



**ATHENA**  
Association for Therapeutic Eurythmy in North America

SPRING 2014



**HUMILITY AND JOY**



# ATHENA

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2014-2015

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Crisis and War Zones – Truus Gereats  
Dental Eurythmy – Polly Saltet  
Eye Eurythmy – Barbara Bressette-Mills

[www.therapeuticeurythmy.org](http://www.therapeuticeurythmy.org)  
[www.forumhe-medsektion.net](http://www.forumhe-medsektion.net)

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Front Cover:

“Humility and Joy” by David Newbatt, artist and teacher who lives and works at a Camphill Community for young adults with special needs in Aberdeen, Scotland.

Back Cover:

Images of eurythmist online

### 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.

## LETTER FROM THE PRESIDENT

### Therapeutic Eurythmy in the 21st Century

Dear Members,

Through Rudolf Steiner we have been given a deeply spiritual foundation for eurythmy, extending from the bodily, etheric and soul constitution of the human being into the realm of the planets and zodiac constellations. In the Therapeutic Eurythmy Course and in the Case Studies he gave indications for a therapeutic perspective that still today comprises the foundation of most Therapeutic Eurythmy (TE) trainings. The formative working of the vowels and the metabolic working of the consonants, as well as numerous exercises based on them were given as indications, containing seeds for inspiration that would mature and work far into the future. In this essay I will focus on the following question: *Where has Therapeutic Eurythmy come to in the 21st century and how will it develop further?* There are both very promising and very disturbing answers to this question. As we are entering into the second 100 years of eurythmy in the world I hope that the brief, but broad perspectives presented here can further greater interest, concern and constructive dialogue among AAMTA and ATHENA members.

#### Changes with Traditional Therapeutic Eurythmy as a Profession

With all the depth of training therapeutic eurythmists receive, it is sad to note that in North America, less than a handful of TE practitioners, literally, are able to make a living practicing this therapy. Medical practices or clinics that support a full or even part time TE practitioner are far and few between, even in Europe. Most Therapeutic Eurythmists are connected to Waldorf schools and working primarily with children. Many of us are employed as pedagogical eurythmy teachers and practice TE on the side or we have been forced to do something else, often non-anthroposophical, just to make ends meet. Paid TE positions in schools, even part-time, have become rare. Even with the recognition that more and more children in our times are having difficulties incarnating and are in need of extra support, the schools that offer full or part time positions for educational support are hiring Extra Lesson or other remedial help. And if a school wants TE they might offer limited contractual work or a space, free of charge, to serve clients on a private basis. Now we find fewer people going into TE training centers, perhaps as a result of this prospect of little work.

Therapeutic Eurythmy addresses many of the specific developmental issues or concerns presenting themselves in the school setting; and it does this while working with the whole constitution of the child and keeping their etheric bodies subtle. But are we able to communicate the how and what we are doing to the teachers and parents - and to the physician, if one is involved? T.E. works so holistically and it can be difficult to "measure" results. They are more than physical. Or

some effects may not manifest until several years later. Our TE language is often not understandable to the general population. Can developmental medical terminology, such as proprioception and bilateral integration, be added to the descriptions of our exercises? Can this be done without eventually resorting only to these neurologically based terms and losing the deeper, more inspirational terminology Steiner has given us? The danger of losing or forgetting the bigger or higher perspective is always there, in everything we do. However, with consciousness soul development and the whole impulse behind Anthroposophy our task remains clear: to understand how the spiritual manifests in the world of nature and the human being, into the finest and smallest of details. Can we understand and apply TE to developmental processes as well?

#### Developments of Therapeutic Eurythmy into the 21st Century

Therapeutic Eurythmy has already developed or specialized in certain areas over the years. Eye Eurythmy was developed early on. Mareike Kaiser has specialized her work with teeth and dental anomalies, incorporating a number of movements into her work which are proving very effective and interesting. Jean Schweizer, a long time Therapeutic Eurythmist who did her practicum in England with Dr. Maria Glas, has developed very simple, beautiful movements filled with inner etheric substance and meaning which speak to so-called Indigo children and children with severe autism. A series of these movements are connected to specific areas and organs of the body and others are connected to human virtues and the zodiacal constellations. Jean calls her work 'Impulse Entelechy' or 'Heart Motions of Impulse' and has been very successful in reaching these children where they are in their particular bodily-soul condition. In yet another realm we see the work of Robert Powell, using TE in the context of meditations on the Christ and other spiritual matters, choosing to call his work Cosmic Dance.

Understanding how Therapeutic Eurythmy works into and affects our whole being will hopefully continue to be an exciting process of revelation. With the human etheric body being center stage, a trained eye and a bit of creativity can find and bring TE wherever there is human movement. For example, OT and PT exercises can be enhanced to be more effective through TE. We need only enliven these more mechanical or physical movements with sound gestures or living impulses and rhythms, making them more etheric-friendly. The von Laues have recently presented an extended and somewhat systemized view of Steiner's TE indications in an attempt to help further understanding of how to apply the processes at work in the eurythmy gestures of the vowels and consonants in our physiology. The area of developmental medicine is yet another realm that presents itself to us for further investigation, understanding and enlivening through TE - here, perhaps, with the key being the four lower, bodily senses.



Besides eurythmists extending or specializing TE we also find the following.

An Energy Medicine healer, Donna Eden, who knows absolutely nothing about eurythmy, demonstrates an exercise, saying it is *“the best exercise to clear all the chakras”*. ‘Ah-like’ gestures are then made with the arms at different levels of the body and then the gesture is swung back and forth numerous times: the ‘Big Ah’ exercise! Isn’t this interesting? Rudolf Steiner said of the ‘Ah’ sound, when done in eurythmy, that it ‘works against animality’. In other words it makes us more human. Of all the formative (vowel) forces working from the upper man into the lower man, from the head down into the body, ‘Ah’ is the most powerful and humanizing. In simple terms it can be seen as an open gesture which doesn’t allow us to hide. We stand there revealed in our true humanity, as a mirror of the cosmos, a microcosm of the macrocosm. Clearing all the chakras is perhaps one way of describing what the ‘Big Ah’ exercise can do!

A practitioner of a so-called ‘New Movement Therapy’ developing out of Spatial Dynamics demonstrating one of the therapeutic movements in front of a faculty of Waldorf teachers proceeds to stretch the arms to the sides into the periphery and then quickly cross them together in front of the body: the ‘Love E’ (‘E’ as in Hey) exercise! Perhaps developed and explained in terms of spatial dynamics, we nevertheless find a Therapeutic Eurythmy exercise here too! ‘Love E’ is one of the so-called soul exercises which Rudolf Steiner brought in the fifth lecture of the Therapeutic Eurythmy Course. Even though he says other feelings can be done with it, the name, ‘love’, describes it well: expansive and yet central to every human being, taking us out of our narrow self and bringing us into the depths of our heart. [The greatest experience or picture of ‘Love E’ can be seen as Christ on the Cross of the World, followed by his penetrating journey into the center of the earth where he united himself with the earth for all future times to come.] Even without the name, ‘love’, this stretching and centering experience can be seen as therapeutic: expanding and enlivening the etheric body and, with that, the experience of the soul and ego as well.

We can perhaps say that these two examples above are only semblances of TE exercises. But aren’t they still working therapeutically? Aren’t they effective? Both the Big ‘Ah’ and ‘Love E’ exercises are examples of the meaningful, archetypal, human movement experiences we find in TE. Behind them or through them are spiritual-bodily experiences that are potentially health giving for all human beings. They cannot be thought of as being owned or trademarked by TE, or any other therapy for that matter.

How inwardly mobile a Therapeutic Eurythmist’s (or other movement practitioner’s) etheric is, and how much of what stands behind the gestures and movements is inwardly grasped and carried by the therapist, clearly makes a difference when working with patients. For example, Steiner says of the ‘Love E’ exercise “that the effect goes from the

etheric of the human being to the astral and has a warming effect on the circulatory system. It has a beneficial, warming effect....” Other movement disciplines (spatial dynamics, etc...) might find these exercises also invigorating or beneficial, but how Rudolf Steiner describes the effect of the exercises allow them to be applied more specifically. The application of the exercises and their effectiveness depends to some extent on the person doing them and perhaps on the movement discipline out of which they are given.

One might ask: Is etheric mobility a distinctive feature of a Therapeutic Eurythmist? To become inwardly mobile is the reason why basic eurythmy trainings are so long (some five years); and this etheric mobility becomes enhanced with the extended training of TE (another two years). But changes or developments of a questionable nature are also on the horizon. In order to make TE more available to the general public a couple TE training centers have started in Europe where people are not required to have a basic training in eurythmy. They are nevertheless being trained to become TE practitioners and are then starting their independent practices as Therapeutic Eurythmists!

I end with the same question we started out with: *Where has Therapeutic Eurythmy come to in the 21st century and how will it develop further?* These and related questions are living in the hearts and minds of the Board Members of ATHENA and probably in many of our fellow Therapeutic Eurythmists who are trying to make a meaningful living and difference in the world through our very special therapy.

Comments and further dialogue are welcome at: [athenacorrespondence@gmail.com](mailto:athenacorrespondence@gmail.com) or [dale1022@sbcglobal.net](mailto:dale1022@sbcglobal.net).

*Dale Robinson*

## LETTER FROM THE EDITOR

Dear Members,

This spring issue comes with rich content, thanks to everyone who shared their notes or written reports. May there be a few more photos next time? Also please find the International Journal for Eurythmy Therapy, No. 11, which was included in this packet. [[www.heileurythmie-medsektion.net](http://www.heileurythmie-medsektion.net)]

It was by request that we republish an article that first appeared in the Research Bulletin: “Therapeutic Eurythmy for the Teeth” by Polly Saltet and Susanne Zipperlen. This important work may be summarized in the following quotation: “Dental anomalies all give a picture of particular imbalances in the soul forces, which can be met through the harmonizing intervention of eurythmy.” As eurythmy brings harmony to our schools and communities, so therapeutic eurythmy helps us overcome our individual hinderances.

We welcome new directors onto the ATHENA Board. Best wishes to those who have served ATHENA so well!

In gratitude,  
*Maria Ver Eecke*

## ATHENA ANNUAL GENERAL MEETING

MARCH 14, 2014; 16:45-18:00

Toronto Waldorf School, Thornhill, Ontario

Present: Dale Robinson, Andrea Marquardt-Preiss, Jeanne Simon-MacDonald, Holly Brashares, Susann Herb-Eddy, Gillian Schoemaker, Mary Brian, Carsten Callesen, Beth Usher, Grace Ann Peysson, Susan Elmore.

### WELCOME AND VERSE

Dale Robinson welcomed us all. He advised us to be open and flexible in our terminology of "Eurythmy Therapy" (as used in the UK and in Germany) or "Therapeutic Eurythmy" (as used by ATHENA in North America). ATHENA is a wonderful acronym.

Susan Herb-Eddy read the opening verse.

### REMEMBERING THOSE WHO HAVE CROSSED THE THRESHOLD

Andrea Marquardt-Preiss led us in HALLELUJAH for those who had died in the past year. Several members spoke warmly of Ilse Kolbuszowski and her contributions to eurythmy.

Also Jeannie Winstanley was mentioned.

REVIEW : Dale Robinson gave a review of the past year.

AnthroMed membership: Largely the work of Maria Ebersole. Thank you!

AnthroMed Certified Membership was added to our membership form which was updated. AnthroMed LOGOS were made available to applicants. Procedures were established for logging Professional Development Hours. There are 18 members and growing!

In the process of updating our membership form the board decided to raise the fees for Associate and Corresponding and Affiliate membership from \$35 to \$40. Opt-out clauses were also included so members can limit contact information that will appear on the AAMTA website in their Practitioners Directory if they wish to do so.

Through Glenmede, ATHENA distributed 16 grants (\$8,025) to support Therapeutic Eurythmy in Waldorf schools.

We have boosted our Children in Need fund with a transfer of \$2000 from unused and undesignated money that had been in our grant account. Members can apply for these funds to help pay the costs of families who cannot otherwise afford TE.

The Fall Newsletter went out and included AnthroMed application forms and a hard copy of our membership list. Mary Ruud, Maria Ver Eecke, and Dale Robinson are carrying this work.

Claus Haupt's book is in the final stages of being edited and will soon be available to us.

Area of Practice Tele-conferences: successful and growing more popular. So far: TE in Grades on Nov. 24th with Mary Ruud.

Early Childhood and TE in K on Jan. 19th and March 9th with Susanne Zipperlen. A foundation for these talks is Karl Koenig's book, *Living Physiology*, about the Twelve Senses. Contact Andrea Preiss or Susan Eggers, if you need this.

Also: Barbara Bresette-Mills has agreed to be a contact person for others in North America who are interested in the eye eurythmy exercises.

Polly Saltett has agreed to be a contact person for teeth eurythmy concerns.

Question: Can Barbara and Polly be so listed on our Website?

ATHENA Representatives (headed up by Jeanne Simon-MacDonald – a big thank you!) have welcomed eight new graduates of TETNA, giving each of them a rose. We gave each one an International Newsletter, our Fall newsletter and a free annual membership to ATHENA. Three of these graduates attended our National Conference directly after their graduation. Jean Simon-MacDonald reported that these new therapists are very interested in our newsletters and wanted to know if back issues are online.

A Fourth Regional Conference, a tele-conference, was held in the Midwest in the fall (or August 24th?) led by Mary Ruud, carrying on the theme of developmental issues.

Our 2014 National Conference in Fair Oaks, CA, February 16-18, was well prepared by the four regional conferences of the prior year. It was integrated into the Western Educators Conference, with Drs. Michaela Gloeckler and Susan Johnson as our Keynote Speakers. The theme was "*Why and how therapeutic eurythmy can be most effective working with developmental processes and issues of our time.*" Attended by 20 therapeutic eurythmists and four doctors, it was much appreciated by all. There will be a substantive report by Mary Brian in our newsletter.

### REPORTS

#### MEMBERSHIP:

Andrea Marquardt-Preiss reported that ATHENA now has 126 members. These include 18 associate members and 38 Waldorf schools (as well as 18 ANTHROMED members.) A membership list was included in the last newsletter. It needs a number of corrections and additions. It was decided not to prepare a "correction" sheet of our members' list, but instead to wait until autumn (when all the new ATHENA memberships are in) to make an updated list to send to our membership again.

#### ANTHROMED:

Andrea noted that there is an annual fee of \$10 (to be paid along with the ATHENA membership fee) for ANTHROMED and a requirement of 63 hours of continuing professional development every three years. Dale Robinson mentioned that during this time of transition (ATHENA fiscal year starts in July, ANTHROMED in January) we will count activities from

the summer of 2013 through the summer of 2017. We discussed how to tally the hours. Carsten Callesen noted that for his EMT(Emergency Medical Technician) he has to keep all his further education hours in a file in case of an audit. Dale said that ATHENA is going to ask that members send in proof (an electronic scan of documents or hard copies) of their hours each year with membership renewal. Mary Brian will get a list from AAMTA of Toronto conference ANTHROMED attendees for their hours. Jean Simon-MacDonald clarified that it is only ANTHROMED members who need to keep track of hours.

#### WEBSITE:

Andrea stated that we need to review the Website, which has not been adequately serving our needs. We would like an online forum and to be able to present articles and have back issues of the newsletter available there.

**AAMTA:** Andrea further reported that the AAMTA Practitioners Directory was started last year. There are several options as to how much information each member will have displayed (opt-out clauses on our membership form).

#### AWSNA:

Susann Herb-Eddy asked for articles about therapeutic eurythmy for the Waldorf Journal Project. She needs us all to help formulate a one or two sentence explanation of therapeutic eurythmy for parents in Waldorf schools. Please send this to Susan!

#### TETNA:

Seth Morrison will not start a new class this year, but will wait until 2015.

#### TREASURER'S REPORT:

This was presented by Mary Brian, on behalf of our much-appreciated Treasurer, Susan Walsh, who was unable to attend the Conference.

Jean Simon MacDonald commented on the huge discrepancy between the income and the expenses. She stated that normally our largest sources of income have been from conferences, as well as from membership dues. Dale Robinson said that there was no income from the National Conference (Sacramento, February 2014) since this was handled by Rudolf Steiner College, allowing us to keep our enrolment fees very low.

#### FAREWELL AND THANK YOU

Dale Robinson gave our best thoughts and gratitude to Maria Ebersole and Barbara Bresette-Mills (both "in spirit") for their many years of devoted work on the ATHENA Board. Maria is recuperating from a recent automobile accident, and has had to step down. We hope that Barbara will be able to continue as a "Liaison".

#### VOTE ON SLATE OF DIRECTORS:

President: Dale Robinson  
 Vice-President: Mary Brian  
 Treasurer: Susan Walsh  
 Corresponding Secretary: Andrea Marquardt-Preiss  
 At Large: Susann Herb-Eddy (AWSNA Representative)  
 Moved by Grace Ann Peysson, seconded by Jean Simon-MacDonald. Passed.

#### FUTURE TASKS:

Jean Simon-MacDonald announced that (according to Angelika Jaschke) there will be an International Therapeutic Conference in Dornach in Spring 2016.

Jean Simon MacDonald asked whether it would be feasible to do an AGM on teleconference. Beth Usher said it was important to meet in person. Beth reminded us that the first ATHENA meeting in California was based on meeting eye to eye. Dale Robinson added that this enables us to actually do eurythmy together.

Beth Usher spoke of the continuing international "conversation"(or controversy) regarding the therapeutic eurythmy training ongoing in Europe for those without the basic four-year artistic eurythmy training.

**Next Annual Conference (2015):** Will likely be in summer. On eye eurythmy? Teeth eurythmy? Skeletal problems? Follow up on developmental conditions? A conference together with extra lesson practitioners? New or extended developments in TE? A conference focused on sharing case studies? Another topic suggestion was "Anxiety".

**New Brochures:** New brochures are needed addressed to Waldorf school parents, as the present brochure is more about the medical benefits.

Our time ran out before we could address this last topic: To recruit more Board members. But some members still worked on this after the meeting.

We closed with the HALLELUJAH.

*Respectfully submitted,  
 Mary Brian*

*"to live in this world*

*you must be able  
 to do three things  
 to love what is mortal;  
 to hold it*

*against your bones knowing  
 your own life depends on it;  
 and, when the time comes to let it go,  
 to let it go"*

*Mary Oliver, New and Selected Poems, Vol. 1*



## ATHENA NATIONAL CONFERENCE

*Why & How Therapeutic Eurythmy can be Most Effective  
Working with Developmental Processes and  
Issues of Our Time, February 16–19, 2014  
With Drs. Michaela Glöckler and Susan Johnson  
Notes taken by Mary Brian and  
further edited by Dr. Susan Johnson*

Dr. Susan Johnson has an extensive medical background in Pediatrics and over 25 years experience diagnosing and working with children with developmental, behavioral, and learning disorders. She graduated from Carleton College and Northwestern University Medical School, and then completed a three year Pediatric Residency at Children’s Memorial Hospital in Chicago and a three year Fellowship in Behavioral and Developmental Pediatrics at UCSF in San Francisco. During her Fellowship years she directed the Early Childhood Clinic and evaluated children with autism, pervasive developmental disorders, Asperger’s syndrome, expressive and receptive language delays, attention deficit disorders, and learning disabilities.

She told the 20 therapeutic eurythmists and four doctors, gathered in Fair Oaks, California, that when her own son was born with sensory integration and processing challenges (his neurological pathways were blocked and/or poorly myelinated), she did not want to label him in the way her medical training had taught her. Susan literally started “a new career”. She spent three years becoming a certified Waldorf Teacher, and an additional year training in sensory integration and remedial support (Extra Lesson work) through Rudolf Steiner College in Fair Oaks. Susan participated in numerous seminars and workshops exploring various forms of movement therapies, such as Therapeutic Eurythmy, but also Parelli Therapeutic Horseback Riding, Spatial Dynamics, Brain Gym, HANDLE, and Bal-a-vis-X. She has travelled to the Lucas Clinic in Arlesheim to study Anthroposophical Medicine as well as continuing her studies through the IPMT (International Postgraduate Medical Training) here in the United States. In her talk, Susan also gave enthusiastic credit to Dr. Adam Blanning, who has been her preceptor for the past year.

The key in Susan’s work came from starting from the medical, neurological model, and then moving from the physical body and the etheric, into the astral and I (“Ego” or Spirit). She says that she will only talk to groups if there is also a master speaker who comes from the other direction and can penetrate from the Ego through the astral into the etheric. (Here, we were very well served with Dr. Michaela Glöckler!) Susan’s training makes it very easy to talk to parents and to help us, as therapeutic eurythmists, understand the spiritual work we are doing with each child and how it is grounded.

Susan is highly supportive of Therapeutic Eurythmy: “If I have access to a therapeutic eurythmist, it is the first thing that I recommend.” “Therapeutic Eurythmy is addressing all

the sensory processing challenges that the other movement therapies are doing as well as bringing deeply spiritual aspects.” “You (as therapeutic eurythmists) do not realize the value of what you are doing and bringing to the child. I see these children profoundly changed after one to two cycles (14 sessions/cycle) of therapeutic eurythmy.” “What I see...besides the fact that the child can sit still, and not be wiggly” shows up in the person-house-tree pictures that the child draws, before and after the treatment period. These drawings, especially of the person and the house, show the incarnation of the I and astral into the vessel of the etheric and physical.” (Susan learned about these drawings as a diagnostic tool from Ingun Schneider in The Extra Lesson training.) “To look at the child’s functioning in this realm and to start working here, this is what eurythmy does. Eurythmy works on all four of the lower, body senses (i.e. sense of life, sense of touch, sense of balance, and sense of movement), often all at once. So what are these “body senses that Rudolf Steiner described”? What are other words that people use to describe these senses? The Extra Lesson movement therapists have learned these other words. Once we learn this vocabulary, we are going to see that we are working on these body senses too, and from a deeply spiritual aspect. This will give us confidence.”

To return to Susan’s “journey”, now she started reading Rudolf Steiner and deeply studying Waldorf Education. But how was she going to make sense of all these labels that she had been taught? : “autism”, “Asperger’s syndrome”, “pervasive developmental delay”, “Attention Deficit Disorder”...problems holding still, with speech, with information processing, with fine and large motor movements, etc. etc. Full of labels! Most of her medical lectures given at medical conferences were sponsored by pharmaceutical companies (although she was not aware of that at the time) so the speakers always recommended giving pharmaceutical for every “disorder”. Everything was labeled put into boxes, but the boxes no longer made sense.

In Rudolf Steiner’s description of the four “body senses” or “foundational neurological pathways”, Susan found the first glimpse of a very practical way to look at a child. These four “body senses” (sense of life, sense of touch, sense of balance, and sense of movement) are key for a child to develop higher capacities of learning. This is the paradigm that Susan refers to now when she evaluates children. She stressed the importance, for therapeutic eurythmists, to learn the specific vocabulary of these systems.

Written on the blackboard:

<b>Body Sense</b>	becomes	<b>Higher Capacity</b>
Sense of LIFE		Sense of THOUGHT
Sense of TOUCH		Sense of the I of the OTHER
Sense of BALANCE (Static)		Sense of HEARING
Sense of MOVEMENT (Proprioception)		Sense of THE WORD
(Bilateral Integration)		

**SENSE OF LIFE**

This is connected with what is called the autonomic nervous system which innervates all of our organs and glands and even the color portion (iris) of the eyes. (In the Medical Lectures of Rudolf Steiner, this is inaccurately called the sympathetic nervous system, because the physiology of the autonomic nervous system had not been worked out.) The autonomic nervous system has two components: the sympathetic nervous system and the parasympathetic nervous system.

*Sympathetic Nervous System: Fight or Flight*

This system is to get us out of danger, to help us make a quick escape. For example, if a tiger comes into the room, the blood flows out of our hands and feet and into the larger muscles of the arms and legs so we can fight or run. Blood flows away from the digestive organs, which are not crucial in an emergency. Blood flows into the reactive center, the primitive brain, so we become hypersensitive in sight and hearing. The colored portion of our eyes contracts concentrically causing large dilated pupils.

*Parasympathetic Nervous System:*

Susan calls this the “*Buddha*” Nervous System after her son’s kindergarten teacher. This woman was so present, so full of joy, so at one with everything she did. Her hands were warm; she was grounded in her whole being. Her “I” and etheric were strong. Her “I” was present in every movement, even in the way she cut a carrot. In this “*Buddha*” (parasympathetic) nervous system, the hands and feet are warm and the blood flows throughout the digestive organs and throughout the brain. This is the *relaxed, receptive part of the autonomic nervous system*. You are not just reacting to the outer, sense world. You are not worrying (anxious) about the future or reliving the past. Instead you are totally in the present moment. The young child needs to live predominantly in this “*Buddha-like*” Nervous System in order to have a healthy and strong Sense of Life.

In the incarnation process, the I and astral are coming into the vessels of the etheric and physical. If any part of this process is not working properly the child goes into fight/flight, the stress portion of the autonomic nervous system. Looking at the Sense of Life, there can be something, physically or structurally, that is making it hard for the incarnation process to happen, e.g., a cranial compression. Or the etheric can be affected, e.g. by fever, asthma, congestion, allergies, digestive issues. Or the astral can be affected, e.g. by media. All of these will affect the ability of the I to incarnate in a healthy way. We (in therapeutic eurythmy) are working at the level of all of these: at the level of the physical, etheric, astral, and I.

When the child is in stress, in Fight or Flight, the color portion of the eye (iris) will contract when the child is in indoor, low to moderate light. This makes the pupil large, 50-80% of the colored portion of the eye. When the child’s autonomic nervous system is in a relaxed state, then the iris

expands concentrically, making the pupils smaller, 30% or less of the color portion of the eye. In order to gauge the stress level of the child, you can look at the eyes when the child is in indoor light. Susan watches the child’s eyes while she is doing her assessment. Some children are in constant autonomic stress due to their I, astral, etheric, and physical bodies being in disharmony. Other children have “reactive” autonomic stress, where the stress manifests when they are asked to do something difficult, e.g., write letters or numbers, and so in this situation Susan backs off a little as she does not want the child to go further into the stress response. Once a child is in this stressed Fight/Flight nervous system, everything shuts down, and any movement or learning the therapist does will not imprint.

This is the realization that a lot of movement and educational therapies do not have: You have to have a strong Sense of Life. In order for a child to be open to any therapy, he/she must be in this relaxed autonomic parasympathetic nervous system. Only in this relaxed state can the child be receptive to movements and learning. For example, in the 1960’s, they would spin a child until it would throw up...for many weeks, and then they would recheck balance, and find that it had not improved. So they concluded (falsely) that movement had no effect on improving balance.

Susan recommends that the therapeutic eurythmist watches every gesture that the child makes while doing eurythmy to ensure that the child is fully engaged. You want the child to be fully present, and the child’s entire Being (mind, heart, and body) to be fully engaged in the movement. You do not just want the child to move physically. Transformation (integration) occurs when the child is fully engaged.

*The Sense of LIFE becomes the Sense of THOUGHT.*

If we are in that present moment place with a strong sense of life, then life has meaning and we can have the capacity when we are older to have a deep sense of thought, the ability to be able to think about our thinking (not have reactive thoughts), to experience the Observer, to be able to be open to what wants to come in...this is the higher capacity.

**SENSE OF TOUCH**

Steiner characterizes this as having a sense for where the body ends and the world begins. If this Sense of Touch is not fully developed, then the child may be either Hypersensitive or Hyposensitive to touch. *Hypersensitive*: The child is aware all day of the rubbing of clothes. They can be overly ticklish or every little touch is excruciating. These children will often withdraw from touch, pull back from other children, get labeled as “shy” and may not want to participate in circle time. *Hyposensitive*: The child may fall down and not feel any pain or discomfort from the fall or the child may not feel this boundary and crash into things and others, invading another child’s space.

Some children can be hypersensitive and hyposensitive at the same time. For example, over sensitive in the upper body, and under sensitive (have not incarnated enough) in the lower body.

If you don't know or perceive the boundaries of your body, then you have to look down at your feet and keep your eyes on your body or on the objects surrounding your body, all the time. You have to use a great deal of your mind (awareness) just to feel safe and secure within your surroundings. Therefore, your mind (awareness) is not body-free. Once children can perceive inwardly where their bodies end and their world begins, their mind (awareness) becomes free and children can look up and notice the other. *The higher capacity of the Sense of Touch becomes the Sense of the I of the Other.*

### SENSE OF BALANCE

*Static Balance* is standing in stillness on one foot without the lifted leg/foot touching the standing knee. Static Balance is usually what R. Steiner is talking about when he mentions balance. In contrast *Dynamic Balance* is maintaining balance while moving, for example running, walking on toes or heels or rocking heel to toe. It is much easier to maintain balance when the trunk and the limbs of the body are actively moving since the movement itself provides feedback to the brain that helps maintain balance.

By age three a child should be able to stand on one foot, without the knees squeezing, for two to three seconds. Usually the child can jump up and down with both feet together and even hop on each foot one to two times. By age five a child should be able to balance on each foot for five seconds without squeezing their knees together or wiggling too much. By age seven for girls and sometimes up to age eight for boys, children should be able to balance on each foot for 8-10 seconds, and repeat back a tongue twister or simple verse, or count up to ten and then backwards down to one, or spell her/his name forwards and backwards. (These tasks requires mental effort, and therefore the balancing has to be done "mind-free".) Hopping should be "mind-free" as well, meaning that the child should be able to hop easily on each foot, repeatedly, without having to concentrate (i.e. not a very slow and deliberate hop, requiring great conscious effort).

It is much easier for a child to maintain balance when moving quickly. If a child has difficulty with balance he/she will always want to move fast. See if a child can walk slowly, forwards and backwards, on its toes, on its heels as well as rock slowly toe to heel. By age eight or nine, children should be able to stay quite upright without bending at the waist while they do rock on their feet.

#### *Exercise in Static Balance:*

We stood up and tried balancing, like a pink flamingo or a blue heron, on one leg, standing by a beautiful stream, looking down at the fish... the bird has to stand very still so it doesn't

frighten the fish away... The child with difficulty balancing will immediately start to squeeze the knees, because the squeezing gives the child more proprioceptive input to help with balancing. Now try stretching your arms out to the sides (making it easier to balance). Now try stretching your arms out in front of you (which makes it harder to balance). Now try spelling your name, forwards and backwards, while balancing on each foot. If you can do this then you are demonstrating "mind-free" static balance or balance in stillness.

There are three semi-circular canals in each inner ear. Each canal contains fluids that move with respect to the three direction of space, i.e. forward/backward, up/down, left/right.

This information is then communicated to the brain through the eighth cranial nerve, the same nerve connected to the organ of hearing within the inner ear. R. Steiner explained in a course for the workers of the Goetheanum that words first crystallize within these semi-circular canals and then are heard. This explains why the child who struggles with (mind-free) balance cannot accurately crystallize the words and take in what he or she hears. Susan explains to parents that children cannot pay attention to the words they are hearing if their minds are being used to help their bodies maintain their balance.

When a parent comes and says, "My child is not listening." or "Does my child have a problem with auditory processing?," Susan first uses an audiometer with earphones to test the child's hearing. Sometimes children are not hearing because there is fluid behind the ear drum that is preventing it from moving in response to sounds. Sometimes there is a hearing loss from nerve damage. Other times children have difficulty understanding language because of brain inflammation due to the "leaky gut syndrome"? Finally, some children may not be retaining what they hear because they have not completely developed their sense of (static) balance.

To assess whether children's difficulty listening is related to challenges with their sense of balance, Susan gives children (five years and older) a series of three verbal instructions, such as brush your teeth, turn off the light and drink a glass of water, first while the child is sitting in a chair, then three different instructions while the child is standing still, and finally three more instructions while the child is sitting snuggled in the parent's lap or lying flat on the floor.

If the child's sense of balance is not fully developed, then the child, who is five years or older, may remember only one of the three tasks while standing, because the child's awareness (mind) is busy helping the child remain upright. This same child may remember two out of three tasks while sitting, and all three tasks when snuggled on a parent's lap or lying on the floor since in these last two situations, maintaining balance is no longer such a struggle.

If the child (age five years or older) easily remembers and can repeat back a series of three or four verbal instructions while standing and sitting still, then the child's sense of balance is probably very strong (Children ages three and four



are expected to be able to remember and repeat back only one to two verbal requests).

In her medical training Susan learned that:

A five-year-old child should be able to stand still and remember three tasks, and then carry them out.

A six-and-a-half year old should be able to hear and carry out four tasks.

An eight-year old should be able to carry out six tasks.

If children have challenges understanding, remembering, or carrying out sequences of verbal requests while sitting, standing, lying down, and snuggled in a parent's lap, then their challenges with listening are due to a hearing loss in both ears or brain inflammation and not just related to their sense of balance.

The mind-free Sense of BALANCE allows us to develop the capacity to deeply listen. This allows us to develop the higher capacity of hearing into the other (Sense of HEARING).

### SENSE OF (SELF) MOVEMENT

One aspect of the Sense of Movement is proprioception. *This is the ability to sense where the body is in three-dimensional space, even when the eyes are closed.* Once again, just like with balance, it is easier for the child to perceive their trunk and extremities when they are actively moving, rather than in stillness.

Bruno Calligeri helped to bring all this together for Susan: There are sensory nerve endings (i.e. proprioceptive receptor sites) within the spindles of the muscles, joints of the body, Golgi apparatus in the tendons (tendons connect muscles to bone), and ligaments (which connect bones to other bones). These proprioceptive receptor sites are stimulated especially during stretching movements of muscles, joints, tendons, and ligaments. This information travels up the spinal cord and into the brain. The right side of the brain cortex (parietal area) maps proprioceptive information mainly coming from the left side of the body, while the left side of the brain maps proprioceptive information mainly coming from the right of the body. A Child's brain usually makes this proprioceptive "map" during the first seven years of childhood. (Girls by seven, boys by eight or eight-and-a-half (even nine years of age.) This proprioceptive map allows the child to know where his or her body is in space. Once children perceive their own body in space, then they can perceive another child's sense of space and not bump or crash into the other child.

Therefore, this fully developed, proprioceptive brain map also allows a child to navigate in space without bumping into other material objects and to sit still in a chair without needing to think about the position of the body. Now the child can focus on the teacher or what is written on the blackboard, at the front of the room. The child's mind or awareness is free to focus on learning. When this proprioceptive system is not fully developed, then children will have to fidget, wiggle in the chair (sometimes falling off), sit on their legs and feet in

order to feel external pressure, or wrap their legs around the legs of the chair (experiencing external pressure), in order to free their minds to focus and pay attention to the teacher. All this movement that the child does while in a chair is really the child's best adaptation to help himself or herself listen to the teacher.

**Diagnosis:** What gives you a clue about the development of the proprioceptive system of the child?

Susan looks at the *person-house-tree drawing* of the child, as developed by Audrey McAllen. This drawing is in reality a neurological map of the incarnation process, of the I coming into the body. It shows the proprioceptive connections between the child's brain and body.

Prior to two years of age, children will just scribble or draw a spiral when asked to draw a picture of a person. By age two years for girls and three years for boys, children will draw a circle for a head and stick-like legs and arms extending out from the circle. When drawing like this, children may still be bedwetting because they do not yet feel the trunk of their bodies. They will also move around a lot or cling to a parent or teacher, just to perceive their bodies. Waldorf kindergarten Teacher and sometimes Waldorf first grade teachers see five to six year old children that are still drawing like this. This means the children may be very bright in their minds but neurologically (i.e. proprioceptively) they will be more like two- to three-year-old children. Where children are proprioceptively in their bodies is where they will be socially and emotionally as well.

Girls around age three and boys around age four years start drawing stick figures for people. Now they draw a circle for a head and a stick or circle like trunk with stick arms, stick fingers, and stick legs. These children have a beginning perception of their bodies but not yet in three-dimensional space (i.e. forward/backward, up/down, left/right).

After age four to five years and especially much older children that are only drawing stick-like people, when these children start doing therapeutic eurythmy, they can begin to develop a sense of their bodies in space. Now their drawings of people will start showing dimension. Now they will start drawing clothes on the trunks or their people and tubular-shaped arms, hand, fingers, and legs. In other words, eurythmy movements help children develop the neurological (proprioceptive) connections to perceive their bodies in space.

Proprioception as part of the Sense of Movement also *affects the child's ability to accurately imprint and remember the shapes and correct orientations of letters and numbers, because these are movements.* When a child looks at the letter M, for example, or the number two, their eyes first trace the shapes of these forms. The only way a child can start to accurately imprint these eye movement (alphabet letter or a number) is if the proprioceptive system is fully built. If children are still drawing stick figures, then these children will not yet be able to accurately imprint and write by memory the abstract forms, like letters and numbers, they see. In fact,

children usually cannot copy the diagonal lines making up a triangle until age five, and a diamond shape until age seven. Even to accurately copy diagonal lines, children need to have a sense of their bodies in three dimensional space.

Another way to evaluate a child's proprioceptive connections between the brain and the body is to firmly draw shapes, numbers, or letters, on a child's back. For example, if you draw the letter M on a child's back with your finger and that child is still drawing stick-like figures, then that child will probably just draw three vertical lines on paper. If you draw a "W" or "V" on that child's back, he or she will represent this on paper as four or two vertical lines, respectively. The letter, "V", drawn on the child's back (with the two intersecting lines drawn closer to the horizontal rather than the vertical) will be put down on paper as two horizontal rather than vertical lines. Children that are drawing stick-like figures for people may be able to accurately imprint some vertical, horizontal and curved lines, but they need to fully experience their bodies in three dimensional space before they can reliably perceive a more complicated forms like the number, "5", consisting of a mix of curved, horizontal, and vertical lines.

Another aspect of the Sense of Movement is *bilateral integration*. Bilateral integration is all about the connections between the right and left sides of the brain and therefore the right and left sides of the body. When bilateral integration pathways are not yet developed, when the right and left sides of the brain and right and left sides of the body are not yet fully connected to each other, then a child's body feels split into two halves and you can see this in the way the child moves. Such a child would not be able to do the cross lateral skip with opposite arm to leg extending (i.e. left arm with right leg and right arm with left leg). Instead this child would do the homo-lateral skip with the arm on the same side as the leg extending together. Sometimes a child is taught to do the cross-lateral skipping pattern by an occupational therapist (OT). In this case the movements of the child doing the cross-lateral skip, by concentrating, looks jerky and is not flowing or "awareness-free". Susan then has the child skip backwards to see if that pattern is cross-lateral, (because the OT does not usually teach a child to do this skipping movement).

Exercise for us: This is an Extra Lesson assessment exercise, but it is also a neurological assessment that Susan learned during her fellowship training. Stand upright on one foot. Eyes open. Get your balance. Now stick out your tongue and close your eyes. See if you can perceive your entire body. That is the proprioception place. Now try the same proprioceptive test on your other foot.

On a functional MRI scan of the brain, certain sections of the brain light up in various colors based on the amount of metabolic activity in those parts of the brain. Movements of the left leg and foot will light up a portion of the right side of the brain, and movement of the right leg will light up a portion of the left side of the brain. If children can simultaneously move opposite sides of their bodies (e.g. right

arm and left leg) at the same time, then you know both sides of their brains are connecting with each other.

Dominance in the child's hand and foot is usually not established in the child until these bilateral integration pathways are fully formed. Form drawing will be challenging and children will also prefer to print their letters rather than write them in cursive, until bilateral integration pathways are completed. Also, children will not cross-over the mid-line of their bodies with their dominant hand, to pick-up an object placed on their other side. For example if a shell is placed on the left side of the body, the child will use the left hand to pick up the shell. If a shell is placed on the right side of the body, then the child will use the right hand to pick up the shell. Once bilateral integration pathways are established and the child's body feels as one body, rather than two separate halves, then the child will use the dominant hand to reach across the body to pick-up the shell on the opposite side. Finally, when bilateral integration pathways are not yet fully formed, children will often rotate their paper or shift the position of their bodies to one side of their paper while drawing a picture or certain forms.

If proprioceptive and bilateral integration pathways are not yet fully developed then children will not integrate their vertical and horizontal midlines. Susan gave credit to Melody Van Hoose for the following beautiful image of how to explain these *midlines*. If the body is a cathedral, and yet the foundation is not fully formed, then you need scaffolding until the foundation is finished. So the horizontal and vertical midlines are like scaffolding. Horizontal midline simply means that if you have children walk on the outside of their feet (if they still have not connected the right and left sides of their bodies together, and the brain has not yet fully connected to the body, proprioceptively, so that the awareness is free) then the hands will mimic what the feet do. This horizontal midline is protective, so children will not fall down so easily. By the time a child is seven or eight years of age, we want that horizontal midline integrated (i.e. no longer visible). For example, you will need that midline integrated in order to run while your hands are catching a ball. In most eurythmy movements (for older children) feet and hands are doing different things.

Exercise for assessing presence of the *vertical midline*: First, put both hands on your lap. Now raise one hand. Imagine that the thumb is a huge crystal, and all the fingers are gnomes with little hammers. Each finger then taps away at the big crystal. If the vertical midline is integrated, then the fingers on the other hand in your lap will be still...but if the vertical midline has not been integrated (i.e. the child is still working on the right and left sides of the body coming together and the mind is still making the "proprioceptive" map), then the fingers on the other hand will have overflow movements. If the Palmar Reflex (a retained early reflex) has not yet integrated because of blocked and underdeveloped, neurological pathways (usually from an unresolved cranial

compression), then you will see the tongue sticking out or moving inside the mouth when the fingers are moving. You will often see this when the child is doing eurythmy. When the right and left sides of the body have connected with each other and the brain has made that “proprioceptive” map of the body, then these midlines and retained reflexes will integrate (no longer be visible).

### Reading:

You also need to have both sides of your brain fully connected together in order to be able to read by sounding-out the words, phonetically, in the left side of the brain while simultaneously forming mental pictures in the frontal area of the right side of the brain, connected to the words you are reading. It is the forming of inner mental pictures in the right side of the brain that allows for the in-depth comprehension of the words that are being read.

Around three years of age the right side or hemisphere of the brain starts to develop more, and then around ages six-and-one-half to seven years in girls and later for boys, the left brain starts to be more myelinated. This is when phonetic-based reading can start to develop. If reading is taught before the left side of the brain has developed then children will use the frontal area of their right brain to guess at the identity of words by sight recognition or sight reading. When the right frontal area of a child’s brain is used to try and read a word, then the child only notices the shape and overall length of the word and notices the first and last letters of the word and then makes a guess. The problem with reading by sight recognition is that it uses the same frontal area of the right brain that is used for mental picturing. Children that read by sight memory often cannot spell words easily (since the right brain does not pay attention to the letters in the middle of words) and the overall comprehension is poor since there is very little mental picturing while reading. Therefore, it makes a huge difference for a child whether that child learns to read by sight, or by sounding out the words.

Most of our parents were taught to read *phonetically*, by sounding out words, although initially they may have learned a few words (e.g. are, is, and, the, etc.) by sight. These tiny sight words that they learned to recognize at least did not have any mental picture associated with them. Later educators abandoned left brain, phonetic-based reading when they introduced reading into the public preschools and kindergartens. The brains of children in preschool and kindergarten are not yet developed for them to read phonetically, and trying to teach them to read phonetically did not work since they tried to teach it *too early*, before the brain was ready. So educators of children in preschool and kindergarten started teaching children to read by using right brain, sight recognition. Now in the public schools, every word is being learned and memorized by using *sight memory*.

In the beginning of first grade at a Waldorf school (when children are six-and-a-half year to seven-and-a-half

years of age) the letters are initially brought to the children as pictures, as a preparation for reading (for example, the letter M is represented by the two peaks of a mountain that are standing side by side). When children draw the two mountain peaks, they have drawn the letter M. This is wonderful as these pictures can be perceived by the right side of the brain which develops first, and there is no confusion about the orientation or shape of a letter if it is brought to the child as a picture. Later, after the left side of the brain has developed for both listening and stringing separate sounds together to form words, then children can learn read in earnest.

Present research is showing that we should wait for the two sides of the brain to connect, and they first connect in movement. When the left side of the brain starts to develop for reading (around six-and-a-half years for girls and often eight to eight-and-a-half years for boys), then the child can hear the different sounds within a word (phonemic awareness) and string sounds together to form words (phonetically read). Four and five year old children cannot even separate out the sounds heard in the word “cat”, because this is a left-sided brain activity. They instead hear all the sounds together and will even say “cat” again when you ask them to just tell you the first or last sound in the word they are hearing. Once again, a child who learns to read too early, by sight memory, is learning to spell all these words by memory, with just the right side of the brain. These “sight” readers will not be able to make mental images of what they read, unless they read very slowly, or repeat back to themselves what they just read to make a mental picture as a second step. Besides having trouble spelling words and comprehending details in a story, sight readers will also struggle with word problems in Math and algebra as well as understanding biology, chemistry, physics, comparative literature, and comparative history. They will read a history or English book, and then their memory for what happened in the book will be gone in a few days, because they did not form any mental pictures. Children who can only read by sight memory often have to plagiarize when they write reports. They have no lasting mental pictures that allow them to describe what they read in their own words.

Real reading is when we can read the words and make pictures at the same time. The frontal area of our brain has a much more important task than to try to guess at words by sight; as it matures it is meant to make internal (mental) pictures and scenes.

Susan has many graded paragraphs with stories written where the spelling of each word more than three letters long is scrambled in the middle of each word. Children who have learned to read early, only by sight memory, will read these miss-spelled paragraphs fluently and often not notice any of the spelling mistakes because they are only looking at the first and last letters of each word and not the letters within the word. These children do not even notice any differences when Susan shows them the similar paragraph that is spelled correctly. Sight readers say the correctly spelled paragraph



and the paragraph with all the spelling errors both are exactly the same. Even if Susan asks these sight readers to compare each word, many of the children still say the words are exactly the same. A phonetic reader will immediately notice the spelling mistakes because they are sounding-out each word.

*If Susan wants to know if children are simultaneously making mental pictures when they are reading phonetically* (and therefore have achieved bilateral integration in their reading) she will have the children first read the correctly spelled version of the paragraph, and then ask the children to tell her about the story they just read, in their own words. Children who are reading by sight can only memorize the paragraph and repeat it back exactly as they read it. (When asked, these same children will say they never see pictures in their minds when reading. They usually see nothing except words they are trying to figure out. These children who are predominately reading by sight will tell her that they only see pictures when their parents or teachers tell or read a story to them. One child told Susan that this is why she (the child) does not like to read books. Another child that was a boy told Susan that he had read a book 20 times because he would forget it all a few days after reading it but remembered that he liked the book so he wanted to read it again so he could try and remember it. A child that creates mental pictures while reading because their proprioceptive and bilateral integration pathways are fully developed (through the sense of movement) will see the pictures and retell (relive) the story giving lots of detailed descriptions. This is what we want to happen. This is true reading.

Television and a lot of media is so damaging because it interferes with the child developing this picturing capacity. It also puts the child in her stress autonomic nervous system watching these flashing screens, plus the child is not moving. Media disrupts all aspects of the human being.

Singing songs, circle movement games, bean bag catching, indoor and outdoor movement activities, classroom chores, form drawing, handwork, and classroom eurythmy movement activities that are done all throughout the younger grades (especially in first and second grades) all help to develop children's sense of movement. "With therapeutic eurythmy you are simultaneously working on the child's sense of life, sense of touch, sense of balance, and sense of movement. You are working on all the body senses. For example, every eurythmy movement (starting in first grade) where you are having the children simultaneously move their arms and hands with their opposite legs and feet you are strengthening bilateral integration. With the Big Ah, you strengthen their sense of life, helping them overcome their animal nature, i.e., being in their fight/flight, sympathetic, portion of their autonomic nervous system. With the finger movements on the rods and the seven-fold rod exercise (especially if the child is moving their feet at the same time they are moving the rods with their hands) you are working

through the sense of touch and strengthening all these pathways and stimulating the sense of balance. It is unbelievable what you are doing. You do the movements in a rhythmic way, in the present moment, while keeping the child's sense of life strong (which is one of the hardest things to do)."

Rudolf Steiner said that we need a fully developed Sense of Movement in order to develop the higher capacity of the Sense of the Word. Sense of the Word means that you can form imaginative pictures, pictures that actually speak to you.

### **Therapeutic Eurythmy is Recommended First**

Dr. Susan Johnson starts by sending a child to therapeutic eurythmy to integrate the four lower senses and to support the incarnation process. If, after a number of therapeutic eurythmy sessions, nothing has changed, then it may be that the child has a cranial compression (a compressing of the cerebellum, just where the vertebrae and spinal nerves go up into the skull), as a result of a traumatic birth, from vacuum forceps, etc. Cranial compression can be addressed by Biodynamic Cranial Sacral Therapy which opens all the neurological pathways. The biodynamic cranial sacral therapist works very sensitively with the fluid energy, and does not do physical manipulation.

Please see: [www.jamesjealous.com](http://www.jamesjealous.com) or [www.cranialacademy.org](http://www.cranialacademy.org). Generally, after three sessions of this therapy the child is open to movement therapy.

Dr. Susan Johnson has a wonderful website with many articles about reading and writing and child development. These articles are generally suitable for parents as well as therapists. [www.youandyourchildshealth.org](http://www.youandyourchildshealth.org)

Hyperlink <http://www.youandyourchildshealth.org>

### **NOTES ON TALKS BY DR. MICHAELA GLÖCKLER Sunday, February 16, 2014**

Michaela began by emphasizing Rudolf Steiner's advice to do eurythmy with the child in the first three years. By so doing, we stimulate the destiny members of the child (from pre-birth times) and so give additional etheric forces. Michaela gave the example of two very young children, one with alcohol syndrome and the other with trauma. Their adoptive mother was a therapeutic eurythmist and she did eurythmy 3x/day with them. The children developed, in later years, in ways that Michaela would never have thought possible.

Then Dr. Glöckler went on to introduce the Anthroposophic aspects of the reflexology of early childhood, and the main approach from the aspect of therapeutic eurythmy.

Reflexes are the inborn wisdom in the brain stem. They develop first in embryo, and have the whole heritage from the animals. The child is born with these reflexes, coordinated movement patterns, and they are especially important in the first four months of life. These reflexes show

us how the inborn wisdom in the animal world helps them live and develop. For example, calves walk after a few hours, on the basis of their walking-reflex patterns. This is echoed in the human baby: if held upright after birth so that the soles of the feet touch a hard surface, a baby will take a few steps. However, the human being is not allowed to use this so-called “walking reflex” for its “own walking career”! This reflex disappears and the child has to practise many preceding movement patterns before he can finally stand upright and walk.

The human child has to overcome this “animal-hood” (primitive reflexes). The cerebral cortex is specifically human and the development of the “brain map” is based on the child’s own learning, firstly through sensing and movement. Later this becomes more conscious.

In the first three months, the majority of the brain cells are all made, the child has the basis of cells from animal-hood, but not the connections. These connections have to be actively stimulated, by the child’s responses to the adult (touch, massage, warmth) or environment, and through the child’s own movement activity. The best stimulation is what the child does in the first three years out of its own inner intention: see, touch, observe, play, test, try out with its body, and move. You cannot teach a child from the outside. The adults’ main task is to provide a “welcoming space”, filled with joy. This loving attitude brings the child’s organs to development in the most beautiful way. Just as a hen sits on her eggs and broods until the chickens are hatched, so the warmth of joy of the parents around the child is the brooding space to build up healthy organs. The child trains himself, in a smiling environment. If the adults around the child do not have a smile on their face, they harm the child for life.

The child’s movement develops the growing network of cerebral cortex connections, and these overcome the given reflexes with conscious sensory/motoric skills. The greatest brain development is done in the first three years, and this time provides the foundation for the rest of the child’s life.

This natural unfolding of the child’s sensory/movement patterns prevents later addiction. When there are psychiatric disorders/addictive behaviours in the adult, we need to look at the first three years of life. How did the child overcome the primitive reflexes? Was it able to come by itself to sensory and motor control? This will determine whether the adult will need to depend on outer stimulation (addiction) or will be able to live out of his own initiative.

The child wants to integrate all of its sensory and motor skills into the vertical. This is its goal, and the goal creates the path. The child is not just taking little steps, these steps are all in the service of the whole. To the end of standing upright and becoming human, the child needs to overcome all the reflexes that make him dependent on nature, and just keep some reflexes (innate wisdom) for when he is in danger, and for example, has to run faster than usual. The child trains, trains, trains, so that all senses relate to the motor skills, and

all motor skills are in the service of the senses.

Similarly, a child learns speech out of the higher goal to learn the mother tongue and to communicate. When a baby produces the first syllable, “ma ma”, its unconscious intention is to express out of the whole context, “I see and love and enjoy my mother”. This is why it is important for the adult to speak clearly and on a higher level to the child, not in baby language, which harms the brain.

Scientists have studied the intelligent reactions of the baby from after birth. The baby’s first conscious thought is “I am”. But even before this, the child has all the thoughts available, but does not know it. On this learning to think, “I am me”, is based everything the child will think in later life. The GOAL radiates and accompanies all the little steps of the child and supports the child’s development.

This completeness, this purpose to become an upright speaking thinking human being is present in every little action. The child is born with a strong intention to be a human being. *To strengthen this, in eurythmy we need to support this intention of verticality.*

When we look from this aspect to eurythmy exercises, we understand the wisdom of eurythmy. Eurythmy always comes out of the whole human being. It comes out of the whole of humanity. A therapeutic eurythmy “B” must come out of the complete human initiative, out of the energy of the whole human being. The small child will relate to this as our intention, and the child’s intention becomes one with the gesture. Intention, will, intuition: these are all expressions of “I am”.

Some questions were asked about coming out of the vertical. How healthy is it to carry the child around in one of those semi-reclining car seats? Michaela said that as a habit, this is a “disaster”. The baby’s connection from head to the trunk is not formed. Similarly, when a mother carries a child in a sling on her chest, the child has to experience the verticality of the mother. This does not happen when the mother carries the child in a basket. It is also not beneficial to push the child facing out into the world, or to otherwise bring the child into positions that are not out of the child’s own initiative. Michaela said that eurythmy is always based on the vertical, the goal. Even when working with terminally ill patients, who are lying down, we are coming out of our own inner verticality.

Michaela spoke of the “**healing orientation**”. The therapist should come with the attitude: “How can I make myself in the best service of the patient?” (“What is the karmic gift of the child that I can relate to and develop?” “What is the child’s goal?”) Then the therapist should be “open” (the first of the seven life processes) to the unconscious will of the patient. This may mean deviating from the prepared plan. Therapeutic intuition is the link from I to I, from will to will. The therapist and patient both know this unconsciously. Create a total open space and perceive the healing intuition

which wants to come out of the future (ideal human picture). *The therapist must become transparent for the Logos to come through.*

In working with young children we need to always follow the “pedagogical law”. What I do on a higher level causes a reaction on the next lowest member of the child. The little baby has a huge ego and astral sphere still around it; the therapist’s own ego must be so large that he/she can work out of a selfless I capacity to best influence the baby’s members towards incarnation. We cannot know how many problems there are from inheritance, nor the future destiny. The I is always beyond guilt and burden from the past. The I can be compared to the head above the water, while the destiny (astral, etheric, physical) is under the water. The therapist has to have an inexhaustible trust in the full potential of the other, so the child can master all difficulties on its lower levels.

#### In essence:

**1. Human development is the humanizing of the lower nature; of the mineral, plant, and animal so that these support.**

**2. The whole future of the child which is already present.**

We live from the future, not only from the past. Pathology comes from the past, and here we need to learn systematically. The “I” must come out of the child’s own joy, the child’s own incarnation.

We should do therapeutic eurythmy out of the joy of becoming, out of the joy of life! We should act out of joy for the goal of humanity, of which eurythmy is the expression in the present. We handle the future of humanity in every eurythmy gesture we do and then draw the patient’s future forces into the now. Welcome the child with joy at the eurythmy room door!

#### Monday, February 17, 2014

Dr. Michaela Glöckler started her second lecture by reading the pre-Easter Calendar of the Soul verse (#52):

*When from the depths of the soul  
The spirit turns to the life of worlds,  
And beauty wells from wide expanses,  
Then out of heavens’ distances  
Streams life strength*

*into human bodies,*

*Uniting by its*

*mighty energy*

*The spirit’s being*

*with our human life.*

The child is born towards the future and we see the human as the ideal of God. Over the doorway of Chartres Cathedral, Adam is sculpted as the thought of God. In the story of the

seven days of Creation, in the Bible, on the sixth day God created the human being and higher animals. As in all the preceding days, does it continue, “...and He saw that it was good”? No! The text continues, after the creation of man, “and He saw that it was *very* good.”! The complete archetype of the human being is the sun.

Over and over, Rudolf Steiner addresses the healthy human being, the ideal man, which is a concept. Some people feel that this is very abstract...why does R. Steiner not talk more about practical things? Rudolf Steiner is always talking about meeting/experiencing the Christ in the etheric, and tries to bring this into thoughts and words so that we can access it. This is the human being’s archetype. “Eurythmy is just the practise of that archetype.”

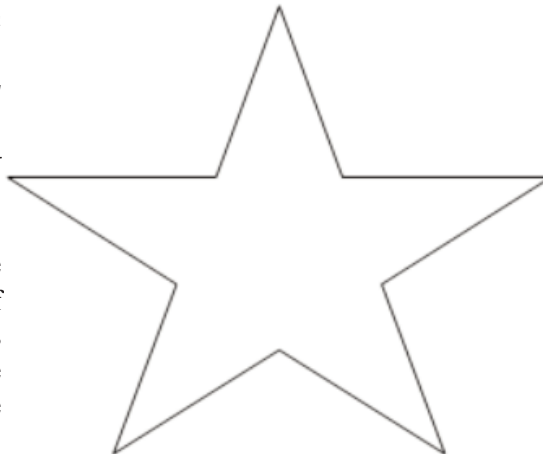
In manifesting, in all details, the power of Creation, if something is whole or complete we name it “beautiful”. The concept of beauty is that everything fits harmoniously together, and then the cosmic being and the human life are nourishing one another.

Many people will ask, what about the daily practice? How do I make all these ideas and concepts practical? Michaela feels that when we can work out of that security, that the child is on the pathway to the ideal, then we can look back on the past circumstances of the child, and work out of the whole, towards the future of the healthy human being. This is the path of true healing. We need to understand this bridge.

Michaela then looked at the subject of “feet” from the point of view: How can we develop more interest in the concrete daily details, and see these in the light of their future goal? Our modern medical research is showing up so many symptoms that manifest this whole, only researchers are not aware of this. We need to help that these findings are interpreted in an understandable manner.

Feet: When Michaela started her paediatric practice, many mothers came to her with babies who cried instead of eating, or they had problems after a meal, or they had difficulty sleeping. Neurologically there seemed to be no problem, no medical reason, why this would be happening (other than the nervousness of the mothers, but this was not the main issue.) Michaela realized that the proprioception of the baby was disturbed...the baby was too much “out”, and not aware enough of its body. So Michaela experimented, and took the baby on her lap and held it up against herself and started to massage the baby’s feet. (Michaela is also a trained reflexologist...she loves the feet!)

The baby took a deep breath, its eyes became clear, it looked at the mother, and at the end it started to smile. This was because the baby could feel the resistance, the sense of touch; it experienced the self-awareness of the feet, the body, the proprioception. Michaela says that she





found out that this massaging of a baby's feet later became a treatment and has a name. There is also a practice called "holding therapy", used for anxiety, autism, ADHD... different conditions when the astral body is not controlled by the *I*. After this therapy, the children wake up feeling this full resistance around their bodies.

Michaela's inspiration to work with the feet, and to calm babies by rubbing the feet, came from her knowledge of paleontological development. Wolfram Schadt, key biologist at the Goetheanum, researched the transition from the fossils of the higher animals to the first humans, and he found that the first organ to become human-like is the foot. So we find an almost human foot and the head like that of Neanderthal man (still monkey-like). Humanization starts with the feet, and therefore we do so much with three-fold walking and exercises with the feet.

If a treatment "humanizes", allows more human expression, then you are on the right track. If you work with young children, Michaela recommends that the therapist have a corner with a sheepskin, where you can do a little bodywork. Also some toys, balls, etc. You could start with a little riddle: "Do you know what I have in my sack?" and observe the child as he reaches in and touches something unknown. He will be fully "present".

The more you give space for the "I am", for the child to be fully present (in observing, control, reaction), the easier it is for the child to reveal that. This is always healing. We therapists can learn a lot from ergo-therapists and sensory-integration therapists.

### Normal Stages of Child Development

Michaela lay down on the floor to illustrate the following movements. This is one of those situations where "you had to be there"! Following are a few notes:

1. Moro Reflex: The healthy baby is relaxed and in flexion. When lying on its back, knees bent, arms out to the sides with palms up: a strong noise or shock will elicit the Moro Reflex, where the arms will go up above the head and outwards. The baby takes a sharp in-breath.

There are many reflexes, extremely "intelligent", that come without conscious intention. The baby has to learn to overcome these reactions and to move more consciously in a healthy flexion.

2. Rolling over: On its back, the baby pulls hands into itself, bends the knees, and it rolls over. In the beginning this is not possible, because of the reflexes. We have to pay attention that the child can roll to both sides. The child learns this rolling movement unconsciously when it has a natural birth.

3. In the 3-4th month, the baby learns to fix the eyes, play with its fingers, and touch/grasp objects with its hands. The baby is always trying to get its head vertical and to come into a sitting position. The will is there to become upright.

4. The baby rolls, tries to lift/turn its head, and pushes upwards from a reclining side position with the arms. On the

tummy, it does push-ups. Then, as the extended arms can hold more weight, it sticks the back and bottom up.

5. The mixture between this rolling (already learnt) and desire to come upright, leads to the next movements. The child longs for something it sees on the floor, and it tries to get towards it. It develops this "fire to move", and discovers this possibility to move the body...this is such a joy for the child. It repeats and repeats its efforts. This is the first degree of freedom. Even if it is moving pathologically, it still keeps on doing it.

6. Crawling: This should be a good long stage. This movement in the horizontal develops a strong back which is the precondition for the healthy curve of the spine. The parents need to ensure that the floor is suitable for crawling.

7. Then the view goes up: The child's arms are strong enough to pull itself up. Then the child tries to reach for an object with one arm...this trains the balance. The child is so attentive, so aware, and if it does fall it will be in flexion and will not hurt itself (in a safe environment, of course.) The caregiver just has to be peacefully there; to have joy, courage, and trust around the child.

Question: How can we assist the child who is e.g., crawling by pushing with just one leg? Michaela answered that we need to awaken the unused limb to proprioception, by touching it, or giving a foot massage on that side.

Michaela spoke of the importance of parents giving their children the courage to explore. This will develop (later, in the child) into existential trust. Children learn by doing it themselves. "Mama, selber machen!" Let the child dress itself, even if it is slow. There may be only a small window of time, maybe 6-8 weeks, that certain faculties are trained, and everything learned through a child's own activity is a gift for life.

The feet of small babies are flat. The babies stand, balance on their own feet, and then by learning to walk, the arch is developed. The arch develops by walking. Therefore it is important to let children walk at their own pace, even if it is very slow for the adult.

### Looking at these First Year Movements from a Eurythmic Viewpoint

The child incarnates through the *vowels*. The vowels are Steiner's way of proprioception...to make the child feel at home in his body.

EE movement: When the child is on his tummy, there is a reflex to make its head lift and stretch back so it can breathe. This first stretching makes the air passageways free. This is the first verticalization.

Ah openness

Eh crossing of view axis, playing with fingers

Oh holding, embracing

U parallel: At 6/7 months, the child discovers the parallelity of the legs. (Child is on back, stretched out, and lifts one leg slightly and puts it next to the other foot. This

movement may only be for one week.) U is the last vowel that incarnates the child.

The whole range of *consonants* comes when the hands are free to explore the world. At the same time that the child learns to interact with the world with its hands, the child learns to listen, and to speak. Through touch, the child is experiencing the forms of the language that it hears. The brain is growing so rapidly that everything touched by the child leaves a footprint in the brain cell connections. What the baby/child does and experiences forms the basis for brain development. Children are handicapped when there is too much structure that they have not developed on their own. Movement needs to come out of the baby's own activity.

### Diagnostic Exercises

In kindergarten, at a stage when the child can already imitate, Michaela always has the young child move the *vowels* as a diagnostic exercise. These forces come out of the past. For example, "*AeA Ich bin da*" with jumping. If a child cannot jump, there is a huge lack of awareness in the lower body.

We can see the etheric body working in these vowel archetypes as imitated by the child. If something is missing as evidenced in the inability to form the gesture, then we can remature it. Go through the vowels with the child until he can do them properly, even if it takes months. For example, if the arms are asymmetrical in "A", then you need to work toward a real "A" gesture. You can recite beautiful verses with lots of "A"s. Go from small to large. Or you can massage the arm into the right position. Or you can let a little animal walk up and down the arm and have the child follow with his eyes. Or ring a bell along the unresponsive side, and let the child follow the sound with his ears.

Many children need to close their eyes. They are overstimulated in the right brain and need to orient in space by closing their eyes and listening ("Richtungsorientieren") – to a bell, etc.

Michaela has adults do the *consonants* to see their weak points (and also the corresponding organs), so the adult can work on these. These work toward the future.

To *practise* for ten minutes every day reaches the ego (all the four members are together), and this is better than once/week for half an hour, which only reaches the astral. Let parents help their children to practise daily.

### The Pentagram

How are the different members of our being playing into this looking at the four lower senses? What are the possible causes behind all sorts of problems? We have to address this in a concrete case. The members create in space a picture of their own, with specific incarnation orientations. For instance, left and right are incarnation dispositions.

We start at the "*head*" point, and move to the "*right foot*" (crossing the "diaphragm" which is horizontally across the middle of the star, and the "liver"). *The right foot is the*

*most etheric* because the blood from the metabolic system goes through the *liver* which then enlivens and builds up any substance from (protean fat hormones?). This is then released into the blood and transported wherever it is needed. (Even the substance of the toenails comes first from the liver.) In most Greek sculptures, the figure stands on the left foot, on the stability of the physical left leg, which leaves the right leg free to "play".

*The left leg, up to the diaphragm, is the most physical part of the body.* If you are skinny, the stomach hangs down on the left side. Usually the left kidney is lower than the right kidney. On this left (below the diaphragm) side is the major digesting of physical substances (food) and substances are passing out. This left side is heavier, while the right side is lighter. It is easier to keep things "up" on the right side (more anabolic work).

Therefore, in relation to the members, we have an asymmetry, and when we want to strengthen the etheric we want to strengthen the right side. In the brain there is no writing area, there is no left or right writing area. Writing is far too complex, and both brain hemispheres need to cooperate when children learn to write. To learn to write with the right hand strengthens the etheric of the right side, and this is one of the reasons that Rudolf Steiner wants children to write with the right hand.

This is not to change the dominance; that is a totally different issue. Left and right are incarnation dispositions for the members. The dominance will never change. We try to make the dominance clear, right or left, so we do not have a crossed dominance. We can support this enormously by specific eurythmy exercises. To teach a left sided child to write with the right hand will not change the left dominance. To learn to be a violin virtuoso with the left hand will not change the right dominance.

Michaela says that this issue is not enough understood in Anthroposophical circles. All the children she cared for wrote with the right hand, even if they were left dominant, and they enjoyed that!

*The left hand is the arm of the heart; we flow from out of the heart to the left hand. It is the most emotional, most astral.* In the left breast we have a much more sensitive emotional proprioception. Here we are much more awake; our conscience is placed in our left chest (not our head). The members create in space a picture of their own, with specific incarnation orientations. We strengthen the astral through listening, through music, through speaking to the heart (not to the mind). This left bodily sphere is more a listening realm, time, music, inner space, process-oriented. Primarily the inner space is a listening space (not a looking space).

*The right hand is the homeland of the I-organization.* On the right side (above the diaphragm) we are the most I-aware, the most conscious. For a contract we shake with the right hand (even a left-dominant person). Of the lung lobes, most of the air exchange is done in the right chest; that is our

communication with the outer world. We orient ourselves in space with the other. The right side of the brain has to work through everything we experience in space, where we see everything as one, as the big picture. We are space-oriented and image-oriented with our right bodily sphere.

How can we bring the outer space and the inner space together in such a way that the I stands at the threshold and is not drawn too much to either? That is the big educational task: how to bring together these two spaces of right and left.

*The left foot is the most physical. Head:* All is brought together in the head, with *Body-free Thinking/feeling/willing*. The “Quintessentia”, the “Fifth Principle”, so-called “moral ether” comes out of the incarnated resources of our higher members.

The mystery of incarnation is the mystery of sense and physical experience. Each one of the twelve senses gives us the possibility to place (experience?) something real in the physical world. (R. Steiner, *Anthroposophy as a Fragment*, 1910). We can represent in thought what we experienced, and take these up in thoughts to the eternal. This is the mystery of the inner life. Although physical things pass away, we are able to take our memories and thoughts of our earthly experiences up to eternal life. We incarnate in order to take something out of our own being on earth, in time and space, into eternity. We do this through our I. The I is our link, for only the physical body stays on earth when we die, and the senses no longer function.

So it is very important that we enjoy living through the senses on the earth. This gesture is “received” (by the I?) and then the outer carrier (body, senses) can die. We have to throw it away. It is gone. The incarnating forces undergo a metamorphosis into the excarnating thinking processes. Thinking can make us rich to the world of the senses, to the world which will die.

Michaela drew three curves within the pentagram. Each curve went from a star point, through the “heart”, up to the head, culminating in “thinking”, “feeling”, or “willing”. The heart is the “doorway” where these forces can excarnate. The heart is the only place where the blood stops for little parts of a second. At the end of the diastole there is a little “stop”, where every little blood “file” has to turn around, where the etheric can liberate. If too much goes out of the body, oxygen can re-incarnate the too-loose etheric into the body. Here is a very delicate interplay between heart and lung to keep the incarnating and excarnating forces in balance. To breathe properly is extremely important, and many therapeutic eurythmy exercises foster this.

The carrier of the thinking, the substance of thoughts, comes from the etheric (curve from the right foot, through the heart, to the head). On the “wings of the etheric” (curve) the astral forces are taken to liberate and become our feelings. This curve moves from the left arm (astral), through the heart, up to the head (body-free feeling).

On this same pathway of the etheric the forces of our

I Organization are liberating, and are becoming our will. This curve goes from the right arm (I organization), through the heart, up to the head (body-free willing).

*Eurythmy exercises bring health to the breathing. Eurythmy is so important because it creates a balance between the excarnated and incarnated part of our member systems. When we have a certain picture in mind and bring this together with a certain body experience, we work on this balance. Eurythmy helps us to be conscious of free eternal life within the incarnated body.*

Often these incarnating and excarnating forces are not in balance. The reflexes need to first individualize through the incarnation process before they can be properly used. Therefore when the reflexes have not been properly overcome, they are “freed” but still totally unconscious. In psychiatric disorders, the thinking, feeling, or willing may be body-free (e.g. obsessions, hallucinations) but they are not in conscious control.

This is a background picture for *diagnosis*. Then there are four basic questions that orient our attention to the greater context and can be helpful in diagnosis and help us come to an intuition where we can start:

The physical body develops along the sense-perception impulse, but it can be disoriented by heredity, the senses, the physical body, or the physical environment. The physical body can be a “victim” of sensory experience.

The etheric body can fall victim to bad habits and lifestyles. The astral body can be a victim of negative relationships, fearful emotions, crossing borders, experiencing aggression... The I is the “victim of its own”. (That is the only domain that is reserved for us!)

**Michaela Glöckler, Tuesday morning, February 18, 2014**

### **How to Help a Child with a Retained Reflex**

In order to help a child with a retained reflex, Michaela said that we need to help the child make the same movement out of its own will. She suggested to start with the opposite movement from the reflex, and guided by our own intentionality, to move our limbs into the primitive reflex position. E.g., for the Moro Reflex, you would start with hands contracted small into the self and expand out of your own full intention into the “Ah” gesture. Say “Ah” too. Also, in Eurythmy, you could move in Expansion/Contraction: curl the arms in tightly and stamp; then release the arms out, up, lightly, stepping with tiny feet. This creates a network in the brain cortex that is led by our ego activity, rather than fixed by the brain stem in an inaccessible and automatic reflex movement.

Another method mentioned was to have the child run his fingers up a vertically-held rod, and at the same time, sing a little song. The healthy speech movements of the mouth/voice overcome the unconscious astral.

Every conscious movement in eurythmy and speech is



anti-reflex training. Especially in the first three years, when most of the connections in the cortex are made, eurythmy and speech push down (inhibit and integrate) all the hereditary reflexes. We looked at slides of child development. Anyone who is interested can obtain these by emailing Dale Robinson: dale1022@sbcglobal.net

### Further Inspiring Words about Eurythmy

“Doing eurythmy is cortex gym.” Every movement in therapeutic eurythmy is only effective if the *whole being* is involved (thinking, feeling, willing, with the integration of the ego). This sets the will free and forms neurological connections. Eurythmy integrates the sensory-motoric functions and trains the intentional brain cortex. Eurythmy works out of the whole. It brings everything together.

MG: “Everything you do intentionally, out of your I, you have for eternity.”

### Eurythmy and Technology

In her lectures to teachers at the 2014 Western Waldorf Educators Conference in Fair Oaks, California, Michaela Glöckler spoke about technology and the crucial role of eurythmy. Rudolf Steiner has said that technology will bring death to the earth; but if humans can develop an appropriate “moral state” then technology can bring a great service to mankind. Eurythmy can be a strong instrument to school this moral force.

Technology is really young. Mankind lived for many generations with extremely simple technological assistance. The wheel, for example, was born out of observation and experience, and came on this continent in post Christian times. More modern technological instruments come out of a very abstract thinking.

From the 15th to 18th centuries, man developed machines to replace using their own motor skills and muscles. From the 18th to 19th centuries instruments of measurement could replace the senses and feelings. Then from the second half of the 19th century and in the 20th century, information technology (IT) is taking over all the functions of the brain. Only man’s creativity is left.

In this context, “Eurythmy has the task to bring back into mankind’s development, the WILL.” We need to educate children to be self-directed, to guide their own will. Eurythmy is an art in which you must, out of your own free will, engage your total being.

We have all experienced how eurythmy looks when done – generally by high school students – by just moving around with empty gestures. Michaela emphasized the importance of class teachers fully supporting eurythmy in order to help their students connect. It is much easier to do what everyone else does, out of a group consciousness. But to unfold one’s own will, this is brand new. Pure will, pure intention from within, is the “I am”. Then we are fully present in what we do.

In high school eurythmy, the students should work with the colours of the eurythmy figures and learn to distinguish thinking, feeling, and willing. The “character” of the figure indicates the pure will aspect of the sound. In eurythmy we have a way to school this new needed “morality”. Due to technology, for the first time in our evolution the will is set free and the human being must decide how to meaningfully handle it. “Can I bring my will in the service of the well-being of humankind?”

### How to Decide Which Therapy is Appropriate

Dr. Susan Johnson starts by sending a child to therapeutic eurythmy to integrate the four lower senses and to support the incarnation process. If, after a number of therapeutic eurythmy sessions, nothing has changed, then it may be that the child has a cranial compression (a compressing of the cerebellum, just where the vertebrae go up into the skull), as a result of a traumatic birth, from vacuum forceps, etc. Cranial compression can be addressed by Biodynamic Cranial Sacral Therapy which opens all the neurological pathways. The biodynamic cranial sacral therapist works very sensitively with the fluid energy, and does not do physical manipulation.

Please see: [www.jamesjealous.com](http://www.jamesjealous.com) or [www.cranialacademy.org](http://www.cranialacademy.org). Generally, after three sessions of this therapy the child is open to movement therapy. Susan has recommendations for therapeutic eurythmy on her website. [www.youandyourchildshealth.org](http://www.youandyourchildshealth.org)

## REPORT OF THERAPEUTIC EURYTHMY INTERNATIONAL DELEGATES MEETING

Dornach, September 2013

This day-long event took place in the beautiful North hall, high up in the Goetheanum Building, with large windows looking out over the hills of Dornach below, tinged with the first colors of autumn. Thirty-six therapeutic eurythmists were gathered from over 25 countries and a lively atmosphere was there from the start! Though important business was dealt with, these tasks were set between refreshing periods of doing eurythmy together.

First, Angelika Jaschke, the chair of the international Forum HE coordinators circle, led us in eurythmy with planet and zodiac gestures. The form was based on two circles that touched, one larger, with the seven planets on each side of the circle, and the other smaller, home to the 12 signs of the zodiac. The planetary circle represented the pillars in the audience space of the first Goetheanum. The zodiac circle represented the 12 columns surrounding the stage area. An area at the back of the “stage” was reserved for the group sculpture of the representative of humanity, which we portrayed with someone on a small platform doing SMHM. At the touching point of the two circles was the location of the speaker’s podium. This we represented with someone standing there performing I Think Speech. The planets and zodiac were

brought into motion, with people moving from one place to the next, taking on the gesture of that position. To top it off, we had four people inside the zodiac circle, moving through the sound gestures of each zodiacal sign. At one point we had all 32 people moving in a beautiful, pulsing flow—one could only be amazed at this incredible cosmic dance!

Next all of the delegates were introduced and the situations in their countries were briefly described. In some countries, like Switzerland and Germany, there is a high concentration of TEs, making it challenging for them to find work. In Chili and Argentina however, there are many anthroposophic doctors but by far not enough TEs to fill the need! Many places are facing growing difficulties for TEs work in Waldorf schools. The need was expressed to stand up with more conviction for our profession and to learn to better articulate and document what TE is and its effectiveness for certain illnesses, and its possibilities in school settings. The group then worked on the exercise *SMHM*.

Next on the agenda were several communications from the Medical Section. The IKAM members [TE's, Doctors, Therapists, Nurses, etc. all working out of Anthroposophic Medicine (AM)], having been working hard on finding a fruitful common ground as regards research and documentation. They agreed as a starting point to choose 20 basic illnesses that will receive priority in documentation over the next seven or more years. A basic documentation template is being developed and will be distributed soon for all of us to use to document our work if we have patients with any of these illnesses. We want to have the documentation ready in good time for the compiling and processing work. This sort of research is essential not only as we develop consciousness and the ability to articulate about what we do, but also to be able to present documentation of our work and its effectiveness to the wider world. A list of the 20 illnesses can be downloaded from the Forum HE website.

To better facilitate professional exchange and support in TE worldwide there will be a discussion board accessible through the Forum HE website, for use by Forum members. This is meant strictly for professional exchange (no political opinions, etc.). A moderator will guide and oversee this process.

The upcoming Forum Newsletter will again be printed, after last year's successful distribution and feedback, and sent out. It was seen as very positive to send it also to local anthroposophic physicians. It is also available through the Forum HE website. The delegates felt that this investment is important at this time, when in so many countries TE and AM as a world wide movement are not well known. The hope is that the different countries can cover the cost of printing/shipping: about three Euros a piece.

At this point we gathered in several work groups with the members of the Coordination Team of the Forum HE. I went to the group involved in Research and Documentation. Because TE's effectiveness can usually not be evaluated in the

traditional manner of medical research (double blind studies, etc.), new ways are being sought. Mr. Christopher Kubler, a guest at the meeting has offered his services in research expertise. More information will follow soon.

Another discussion group followed around the theme of "How does therapeutic eurythmy become a medicament/medicine?" The English speakers got together (Russia, Israel, South Africa, and North America) and we highlighted different aspects of eurythmy and searched for that threshold of when it passes from artistic to hygienic and from hygienic to therapeutic. This question is critical in many places, where eurythmists with only the basic training are being hired to do one-on-one or group hygienic work, replacing the therapeutic eurythmist.

Later Angelika Jaschke guided us through an exploration of the eurythmy gesture for *N*. It was a seven-fold process:

We began with the *zodiacal gesture* of Pisces.

Then we worked with the general *sound gesture N*.

Moving to a study of the eurythmy figure and the build up of *Movement, Feeling, and Character*.

We did the *leg position* (jumps).

We included a series of *repetitions*.

We added the *photographing ourselves while going through the movements (this would be the listening aspect of the Vowel exercises)*.

Ending with the *Pause*.

This build-up helped bring clarity. The first three steps are what one gains through the basic eurythmy training. They are the foundation and background of all of the following steps. For example, the answer begins to emerge to the current burning question of whether someone can work therapeutically with TE, without having done the basic Eurythmy Training. The deepening effectiveness of the *N*, as we included the remaining steps, became palpable.

So that afternoon ended with the satisfaction of having moved eurythmically and in discussion, with meaning. Later during the conference all of the representatives of the professional TE organizations, such as ATHENA, gathered for an exchange more tuned to the events and developments in the Rights Sphere. Are AM and TE recognized and accredited by the Health Dept. in your country? Do insurance companies give reimbursement for TE sessions? These and similar questions were looked at from the perspectives of the different countries. Switzerland has made strides in compiling a dossiers to present to the insurance companies. They have kindly made this available through the Forum HE website, as a possible model for all of the professional TE organizations.

All of these meetings took place in and around the International Annual Conference of the Medical Section. The theme was The Heart and the Development of Anthroposophic Cardiology.

*Warm Regards,  
Maria Ebersole*

## THERAPEUTIC EURYTHMY FOR THE TEETH

*Polly Saltet and Susanne Zipperlen*

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### Introduction: A Case Study

Mia (not her real name) was a shy second grader, so quiet that she seemed invisible in the classroom. Though enthusiastic about school, a good and eager student who especially loved art and movement, Mia tired easily and had difficulty sustaining periods of focused attention. She was academically able and an advanced reader, yet challenged in math at the beginning of the year. Socially she preferred to play with just a few friends from her class. At home she was considerate, responsible, and loving toward her parents and little sister.

Mia suffered from what her dentist described as crowding in the upper jaw, with a high palate—probably caused by thumb sucking—and a narrow arch. Her adult teeth were not finding their place because her jaw was too small—so small, in fact, that the dentist had to make a specially sized tray in order to make a plaster mold of her teeth. The lower jaw was crowded in the front as well, with a flattened frontal arch. Mia's upper incisors were not coming in straight—they were angled away from each other, leaving a wedge-shaped gap between them—and her lower molars leaned inward toward her tongue. X-rays revealed that her upper right six-year molar, typically the first tooth to descend in a child's second dentition, had not erupted and could be seen tucked above and behind the tooth in front of it.

Mia had never had any orthodontic intervention. Instead, she was referred to Susanne Zipperlen, a therapeutic eurythmist working in Chicago, for a rare but surprisingly effective treatment of eurythmy exercises for the promotion of healthy dental formation. Mia had four seven-week blocks of once-weekly therapeutic eurythmy sessions from September 2011 (age 8 years 3 months) through June 2013 (age 9 years 10 months). The blocks were interspersed with several months of "rest," during which the exercises were not done at all. Mia's mother attended each weekly session and devotedly helped her daughter practice at home every day.

During the first block, Mia's movement was unfocused and dreamily unconscious. She tended to hunch forward with her shoulders, the left shoulder lower than the right. She often crossed her hands automatically in front of her chest in a protective gesture, and all of her movement was in front of her, even when a gesture was demonstrated on the sides, as in birdwings. Mia's right foot turned in slightly, sometimes covering the toes of her left foot when standing. She was often congested and had cool hands and poor stamina; she rarely responded verbally to Ms. Zipperlen's questions, simply smiling shyly at her instead.

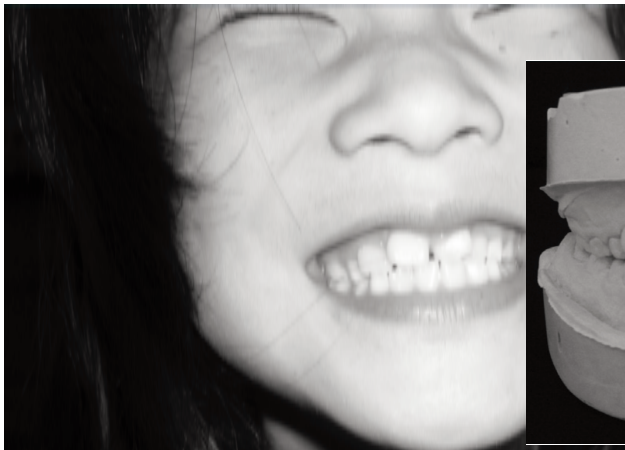
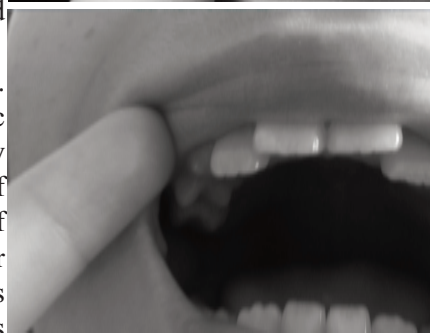
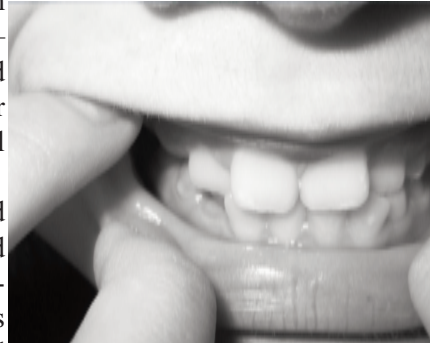
Over time, Mia became an active participant in her therapy, able to articulate specifically where and how she could feel the exercises working. Within one-and-a-half years her teeth had definitely shown improvement. The upper-jaw incisors had straightened, although the lateral incisors still needed to move forward more, and the lower jaw incisors now had room to stand upright and evenly spaced. The six-year molar had still not erupted.

In addition, Mia's stamina and focus had improved. She was at grade level in math, and she was now open and chatty, no longer invisible and shy. In fact, her teacher now sometimes had to ask her to be quiet in class! The therapeutic eurythmy had clearly had an effect, not only on Mia's teeth, but also on her overall health and her soul life.

As surprising as it may seem, therapeutic eurythmy has been demonstrated to be an effective treatment, either by itself or as a support to orthodontic intervention, for moving and straightening the growth of adult teeth in children. This branch of therapy has been developed over the past twenty years—inspired by a single indication given by Rudolf

Steiner in a series of lectures in 1921-1922 on curative eurythmy—by Mareike Kaiser, a therapeutic eurythmist living in Graz, Austria. She has been working with Claus Haupt, an anthroposophically oriented dentist from Munich, and Herbert Vetter, a retired goldsmith living in the Black Forest of Southern Germany.

As the therapeutic eurythmist at the Graz Waldorf School, Kaiser began early in her career treating children for dental problems. Immediately she received positive responses from local dentists who saw improvements in their young patients. But, as a





relative beginner, she couldn't readily explain how therapeutic eurythmy could have such a strong effect on the hardest substance in the body. She began a search for an anthroposophically oriented dentist familiar with therapeutic eurythmy to help her understand why she was having such success. Her search ended when she met Dr. Haupt, who visited Graz in 1993 to give a lecture on teeth and the background of dental anomalies as seen from an anthroposophic viewpoint. Haupt and Kaiser then examined the teeth of all the second graders in the school and began a decades-long collaboration in diagnosis and treatment. Since that time, they have made yearly examinations of classes in the school, followed by seven-week blocks of one-on-one eurythmy with Kaiser. They also began documenting their results with photographs, x-rays, and plaster casts of the teeth, before and after treatment. They were joined in their research and development of the exercises by the goldsmith Herbert Vetter, who introduced the study of indications from a patient's star charts to better understand the soul conditions underlying dental anomalies.

At the first international therapeutic eurythmy conference in Dornach in 2008, Kaiser offered a week of classes in her specialization, which were so popular that she had to offer two parallel sessions. A number of American therapeutic eurythmists who took her classes invited her to come to the United States to offer a course of training. The board of the Association for Therapeutic Eurythmy in North America (ATHENA) worked hard to make this wish come true, and in the summers of 2011 and 2012 Kaiser offered the training for therapeutic eurythmists in two courses at Camphill Village in Kimberton, PA. For the second course she was joined by her colleague, Claus Haupt.

### The Nature of Teeth

We know how important teeth are for allowing us to live on the earth, by making the food we eat available for digestion and nourishment. But why does every person have a dentition that is as unique as fingerprints? Why do some people have teeth that are very white, or very small, or crowded, or missing? Why do we get two sets of them? What can the teeth tell us about the human being?

When we look at a tooth from a purely physical viewpoint, we see that it has a very strong form and is the hardest, densest part of our physical body—as hard, in fact, as quartz. We can compare a tooth to a polished jewel: it has planes, is pointed and shimmery, and it lets the light through. The tooth has a relationship to light! The minerals that make up the tooth are silica, magnesium, calcium, and fluoride.

Every substance in the body has a task, an effect, and a source in nature. Magnesium, from green plants, has a relationship with our etheric forces. It makes the tooth expand into form in the inner, sponge-like dentine. Calcium makes the tooth white, which is the soul-image of

spirit, the creative element. People with really white teeth live strongly in the soul realm. Fluoride makes the tooth hard. It seals and hardens the upward kidney radiation of substance. Silica, a six-sided crystal, provides the basis for the form-carrying light to enter our bodies, giving the tooth elasticity and transparency. It is found in the enamel of the tooth, forming millions of tiny columns, like basalt, and corresponding to our human uprightness. Silica is more strongly present in the adult teeth than in milk teeth, and so we receive a little awakening shock

when they emerge. With the change of teeth, the “I” is increasingly invited to shoot into the limbs, giving them the impulse to be creative in the world and allowing us to develop earthly thinking as compared to the young child's more imaginative thinking.

The teeth can be seen as “*spiritual sucking organs*,” each one drawing specific forces into the growing child. For this reason, Kaiser and Haupt strive to prevent the pulling of teeth too early. They feel that each tooth should be given at least four years in place and only then be extracted if absolutely necessary. After four years with a tooth in place, the child retains the spiritual gift, even if the tooth goes.

Babies enter this world with no teeth, so to speak. They are still very heavenly and have no need of teeth until they become more earthly by taking in solid food. Likewise, in old age, as the connection to the earth loosens, we begin to lose our teeth. The baby, or milk, teeth are inherited and do not yet show so much about the individuality of the child. It is with the eruption of the adult teeth that one can begin to see a picture of the way the individual is taking in and making her way through the world around her. For instance, the first adult tooth to make an appearance at age six is the first molar (the sixth tooth when counting backward from the midline at the front), which has no corresponding baby tooth. The number six has to do with light, as we noted above with six-sided silica, and light makes space visible. With the eruption of this tooth comes a new sense in the child for three-dimensional space and the ability to develop the concepts of length, size, and so on, giving a foundation for the study of mathematics. For this reason, the emergence of this tooth gives us a first indication about school readiness.

### Soul Forces and the Teeth

In considering the head as a sphere, one can denote the three planes of space: the “thinking plane,” which divides us into right and left sides; the horizontal “feeling plane,” which divides upper from lower; and the “will plane,” which divides us into front and back. The upper jaw, which is fixed and immovable, has a relationship to our nerve-sense organization and our thinking. The lower jaw, which is a small limb within the head, is related to the metabolic-limb system and to the will. In between, where the upper and lower teeth meet and where the tongue gives vent to speech and song from our

rhythmic middle, the home of heart and lung, is the realm of feeling. We thus see in the teeth a progression of concentration of soul forces from thinking through feeling to willing in the direction from the upper incisors to the lower molars.

Those who are familiar with eurythmy may begin to sense how this art of movement, arising from the soul and striving to make it outwardly manifest, may have an affinity with the forces behind the formation of the teeth, which taken together give a miniature picture of the whole human being.

Herbert Vetter brought his understanding of the strengths and challenges of an individual's incarnation as revealed through a child's birth chart to help Kaiser and Haupt deepen their work. Without even seeing a child, Vetter could describe the exact configuration of her teeth simply from looking at her birth chart. With the parents' permission, a child's birth chart is now included in Haupt's initial examination. Although a deeper consideration of this subject is beyond the scope of this article, a study of the zodiac and the planets is a rewarding complement to this area of therapy.

The soul we have in common with the animal kingdom, and when we examine the teeth individually, we notice similarities with different types of animals. For instance, rodents have very large first incisors compared with their other teeth. Rodents are strongly oriented to the nerve-sense pole, with their quick, nervous movements and alertness. We human beings are also quickest and most alert in our nerve-sense activity, our thinking. Thus, one can see that the first incisors, which emerge around age seven, when the child is becoming ready for formal schooling, have a relationship especially to nerve-sense activity.

The second incisors, the #2s, are found in exaggerated form in the elephant's tusks. The elephant is a creature of immense etheric forces, with its huge, round form, rhythmic walk, phenomenal memory, and great strength. The child's #2s emerge around age eight, showing the forces of the etheric body, rhythm, and inner movement. A child with small #2s may tire easily and will benefit from rhythms in the day, the week, and so on.

Until these teeth have emerged, the child should not be asked to do any conscious memorizing or abstract learning, since the etheric foundation for thinking is not yet available for this purpose. Nor is the sense for time yet awakened. "Come home in an hour" means nothing to such a child.

The next to appear, at around age ten, is the fourth tooth. This one we find exaggerated in beasts of prey—the lion, the wolf, and their domesticated kin. This tooth draws in the forces that enable us to feel self-certainty, security, and independence. The #4s are the ones most frequently extracted to make room for other teeth. If they are pulled too early, these children may have a hard time self-directing.

The third tooth, the so-called canine, does not appear until age twelve. It is found in its most enlarged form in the

wild boar, which thrives on acorns and hard-pitted fruits. Along with this tooth comes the gateway to a new world of feelings, ideals, desires, and drives for the child, who may sometimes seem to his parents like that rampaging, snorting beast (and who also may be temporarily calmed by a good supply of crunchy food). Whereas the first two teeth are related to the nerve-sense pole, the third, fourth, and fifth—the latter emerging around age eleven with no correspondence in the animal kingdom—can be seen in relation to the realm of feeling.

The first molar, #6, as noted above, has no corresponding milk tooth and is the first adult tooth to appear. Its most archetypal form is found in the cow, which embodies great metabolic forces. Thus we can see that the molars, #6, 7, and 8, plus the wisdom tooth, are related to the realm of the metabolic-limb system and the will, though each in its particular way.

### Dental Anomalies

Having considered the relationship of the upper jaw to the nerve-sense pole, the lower jaw to the metabolic-will pole, and the space between them to the rhythmic middle, we can now look at dental anomalies in the light of the interplay of soul qualities. When we see a child with over-bite, in which the upper jaw dominates, the front teeth protrude, and the lower jaw is held back, we get a picture of a person whose head forces are overbearing, and whose will forces need to be strengthened. This child may be very sensitive to outer impressions, and her legs and feet may be weak and floppy, even if she is active in sports.

The opposite qualities may be seen in a child with under-bite, in which the lower jaw protrudes too far forward. This child will barge noisily into the room, crashing into furniture and other children, without having the slightest idea that he's bothering anyone. His will forces are running ahead of his thinking, like a herd of wild ponies. This child needs help in awakening his thinking forces to rein in the unhindered will in the limbs.

Crowding and gaps, which can be seen as divergences from the curved natural arch of the teeth, are found in the horizontal feeling plane. A person with a beautifully formed curve, in which there is a place for each tooth to stand upright, feels himself at home in this arch and can, on a soul level, "fill" this inner space. When the arch is too small, and the teeth no longer find their comfortable places, one speaks of overcrowding, which can occur in different areas of the mouth. Once again, the threefold perspective can be helpful. For instance, if the lower incisors are crowded, one could ask this person if he often feels pressured to get things done. If the middle teeth (numbers 3, 4, 5) are crowded, this person may be overly impressionable or anxious and need help to express herself, to widen her soul, and to deepen her breathing. When we see gaps, which usually appear in the front, this person may have questions about connecting thinking with feelings or

balancing feminine and masculine qualities.

Other anomalies, such as cross-bite, open-bite and deep-bite, all give a picture of particular imbalances in the soul forces, which can be met through the harmonizing intervention of eurythmy. In all of these examples, therapeutic eurythmy works through repeated, ensouled, physical movement to “remind” the archetypal formative forces of their own particular tasks in forming and maintaining health and balance in our bodies. Because one engages one’s own forces in the healing process from within, the resulting changes in the teeth are more lasting than changes that are forced upon the teeth by an applied apparatus. It is not so widely known that the rate of recidivism with braces is quite high, somewhere over 90%, whereas the rate with therapeutic eurythmy is close to 0%. As the whole person is addressed in eurythmy, the soul configuration lying behind the particular anomaly is also met, helping the child to find a more balanced stance toward the world and within himself. The outward picture given to us by the teeth is thus helped to change in a way that respects the whole individual before us. In some cases, traditional orthodontic intervention may be called for, of course, but if therapeutic eurythmy is done alongside braces, the time required may be shortened considerably and the effects may be more effective and lasting.

### The Future of Dental Eurythmy

The practice of dental eurythmy is still in its early stages on this continent. There are currently about twenty-one therapeutic eurythmists in the U.S. and Canada who have completed the dental training, including the author. As far as we know, there are no dentists trained as yet in this approach. However, in Europe, more and more dentists and orthodontists recommend that patients embark on a course of some sort of movement therapy or body work before beginning with classic orthodonture. Many parents are also interested in finding for their children an alternative form of treatment that takes the whole child into consideration, rather than using an apparatus to force an “ideal” dental formation onto the child.

For more information regarding therapeutic eurythmy in general, the reader is invited to visit the website of the Association for Therapeutic Eurythmy in North America (ATHENA): [www.therapeuticeurythmy.org](http://www.therapeuticeurythmy.org).

*Polly Saltet teaches eurythmy at The Hartsbrook School in Hadley, MA, where she also has a private practice in therapeutic eurythmy. Her latest endeavor is to help build up a local collaborative of therapists of many disciplines, including Extra Lesson, cranial-sacral, homeopathy, nutritional counseling, and music, art, and play therapies. She can be reached at [psaltet@hartsbrook.org](mailto:psaltet@hartsbrook.org).*

*Susanne Zipperlen has been a pedagogical and therapeutic eurythmist at the Chicago Waldorf School for 8.5 years. She has been working with orthodontic cases through eurythmy since 2011 and can be reached at [zippster@earthlink.net](mailto:zippster@earthlink.net).*

## THERAPEUTIC EYE EURYTHMY IN NEW YORK WITH MARGRET THIERSCH

As part of the Therapeutic Eurythmy Training in North America, Margret Thiersch has visited many times to teach in the training. Once again, this past July, she came to Copake, NY to introduce therapeutic eye eurythmy to the current group of eight students.

During this week the work focused on the conditions of Hyperopia, Myopia, Divergence and Convergent Strabismus. We also worked on general exercises and breathing movements that are helpful for most all eye conditions.

Sessions began with us breathing through the whole organism all the way down to the feet as if imbued with the blue of the sky. Integral for all the work was to realize that we were working in the realm of light and the forces of the periphery.

How do we keep the forces of inner light and outer light in balance? How does the eye reveal the whole human being? What qualities of soul correlate with the different eye conditions? Are we working to help one incarnate more into their limbs or are we working to help one to disengage from too much grasping of the everyday world? These and many other questions accompanied our daily sessions.

We learned many variations of the gestures ‘L’ and ‘M’ – penetrating deep into the depths or unfolding into the light, depending on the condition; trying to move further out toward the periphery or trying to awaken the space behind the head and shoulders.

Most exciting was the work with the colored silks. What is the experience to gaze at blue rather than have it behind one. What happens in the soul when switching from red to blue, or green to peach? We also had the chance to work with some of the original indications for the color gestures.

Not only were we graced with the patient tutelage of Margret, but also with wonderful anecdotes and historical references of the forerunners in the eye work, Daniela Armstrong and Dr. Ilse Knauer. It was a privilege and a gift to have this time with someone so immersed and dedicated to this special area of eurythmy.

*Barbara Bresette-Mills  
Austin, Texas*

*"To be of the Earth is to know  
the restlessness of being a seed,  
the darkness of being planted,  
the struggle toward the light,  
the decay of the seasons ,  
the mystery of death and  
the miracle of birth."*

*John Soos*



## REVIEW OF WORKSHOP

### Understanding Sensory, Visual, and Perceptual Motor Development in Mainstream Language and How It Corresponds to Therapeutic Eurythmy

On April 27, 2013, 13 participants met at the Waldorf School of Baltimore for a workshop: Understanding Sensory, Visual, and Perceptual Motor Development in Mainstream Language and How It Corresponds to Therapeutic Eurythmy.

It was an unusual gathering in that there were remedial teachers, class teachers, and eurythmy therapists, a first to the best of my knowledge. The objective was to learn how we can speak the same language and be able connect what each discipline brings and weave the strands of our work together.

Below is a story that I hope is illustrative of a conundrum that we lived with at the end of the day.

Two people visit a tree. They meet later and say what a wonderful tree that stands in the orchard, "Yes, it is in the southeast corner, by the wall and the fine Oak tree," the one said.

"That's right!" said the other.

"Such pretty blossoms."

"Eh? Such rosy red apples."

"Leaves light green and fresh."

"Eh? Leaves all dark green and starting to be wrinkled."

The two individuals compared notes to be sure they had the right tree. The friends grew more puzzled until one said the snow was not long from the ground when I was there. The other said, there may have been a hint of an early snow in the air. "Oh," said the first one "you were there in the fall: that explains everything, I visited the tree in the spring!"

As different as the same tree can appear at different times, so can a child appear when s/he is observed from two perspectives and a different set of tools with which to work. At the end of the workshop, I felt as if I were one of the friends at the beginning of the story, somewhat unsure why the eurythmy therapists and remedial teachers didn't always come together in their observations. Perhaps it would be fairer to say that when leaving the workshop, I had the sense that we were speaking of the apple tree in two different states but could not see what the real differences were. Eurythmy therapists can appear to work in a way that is arcane. Therefore many of us would love to be able to use the same words to describe what is seen in both disciplines.

I think the most useful thing with which I came away from the workshop was the following. Whilst it is useful to understand the concepts that remedial teachers and others use, and while we can also observe qualities that a remedial teachers perceive in a child, we work from fundamentally different starting points. No one would tell you that an apple blossom doesn't play a part in the formation of the apple, but taking care of the blossom or the apple requires two different skill-sets.

The workshop was well organized and we were well

cared for. Joye Newman presented a deep understanding of her subject; giving of her experiences and wisdom with great energy and enthusiasm, bringing us all into motion. We laughed and learned as we were put through our paces, experiencing what it must be to confront sensory integration issues and retained reflexes as a 21st century child. It was a sobering and humbling moment. I dare say that some of us also struggled with some of the remedial exercises.

In the afternoon we went through some of the therapeutic eurythmy exercises. We learned from a remedial standpoint how they could be useful. It was then, and afterwards, with my dear friend, Gail Kuderko, a fellow participant and trained in remedial work, that we talked through the fact that we are working with two distinct aspects of the human being: one that is in essence sense perceptible in the moment; and one where we see the striving to observe the human being as s/he is growing and becoming.

When I say that the remedial teachers work with what I sense is perceptible in the moment, I mean that they are dealing with obstacles made manifest in the physical body. As eurythmy therapists, we work with the child as a being in process and this is connected essentially with the etheric "life" or "time" body. In this way we can see that the metabolic exercises, for example, are process oriented. Note this definition: metabolism - the organic processes (in a cell or organism) that are necessary for life. Again we are simply looking at the "apple tree" from two different aspects.

I wish to thank Joye Newman, Virginia Efta and Susan Walsh for organizing this workshop and also all those individuals from the Waldorf School of Baltimore whose kindness, warm hearts and busy hands made our time in Baltimore enjoyable and interesting.

Because we have more than one perspective the richness of our possibilities together grows in leaps and bounds. I have enjoyed learning these differences and am looking forward to learn more.

*Nigel Harrison  
Katonah, NY*

## ATHENA RETREAT

August 7-10, 2013

It has been several years since the ATHENA Board has been able to meet several days together for a retreat. So we were happy to be together at the East Aurora Waldorf School near Buffalo, New York this past August.

We began by reading and clarifying our mission statement to remember our intentions for our organization. We acknowledged the official birthday of ATHENA which was April 28, 1999 and the signing of the Articles of Association on May 23, 1999. We thank those dedicated eurythmy therapists who held the initiative to form this association!

We agreed it was important to recall that we are here to support the work, initiatives etc. of our members throughout

North America and to honor the steps being made by all.

We reviewed the work and events of ATHENA over the past years. The conferences with Marieke Kaiser and our sharing this work through the newsletter for those who could not be present, the ongoing study of the constitutional types, also shared through the newsletter, the ongoing work with grants for schools, regional conferences and ongoing networking with members. The important work with the AnthroMed certification has been an ongoing task and we are now recognized as an AnthroMed organization. We then moved our thoughts to the future and set tasks for the Board and members.

As Board members, we were happy to find the work together refreshing and uplifting. We began our mornings with eurythmy led by Maria Ebersole as she prepared to share with our international colleagues as our first delegate to the international delegates meeting in Dornach. Each afternoon we began with a short sharing of each of our ways to work with exercises. It is amazing the many ways each of us finds to bring even the seemingly simple exercises to our patients and clients.

I have enjoyed the work as President of our wonderful organization and appreciate the contact it has given me with our members, schools, other therapists and our international colleagues. I love ATHENA as a great encompassing being, and have worked to create paths to serve each others needs under her care. I am happy to pass this task and responsibility into the capable hands of Dale Robinson. I will always remain connected to ATHENA and will do all in my power to support therapeutic eurythmy and my colleagues.

*Mary Ruud  
Milwaukee, WI*

## ATHENA BOARD

As mentioned by Mary in her review it had been sometime since the ATHENA Board has had an opportunity to meet intensively and work on topics with much conversation and contemplation. Along with reviewing the past years' work and tackling practical issues, (such as website updates and accessibility) we took time to discuss issues affecting our work as therapists – communication, effectiveness, where our work stands in the midst of so many therapeutic modalities, and the deep well of resource we have to draw from in the study of anthroposophy and the eurythmy gestures themselves.

These conversations lead us to look toward future tasks for ATHENA. What can we do to support our members, to nurture and share our various experiences and expertise; how can we build communication and collegiality with the anthroposophic physicians and other therapists; what do we need to improve our capabilities in representing eurythmy therapy?

- Create opportunities for meeting, conversation and collaboration in each practice area of eurythmy therapy.

- Further develop and connect our work with the physicians.

- Further the conversation with our colleagues in the Waldorf schools on the importance of eurythmy therapy and why it is effective for child developmental issues.

- Have an online study working with Elke and Broder van Laue's book and indications – The Physiology of Eurythmy Therapy.

- Strengthen and further develop our support and connection to the Therapeutic Eurythmy Training in North American TETNA.

- Encourage and support those therapists interested in further developing specific areas of therapy in North America such as; work with cancer patients, autism, eye eurythmy, trauma and addiction.

There seems to be a strong wish to create opportunities for more dialogue and sharing amongst each other as colleagues. In addition there the international group has named seven areas of therapeutic eurythmy practice. We have seven members who have volunteered to be North American representatives for those areas – elder care, curative education and social therapy, kindergarten eurythmy, grades, crisis work, clinical work and private practice.

In the course of the next year we hope to facilitate online meetings/conversations for those therapists interested in a particular field. The first one held in November, centered on eurythmy therapy in the kindergarten and grades was facilitated by Mary Ruud. A second call was held in January and focused on eurythmy therapy in the kindergarten.

Dale Robinson, our new president, is working diligently to strengthen connections with the physicians by having meetings of eurythmy therapists in conjunction with the IPMT trainings and through our conference in Fair Oaks with Drs. Michaela Gloeckler and Susan Johnson.

We plan to have representatives of ATHENA attend the upcoming graduation of the TETNA students in February 2014. This is a wonderful way to meet and welcome new colleagues into the profession. ATHENA has been working to strengthen our support of the therapeutic eurythmy training, helping to place students in practicum situations and to offer any other assistance as needed.

*We look forward to another year of our work together!*

*Barbara Bresette-Mills  
Austin, TX*

