual spirit or ego of the person.

Is the person centered or balanced, inwardly and/or outwardly? What is the spatial orientation like? What exercises might help restore balance or enhance the individual's presence or orientation?

A thorough study of the senses and members of the human being as described by Rudolf Steiner serves to inform and give direction to the eurythmy therapy practitioner. To elaborate further on these and the above related questions gained from such a study is, however, beyond the scope of this article. Let it suffice to say that these different perspectives of the human being are to some extent reflected in or supported by the physiology as noted above and can be very helpful in therapy.

For the kindergartener up to the middle grade child, it is often a question of bodily experience and development. Through playful repetition of Dexterity 'E' and other eurythmy therapy exercises the underlying physical capacities are strongly and healthily fostered and fine tuned. A crash course in 'Get-to-know-your-body-101' offered through a eurythmy therapy program can in many cases have a dramatic, quickening effect in helping the child to incarnate properly.

Rudolf Steiner's indications have over the years proven themselves to those of us practicing eurythmy therapy to be not only accurate, but also very helpful for an intuitive approach to our work. His indication for Dexterity 'E', however, did not use any of the above terminology! Rather he used common terms of his time and pointed to an obvious result. When we bring to mind the physiological observations of Dexterity 'E' elaborated in this article, Steiner's simple indication here is right on: "It is a very beautiful movement. It can and should be carried out as an exercise with children in school, as when it is done frequently it wages war against the most varied aspects of clumsiness. The children will at least be well cured of their clumsiness when they practice just this exercise....every pain that is brought about in this manner combats clumsiness. Thus in respect to this one can deal quite energetically with the children." (iii)

In conclusion, a key and unique aspect of eurythmy therapy is that the gestures and exercises work with several, if not at times all, of the physiological systems observed above with the Dexterity 'E' exercise, thus serving to develop and integrate the corresponding neurological pathways. By

focusing on such things as the strength, mood, precision/quality or speed of contact – according to the abilities and needs of the individual being worked with – the eurythmy therapist can help develop these capacities, as well as work with other aspects such as the 'lower' senses and the four 'members' of the human being. ET not only can be seen as an *artistic* therapy; it is a thoroughly *integrative* movement therapy.

i Wikipedia: the Autonomic Nervous System (ANS): "The ANS is divided into three main sub-systems: the parasympathetic nervous system (PSNS), sympathetic nervous system (SNS),[1][3] and the enteric nervous system (ENS).[2] Depending on the circumstances, these sub-systems may operate independently of each other or interact cooperatively.

ENS consists of a mesh-like system of neurons that governs the function of the gastrointestinal system.[4] SNS is often considered the 'fight or flight' system, while the PSNS is often considered the 'rest and digest' or 'feed and breed' system. In many cases, PSNS and SNS have 'opposite' actions where one system activates a physiological response and the other inhibits it...."

ii Wikipedia: "The **vestibular system**, which contributes to balance in most mammals and to the sense of spatial orientation, is the sensory system that provides the leading contribution about movement and sense of balance. Together with the cochlea, a part of the auditory system, it constitutes the labyrinth of the inner ear in most mammals, situated in the vestibulum in the inner ear. As movements consist of rotations and translations, the vestibular system comprises two components: the semicircular canal system, which indicate rotational movements; and the otoliths, which indicate linear accelerations. The vestibular system sends signals primarily to the neural structures that control eye movements, and to the muscles that keep a creature upright. The projections to the former provide the anatomical basis of the vestibulo-ocular reflex, which is required for clear vision; and the projections to the muscles that control posture are necessary to keep a creature upright.

The brain uses information from the vestibular system in the head and from proprioception throughout the body to understand the body's dynamics and kinematics (including its position and acceleration) from moment to moment."

iii *Curative Eurythmy* by Rudolf Steiner, 1983 Rudolf Steiner Press, pg 57.

THERAPEUTIC EURYTHMY IN THE KINDERGARTEN WITH SUSANNE ZIPPERLEN

March 9, 2014

Present ATHENA members: Susan Eggers, Cynthia Hoven, Andrea Marquardt-Preiss, Christie Pierce, Dale Robinson, Susan Walsh, Brian Wolff, Mary Ruud, Susanne Zipperlen.

We began with the verse by *Rudolf Steiner*:

*"In the heart lives
The shining brightness
Of human being's sense of helping.
In the heart is active
In warming strength
The human being's power of love
So let us carry
The soul's full will
In the heart's warmth
And the heart's light
Thus we bring healing, through God's grace
To those who healing need."*

And another version:

*"In the heart's dawning light
lives man's sense to help.
In the heart's warm strength
works man's strength of love.
With full will in warmth of heart
in the light of heart
may the soul be carried.
So we bring healing through God's grace
to those who healing need."*

Susanne Zipperlen opened the meeting with the wise advice, to give some space between individual contributions. In an online conference, where people who join over the telephone don't see each other, this is essential. In this way we had a well-coordinated exchange of ideas, insights and experiences.

We discussed anxieties and sleeplessness, which are some of the "symptoms" that children present to us in kindergarten. Susanne mentioned that she had been in contact with Elke Neukirch, also early childhood representative in Germany, about what themes and issues they are seeing in Europe. Elke sent Susanne notes from a weekend meeting in Frankfurt, Germany. Anxiety and trauma were their main theme. One of the questions there was, "Does anxiety come out of the forces of growth?"

Instead of the *I-A-O*, the therapeutic eurythmists there would do *T-A-U*. (This was followed by a brief exchange about the benefits of T and U for the incarnating child, and a book referral: Edmond Schoorel's *The First Seven Years*", Rudolf Steiner Press.)

Then Susanne shared insights gained by this book and Karl Koenig's book about the lower senses. For the development of the twelve senses, we have four prerequisites:

1 - On the Physical level: Fully developed sense organs

2 - On the etheric level: Healthy developed sense organs

3 - On the astral level: A soul that is awake

4 - On the ego level: The will to perceive

The first and second can be understood as the instrumental prerequisites, while the third and fourth can be understood as the functional prerequisites.

*Sense organs support and are 'instrumental perception'.
Senses in themselves work as 'functional perception'.*

The four lower senses, Touch, Life, Movement and Balance, live in the dark of the will and are directed towards the body.

The seven life processes, representing the ether body, must take good care of the sense organs, which happens in the polarity between activity and rest.

The experiences of outer world must follow the laws of the seven life processes, before they can enter the inner world. For example:

- perception is taken in
- adapted
- broken down

These aspects of the seven life process must take place before the experience can enter into the inner world.

Each sense organ uses a specific modality of the life processes to receive and digest impressions.

As the ether body takes care of the sense organs, keeping them healthy, the astral body has healthy "instruments" so to interact (in service of sense perception) and to keep them functional. The function of the astral body is to enable the soul to leave the inner world behind and direct itself to the outer world.

"The sentient soul provides direct experiences of the outer world." (from Edmond Schoorel's book)

In the *Therapeutic Eurythmy Course*, Rudolf Steiner speaks mostly of the seven life-processes, which is connected to the seven planets. The rhythm between the astral and ether body has a changing effect in the physical body over time.

Dale gave a summary of qualities, related to the sense of touch:

- Awareness of form and boundaries,
- Uniqueness, interest,
- Participatory awareness,
- True caring for others,
- Certainty of our existence and reality,
- Conceptual energy,
- Security, surety,
- Trust in the physical world,
- Trust in one's own judgment,
- Acceptance of one's boundaries.

When dark forces, those forces that should stay unconscious, come up from the sentient body, the child/human being experiences anxiety.

The “organ” of the sense of touch is the skin, on one hand through the hair follicles, on the other hand through areas, which are especially sensitive to touch. In relation to the finer bodies, the sense of touch is related to the sentient body, with which we “get in touch” with our environment. Like a web, it covers the etheric and the physical body and imprints what is perceived with the sentient soul.

Rudolf Steiner wrote the following in the book, *Spiritual Science as a Foundation for Social Form*, and was quoted by Karl König in his book, *A Living Physiology*, on page 182 (1999 / 2006 edition).

“However, the organ of the sense of touch allows us to feel that objects are silken or woolen, hard or soft, rough or smooth. This also radiates inward, it radiates into the soul, only Man does not notice the connection of his soul experience with what the outer sense of touch feel, for the things differentiate themselves considerably. But what shines into our inner spaces and what we experience, is nothing other than the penetration with the feeling for God. Man would not have the feeling for God, if he had not the sense of touch.”

In case of trauma, this web has been damaged, and astral forces then make deep imprints and bring consciousness to areas, which should stay unconscious. Pain and images out of the unconscious regions of specific organs can arise later in certain circumstances and are perceived as agitation and anxiety.

In this context, we had a discussion about ‘E’ behind the back. Some of us had good experiences while working with traumatized children with this ‘E’ behind the back. It enhances the reconstruction of the protective sheath, and the children feel stronger after working with this exercise. ‘E’ supports the organizing incarnation process (Herdecke) and gives strength when there is failure to thrive.

The question remained, at which age can we start with working with the sound ‘E’, and especially with ‘E’ behind the back. Some of us thought it is more appropriate toward first grade, while others mentioned the positive effect ‘E’ has on babies.

In *Man on the Threshold*, Lievegood writes that Mars forces enter through the area between the shoulder blades. In the movement of the E, this area is enlivened through contraction and expansion, which might lead to enhanced absorption of these forces.

Mary spoke about digestion and that children today have lots of food sensitivities especially to gluten, sugar, dairy. ‘E’ helps to break down substances; ‘Mary’s child’ fed sugar bread and milk to ‘thrive’.

It all depends, in which way the ‘E’ is applied. In the ‘E’ exercises, through the astral body, the ego works back into the etheric body, healing its holes/web.

The sound ‘Ah’ is a sound for incarnation, and ‘U’ (‘oo’) is for grounding and also to stimulate the sense of touch,

important as well in early childhood.

If we look at the sequence ‘T-Ah-U (oo)’, we find the ‘T’ enhancing the forces of the heart (courage), ‘Ah’ as an incarnating sound, ‘U’ (oo) as enhancing the feeling of boundary and shape, and as a grounding, centering force.

Dr. Kamsler gave ‘U’(oo) to Mary for children to help them ‘stand’ in the world. These Saturn forces also bring the warmth element/ether as well to the human being.

The Calming Sequence ‘D-F-G-K-H’ also has been mentioned as being effective in working with anxiety to support to calm the child.

Susanne gave a picture of the lower, middle and higher senses in relation to willing, feeling and thinking.

Willing	Feeling	Thinking
Touch	Smell	Hearing
Life	Taste	Word
Movement	Sight	Thought
Balance	Warmth	Self

How can we, in our eurythmy lessons with children, address the senses of each realm?

If the sense of touch is disturbed, an antidote for it can be a caring, loving home life where the feeling-willing is supported, calming down the willing-feeling. Also, we can create this healing environment in our sessions from the moment we pick up the child, by being fully present and perceptive. The sentient soul of the child perceives the calm mood and the sentient body can heal if the child feels safe.

In our next meeting, we will focus on the next group of senses, the sense of life, the sense of taste and the sense of the word.

The motto of the meeting is also, “How do we meet the different age groups, from kindergarten through high school.”

We decided to meet as all three levels of Early Childhood, grade school, and high school, to look at how the lower, middle and higher senses appear (or not) in each area. How does a high school student relate to the world when the lower and/or the middle senses are not fully developed.

The next meeting will take place on May 4, 2014.

*Respectfully submitted,
Andrea Marquardt-Preiss
and Susanne Zipperlen*

EDMOND SCHOOREL'S THE FIRST SEVEN YEARS*The First Seven Years**The Physiology of Childhood*

Edmond Schoorel, MD

Foreword by Joan Almon

Published 2004

281 pages

\$24.00

A gold mine for every Waldorf teacher and parent!

This book shows that the first seven years of childhood should be a free space, without concern for the future. During these years, everything is provisional. The child and his or her caregivers are preparing the seeds for the child's future and the future of the world. This book gives the background of the singularity of this period. It is meant to be read by preschool teachers, parents, grandparents, and all others who want to know more about the laws and secrets of the first seven years.

A few of the topics addressed are:

The Importance of the First Seven Years for the Rest of Life;

Pictures of the Ether Body, the plant, elemental beings, human teeth, the child's drawing

Birth of the Ether Body, emancipation, wound healing, organ formation

Seven life processes in the human body: sorting, taking in, adapting, breaking down, maintaining, growing, bringing into being

Perceiving: the Twelve Senses and their Development

Becoming Human: Walking-Speaking-Thinking

Education of the will: imitation and habits; reverence and imagination

Individualization childhood diseases: a transformation of heredity; naughtiness and curiosity; forgetting and remembering.

Edmond Schoorel is a pediatrician in The Netherlands. He treats children in a community hospital and in his own practice, where he works with other therapists who follow an anthroposophical approach. Dr. Schoorel has a special interest in the interaction between what, in child development, comes from the environment, from heredity, and from the child him- or herself.

THE TWELVE SENSES IN RELATION TO LOWER SENSES, MIDDLE SENSES AND HIGHER SENSES

Second Online Conference

May 4, 2014

Part Two

The Sense of Life, the Sense of Taste, the Sense of Word.

Facilitated by Andrea Marquardt Preiss

Present: Dale Robinson, Barbara Bresette-Mills, Andrea Marquardt Preiss, Polly Saltet, Mary Ruud, Truus Geraets, Linda Larson

We opened with the verse – “In the heart lives the shining...” (page 11)

Andrea gave a short review of the previous meeting, which focused on the senses of Touch, Smell, and Hearing. Then she relayed how the next grouping of the senses of Life, Taste, and Word were described by Karl König. Essential to this description is how they work in relation to the sympathetic and parasympathetic nervous systems.

The Sense of Life

The sense of life is related to the ether body and goes back to the Old Sun evolution. The physical organ for it is the Autonomous Nervous System, and it is connected with all cells in the body. The Autonomous Nervous System consists of two parts, the Sympathetic Nervous System in the middle region of the spinal cord and the Parasympathetic Nervous System, which is located in two areas of the body. The upper part is located in the brain and the lower part is located in the lower spinal cord.

The Sympathetic Nervous System (S.N.S.) is responsible for the fight /flight reactions. Dilated pupils, contraction of the skin capillaries, closing down the periphery, the heart rate goes up, decreased anabolism are signs of the activity of the Sympathetic Nervous System. In the extreme it responds to the fear of death.

The Parasympathetic Nervous System (P.N.S.) is the restorative nervous system. Constricted pupils, increased secretion, expansion of the skin, warmth in the periphery of the body, a low heart rate, blushing, are signs of the activity of the Parasympathetic Nervous System. In the extreme it responds to the shame of being born. In the child's development, a part of the upper part of the Parasympathetic Nervous System, the Nervous Vagus connects with the larynx (Sense of Word), and in puberty, the lower part of the Parasympathetic Nervous System connects with the sexual organs. If these systems are compromised then fear is present (S.N.S.) or shame (P.N.S.). Overcoming these two helps strengthen the sense of life. (Anxiety relates more to the sense of touch – something outside of us. In fear, one is not at home or at rest in oneself.)

The Sense of Life, consisting of the Sympathetic Nervous System and the Parasympathetic Nervous System, is

spread over the whole organism. It is the sense of existence within the sense of touch. The human being has an independent inner existence on earth, as a being, which can fill the space of his body.

The healthy development of the sense of life takes about ninemonths, about the time of breastfeeding. When the sense of life is out of balance the pupils dilate, the skin is cold. It is one of the most attacked senses in our times. Breast feeding nourishes this system. The sense of life is spread like a lake over the whole organism, and in its balanced and smooth surface the “stars of thinking” can be mirrored. When healthy, it is as if the inner lake is filled. The sense of life comes out of the same region as the fairy tales. The polarity of pain and relief or joy lives there, as well. Dr. Johnson often starts with the sense of life when working with patients and children.

The Sympathetic Nervous System is stimulated through eurythmy, which asks something of the child. The Parasympathetic Nervous System integrates the work done into the rest of the organ.

Disturbances of the Sense of Life

All diseases, where children are unable to identify themselves with their own bodies. These children are besides their bodies. (Schizophrenia and psychosis, if extreme.)

- Diseases of the digestive system
- Sleep disorders
- Fear
- Unsettledness (ADD?)
- Allergies
- Lack of being at home in the body
- Lack of wanting to speak.
- Sudden outbursts of rage

How can we help? We collected some general ideas for eurythmy therapy exercises. These are:

- Copper ball exercises
- Yes/No to deepen the breathing and warm the metabolism, even with kindergarteners.
- L/M to harmonize the middle realm.
- Sympathy/antipathy to bring warmth to the metabolic system. (Stimulus of the PNS)
- The vowels Ah and E; Love-E.
- Contraction/expansion.
- Stories of nature, fairytales.
- Experience the rhythms of nature, growth and fading of a plant.

It is important to create a sense of peace and comfort for the child. More specific exercises would have to be created in individual situations. Other important factors are the importance of rhythm in life and movement in nature.

Andrea worked with a high school student with anxiety. She worked with the copper ball in lemniscates in all dimensions to build up the thread of life; A to E on a spiral; B on spiral; U.

The Sense of Taste

The sense of taste is related to the water element, the sound ether. The organ of the sense of taste, the tongue is located in the center of the face, together with the sense of smell. These senses build a unit. These two senses are very complex and convey to us the nature of the substances surrounding us.

For the baby, taste is a strong experience, as the sense of taste is active even in the stomach. The baby sucks with the whole body and the taste of the milk nurtures the whole being. In the activity of tasting, food reveals its etheric power, which would otherwise disappear. (Culture of fast food, chewing habits!)

The ether forces reveal themselves in these qualities:

- bitter - roots
- salty - roots
- sour - leaves
- sweet – fruit

The Sense of Smell is related to the inner nature of substance. With the Sense of Taste, we explore the activity of substance, the growing powers and formative forces in each substance. The organ of the sense of Taste, the tongue belongs to the gut. In former times, the tongue was related to the will and to greed. In the human being this tendency is held back and feeling arises in the development of taste.

In smell, will meets will; in taste, feeling meets feeling. (We have sweet feelings, sour feelings, while some things are bitter-sweet...).

Taste can be regarded as the lower stage of inspiration. Smell can be regarded as the lower stage of intuition.

Difficulties in the Development of the Sense of Taste

Fast Food culture leads to malnourishment and a lack of ether forces. Sweeteners in the bread and in all kinds of food mislead the sense of taste and can cause diabetes and obesity.

Chewing and tasting as an activity are not cultivated in our society. Even in healthy food, the nutrients and etheric forces cannot be released properly. As a result, we face malnutrition and problems with the digestive tract. As an answer to these problems of malnutrition, people take supplements.

Andrea asked whether supplements might be regarded as another kind of fast food? The organism receives prepared extracts and is not involved in the process of extracting anymore.

How can we address the Sense of Taste?

Creating a tasteful environment in our work will work back on the sense of taste. Taking care of our own feeling life, so that we create a harmonious atmosphere in the work with the children probably lays a good foundation for this as well. With Vowel exercises, secretion of bile can be stimulated

(Large E exercise), or the salt processes in the human being can be stimulated by certain exercises, possibly foot writing as an example. (Subject to further research or sharing)

The sound L could be a good foundation for the development of the sense of taste. It is related to the watery element and taste unfolds in water as saliva in the human organism.

The Sense of Word

The Sense of Hearing precedes the sense of Word and is the gate to the supersensible world. When we hear a spoken word, we do not comprehend it, because we recognize it, but we grasp it in the same way that we see a wall, a tree or a bird, in the same way we smell a smell or taste a taste. We recognize words in foreign languages as languages, without understanding them. Gesturing can underline a meaning and is also understood by the sense of word, the sense of word in our vision.

Development of the Sense of Word

The Sense of Word is in continuous development. In the first three to four months of child development, all lower senses have been developed. The sense of word, thought, and ego can only develop after the other senses have developed or have laid a foundation. (Standing/walking; speaking; thinking).

When the child learns to walk, he achieves with uprightness and with the feet on the ground the first understanding for the words that are spoken to him. This moment has been prepared for by talking to the child for all these months before this moment, and the previous motor-development.

With the Sense of Word, we reach into cosmic entities of a higher order, the realm of the archangels, of speech or language. The organs for the higher senses are the heart for the Sense of Word, the larynx for the Sense of Thought and the region of the forehead for the Sense of Thought.

Disturbances of the Sense of Word

- Dyslexia
- Fear and Unsettledness (see Sense of Life)

How can we help?

Eurythmy in general addresses the Sense of Life and the Sense of Word in a close connection.

Specific eurythmy therapy exercises are given for Dyslexia, starting with orientation in space through moving different forms in space, enlivening the ether body through mirror forms.

Working with the sounds L and M, and more...

A picture was given of one child with disturbances in all three senses:

Life – Has a digestive illness – Celiac's Disease

Taste – ate a whole bowl of sugar, overindulging taste

Word – has a speech impediment and often speaks baby talk although 6 ½-years-old

The Sense of Word – flow of the movement of language.

All three senses require a certain quality of discernment.

Is dyslexia a disturbance of *the Sense of Word* or something else?

How might one see a disturbance in one of the lower senses manifest later in life in one of the higher senses?

This could be a research project.

The next phone conference is scheduled for September 21. The theme will be Movement, Sight, Thought.. (*Living Physiology*, Karl König)

*Andrea Marquardt-Preiss
and Polly Saltet*

THIRD FIELD OF PRACTICE TELE-CONFERENCE

THE SENSES OF MOVEMENT, SIGHT, AND THOUGHT

September 21, 2014

Facilitated by Barbara Bresette Mills

Present: Barbara Bresette Mills, Mary Ruud, Christi Pierce (taking notes), Andrea Preiss, Beth Usher, Miyoung Schoen, and Glenda Monasch

We began with our verse: “In the heart lives the shining brightness of human’s beings...” (page 11)

Today’s theme is the Senses of Movement, Sight, and Thought. We will start with a brief review from Karl König’s descriptions in *Living Physiology*. Then we’ll look at each of these senses, talk about disturbances in those areas, and how we might work with it therapeutically.

The Sense of Movement

This is the third sense of the four lower senses, on the inward side, connected to the Will. This sense is an awareness of how the parts of our body move in relation to each other. Karl König speaks about the organ of this sense being the muscular system and also the nerves coming from the spinal cord (like a lyre). Within the muscles are small muscle spindles surrounded by stronger connective tissue, which are described as proprioceptors. These proprioceptors sense when the muscle is tensed or flexed, and are part of a sensing organ. The flexors are dreamier and the extensors have more an awakening quality.

These senses have a connection to the astral body and the Sense of Movement is like a doorway where the astral body first appears. On the soul level there is a feeling of joy and freedom to feel our movements. It is described that the laws of music apply to the Sense of Movement.

The Sense of Sight

It is part of the second grouping of senses, in the feeling realm with some inner and some outer qualities. These senses build relationships to both the inner and outer world. We take things in and then release them at the same time. The eye is the vehicle for the ego and astral forces to work through. There is a meeting between the astral forces of what we see and what

we send out. Our eyes are always in movement even when we are sleeping. The eyes are also connected to the limbs. The eye is like a stunted limb in a way, through which we can reach out to the scene. There is lot of circulation in the eye with all the blood vessels, etc., a lot of ego activity and warmth that works through the eye. A quote from Rudolf Steiner's *The Study of Man*: "How is it possible to educate a child to use the sense of sight without knowing that the whole human being pours itself into the act of seeing by way of the Sense of Movement?"

The Sense of Thought

The Sense of Thought is not our own, but the ability to understand the thoughts of the other. König says that everything we are enables us to have a sense of thought. Because we bear life through our physical organism, we are able to have this sense.

In Egyptian times people had a more highly developed sense of other's thoughts through the physiognomy; perhaps we have lost that ability. But we can sense people's personality through their movement or the way they walk and still see in gesture what someone might mean.

Sharing Experiences

Glenda thanked Barbara and mentioned that she found Karl König's work so inspiring. Also she mentioned the ninth of fifteen lectures on *The Riddle of Humanity*, given by Rudolf Steiner on August 15, 1916, about all Twelve Senses, which is helpful about the aesthetic sense; there is mention of Aristotle and Schiller, as well as, the difference of logical, abstract thought and our natural sense. It speaks about how the life processes become ensouled, and the raising of the sense impressions to that which is able to be conceived. If for example we see a tree trunk, we don't get a sense of the whole (the roots, the cycle of the tree) without using the other senses to complete the sense of sight.

Then we spoke about tendencies and pathologies. There is an example of a young child with high functioning Asperger's, who is a patient. As a young child she would cry when people laughed. There are also people, who can't recognize what is behind them. König speaks about the Sense of Thought being located in the larynx, using as example Helen Keller with her teacher, Ms. Sullivan. Helen would put her hands on the larynx of Ms. Sullivan as she was speaking, and this activated the Sense of Movement.

In the beginning of the *Therapeutic Eurythmy Course*, Rudolf Steiner refers to this type of thinking. If we are stuck too much in our logical thinking, we lose the rhythmical sense. There is a need to rhythmically move for a child who can't conceive of the other side of things, to develop the capacity of the eye to expand and contract.

The following exercises will be helpful. Place the copper rod on the bottom of the feet, pressing down and keeping feet on the rod, roll the rod from heel to toes. Glenda rolls the rod out and the patient pulls it back to expand and

contract the musculature in a swinging motion. Also walking over the copper rods helps with expansion and contraction, especially when done in a joyful way.

Andrea's mother has macular degeneration, which may lead to gradually blindness. The only medical treatment is injections in the eye. The cause is too much metabolic processes in the eyes. The mother becomes more and more immobile, especially in her feet.

Whatever one does for the eyes, you also work on the feet. The eurythmy therapy exercises are LMFI and LMFU for the myopic. These are fantastic to do with the feet!

In bedwetting or enuresis, there is improper sensing in the excretion. The F jump is such a good activity to help in sensing the realm of bladder and kidneys for proper excretory process. When working with the myopic child, do the F by the eye and then let it come back again, do it rhythmically; this allows the eyes to breathe properly. This can also be done with color red. Margaret Thiersch used peach blossom and green, also blue and yellow for macular degeneration.

The care group at the Sacramento Waldorf School has noted that thirty percent of seventh graders cannot read, as the eyes can't track.

As eurythmists, are we able to begin to do hygienic exercises to help the eyes? We move right to left to build up the etheric stream and left to right to strengthen the physical stream. The young child is moving in the etheric stream, not yet in the reading stream of left to right. We can do rod exercises to help activate the eyes. If the children are already in sixth or seventh grades, then it has been left for a long time. The Remedial teacher at the school just did an assessment and said that 30- 40% of the children are slow readers, and some of them are diagnosed with Irlen Syndrome. (<http://irlen.com/what-is-irlen-syndrome/>)

Miyoung uses the crossing E movements and other hygienic exercises in eurythmy. They touch the right elbow to the left knee [and vice versa], keeping time with the music. Some children are slow and can't figure out how to cross with upper and lower bodies. This generation grew up with car seats, etc.

When tracking is not clear, one result may be jumbled thinking. If there is irregular movement, then moving to rhythms can be helpful. Rhythms of long, short (trochaic) and short, long (iambic) help to balance between the two polarities, which can be done spatially or in a spiral, etc.

How do the early reflexes work into this? Glenda was thinking about Michaela's work and the work with the vowels in relation to the reflexes, using the "A" for example. Many of the reflexes work in a one-sided way, such as the startle reflex (expansion in upper body and contraction in the lower body as knees come up). The ego organizes us in such a way that we can do different movements, such as reaching out in different directions, such as the angle of the A, both up and down, eventually. This could be the antidote to the one-sidedness of the reflexes. In the A we are penetrated in two directions. Also

Goethe speaks about the “two aspects to myself” (the earthly bound – and the cosmic aspect of the soul).

We see how the vowels work in movement. Sometimes healthy babies use their arms like oars, rowing, like a swinging A while lying on their backs. On the other hand, there are “floppy” babies who can’t find their arms and can’t move their hands in the middle. Sometimes these children have a problem with their eye movements and can’t look right or left.

Mary talked about a boy who can’t move. And another who is heavy and can’t find joy in movement. Eurythmy is crying out to help these children, to bring form, and to bring joy. Mary also does therapeutic horsemanship. The horse has to replace the movement for the child, so that it comes from outside.

Glenda spoke about the sequences. The feeble-minded child sequence (R-L-S-I) can be helpful for many, including those who can’t move. If the teacher gives instruction and the child doesn’t follow, the will and the astral have to come in and be activated; so this sequence is good for children who can’t move. A three-year-old (large headed) child, who couldn’t bend his knees to go down steps and who was really in his head, was immensely helped by this sequence.

Other children can’t organize their movement, as a kind of kinetic restlessness. One very large child, who is in fifth grade, acts like a juggernaut on the playground. The child is of African-American decent, with a German mother and Norwegian stepfather. He seems restricted in his chest, which is shaped like a barrel chest. He does show great enthusiasm. When he moves he propels himself into the world, but he can’t penetrate or mediate his movement, which is jerky and flailing. The sequence, LUOKM was tremendously helpful for him (Found in the sixth chapter of the *Therapeutic Eurythmy Course*). This movement starts with “chaos” of the consonant L, into the ordering of the vowel U, then the slowing vowel O, then the chaos of the consonant K, ending with the M in the ensouled middle. The movements are then properly ensouled. Use M as the elephant with the trunk and the limb, as found in the *Eurythmy as Visible Speech Course*. This sequence has been very helpful.

Alicia Landman called it Hypo and Hyper kinetic. Adam Blanning calls it “the children who can’t stir themselves.” We can also do the iambic and the trochaic rhythms to address these qualities. It is a question if it is the rhythm of long/short, short/long or the right/left, left/right. Andrea uses this with a child, who is diagnosed with ADHD; Iambic A provides an anchoring in the middle. Some children can only do both at once or none. It requires a lot of coordination of right and left, and works also with etheric streams so we anchor on both levels. The feet come together at the end and don’t go into the A activity, so the sentient soul and sentient body are also addressed, as an anchoring between higher and lower members.

Miyoung worked with the second grade and did iambic exercises with music because they were so restless; it calmed them down and gave form and focus. This was embedded in the story of King of Ireland’s Son. After a few weeks the children were much calmer. When the children are with you all by themselves, they are so honest and tell you things they don’t even tell their parents.

Glenda has a question about a child who is in second grade, 7-1/2 years old. He is well in his body and is proportionally healthy and strong, with golden blonde hair, as a sulfur-type child. His mother is from Chile, and she had severe depression after birth. During the first year of his life, she was hardly present. The mother is a beautiful, graceful, deep and mature person. She wants him to have eurythmy because he never crawled. Parents would walk with him between them, but he wasn’t interested in crawling. He has jumped over a number of reflex integrations. Glenda sees that he learns quickly; she is working with him weekly. When she does the exercises with him, she sees he can’t do a standing sideways Kibitz, as he can’t get swing going. His tongue movements show up with small motor exercises. Glenda did an M with him (double M out- and in-streaming). At the end of working with consonants, Glenda asks the children to stand with eyes closed, to imagine doing it without using their arms, and then see if it can be seen from the inside. He said “It is like an N!” He was having a visual of the N letter and he offered that because Glenda doesn’t ask them to tell what they see. Andrea mentioned that he is in the abstract. The remedial teacher will do some floor exercises with him. Glenda also had him do the parallel M and also push the teacher’s palms with his M to feel the resistance. Christi mentioned B and also the “Bear Walk.” Glenda does this forward and back for the older child. Miyoung knew a girl similar to this boy, who also had her tongue out. She practiced B, and M with crossing legs E (not kicking like with teenagers).

We closed with the verse.

*Christie Pierce and
Barbara Bresette Mills*

The next meeting will be in January 2015.

Glenda will facilitate the meeting.
“The Sense of Balance and the Sense of Hearing.”



EXAMPLE OF ATHENA PROFESSIONAL DEVELOPMENT ACTIVITY

INTER-VISION: SHARING WITH COLLEAGUES

On August 22, 2014, Jeanne Simon-MacDonald and Maria Ebersole (later referred to as J and M) met with the intention of sharing our experiences from our therapeutic eurythmy work around the theme of anxiety.

We began with a way to prepare the postural IAO exercise and highlight the aspects of present, past and future (M). We began all the way down with the knees bent, lower arms and resting on the ground, head dangling. The breathing is mentioned once to the patient (“Take a deep breath.”), at this point only, to aide in relaxation and awareness of tension points in the body. Then the “invitation of the impulse of uprightness, like a column of light” is introduced, starting at the balls of the feet, moving upward and slowly unfolding the gestalt, paying special attention to the lower back and keeping the head dangling until it arrives at its regal position on the top. Then mentioning how the soles of the feet are resting on the ground and how the dome of heaven is rounded above our heads. We stand in the present between heaven and earth in I, the light filled stretching feeling. There follow the opening to the past in A and embracing the future in O. To close, we came back to the present in I. This was a helpful way to begin a session with a client challenged by anxiety.

Further work with the A, as a prelude to the large A exercise for example (M), beginning with a small A with the hands in the middle and having it grow upward to a large radiant gesture while moving backwards. Then slowly coming forwards with a strong, descending A gesture, “like Moses from the mountain top.”

L with the shoulders (J) starting small and slowly increasing the client’s awareness until the whole ribcage and even the soles of the feet come subtly into motion. The shoulders are first moved forward in a concentrated gesture, lifted, then rolled back and the movement released like a waterfall cascading downward behind the back. The breathing is deepened, often a sigh escapes the client and the cheeks are rosier.

In our conversation we kept coming back to working with the breathing as a gateway for relief from – and treatment of anxiety and PTSD (Post Traumatic Stress Disorder). The person experiencing anxiety can have shallow rapid breathing, sometimes leading to hyperventilation. Jeanne has observed this frequently in clients with developmental challenges as well. Jeanne has often approached anxiety with the B gesture and from the aspect of strengthening and soothing the kidneys. We spoke of approaching it from the aspect of the rhythmic system, the beat of heart and lung.

Rhythmic exercises (J), helping the client hear a rhythm through clapping word syllables, for example (Birthday = long-short; animal names).

Sometimes using the L as an in-breath sound and M as the out-breath sound has been helpful as well as the calming series DFGKH. Also the E–on-the-floor (J), that is traditionally for the heart.

An idea for preparing the E gesture (M): This has been helpful especially when working with teens. Using the image of two knights meeting on a narrow bridge, each holding a wooden dowel with both hands horizontally. Then, while holding each other’s gaze, “greet” one another by raising the dowel up to the sky, bringing it down to touch the ground, and back to the middle position. Then walking towards each other and pressing the diagonally held dowels against each other, trying to push the other knight backwards! A shy teen, who suffered from anxiety and bouts of debilitating digestive problems, became very engaged and strengthened through this E experience. J and M felt “Anxiety” was possibly a fruitful topic for a future ATHENA conference.

Maria Walker Ebersole

CASE STUDY

for a child (eight-year-old girl) with adenoid hypertrophy
Miyoung Schoen, Eurythmy Therapist
2014

Description of the patient

P.B. was referred to me from an anthroposophical doctor with these symptoms: adenoid hypertrophy, overweight, stress and nightmares, mood sensitivity, and bawling issue.

Initial Observation

Physical Body (Physical Appearance): P.B. was tall, overweight, and slightly large headed. She had light brown and curly hairs, pale and puffy face, big eyes, and cold hands.

Etheric (Bodily Function): Open mouth breathing. She was easily tired and her digestion was often disturbed.

Astral Body (Movement): She walks slowly with open feet swaying from side to side.

Ego (Speech): She spoke slowly, often with nasal voice.

Session goal, plans, and progress

The goal of therapy was to address her weak etheric force, nine-year change (including anxiety), adenoid situation, and sensory integration.

The First Block - Session Progress (seven sessions)

I-A-O: Harmonize thinking, feeling and willing

Tone interval seventh : Energizes weak areas

A verse from R. Steiner, From Head to Foot: Simple gestures as a help to go through the nine-year change, to bring peace and better sleep

Copper ball and rod exercises bring warmth and to improve bodily coordination, agility and sensory integration

Vowels help her breathe better

Adenoid sequence (L-M-S-U) helps control unusual adenoid/lymph system, ending with the Large-U exercise.

Three-part walking to bring peace and self-confidence

A-H veneration

During the first few sessions, I slowly built up the exercises. Since she was very slow, heavy, easily distracted, often confused, and quickly tired, I introduced simple exercises in a joyful and imaginative way. She was on the floor after a few jumps and in the chair to rest every now and then. I noticed though that she had sincere and an almost pious spirit; she will endure until she gets better.

On the first day, I told the story of "Tobias and Three Archangels". She did the three-part-walking calmly and beautifully. Every time [after that] when she came in, she checked to see if the three archangels were there waiting for her.

After her fourth session, she confessed that L-M-S-U was very hard. Her mother shared that P.B. has been practicing all the exercises at home. I explained the purpose and effect of the exercise and comforted her that she was making good progress. P.B. became very proud of herself showing the exercise to her parents after that. She became more attentive, present and willing as the sessions went on. Her mood had improved, also. At the end of the block, I was very impressed with her improvements. She put so much effort into the exercises. She was enjoying all the exercises that challenged her. Her mother told me that her adenoid situation was much better. After the block, she was able to reach over the average level of endurance and stamina for her age. This was necessary and important for her to start a new school year in a new school.

The Second Block - Session Progress (eleven sessions)

I-A-O: Harmonize thinking, feeling and willing

Tone cross, musical Tao bring form into movement and helps incarnating stream.

A verse "From Head to Foot" with movement – bring peace and better sleep

Vowels help her breathe better

Allergy Sequence helps control unusual adenoid/lymph system and prevent allergy. End with Large-A

Three part walking bring peace and self-confidence

Calming sequence on a pentagram with anapest rhythm

After two weeks of rest P.B. was ready for the next block. She had much better stamina to do more intense exercises. She made it through the second block keeping her high spirit, eagerness and determination.

The entire second block was more enjoyable to P.B. and to me. She was very comfortable with me and wanted to repeat many exercises. She was able to do most of the exercises on her own.

She made an easy transition to the allergy sequence and I could see the Large-A exercise working well to bring her down to earth. She was drawn to the sounds of lyre and

especially enjoyed the tone cross (c-f-g-c up and down) with steps. The calming sequence on a pentagram with anapest rhythm helped her to focus and find her center from distraction.

Her temperament seemed more on the phlegmatic and melancholic side. However, she came in increasingly cheerful, with an excited manner, until the end of the second session. She made a good transition into her new school life and her anxiety on different levels reduced significantly. She seemed to manage and balance her social and emotional life better toward the second half of the block. I believe it was her own desire to practice independently that made such a major contribution to the healing process.

In her case, both of the main exercises (L-M-S-U and T-S-R-M-A) worked amazingly well.

Resource on Adenoidal Situation

The following indications and notes are from Dr. Steiner and Dr. Bockholt.

First with 'L': "In the tissue fluid, in the lymph, in fact wherever the watery element is unorganized and does not pulse in rhythmical movement, we must look for the interaction between what is living and what is lifeless."

'L', this is especially important in cases of weeping eczema with enlarged tonsils and adenoids, a tendency to catarrh. Many children show a tendency to this kind of constitutional anomaly. Disorders of lymphatic system are predominant. The etheric is not sufficiently accessible to the breathing. The characteristic facial expression of the child with overgrown adenoids in the nose and throat region is well known to all. (p.91)

In the *Curative Education Course*, Rudolf Steiner gave the case history of an illness which is very significant for the study of sound 'S'. It concerns a ten-year-old girl who was retarded in her intellectual development owing to growths in the nose-throat area, and therefore had special difficulty in memory formation. As a result of spiritual investigation Rudolf Steiner found that these physical growths in the nose-throat area were like a mirror picture of excessive etheric growth in the region of bladder. The interaction between the etheric body and the astral body could not take place properly and therefore the etheric body was forming excessive growth in the bladder region and was not properly connected in this part with the physical body. For this reason, the child was unable to assimilate impressions sufficiently, nor could she inwardly digest and retain them as memories.

Disorders of lymphatic system are predominant. The etheric (life force) is not sufficiently accessible to the breathing.

- Movement and muscle tones are unformed

- Cold hands and pale faces

- Pulled by gravity. Movements tend to be slow and heavy

- Can't breathe through lung properly; open mouth breathing

- Often cause learning difficulties

Verse

From head to foot,
Through heart and hand
I am a child of God;
In sun and moon,
In star and stone,
I feel the power of God.
In father and mother,
In all dear people
God's will lives for me.
Nothing brings me fear.

For a young child, adopted from *Prayers for Parents and Children*, Rudolf Steiner

BOOK REVIEW

**FUNCTIONAL MORPHOLOGY: THE DYNAMIC
WHOLENESS OF THE HUMAN ORGANISM**

Camille DiLullo, PhD, Professor
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College of Osteopathic Medicine

Functional Morphology: The Dynamic Wholeness of the Human Organism

Johannes W. Rohen

429 pp, \$75.00

ISBN: 978-0932776365

Hillsdale, NY: Adonis Press; 2007

In *Functional Morphology: The Dynamic Wholeness of the Human Organism*, Johannes W. Rohen, MD, develops a philosophical exposition of the form, function, and spirit of the human body.

As pointed out in the author's preface, this narrative is a further evolution of a line of reasoning previously established by an aggregate of independent philosophers, including Johann Wolfgang von Goethe and Rudolf Steiner.

Dr Rohen is a distinguished medical researcher who received his doctorate degree in medicine in 1946 in Germany. He has lectured extensively on anatomy and embryology and has authored many textbooks on functional anatomy.

In 2007, Dr Rohen and a colleague were selected by an international panel of biomedical researchers and physicians to receive the prestigious Helen Keller Prize for Vision Research in recognition of their important contributions to this field of medicine.

The overarching theme of *Functional Morphology* is the "threefoldness" of the human body and the role that this morphologic organization plays in evolution.

Multiple physical aspects of the human body are described in relation to: (1) thinking, (2) willing, and (3) feeling elements. The feeling element is proposed to mediate between the thinking and willing elements.

Dr Rohen presents each element associated with specific regions of the body. The thinking element is

associated with the upper region of the body, including the head and central nervous system, which are predominantly involved with cognition and information exchange among various physical systems.

The willing element is associated with the lower region of the body, including the digestive organs and the limbs, which are chiefly engaged with metabolic functions and energy release.

The feeling element is associated with the middle region of the body, or thorax, which houses the respiratory and cardiovascular systems—rhythmic systems that mediate between the processes of information exchange and metabolism.

A threefoldness is also apparent in the discursive methods used by Dr Rohen, with philosophical reasoning linked to the thinking element, scientific accounts to the willing element, and explanative dialogue to the feeling element. Thus, the explanative dialogue mediates between the philosophical and scientific disciplines.

A philosophy aficionado may be familiar with some or all of the scholars to whom Dr Rohen refers in his dissertation, such as Steiner and Friedrich Schiller. The text, however, is also peppered with references to a variety of eclectic sources, including allegoric and mythologic tales, Shakespeare, and even Star Wars.

At times, the philosophical discourse can become tedious, but—as if on cue—Dr Rohen recaptures the reader's attention with a fascinating account of any number of physiologic processes. For example, as a preface to the main discussion, he reviews the processes of conception and development. This review is followed by many excellent scientific accounts of biological systems.

The scientific accounts are divided into six main sections. The first section, "Basic Concepts and General Principles of Form," includes introductory remarks, structural principles of form, and a discussion of phylogenetic processes. The next section, "The Metabolic-Limb System," includes discussions of the musculoskeletal, immune, and digestive systems.

"The Organs of the Rhythmic System" highlights the cardiovascular and respiratory systems. "The Nervous System and the Sense Organs" has descriptions of major sensorimotor elements and the autonomic nervous system.

"Head Development and Organ Metamorphoses" details the cup formation processes of kidney and eye development and the integrative arrangement of cranial nerves.

The final section, "Evolutionary Aspects of Human Development," features a discourse on such evolutionary principles as adaptation and antiadaptation. More than 270 original illustrations and numerous tables are used to highlight and clarify important concepts throughout the book.

If you are weak in—or have forgotten—your structural anatomy from first-year medical school, you may

need a medical dictionary on hand when reading this book because the pedagogic dialogue in *Functional Morphology* is most comprehensible when the scientific language is completely understood.

The pedagogic method used to connect the philosophical and scientific realms of the dialogue consists of explanations of the threefoldness of the human body at the developmental, cellular, cerebral, and gross levels, as well as the process of evolution.

For aspects related to the body, each facet is broken into two elements that relate to information exchange and metabolism—as well as one element that relates to the rhythmic mediation between the first two. For example, the circulatory system is broken into the heart and blood, mediated by the blood vessels.

One caveat for critical evaluation in the scientific discourse of the book must be proffered, however. At times, the author makes statements that are not substantiated evidentially. Not all aspects of the body could clearly be adapted to his threefold approach. In the endocrine system, the pituitary gland is designated as the thinking element based on its anatomic location, but this gland is also characterized as a major metabolic regulator, indicating it could alternatively be depicted as the willing element. In this case, Dr Rohen seems to be trying to make a square peg fit into a round hole. Despite this shortcoming, many biological systems were comfortably divisible into the three separate elements.

The threefoldness dogma is extended in the book's concluding section to correlate with the process of evolution and our place in the cosmos. This philosophical approach includes the “empirical principle” (thinking element), used by Dr Rohen to demonstrate how lessons learned by nature from the evolution of nonhuman species have led to the physiologic progression of the human species.

A second principle, known as orthogenesis (willing element), espouses that humans are the intended endpoint of an evolutionary “plan.”

The final principle of antiadaptation (feeling element) is proposed to be a guiding mechanism in human physiologic evolution. Most species have been shown to adapt to a specific environment for survival. In contrast, antiadaptive human evolution has resulted in less specialization of the human form to restricted environments—allowing the human species more flexibility for continued evolution.

As part of the antiadaptive principle, Dr Rohen gives considerable attention to evolution of the upright, rounded structure of the human head and the freedom for extraordinary evolutionary developments that uprightness provides.

To explore this incompletely detailed phenomenon, Dr Rohen describes the skull as metamorphosed vertebrae and systematically explores the metamorphosis of various aspects of the limbs and torso as related to the development of the head. At times, the text, which describes complex concepts, is loosely written and difficult to follow. For the most part,

however, the writing is very fluid and easy to read.

There is a strong spiritual thread to the pedagogic approach used in *Functional Morphology*. The threefoldness of the human body is alleged to provide a pathway for the “I” (life force or human individuality) to incarnate into the body.

Thus, Dr Rohen provides much discussion about the incarnation and “excarnation” of the “I”—as well as of other substances into and out of the body.

Although Dr Rohen makes it clear that the human species is still considered to be evolving, he offers for consideration a view in which the endpoint of human evolution may be the achievement of a state of selflessness and pure form. In this pure form, the ultimate evolutionary possibility is resurrection.

From the beginning of the text, Dr Rohen challenges readers to expand their observations and further evolve their perceptions of themselves, others, and our place in the universe.

Functional Morphology is certainly an intriguing text. However, it must be read to the very last page to appreciate the full scope of Dr Rohen's philosophical treatise and to understand that this work is but a single interpretation of a very broad and complex set of data.

Reprinted from the *JAOA—The Journal of the American Osteopathic Association* (2009;109:388). The corrections have been incorporated in this online version of the article, which was posted December 2009.

<http://www.jaoa.osteopathic.org/content/109/2/75.full#sec-1>

Dr. Rohen has received numerous awards and memberships. For example, the Albrecht v. Graefe-Prize of the German Ophthalmology Society; an Honorary Medical Doctor degree from the University of Uppsala, Sweden; an honorary membership in the German Ophthalmology Society; the Alcon Research Institute Award in 1985 and again in 1990. He was elected a Member of the Academy of Science and Literature, Mainz, Germany, and of the Akademie der Naturforscher, Leopoldina, Halle, Germany.

“Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.”

Helen Keller

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Students from Camphill Academy perform eurythmy (L) and in a class (R) led by Gillian Schoemaker at Beaver Run, PA



"The Water of Life" (above left) and *"The Green Snake and the Beautiful Lily"* (above right) at The Cascadia Society for Social Working, a Camphill Lifesharing Community, North Vancouver, BC



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