

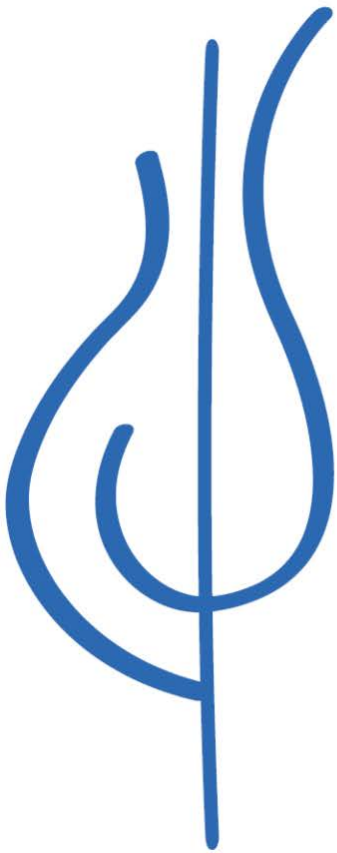


ATHENA

Association for Therapeutic Eurythmy in North America

EASTER 2022





100 years Eurythmy Therapy

Notice for Therapeutic Colleagues who use the AnthroMed label

Dear Friends,

I got notice through Hanna Adamcova (IKAM) from the AnthroMed office (Barbara Weiss), that we in the US need to send proof of using and working with the AnthroMed label. Between July 25, 2022 and July 25, 2023 USPTO (United States Patent and Trademark Office) is collecting all materials (printed, websites and more) to show that we are using and benefiting from this label and that it is important to us. If we do not provide this, they cancel it without any notice.

The good news is that we have lots of time! But please start collecting proof that we indeed use the label. You can start sending me your material: jolandamf44@gmail.com. I will collect those and send them to Barbara Weiss starting next summer 2022.

If you have any questions, call or text 503 896 3345.

Thank you!
Jolanda Frischknecht

To request a digital copy of the logo, please contact Maria Ver Eecke, Editor
editor@eana.org

Front Cover: *At the Source*, by Roland Tiller, <https://www.studio-tiller.com/shop/index.html>

Inner Back Cover: Case Study examples, photographs by Raven Garland

Back Cover: Water Drop Photography

ATHENA

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2022-2023

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ATHENA values your participation and membership.

We know you value being part of ATHENA, the collegueship and the many activities that ATHENA offers to members. No one should be prevented from being a full ATHENA member due to financial hardship. If you find yourself in this situation, please alert the Membership Secretary.

ATHENA NEWSLETTER

Please send contributions to:
Maria Ver Eecke, editor@eana.org

Deadlines: April 1 and Nov. 1

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

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

LETTER FROM THE PRESIDENT*“Meine Seele und die Welt sind eines nur.”**My Soul and the World are one.*

Dear Colleagues,

We feel and experience a great deepening as we live through the seasons and festivals of the year. Rudolf Steiner gave us an additional tool in the “Calendar of the Soul” and a further tremendous gift in the eurythmy forms for this. When we steep ourselves in all this, and unite our souls also with the departed and other spiritual beings, Resurrection forces can be found for our work here on Earth.

The research articles our colleagues have written that are contained in this newsletter speak to some of the challenging situations we find in the world today. Trauma and depression of soul are being experienced by so many across the earth. Memory loss and Alzheimer’s is a tsunami in the elderly; while on the other end of life, childhood is increasingly threatened and diagnosis of dyslexia, ADHD, ‘learning disabled’ are rampant.

So it is particularly wonderful to see colleagues ‘researching’ these areas and showing how the healing powers of Eurythmy can be utilized! How helpful it would be if we ‘collectively’ follow up in dialogue with the question, how do we meet these tremendous issues of our time? May our conversations continue, inspired by such research, which we all need to deepen together.

We also are grateful to Barbara Bresette-Mills for her willingness to share (via zoom) methods to nurture the eyes, which has now expanded not only to ATHENA members, but to others interested. The latest session had the maximum number our zoom platform can host, at 100.

Our thanks also to Brigida Baldzun for keeping present the dialogue on the immune sequence.

You will also see in this newsletter something from the worldwide activities. This is expressed in the short article on the International Federation for Anthroposophic Therapies (IFAT). IFAT is the association of professional fields recognized by the Medical Section. Starting next year this is also the organization we will need to join to use the ANTHROMED mark. Some of the ATHENA Board members shared an international call earlier this year to hear of these developments, and how IFAT is strengthening anthroposophical medical treatments in the legal and professional areas. The ATHENA Board is recommending that we become members of IFAT, both as an organization and as individuals, and we will present this recommendation at the upcoming ‘in-person’ AGM that will be held in the Salt Lake City area on August 1, at the conclusion of the dental workshop with Mareike Kaiser and Dr. Klaus Haupt.

Nearer to home, we are pleased to share that the Therapeutic Eurythmy Training in North America (TETNA) has successfully gone through the reaccreditation process. They will be graduating eight eurythmy therapists in June, and

starting a new course in July!

We are grateful to Dale Robinson for allowing us to utilize his article, “Spoken and Unspoken Gems of Therapeutic Eurythmy,” to increase awareness of this healing art. Gino Ver Eecke kindly sent this out twice to all members of the Eurythmy Association of North America (EANA), and we have additionally sent it to all ATHENA members, hoping that this will be shared in schools to encourage Eurythmy and Eurythmy Therapy in school settings.

We are further, gathering a series of articles, thanks primarily to the tireless efforts of our editor, that can be utilized and help spark interest and enthusiasm for extending awareness in the public domain of the health giving potential of therapeutic eurythmy.

A year ago in our centennial issue perspective, different colleagues, both doctors and eurythmists wrote of this enormous potential for healing which Eurythmy brings into the world, and which happens through us. It is so heartwarming to see and experience this in action!

Blessings on our work,
Michael Hughes, TE

LETTER FROM THE EDITOR

Dear Friends, this spring issue documents research from our colleagues. Thank you for these enlightening submissions!

As we become more aware of human suffering in the world, we can recognize the human spirit rising up with hope. Will this suffering lead to the greater good? With the help of spiritual beings we strive to bring healing, even in the thoughts we think. Imagine the archangels emanating from the four cardinal directions. From the north we may receive the strength of Gabriel. From the south we may take in the light of Uriel to create our own inner light of conscience. As the sun rises in the east we feel the healing power of Rafael. And Michael’s faithfulness to the countenance of God shines out colorfully in the setting sun, dissolving all our sufferings.

In the lecture cycle *At the Gates of Spiritual Science* (CW 95) Steiner speaks of Plato’s impression of the Macrocosm: “God has stretched the soul of the world on the body of the world *in the form of a cross.*” Our attention to spiritual truths and love for divine wisdom will make a difference in human evolution.

The Soul of the World becomes visible

On the cross of the World’s body.

Through Wisdom, Love, and the power of Will

Through All-sense and through I-sense

She lives, and finds

Within Herself the Spirit of the World.

Rudolf Steiner

Spring brings a sense of rebirth, as the beauty of nature surrounds us in the miracle of life’s renewal. May we renew our own forces through Eurythmia.

Maria Ver Eecke, TE

MEMBERSHIP IN IFAT
**(International Federation of
 Anthroposophic Therapies)**

Dear Members,

The ATHENA Board is recommending the membership of IFAT. We would like to vote on this proposal during our Annual General Meeting on August 1, 2022, in Salt Lake City, Utah.

IFAT is the “International Federation of Anthroposophic Therapies.” It is an umbrella organisation, a legal entity, for all anthroposophic therapies. At present the following therapeutic professions have joined IFAT: eurythmy therapy, visual art therapies, music and singing, speech and drama, as well as all body therapies. Membership applies to both association members and individual practitioners worldwide. However IFAT was set up so that new anthroposophically-oriented therapies can be included at any time.

Coming together in IFAT enables us to gain a voice as anthroposophic therapists: we are better perceived in our complex professional development both within the anthroposophic medical field and in society at large. Communication and collaboration among us therapists is vital, especially for those of us in countries where anthroposophically-oriented therapies are not recognised.

With IFAT, we have created an umbrella organization that enables international collaboration, helps us to become visible as well as effective and to increase our influence within the international context.

As a first step IFAT has strengthened the cooperation with the Medical Section. The IKAM coordinators (Hana Adamcova, Ingrid Hermansen) have joined the board and IFAT is in the process of becoming a shareholder of AnthroMed. In 2023 IFAT will start to carry the label. This means that we therapists will have a say in shaping the future, trend-setting projects and changes of AnthroMed (quality assurance of *Anthroposophic Medicine*). We are part of the drive to make AnthroMed, a widely recognized and respected quality label the world over.

The ATHENA board is recommending to joining IFAT in 2023 (expenses are minimal, \$30. per year plus \$1 for each member) which will become essential since they take over the AnthroMed label.

For more information on IFAT:

<https://ifat-medsektion.net/en/>

ATHENA Board

Meditation from Rudolf Steiner
In the event of restlessness, anxiety, fear

I bear calm within myself,
 I bear within myself
 The forces which strengthen me.
 I want to fill myself
 With the warmth of these forces,
 I want to pervade myself
 With the power of my will.
 And I want to feel
 How calm spreads
 Through all my being
 When I strengthen myself
 To find calm as
 The force within me,
 Through the power of my striving.

From the Medical Section at the Goetheanum

Collected Works 268

DEPRESSION
IN THE TIME OF COVID, AND BEYOND
LINDA LARSON, TE

This project is exploring the existence of depression and its presence in human beings on this earth during the unusual time of the Corona Virus (COVID) since early 2020 through to the present, February 2022. In looking at how it can be addressed, special attention will be given to how therapeutic eurythmy can help with depression. The intention for this research is to help us now and then be prepared for the future, beyond COVID.

Deep gratitude is expressed to all those individuals who have provided their input and resources to this research. You will find them listed on the last page along with some suggested reading. There is so much that can be said. Choices had to be made for the overview and an attempt to give a picture of the condition of depression. It is strongly emphasized that this condition needs to be seen as a very unique situation for each person where it is identified, each patient where it is diagnosed, and the importance of having the input of a physician, particularly with the extreme cases.

First, to attempt to build a picture of this condition of depression. There do appear to be some common terms, and symptoms that are observed in going through descriptions from different sources, along with an awareness of the potential causes that may have brought it about. This will include material from such sources as the World Health Organization, the American Psychiatric Association, anthroposophical doctors and therapists, therapeutic eurythmists, and more. *In this first section, material that is from an Anthroposophic resource is all in italics.*

This is not a new illness. It has long been recognized as a common emotional disorder and is also called a mental disorder. For many centuries depression was referred to as “melancholia,” one example being Abraham Lincoln, who was known to have experienced melancholia in the 1800’s. Perhaps this could have even contributed to his empathy for situations and individuals that he tried to help in this country during his political career.

The term *melancholia* is derived from the Greeks who believed that depression resulted from an imbalance in the body’s chemistry. It was 19th century German psychiatrist, Emil Kraepelin, who began referring to various forms of melancholia as “depressive states,” due to the low mood that defined it.

In recognition of its Greek origins, melancholia now refers to a subtype of depression, with strong biological features, such as disturbed sleep and appetite, decreased interest or pleasure in all or almost all daily activities, and psychomotor disturbances. Melancholic depression is thought to respond better to biological treatments. Mentally induced depression, can be based on the inherent association of mental processes with the nervous system. Self-condemnation, an example of a destructive mental pattern, and failure to live up to an ideal, or even have an ideal, are examples of primary sources of mental depression. 2) Some further examples of potential causes are chronic stress, intense stress, trauma, relationship problems, learned behavior, family history, pessimistic mindset, and some physical causes are low thyroid, chemical imbalance, a past concussion, a feeling of heaviness as if in a tunnel, and more.

Apart from the causes of depression, which are generally both biophysical and psychosocial in nature, one specific aspect often forms a major problem in treatment: many depressed patients do not want to recognize that they are suffering from depression. They feel down, in despair, inferior, guilty, bad or lost without realizing that their feelings are caused by an illness: depression. 16)

From my research, it is possible to say that depression is very common. *The clinical picture of depression is one of the most common and most underestimated disorders in terms of its severity and the consequences for those affected and those close to them. According to a study by the World Health Organization (WHO), around 322 million people worldwide were affected in 2015, which was 4.4% of the world’s population at that time. This was 18% more than ten years earlier, in 2005. 16)*

One source has stated that depression rates at least tripled and symptoms intensified from March to July 2020, during the first year of COVID. Lancet Regional Health-Americas reports that 32.8% of adults in the U.S. experienced elevated depressive symptoms in 2021, compared with 27.8% in the early months of the pandemic in 2020, and 8.5% before the pandemic, these figures all for the U.S.

These statistical figures emphasize the importance of depressive illnesses. They are a challenge for everyone: for those affected and their relatives, for medicine, psycho-therapy and all doctors and therapists who strive to understand and treat this disease. 16)

WHO has responded with the following programs to address this condition:

WHO Mental Health Action Plan 2013-2020 highlights the steps required to provide appropriate interventions with mental disorders including depression.

WHO Mental Health Gap Action Programme, with depression as one of the priority conditions covered. The Programme aims to help countries increase services for people with mental, neurological and substance use disorders through care provided by health workers who are not specialists in mental health.

WHO has developed brief psychological intervention manuals for depression that may be delivered by lay workers to individuals and groups. 1)

Symptoms

Depressive disorders can take many different forms. Alongside the main symptoms listed in the International Statistical Classification of Diseases (ICD-10) of “lowering of mood, reduction of energy, and decrease in activity, capacity for enjoyment, interest, and concentration is reduced,” there are many different accompanying symptoms which derive from the main symptoms or supplement them.

The following international criterion are outlined by DSM-5 to make a diagnosis of depression. The individual must be experiencing five or more of these symptoms, for at least two weeks, and represent a change in the person’s previous level of functioning.

- >Depressed mood most of the day, nearly every day.
- >Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- >Significant weight loss when not dieting or weight gain, or decrease in appetite nearly every day.
- >A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- >Fatigue or loss of energy nearly every day.
- >Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- >Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- >Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of

substance abuse or another medical condition. 14)

Additional symptoms cited from the American Psychiatric Association (APA) are:

- > Trouble sleeping or sleeping too much.
- > Increase in purposeless physical activity (e.g. hand-wringing or pacing) or slowed movements or speech (actions observable by others).

The APA cites four factors that can play a role in depression:

Biochemistry: Differences in certain chemicals in the brain may contribute to symptoms of depression.

Genetics: Depression can run in families. For example, if one identical twin has depression the other has a 70% chance of having the illness sometime in life.

Personality: People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.

Environmental factors: Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression. 1)

It is of interest to note that according to a survey by the American Psychological Association in October 2021, 84% of psychologists who treat anxiety disorders have said that they have seen an increase in demand for anxiety treatment since the start of the pandemic, and 72% of psychologists who treat depressive disorders have also said they have seen an increase in the demand for treatment of depression. The number of psychologists who reported receiving more referrals almost doubled from the previous year, and 68% with a waitlist reported that it had grown longer since the start of the pandemic.

Anthroposophic medicine has something to contribute to the understanding and therapy of depressive illnesses. A phenomenological view of depressive phenomena can be classified into different levels from the perspectives of anthroposophical psychiatry.

The levels are described below.

Physical (organic functional) level

Mental level: primarily into thinking life, emotional life and the life of the will.

Relationship level (psychosocial level)

Biographical spiritual level 16)

A psychotherapist from Santa Fe, NM, has mentioned the polyvagal theory, in recognizing the connection between depression and anxiety, and the concept of “window of tolerance”, and neurobiological reactions of “hyper-aroused” which can look like anxiety, and “hypo-aroused” which can look like depression. We can burn ourselves out in the hyper-arousal and then need to recoup in depression. Anything that enkindles the will is going to help with depression, and that gives a sense of connection. This practitioner recommends the book, Lost Connection. 17)

How is Depression Treated?

The American Psychiatric Association lists the following three treatments for depression:

Medication

Psychotherapy – “talk therapy”

Electroconvulsive Therapy (ECT)

And there are a number of things people can do themselves as Self-help, to reduce the symptoms of depression. For many, regular exercise creates a positive feeling and can improve mood; getting enough quality sleep on a regular basis, eating a healthy diet and avoiding alcohol (a depressant) can help. However, the person needs to be able to realize when their situation needs more help, which is not always easy for someone with this disorder/illness. It is important to recognize the point when the symptoms are continuing and one should take the step of seeing their family physician or a psychiatrist to talk about their concerns and request a thorough evaluation. 1)

Anthroposophical treatment approaches can include:

Physical/bodily level: physiological and body-related therapies

Art and creative therapies, including sculpting, painting, therapeutic speech, drama therapy, therapeutic eurythmy

Psychological counselling

Anthroposophical psychotherapy

These can offer an opportunity for the patient to express their experience as is possible in an artistic medium, as well as positive self-experience, an expansion of the possibilities of dealing with and integrating heaviness, stress and suffering, along with activating resources of strength in their “I.” 16)

* * * * *

The focus now will be on how therapeutic eurythmy can address depression, and all that follows is from Rudolf Steiner, anthroposophical sources, medical, therapeutic and more.

Therapeutic Eurythmy for Depression

Having received very insightful responses from several therapeutic eurythmists, anthroposophical doctors, and related sources, it was a challenging task to choose what would become a part of this written research. There were also several instances where the same exercises were recommended by more than one source.

In all that comes in this section, it is very important to acknowledge the need for input from the patient’s anthroposophical doctor including the diagnosis, especially for the more extreme cases, all to help know more about the patient’s biography, constitution and probable causes. It is strongly emphasized how unique each individual’s situation is.

An example will be given here of a situation in which a person is experiencing depression, with an anthroposophical description from Rudolf Steiner. This can show how the relationship of the different levels of our being can bring about such a condition as depression.

For a man in his forties who had been suffering for over fifteen years from depression, tiredness and apathy, in the words of Rudolf Steiner it is described as “. . . an astral body which has too little affinity with the etheric and physical, and is rigid in itself. The physical and etheric bodies are thus enabled to assert their own inherent qualities. The feeling of the etheric not being rightly united with the astral body gives rise to states of depression; while the deficient union with the physical produces fatigue and apathy. . . . it is necessary first of all to strengthen the astral body.

Therapeutic Eurythmy re-establishes the harmony of the individual members of the organism, impaired as they are by the inaction of the astral body (nerve-sense rhythmic system, motor, and metabolic system). Elder-flower tea is also given to address the sluggish metabolism, along with other remedies and baths. B2

* * * * *

There is a perspective that came from more than one source and will be presented here. That is to look at each occurrence of depression in relation to the four main organs, with the doctor's diagnosis, recognizing some potential symptoms that may exist with each organ in its unique way, as outlined below, and letting that inform how you do the therapeutic eurythmy (TE) exercises. The depressive symptoms make clear that a depressive disorder is rarely associated with only one organ. 13) 16) Examples are given for each organ, which you will need to determine for each individual patient.

Liver – sluggish, waking in the night and early morning, lack of strength, exhaustion, lack of energy, apathy, indecision, listlessness, weakness of will. TE – L & M, LMO

Kidneys – agitated, panic, fear, inner tension, restlessness, aggressiveness and hypochondriacal symptoms. TE – Reverence Ah, AH-HA, Large Ah, Metabolic R with stepping, and metabolic B with arms and legs

Lung – fixation, melancholic fear of environment, phobic anxieties, obsessive fears, melancholic-compulsive-withdrawn perfectionist traits. TE – R, G with pushing the Legs, and K with jump on a triangle.

Heart – a morning low, as heavy depressed mood with anxiety about the day, low core self-image, self-reproach, guilt, existential anxiety, despair, death wishes, suicidal tendencies. TE - AU small, taking it into your heart; Love E; moving a circle form in space, then in the middle, T and D; later, AU on the lemniscate. An anthroposophical doctor recommended to not do a Large Vowel in this instance. 13) 16)

* * * * *

I would like to share below a set of basic eurythmy exercises that I received from Dr. Michaela Glöckler that she and some other doctors recommend for giving a basic support to the depression patient. They are not to replace the specific exercises from Rudolf Steiner for depression, but rather to augment them, for instance, as a “warm-up” and/or for the beginning sessions, to be coordinated appropriately with the therapeutic eurythmy choices/programs to come after this. The two verses from Rudolf Steiner on the next page are used by some doctors, they were not given directly by Rudolf Steiner for this purpose.

IAO, with jump and increasing tempo

Placing oneself into the pentagram, in standing:

Steadfast I'll stand in the world (left foot, one step to the left)

With certainty I'll tread the path of life (right foot, step to side)

Love I'll cherish in the depths of my being (left arm to side)

Hope shall be in all my deeds (right arm to side, palms open)

Confidence I'll place into my thinking. (Touch forehead)

These five shall give me my life, (Arms open; feet together)

These five shall lead me to my goals. (Reverence at heart)

AH Veneration

Moving the vowels to one of the following two meditations from Rudolf Steiner that have been selected by anthroposophical doctors for patients or to a verse or saying, or to a prayer that the patient especially loved in their childhood.

God's protecting blessing ray

Fill my growing soul,

That it may seize

Strengthening forces everywhere.

It wants to pledge itself,

The power of love

To awaken in fullness of life,

And see God's power

On his/her life's path

And work in God's purpose

With all that it has.

Another verse:

Victorious Spirit,

Flame through the impotence of irresolute souls,

Burn out the egoism,

Ignite the compassion,

That selflessness,

The life-stream of humanity

Can surge forth

As the wellspring of spirit rebirth.

Move the Evolutionary Sequence consonants to complete this set of exercises. 7)

* * * * *

From Dr. Wilburg Keller Roth, in Switzerland comes an interesting approach.

In anthroposophical medicine we are concerned with understanding the conditions of the whole constitution of a patient showing symptoms of depression, and to treat these and not the psychological appearances only (though many forms of psychotherapy can be helpful). She views the different qualities of the way depression manifests, in relation to the qualities of the planets.

MOON This kind of depression arises from exhaustion of life forces. Try to spend time in nature and moving.

VENUS A lack of warmth, nourishment, forces of metabolism.

MERCURY A lack of flexibility.

SUN Often from social conflict, loss of hope and confusion about karmic impulses.

MARS A loss of power and initiative, can't incarnate properly.

JUPITER A liver problem, the key symptom is the impossibility to act.

SATURN The depression of older individuals with sclerosis and loss of perspective.

An important part of these treatments from the doctor are the metals that correspond to each planet. Dr. Keller Roth also recognizes that there can be mixed pictures of how depression comes into being, in addition to those mentioned above with the planets. She points out that one has to be careful with expectations and recommendations, that they may easily produce an inverse effect when patients feel they are not capable of realizing them and can tend to devalue themselves even more because of this. Dr. Keller Roth gives these encouraging words, "To name the spiritual dimension of it and to work with Michaelic motives can give orientation motivation to stay upright." 11)

* * * * *

Music is a wonderful way to work with depression, one of the approaches used by Bruce Howard Bayley, a Drama Therapist with an anthroposophic background based in London. It is a matter of knowing at which point in the treatment it will be most productive, and to work with carefully chosen pieces of music. He sees that patients have "lost a sense of trust, belonging and goodness." 3)

Following are a few basic comments from anthroposophical doctors and from an author.

They acknowledged that there is so much to be said, to be known about depression, much more than could be covered here, so these brief statements were selected to share:

Dr. James Dyson strongly emphasized the importance

of sleep, and warmth. 6)

Dr. Sabine Sebastian, for the eurythmy therapist to especially read the third Therapeutic Eurythmy lecture. 15)

Johann Hari, in her book, *Lost Connections*, tells of a study which found that acute loneliness raises your levels of the stress hormone cortisol as much as being physically attacked.

* * * * *

While input received from anthroposophical doctors and therapeutic eurythmists has given different perspectives on working with depression, there are several eurythmy sound gestures and therapeutic eurythmy sequences that were cited as having especially helped patients with depression. Tone Eurythmy Therapy is an additional nourishing approach, which was further developed by Lea van der Pals, and would be another study all its own.

There are exercises from Rudolf Steiner for depression in Dr. Margarete Kirchner-Bockholt's book, *Foundations of Therapeutic Eurythmy*, where the main sequence originally known by this researcher for depression appears, LMNR. It was given by Rudolf Steiner to a patient who had suffered from severe psychic depression, fear conditions, and insomnia, from his thirties into his late forties. There were also changes in the knees and pain radiating from the neck into the arms and legs. B1

DTL was given by Dr. Steiner to a patient who had suffered for 14 years from noticeable tiredness, an increasing need for sleep, and also suffered from depression. B1

DTS was given to a 33 year old woman who had been depressive since her first menses, and since the age of 18 she suffered from apathy, insomnia, tiredness and pressure on the stomach. B1

H-A especially when there is bodily rigidity in the shoulder area, to loosen and free the breathing. B1

"I" when the gait is restrained and needs help to strive forward. B1

* * * * *

The following exercise received in this researcher's training from Eliot Hiller. He is a therapeutic eurythmist who was working with drug addicts at the Melchoirs Grund in Germany. He developed this exercise for depression and anxiety:

I – B – H In standing, with I and B vertically (B, one arm curved over the head, the other curving below the waist to the abdomen), each time getting smaller and smaller, then growing back again into large B and I, for control. It can then evolve into giving and taking, and eventually into a lemniscate and can become a pillar of warmth, to build up gradually, as with all exercises. TE10

* * * * *

There are several eurythmy and therapeutic eurythmy exercises, in addition to those already mentioned, which can be very supportive for treating the depression patient, to bring warmth and nourishment to their whole being on all levels. Some exercises that have been done effectively with depression patients by practicing therapeutic eurythmists to deepen their work with these patients will be shared below.

Threefold Walking

I think speech

The Large Vowels, especially begin with Large-Ah

E (Ay sound) in different ways

I will/I can't/I must, on its form

LAOUM to support breathing

Moving the pentagram in space with vowels, with consonants, and combined.

The exercises recommended by Rudolf Steiner for the immune system could also be supportive, to carefully correlate with the chosen program. As a reminder, these are:

Sympathy/Antipathy & Halleluiah

Yes/No

Love E

Hope U

Rhythmic R

Ah Reverence

* * * * *

Some basic goals to have in mind overall:

- > to enhance breathing on all levels,
- > to nourish the soul being,
- > to re-establish a sense of trust and self-esteem,
- > to bring balance between one's inner and outer worlds.

Working on this project, researching this theme, and bringing it all together have been an enlightening and educational experience. This is offered as collegial support and background for your therapeutic eurythmy practice. It is hoped that it will provide helpful insights and reference sources for working with depression now, and, for after we come through this COVID time.

In relation to the world of depression that has such a significant presence in many lives today, some key words are flowing from this research:

Connection

Warmth

Love

Hope

Acceptance

Self-acceptance

Compassion

Self-esteem

Wholeness

*Research Project prepared by Linda Larson, T. E.
New York City*

Meditation from Rudolf Steiner

To care for breathing and warmth, overcoming external isolation through the spiritual relationship with the world:

Into my heart streams the power of the sun,
Into my soul works the warmth of the world.

I will to feel the power of the sun,

I will to breathe the warmth of the world

The power of the sun fills me,

The warmth of the world permeates me.

From the Medical Section at the Goetheanum, CW 268

References and Acknowledgements:

- 1) American Psychiatric Association, APA, Washington, D.C.
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- 3) Bruce Howard Bayley, Drama Therapist, London, UK
- 4) Centers for Disease Control, CDC, Atlanta, GA
- 5) Center for Healthy Minds, Richard Davidson, U. of Wisconsin
- 6) James Dyson, Anthroposophic MD, Stourbridge, UK
- 7) Michaela Glöckler, Anthroposophic MD, Dornach, Switzerland
- 8) Melissa Greer, Anthroposophic MD, Carah Medical Arts, Phoenixville, PA
- 9) Carole Johnson, RN Integrative Medicine, NY, NY
- 10) SusanRJohnsonMD.com, Anthroposophic, CA
- 11) Wilburg Keller Roth, Anthroposophic MD, Switzerland
- 12) Kimberley Lewis, Waldorf Educator, CA
- 13) Medical Section/Goetheanum, Dornach, Switzerland
- 14) Psycom.net
- 15) Sabine Sebastian, Anthroposophic MD, Germany
- 16) Markus Treichler, Anthroposophic MD, Solothurn, Switzerland
- 17) Melody van Hoose, Anthroposophic Psychotherapist, Santa Fe, NM
- 18) World Health Organization WHO, Geneva, Switzerland

Therapeutic Eurythmy Resources:

TE1 – Elizabeth Baumann

TE2 – Anne Cook

TE3 – Martine Leicher

TE4 – Glenda Monasch

TE5 – Seth Morrison

TE6 – Dale Robinson

TE7 – Gillian Schoemaker

TE8 – Alice Stamm

TE9 – Maria Ver-Eecke

TE10 – From London Therapeutic Eurythmy Training with Linda Nunhoffer:

Notes from Eliot Hiller

Books recommended from References above:

Feeling Good, David D. Burns, MD, Drug-free treatment of depression

Lost Connections, Johann Hari

Nourishing Destiny, Lonny Jarrett

Trauma and the Soul, Donald Kalsched

Anthroposophic Books:

B1 – Foundations of Therapeutic Eurythmy, Margarete Kirchner-Bockholt

B2 – Fundamentals of Therapy, Rudolf Steiner, Second Case Study

B3 – Therapeutic Eurythmy, Rudolf Steiner, CW 315

B4 – Eurythmy as Visible Speech, Rudolf Steiner, CW 279

LETTER TO WILBURG KELLER ROTH

Thank you so much for your article in the recent newsletter of the Section for Performing Arts, Michaelmas 2020.

I would like to describe briefly what I discovered during the daily practice over nine weeks. During that time while the Waldorf School was closed, I created six short videos about the sequence discussed for the general public (teachers and parents). After a short time I became acutely aware of the transformation of the areas of contact.

The sole of the foot with the floor in “Yes and No”

The tiptoe with the floor in “Sympathy and Antipathy”

The crossing point of the hands in the gesture of “Eh”

The back of the hands and additional surface of the lower arm in the gesture of “U”

The self-created gesture of “Ah” through which one passes when doing “H” (that is one possibility of doing “Ah-Veneration”)

Through touch, our consciousness is called to these areas.

The path starts on the floor,

it becomes refined and lifted,

it reappears at one point between the hands

and becomes enlarged to a surface;

finally, it gets enlarged into the widest gesture of “Ah”, (most often we are not aware where the arms are in space).

Conclusion: through self-awareness, the sphere of immunity is built up, stimulated, metamorphosed and expanded when doing these five exercises.

With warm greetings,

Brigida Baldszun

Spring Valley, NY

[Dr. Keller Roth specializes in general internal medicine in Basel, Switzerland.]

TRAUMA**MARY RUUD**

Trauma is the Greek work for wound. A trauma incises a wound in body, soul and spirit by a single devastating event or a series of events. Trauma can be acute or chronic. Trauma can affect whole groups of people such as in earthquakes, tsunamis, hurricanes and tornados, international disasters that in our time are increasing. It can be passes multigenerational such as in family abuse. It can be suffered in groups and be multigenerational such as in the Holocaust, the attempted extermination of indigenous people or American slavery. Prejudice and unfair social systems can perpetuate ongoing trauma.

The purpose of this study is to recognize trauma, acute and chronic and consider how our work in eurythmy can bring healing.

Trauma has existed as long as humankind on earth. Wars, violence and natural disasters are all part of our shared history, yet therapies for trauma only began to be developed in the 1980's when post-traumatic stress disorder began to be officially diagnosed. Now nearly all therapists, and teachers, have training to deal with trauma.

Leading researchers working in trauma include Van der Kolk, MD, *The Body Keeps the Score, Brain, Mind and Body in the Healing of Trauma*, Peter Levine *Waking the Tiger, Healing Trauma*, Remsaa Menakem, *My Grandmother's Hands, Racialized Trauma and the Pathway to Mending our Hearts and Bodies*, Stephen W. Porges, *The Polyvagal Theory, Neurophysiological Foundations of Emotions, Attachments, Communication, Self-Regulation*. Many leading figures in this field agree that all trauma has a physiological effect. Mindful meditation, massage, yoga, exercise and tai chi are suggested as part of the healing process. Eurythmy is mentioned in the work from Bernd Ruf, *Educating Traumatized Children, Waldorf Education in Crisis Intervention*, and Michaela Glöckler, *Education as Preventative Medicine, A Salutogenic Approach*.

Bernd Ruf and his team work with Waldorf Education principles to help children and parents in disasters. Some of his insights are useful for all education and intervention.

Trauma is an injury to the psyche caused by a distressing event or series of events. External events such as war, natural or human made disasters, displacement, especially family separations, accidents, maltreatment, neglect, sexual abuse, bullying or witnessing devastating events can be traumatizing. Such experiences can lead to feelings of helplessness or distortions in self-image, which may cause chronic illness. In children, loss of self-management, unexpected emotions and outbursts, fear and nervousness can develop. This can lead to an inability to socialize and to learn in school.

Ruf describes four phases of trauma.

First, the acute phase, the emergency. This is shock

and lasts a few seconds to days. Physical symptoms can be shaking, nausea, sweating, chills, hyperventilation, urge to urinate or soil oneself, hyperactivity or torpor. Loss of sense of time and loss of awareness of space occur. One can feel separated from one's own body.

Second, a post-traumatic stress reaction. This is still an acute phase and lasts about a week or more. Headaches, back tension, eating and digestion difficulties, memory problems, guilt and shame, panic attacks, anger and aggression or social withdrawal. The immune system is weakened and a susceptibility to infections can occur. Ruf points out that the person is attempting to self-heal and that these are normal reactions to abnormal experiences.

Third, post-traumatic stress disorder. As the trauma is processed stress reactions occur less and less and can disappear. If problems stay or get worse the person has a trauma related disorder. Each symptom can develop into its own disorder, depression, anxiety disorder, sleep disorders, motor problems, and impulse control difficulty. The symptoms arise from stimuli, or triggers, which bring back memories of the stressful experiences. Any sense experience can trigger overpowering memories putting a person back into the shock phase. Ruf says, "The emotional skin is riddled with holes. The vital power does not permeate the physical organization enough. The child then makes a great effort to further his development, to overcome his gentle small child consciousness, and to reach a free imaginative power with linear consciousness. Massive learning difficulties can be the result."

Fourth step, lasting personality disorders. Chronic post-traumatic eventually leads to personality changes. Social isolation, self-harm and violence can develop. "The biography threatens to break apart." There can be long stretches of normalcy but can reappear for years.

Emergency pedagogy, as Ruf and his colleagues say, is not therapy but a pedagogical "first aid." It focuses on the second stage of trauma, the post-traumatic stress reaction.

Bernd Ruf helps us understand trauma from a developmental point of view based on the Waldorf principles of child development. Damage from trauma manifests differently when it occurs at various stages of life. The ability to cope with trauma depends on biological, emotional and social maturity. Between birth and seven years of age trauma experiences primarily harm the connection between the physical and etheric, or life body. The metabolic-limb system is especially affected. It is important to strengthen the fundamental senses of touch, life, movement and balance in children through imitation and rhythmic activities. During the second life period, seven to fourteen years old, trauma especially affects the relationship of the life body to the soul, or astral body, and the rhythmic system. All artistic activity can have a healing effect. In the third development period, puberty and adolescence, trauma especially affects the relationship of the soul, or astral body, to the sense of self, the

Ego or I. The astral body could enter too deeply into the metabolic limb system or does not connect sufficiently. Social activities, clear thinking and working with ideals can help balance adolescents .

We can see from research on trauma what we can offer in eurythmy. Rhythmic patterns to begin to restore natural rhythms, consonants to rebuild damaged structures and vowels to move and begin to release memories stored in the feeling life. As manifestations of trauma emerge, a person can be uncomfortable, in unexpected pain or unpredictable reactions. In eurythmy we have objectivity and universality of the sounds themselves to offer a protective influence.

This study of trauma will be ongoing and contributions are welcome. The next article will be on Trauma Informed Pedagogy and will focus on young people.

*Sculpture by Tony Cragg,
Kunstmuseum Stuttgart*



ATHENA RESEARCH PROJECT – ALZHEIMER'S AND MEMORY-RELATED ILLNESSES

BARBARA BRESSETTE-MILLS, TE

Introduction

This report is my first delving into the study of Alzheimer's and cognitive disorders from the perspective of therapeutic eurythmy. Researching the history and current models of diagnosis, treatment and care, I hope, will give some assistance in one's therapeutic work. I welcome hearing from colleagues of their own insights and experience to further the study.

As our society ages and people live longer lives, the incidents and prevalence of age-related illnesses and diseases affecting memory are on the rise. Studies show that the elderly population (age 65 and older) in the U.S. is growing and may double in the next 30 years. Rates of cases of age-related illnesses could rise from 55 million now to over 135 million by 2050 as projected by the World Health Organization. (1)

There are various conditions that can lead to Alzheimer's, dementia, and other memory-related illnesses. Alzheimer's is a degenerative brain disease that is the most common cause of dementia. Dementia is a general term to describe the symptoms of mental decline that accompany Alzheimer's and other brain diseases caused by damage to brain cells. It can also be described as a separation of the 'I' from the astral body. This separation of the 'I' comes in stages and can be compared as a reversal process of the development in the first three years of life. (2) Fig. 11.1 in Bolk Companion)

The term *dementia* (from Latin *demens* meaning “without mind” or “depart from” the “mind”), was incorporated into the common tongue in the 17th and 18th centuries. Though still a medical term for the overarching category of cognitive impairment, there has been some negative stigma about the term.

There are efforts to come to universal language and terminology. Various Alzheimer’s Societies such as alzheimers.org.uk promote the use of positive language choices when speaking about memory-related conditions. There are others that would like to have the term “dementia” discontinued altogether. I mention this to encourage our awareness of how we speak about these issues and to be mindful of how those we work with or their families may respond to the terms we use. Other terms used: Major/minor Neuro-cognitive disorder; Cognitive disorder; Cognitive impairment.

As therapists working with the sounds of language we understand that the language we choose can have a strong impact. Being mindful of the terminology we use ensures that the dignity of the person is being held and maintained. The words and phrases we use to describe a person or their condition can affect how they feel about themselves and how others view them. What is spoken to or described to the person living with cognitive challenges can affect their mood and how they are treated by others.

It may also be important to be aware of the cultural background of the person and family we are working with to know what terminology is helpful and appropriate or could be considered disrespectful.

We know that in our work with persons living/struggling with any illness, we try always to hold the image of the full human being.

For Absence

John O’Donohue

*May you know that absence is alive with hidden presence,
that nothing is ever lost or forgotten.*

May the absences of your life grow full of eternal echo.

*May you sense around you the secret Elsewhere
where presences that have left you dwell.*

May you be generous in your embrace of loss.

*May the sore well of grief turn into a seamless
flow of presence.*

*May your compassion reach out to the ones we never hear
from.*

May you have the courage to speak for the excluded ones.

*May you become the gracious and passionate subject
of your own life.*

*May you not disrespect your mystery through
brittle words or false belonging.*

*May you be embraced by God, in whom dawn and
twilight are one.*

*May your longing inhabit its dreams within the
Great Belonging. (3)*

Causes

The most common causes of neurodegenerative dementia include Alzheimer’s disease (60-70%), Frontal temporal lobe dementia, Vascular dementia, Parkinson’s disease, and Lewy-body dementia (LBD).

Mainstream research shows that people living with these primary forms of dementia have a buildup of certain proteins, plaques, and tangles, (beta-amyloid and tau proteins) in the spaces between the nerve cells of the brain or in the cells themselves, respectively, leading to reduced brain function. This buildup can interrupt or block communication between the nerve cells. Though some buildup is part of a normal aging process, in the case of Alzheimer’s there is more deposit in particular or predictable patterns. Clumps of this protein buildup may activate immune system cells that trigger inflammation. This inflammation, in turn, can manifest in inertia, lack of initiative, depression, anxiety, loss of appetite, and deterioration of cognitive function.

An area of the brain involved with memory formation and retrieval, the hippocampus, often deteriorates with age. Decreased blood flow, which can accompany aging, can lead to memory loss and cognitive challenges. Conditions such as vascular disease, strokes, chronic diseases, and PTSD can lead to onset of memory-related illnesses. Inflammation linked to diabetes, heart disease, atherosclerosis, hypertension, and depression can cause brain changes that promote dementia. There is evidence that shows arterial stiffness as a cause for impaired cognitive function and dementia in the elderly.

Chronic stress due to prolonged elevated cortisol levels indicates an increased risk of developing dementia. In addition, chronic inflammatory processes and shifts in the circadian rhythm are major risk factors for the onset of dementia. In general, ongoing stress leads to a buildup in the alarm center of the brain, the amygdala, as well as deterioration of the hippocampus and prefrontal cortex.

There are studies now looking at the effect of the Covid-19 Pandemic on aging and memory issues. Early onset of dementia in younger people is more common than previously realized. Repeated head trauma is one cause of Young-onset dementia. It is also possible to have mixed dementia, which is a combination of two or more disorders.

A recent article in the New York Times(4) stated that vision loss and hearing loss are risk factors for cognitive decline in that one may withdraw from activities and social connection. “Impaired vision may lessen input to the brain, leading to brain shrinkage, also a risk factor for dementia. The eye is very strongly connected to the brain,” the article said. “The eye develops in utero from the brain and shares the same neural tissue. The eye in development comes out of the forebrain.” (Perhaps, an encouragement for us to further work on the presbyopia eye eurythmy exercises!)

Progression

Alzheimer's is often looked at in a progression of three stages and the symptoms that arise during those periods. Though progressive memory loss is characteristic of this disease, there are many other symptoms.

Early-stage (mild) may include memory lapses, forgetting or having difficulty pulling up words or names, misplacing things, difficulty planning or performing simple tasks.

Middle-stage (moderate) can last for many years. Damage occurs in the areas that control language, reasoning, conscious thought. One may lose recognition of words (Aphasia) family/friends; become, forgetful of events/personal history, moody, confused of place/wandering, restless; personality changes. May need help with personal care; incontinence.

Late-stage (severe) The brain has atrophied and shrunk significantly. Communication and response to environment are difficult. In need of constant care; decline in physical ability (Apraxia) and memory loss of recent experiences.

Stages of Dementia

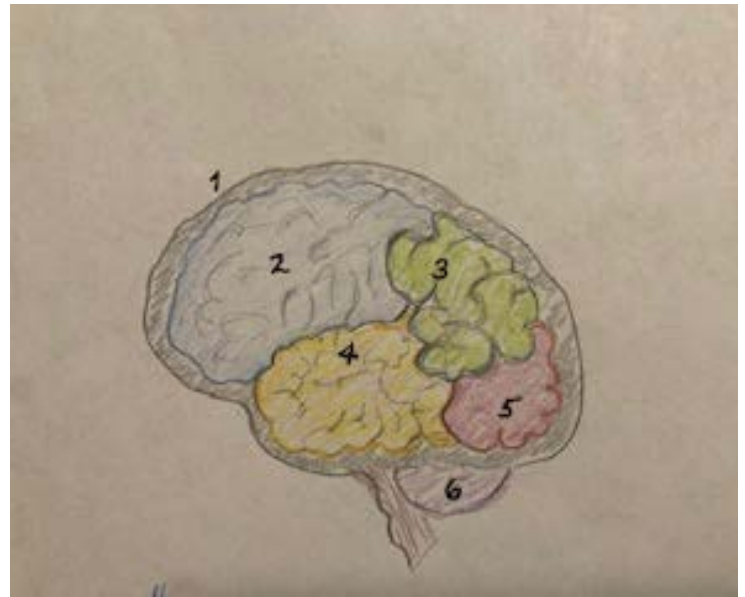
In the Bolk's Companions (2) (from the Louis Bolk Instituut), "Dementia and I" as developed by Dutch psychologist Rien Verdult, four stages or classifications are listed of the changing I-experience in patients with dementia. These stages were also summarized in the book *The Validation Breakthrough* by Naomi Feil.

Stage 1 is termed: the 'endangered' I, sometimes also called the cognitive phase. The person may be aware that their current life journey is about to shift as their abilities and memory change. They can still be independent, but may need assistance in managing certain functions. Their interaction with the world is still manageable, understandable, and important, so their interaction with others asks for collaboration on their part.

Stage 2: the 'stray' I or emotional phase This is when anxiety, fear, desperation may set in and also a disorder in time orientation be noticed.

Stage 3: the 'hidden' I or psychomotor phase There may be repetitive movements; long-ingrained movement patterns are now uncertain. The person pulls more into their own world. This can lead to restlessness, pacing and wandering or seemingly aimless walking.

Stage 4: the 'receded' I or sensory phase The person may be immobile, bedridden, and communication abilities are very limited. Communication by family and caregivers may be limited to sense impressions and non-verbal ways: music, touch, warmth and conscious attitude and intention.



Brain functions as a mediator between spirit/mind and body

Parts of the brain

1. Cerebrum This is the largest part of the brain and plays a role in memory, thoughts, language, body control, and spatial behavior. Grey matter lies on the periphery as the cerebral cortex.

2. Frontal Lobe holds the motor cortex. This area has to do with the personality, emotions, behavior, conscious choice and reasoning.

3. Parietal Lobe has to do with the ability to sense order, body control and spatial ability to know where one's limbs are; tactile sense and pain

4. Temporal Lobe (memory, vision, language) helps us understand what we perceive, and remember or recognize. The Hippocampus is within this area of the brain.

5. Occipital Lobe holds the visual cortex of color, form, motion

6. Cerebellum Walking, posture, balance, coordination

Limbic system, located deep within the brain, is the bridge connecting the hypothalamus (unconscious functions) with the cerebral cortex (conscious functions); arch-shaped structures that surround the inter brain inside and beneath the cerebrum (especially the temporal lobe).

The limbic system is centrally important to the capacity for memory, the retrieval of long-forgotten experiences, in which emotional stimulation comes into play. Music activates the entire limbic system. Emotional responses to familiar music are probably the result of connections from the auditory nerve to key limbic structures in the brain.

As age progresses, brain volume shrinks, while that of the ventricles increases. The aging processes occur more often in the frontal brain than in the occipital region. The prefrontal cortex, the hippocampus, and the cortex around the hippocampus prove to be the most strongly subject to aging processes. It is also the area connected to our music memory and experience.

Recognizing and working in relation to the four stages of the “I” mentioned earlier can help guide our therapeutic work. Which stage most closely describes the conditions of the person we are working with?

Through eurythmy are we working to improve and encourage their individual lives and connection in the world? When and how do we change our approach to meet the various stages of ‘I’ activity in the person? As shared by one neurologist/anthroposophical physician:

“Sometimes going into the state of dementia is a way to exit and leave the earth gently.”

So how do we hone our perception so that our efforts are in line with the workings of the higher self of the person we are working with?

Approaches

The work with patients with memory issues or Alzheimer’s requires building a deep sense of trust, as well as (most likely), a relationship with close family members. Meet them where they are, have a warm human connection, create clear sounds and gestures. Many of the approaches that we bring into our sessions are also encouraged in the process of Validation developed by Naomi Feils. (6)

- Center oneself, find clarity in thoughts and feelings.
- Learn how to exquisitely observe others, picking up clues and taking their emotional temperature.
- Learn to recognize and modulate your tone of voice.
- Build trust through respectful eye contact and keeping an appropriate distance that is comfortable for each person.

If we look over the person’s health and clinical history a thread may be found leading up to this point of their life condition. There may have been social difficulties earlier in life, soul development issues, difficulty in the ego taking hold. In the aging, the etheric expands and one can be everywhere in their being-ness. There can be disconnect within the body. The “I” doesn’t process one’s own movement. The various members don’t fit or respond as before. Disorientation by this changing new consciousness sets in. This can all be frightening for the person and bring stress or anxiety, feelings of isolation and depression.

Some actions can trigger memory

Movements or gestures (body rituals) can call up something connected to that gesture that may bring more presence;

Touch gestures may help one remember past experiences.

(But we must be alert to those actions that are uncomfortable or cause physical or emotional irritations. What kind of touch comforts them? The connection with family is important in this regard.

So, in addition to addressing issues of memory one may be working to limit stress and anxiety, reduce inflammation, overcome sclerotic tendencies, strengthen the immune system, etc. Some people with Parkinson’s later develop memory illnesses so these exercises may be helpful.

The therapeutic eurythmy entry point can be varied, as always, depending on the person. Aids like copper rods, balls, small veils, old songs, or well-known poems that are familiar to the person are possible. There could also be a more direct approach involving sound sequences and eurythmy exercises. Activation of ego forces is always central to the work. It may take a long time with much repetition before progress is made and the person can engage their own will. Finding a poem or prayer that they’ve known through life can be a starting point for connection, and gentle consonant work. For those with mobility, retracing/ego line (for ego activity), consonants in standing (memory), consonants with the feet work to upward on the etheric forces of the head.

Eurythmy exercises that can be beneficial

The use of music has been widely acknowledged as beneficial for people with Alzheimer’s or dementia.

Tone eurythmy gives comfort and can act as a bridge in communication or reconnecting the person with themselves and their surroundings.

In light of the area of the brain that is affected by brain deterioration and the movement of the cerebrospinal fluid in similar areas, one can make sense of why music is an effective modality.

Listening to music can relax the person, and involves the memory centers in the brain such as the hippocampus and lowest parts of the frontal lobe. Tapping along with the music gets your cerebellum involved.

Tapping or clapping the rhythm with hands or feet or both is engaging and warming. Use playfulness and rhythm.

Do gentle pitch movements to a melody they are familiar with.

Work on left/right: doing different activities simultaneously has a bearing on both cerebral hemispheres. For example, while singing, accompany it with a rhythm (body percussion).

We have many insights from *Eurythmy as Visible Singing*(7) on the therapeutic effects of tone eurythmy.

“If in any part of the human organism a natural process preponderates over the human, and we then make the person practice tone eurythmy, this is a therapeutic factor; for by this means we lead the part of the body in question away from nature and back into the human realm.” pg. 52

“We die. The physical body remains but it disintegrates. Why does it disintegrate? Why does it dissolve?...Because previously we bore time within ourselves. ...we live during earthly existence, because we are able to carry time within ourselves, to allow time to work within ourselves, because time is active in the material which extends in space. Melody is manifest in time.” ... “Every note calls forth recollection and expectation as adjacent, melodic notes.” From *Eurythmy as Visible Singing* pg. 34/35

“Rhythm brings the human being into movement. ...It is the etheric human being which is revealed in rhythm.” pg. 45

In a discussion with colleagues on how to delve into this work we spoke about how the sequence MNBPAU could be a beginning point for work with people living with Alzheimer’s or other cognitive impairment. Though given for children of so-called ‘maniacal’ condition, many persons with memory issues have restlessness, stiffness in their mobility, inner pictures that manifest in gesture, and inability to guide their movements.

M: “Warmth of the M unites attention with activity.”

- > to re-stimulate flexibility, for warmth and breathing out;
- > can be done on thighs with hands warmly pressing, also with feet;
- > on the sides of the legs, can be done by the therapist;
- > between therapist and other person by touching palms mid-level.

It can be hard to get a flow, as the astral forces want to do its own thing and a hardness comes into the movement.

“Warmth of the M unites attention with activity.”

N: Without the perceptive powers, the head could never form a clear concept. *“In N there is that which brings one back to a rational way of thought.”*

- > Pisces mystery of becoming – of destiny – N a pulling back into oneself;
- > leads back into what belongs to the intellect;
- > after the warm touching through M one can pull back to oneself.

B:

- > return into one’s protective house, from outside-in;
- > work with hands or feet around a ball.

P:

- > a settling in to self with relationship to outer and inner;
- > use of a blanket is possible.

A: *“If we use the sound therapeutically in the manner in which it presented itself to our souls (yesterday in the lecture) we can combat that which makes children, and grown-ups too, into*

smaller and larger animals. With such exercises we can have very respectable results in the de-animalization of man.”

Therapeutic Eurythmy Course

A-Veneration

U:

- > as a general sound for addressing aging.
- > for those who cannot stand.
- > It draws together.
- > U reveals the parallel aspects of the human being.

“To be unable to stand properly is to be easily tired in walking as well. That is a technical difference: to walk awkwardly and to tire in walking are two different things. When the person is tired by walking, one has to do with the U-exercise.”

Lecture 2, Therapeutic Eurythmy Course

In *The Physiology of Eurythmy*, the von Laues speak about the activity of walking and standing as the alternation between movement and rest.

These two activities we often address through working with the vowels of ‘I’ and ‘U’. One way of looking at the phrase ‘not being able to stand’ can be that *“one is not able to maintain the necessary rests. There can be an excessive restlessness of movement which doesn’t enable standing or a fatigue or weakness where one is unable to stand.”*(9)

“U should be employed in order to bring the astral body into strong, living activity, but in such a way that it is under control.”

“It can happen that when the ego organization is weak, the astral body takes over the ego activity. This happens in elderly people when the ego withdraws too soon from the organic activity, but the astral body does not withdraw at the same rate and the dying away process is taken over too strongly by the astral body. Mineral substances then make their appearance in the wrong places and give rise to arterial sclerosis, for instance. This brings us, then, to use ‘U’ also in cases of senile sclerosis.” (10)

She then suggests to begin with exercises that strengthen the ego and make the astral body pliable again through the ego, for example, moving backward as ego line.

“When powers of thought and memory are weak, for dizziness and eye troubles it is particularly important that the formative movement shall work right down and into the feet.” Bockholt, pp. 57-59

Through conscious work, attention, and warm engagement the person may reveal and reconnect with their true ‘I’.

In “Music and the Brain,” Oliver Sacks writes that, *“...it is the inner life of music which can still make contact with their inner lives which can awaken the hidden, seemingly extinguished soul; and evoke a wholly personal response of memory, associations, feelings, images, a return of thought and sensibility, an answering identity.”*

From an article by Renee Meyer, MD, in Lilipoh Magazine:

“Once again the ego, the ‘I’, finds a foothold to briefly assume its role in full humanity. These occurrences remind us that the fourfold human being is still present despite the illness. In his comments about dementia, Dr. Matthias Girke refers to dementia patients as spiritually present but ‘veiled.’ Those spiritual forces can briefly be called together, sometimes surprising us by their full appearance.”

Thank you to insights and suggestions from colleagues Glenda Monasch, Maria Helland-Hansen, Dr. Cathy Sims-Oneil, Raven Garland, and Julia Alamo-Karnow.

Barbara Bresette-Mills of Austin, Texas, is an adjunct faculty member in the Therapeutic Eurythmy Training in North America, offering courses in therapeutic eurythmy for eye conditions.

Footnotes

1. World Health Organization. Dementia is an umbrella term for several diseases affecting memory, other cognitive abilities and behavior that interfere significantly with a person’s ability to maintain their activities of daily living. Although age is the strongest known risk factor for dementia, it is not a normal part of ageing. www.who.int/health-topics/dementia Alzheimer’s Association®. Global Dementia Cases Forecasted to Triple by 2050 — New analysis shows a decrease in prevalence due to education countered by increase due to heart health risk factors.

www.alz.org/aaic/releases_2021/global-prevalence.asp

2. Louis Bolk, Marko van Gerven MD, Christa van Tellingen MD. *Companion: Dementia and I* The Dutch psychologist Rien Verdult (Verdult 2003) developed the scheme with four stages of changing I-experience.

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7. Rudolf Steiner, *Eurythmy as Visible Singing* Anderida Music Trust 1996 pgs. 52, 34-35, 44

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DYSLEXIA AND THERAPEUTIC EURYTHMY RESEARCH AND CASE STUDY

RAVEN GARLAND, TE

Where does the difficulty begin?

I will never forget the words of a childhood friend yelling at our teacher, "I am not learning disabled!

You are 'teaching' disabled."

One in five children has difficulty learning to read. Finding ways to help such children has often been haphazard. Various attempts include sequential reading programs, 'brain-gym' exercises, printed text on colored paper, specialized fonts, and others. Some of these interventions work for some of the children. In other words, there has not been a definitive cure or consistently successful therapy for reading difficulties. Some remain functionally illiterate even into adulthood, while some become fluent readers, and many more learn to employ compensatory coping skills. Perhaps the "mental function that causes dyslexia is a gift in the truest sense of the word: a natural ability, a talent...something special that enhances the individual." And perhaps rather than fixing something, we are instead called on to contribute something new.

According to the Mayo Clinic, "Dyslexia is a learning disorder that involves difficulty with reading due to problems identifying speech sounds and learning how they relate to letters and words." This definition is a short and precise description of the surface symptoms present with someone deemed 'dyslexic.' Therapeutic eurythmy can potentially address the root causes of the symptoms of dyslexia. I contend that therapeutic eurythmy is the definitive therapy for helping a person take up the fullness of their potential for incarnating in their present life. So, if literacy is in the realm of possibilities for an individual, it will surely help.

I was allowed to work with three sixth-grade students who I had been told were dyslexic. Indeed all three were not reading at grade level, had difficulty spelling, speaking coherently, and writing. Two of the students improved rapidly after eight weeks of therapeutic eurythmy and have joined their class for language arts. For this article, I will focus on the third student. Her difficulties are more profound and afforded me more insights into the root causes of her problems acquiring and processing both spoken and written language.

Lily was eleven and seven months when we began working together. She is a lovely presence, peaceful and slow. Her light brown eyes are wide open and focus on her teacher or work. Her hair was blonde until her ninth year, at which time it darkened to a caramel brown. Living in Utah dries out everyone's hair and skin, but Lily's appears more decidedly so. However, typical of a phlegmatic nature, she tends to hold water within her body. Her face is freckled and smooth except for some uneven, indented bone structure on the left side of her forehead. She is taller than most of the girls in her class. Sometimes she suffers from headaches and stomach cramps. She likes to dress in comfortable, muted tie-dye sweat pants

and shirts. After school, she plays outside with two younger neighbor friends. She enjoys going to a salon with her mom on weekends, where she gets seasonally decorated manicures. She had two close friends from school join her for a swim, cake, and games for her birthday. She likes to use her hands to craft various projects such as papier-mâché, punch pillows, and paper marbling.

Before Lily began coming to therapeutic eurythmy sessions, she spent three to four hours every week in a special education pullout class for reading. She made minimal progress, and on several occasions, she erupted in frustration, yelling and throwing things at her teacher. Unable to calmly advocate for herself, Lily communicated in no uncertain terms, "This is not helping! This is making me crazy!" Her parents, class teacher, and case manager agreed to try therapeutic eurythmy, and so she began to see me for two to three periods each week.

I came to learn that there was a problem with reading. There was difficulty with spelling and pronunciation. Lily could not pronounce some words immediately after hearing them. The fact that Lily could not pronounce some words made me wonder about the connection between listening and the sense of balance. There was a wobble in Lily's walk on the floor and balance beam.

The plan for several sessions was this:

1. Slow walking on the balance beam, forward (and backward after some weeks)

- Walking on the balance beam with the rhythm (long, long, short, long, long) — — — — — (eventually adding a slow M gesture in the arms.)

2. Standing on the floor to practice a sequence of movements (arms: right forward, left forward, right open, left open, right straight up, left straight up, touch head, shoulders, cross over shoulders, straight by sides, slow deep knee bend down, slowly come back up - after several weeks Lily could do this sequence on the balance beam).

3. Her name in eurythmy

4. L while taking steps forward and back

5. M many ways

6. N digestive

7. R (r, r, R while running for a complete rotation)

8. Peter Piper and Betty Botter (I recited while she made eurythmy Ps and Bs.)

9. Scale descending and ascending with the pitch in standing (After some weeks, we added stepping forward while descending and backward while ascending.)

10. Short vowels sounds in eurythmy (small i,e,a,o,u)

The reasons:

1. To assess and improve the sense of balance

2. To further enhance the sense of balance and mastery of self-movement

3. The sequence has an element akin to sentence structure, especially when practiced while walking on the beam.

4. For fun and for claiming herself
5. L is a sound that Lily had difficulty articulating.
6. M for the sense of self-movement and articulation
7. N for water-retention
8. R for self-movement, regularity, harmonizing upper and lower body, and articulation
9. P and B are two sounds that Lily mixes up.
10. For spinal fluid movement to enhance learning, a feeling of wholeness, and a sense of self-movement.
11. These were sounds Lily had difficulty differentiating.

Over time, the results of the eurythmy became evident. Lily passed a spelling test with the sounds of P, B, L, M, R, and short vowels. After adding the Large I exercise, she came out of her shell, smiling, laughing, and initiating conversation. Her class teacher remarked that she was more confident and willing to engage in Main Lesson.

In the last two sessions before writing this article, we added more tone eurythmy, i.e., scales, simple melody, tone duration, beat and bar line, and major and minor, as described in Lecture One of Eurythmy As Visible Singing. What was remarkable was the peace and radiance emanated from Lily while she did the tone eurythmy.

For me, the task is not to get her to read, but to give her a measure of self-knowledge and self-mastery through the practice of eurythmy. It was imperative to give her time to experience and improve the functioning of her four lower senses (balance, touch, self-movement, and well-being.) These primary, foundational attributes open the doors to the higher abilities of deep listening, inner-rootedness, discernment, self-determination, speaking, and thinking. With all of this available, perhaps even reading printed text will become possible and pleasurable.

Practicing therapeutic eurythmy brings order to chaos, calms nervousness, and awakens what has been dull. Harmonious movement is the definitive therapy for gaining access to higher abilities, such as reading. I hope this becomes clear to all teachers and therapists that work with those who are deemed dyslexic. An even greater hope is that we all, as a society, recognize and celebrate the many gifts of individuals who have not come to read words on a page but may, in fact, be reading far more wondrous things beyond the page. Consider the embryonic membranes that nourish and protect the embryo before birth: the chorion, the amnion, the yolk sac, and the allantois. Dr. Steiner specifically explains the role of the soul-spiritual forces contained in these organs during embryonic development. After birth they are cast off; but the forces inherent in them work in the human ego, astral, etheric, and physical bodies, and become what Rudolf Steiner refers to as the invisible man, working in the realm of nutrition, healing, and eventually, the process of initiation itself.

Raven Garland of Salt Lake City, Utah, is an adjunct faculty member (therapeutic tone eurythmy) at TETNA.

See photographs by Raven on page 23.

TE EYE WEBINAR

BARBARA BRESSETTE-MILLS

Notes from January 30, 2022

“The eye must be transparent. If you think the matter through properly you have to say: It cannot be the eye that does the seeing, for the eye has to remove itself, it has to become transparent so that one can see. If you smear something on these window panes, for example, you can no longer look out of the window. For it is you who looks through the window. The window panes themselves cannot see, for it is you who sees. In the same way it is not the eye that sees but something in the human being that sees by looking through the transparent eye.” (Rudolf Steiner, 2 June, 1923, CW 350 from *Mammoths to Mediums*)

Cataract or ‘Grey star’ is a clouding or turbidity of the lens, which is normally crystal clear and transparent. This lens turbidity is a hardening, materializing process. “Into its very form and position, the lens presents a picture of cosmic influences. Like a crystal formed and supported on all sides it represents the cosmic sense organ through which the hierarchies in the human being look out into the world.” (*Therapeutic Eurythmy for the Eyes*, page 105, Daniela Armstrong)

We know the lens is in constant motion making it possible to see at various distances. When the lens becomes spherical, we see more in close proximity, when flat, then we see the distance, the change or accommodation is usually immediate. We do not notice this constant moving of the lens, similar as with the movement of the heart. They are both in motion, one in relation to light, the other in relation to the blood. As organs, they are both selfless, to enable, in the case of the eye, the connection to the outer world and the inner world; with the heart the movement of the two streams of blood flow.

In working with cataract patients it may be important to address the metabolic system, (liver, kidneys, etc) – not least the heart and the lungs. Cataract can be a sort of ‘congestion’ in the eye. It is a falling away of the substance from the living context. Remain alert to and notice the general conditions of the person. Therapeutic eurythmy can be helpful. It is best to practice therapeutic eurythmy at the beginning of cataracts and so harmonize the aging process.

By working, with patience, on the etheric eye and also on the aging process within the whole human being, one can help slow the process of cataracts. “The lens is precipitated out of the living, etheric activity of the eye, and its sublime, luminous clarity is increasingly subject to a clouding process.”

Exercises

One can begin with Loosening-breathing exercises, contraction-expansion. Gently do ball and rod exercises for flexibility and fluidity, but not ones that shock or are abrupt. Qui qui, So ist es, rod rolling on arms in space of inwardness, Waterfall without drop, just a golden arc around the head.

Basic sequence L M G S U

One can work on just LMSU without the G, if there is any retinal weakness or tearing. Though the G is a central sound for addressing cataracts in that it works with the quality of transparency.

You can begin by working with pairs of consonants:

Work with pairs of sounds: L and S

between the colors of blue/yellow

L has the water quality, and S the warmth

L toward blue, then S backward toward yellow; turn round so you are close to and facing the yellow

Do S backward, then L forward.

L and M between the colors of rose/green

L forward toward the rose, M move backward to green; then turn to face green do M backward hands touching into green and L stepping forward.

Sounds in stepping LMGS I - U all at mid-level L horizontally within O size/space, with rocking step forward. 4x M with swing step backwards, with horizontal counter-movement in the arms. 4x G at diaphragm level, horizontally, with four steps forward/back. 4x S large breathing S from above down - moving forward and back (warmth flows through the arm). 4x I and U with steps forward and back. Two other sounds that can be important for cataract patients are: A breathing from above down and Kidney-A R with the up and down quality staying in the level of the hips R can bring the inside and outside into a rhythmical coordination.

LMRGS in sitting and bending

Through bending we can bring the heart forces to the feet, as light breathes through the back. There is a bending gently downward for all sounds and then a finding of the uprightness again. L awaken the source of the upper arm as you relax spine and dip down below to begin the L M from shoulders forward or from below rising up with light in the palms, to temples & over shoulders letting it stream warmth toward the kidneys. Here you can include the R with bending G from heart center down to feet, opening as one rises upright S round, from the sides warmth flows to feet, with hands coming toward each other in warmth below then rising (At heart level) and the arms open out and up into light then come together to return to heart level, release out and down. U from above to knees then with feet up on toes and I, from side of head forward and with feet LMGSU, from head to feet U assists one through the aging process. This variation works from above down. Each time one reduces the number of Ls and adds a consonant, ending with U. With this exercise you can begin with the four L's at the head or with a large U from above downward. L 4x around head "hood L" from the earlobes, hands in loose bud shape, following up the hairline and then the palms go over the top and back of the head to the nape. U lift upward gently and gather the light, with light between palms move downward or U from temples downward L 3x M forward from shoulder, then into U L 2x M " , G from heart down or horizontal , U L

1x M, G open out below, S midlevel at periphery to heart and behind, U One more U and with feet You can also add I All Sounds to be done with the feet as well, in sitting or in standing. (In future more details in the work for cataracts will focus on the sounds being done around the head and at the eyes with hands and fingers.)

Dry Eye

As a first step in addressing the condition of dry eye, here are a few suggestions to begin with. We will go further on this topic in a future webinar. At the boundary to the outer world, the eyelids bring moisture. The sphere of the eye is covered by a watery film that is constantly renewed with each blink. In the glands of the conjunctiva, water is produced. This moisture is used for the transparency of the cornea and protects the warmth of the eye. With the drying out one may feel a cold sensation, a grittiness, or even grinding pain, leading up to inflammation. If eyes are too dry you feel them, which one shouldn't normally experience. How can we support this tender, watery boundary? Blinking is very important. Work with A (like the opening of eye) and B (as the closing).

Daniela Armstrong says just mentioning L can bring moisture. Work with A-Venus into O-Jupiter; also minor-I; major Sparkling L, lively, unfolding and bubbling upward from below.

M from below up over shoulders to enliven etheric.

Tone eurythmy-intervals

A as a concordance to the third, which is equivalent to the air. But there's also the minor third: tears (as in crying).

O as concordance to the second which is equivalent to the water.

Kidney is an air organ: Venus belongs to her with A.

Liver is water organ, Jupiter -O.

The path from A to O can lead us out of the light (air) to the water: Third-Second (intervals)

THE MISTLETOE BOOK***Mistletoe and the Emerging
Future of Integrative Oncology***

Steven Johnson, DO, Nasha Winters, ND, FABNO,
with Co-Authors: Adam Blanning, MD, Marion Debus, MD,
Paul Faust, ND, FABNO, Mark Hancock, MD, MPH,
Peter Hinderberger, MD

Published by Portal Books (edition), 2021

The Mistletoe Book <https://www.themistletoebook.com/>
"In this pioneering book, doctors and patients will discover the incredible power of mistletoe therapy and its foundational place within integrative cancer care. As this book demonstrates, plant-based supplements that stimulate the immune system's own power — such as mistletoe — are a welcome addition to current cancer treatments and may eventually become first-line treatments (with fewer side effects)." Kelly A. Turner, PhD, NY Times bestselling author

**REPORT FROM THE ANNUAL
ANTHROPOSOPHICAL CONFERENCE IN FLORIDA**

CAROL ANN WILLIAMSON

This year we met from February 25-27. Our main presenter was Dr. Mark Hancock from Atlanta, GA. We had a wonderful gathering of over 30 people, with Waldorf teachers, parents and students of anthroposophy. In addition, we even had four eurythmists attending! Corinne Horan and Rebecca Renold came with Mark. Corinne works full time at Mark's clinic. Rebecca did her practicum at the clinic as part of her therapeutic eurythmy studies at the Goetheanum. Now she is back in Dornach and will be finishing in June. In addition, my good friend Julie Williford came from Mississippi. I had asked her to come and assist in the teaching, as I was still recovering from shoulder surgery as a result of a bike accident, and needed some help.

Dr. Mark Hancock is the founder of an integrative health clinic outside of Atlanta, called Humanizing Medicine. He started it in 2015, along with his wife Enid. Dr. Hancock worked with Dr. Maurice Orange at the Park Attwood Clinic in England and with mistletoe therapy. His clinic offers direct primary care and integrated cancer treatment, all under the umbrella of anthroposophical medicine. In addition to his medical degree, he has a B.A. in philosophy. His thesis was on overcoming the duality of Kant's epistemology through Rudolf Steiner's *Philosophy of Freedom*. Dr. Hancock has also worked on a bio-dynamic farm, as well as studying anthroposophical painting.

On Friday night of the conference Mark spoke about the importance of warmth for healing. He presented the seven life processes in relation to the planets and their corresponding vowel sound. Mark elaborated on the theme of inner and outer warmth. He referred to fever and its significance in resetting bodily functions. And he talked about the necessity for soul warmth and laughter, in empathy medicine.

Corinne demonstrated the "Warmth Sequence," which is the cancer series done in eurythmy. This is the sequence OEMLEe (Ei) BD. I was interested to see that she did the Large-I (ee) exercise, rather than the Ei movements. More intriguing was her movements for the legs and feet in the Large-I exercise. She did a sudden stretching of each leg, with a jerk and light kind of lift. I have since tried it, and find it an enhancement of the stretching of each leg.

On Saturday Mark gave an introduction to anthroposophical medicine. This included a discussion of the threefold and fourfold human being. He elaborated on the use of metallic substances in anthroposophical medicine. Having studied the metals as part of the book I am writing, I found this very illuminating.

Mark's wife Enid introduced compresses after Mark's lecture. Everyone had a chance to experience the scent and feel of certain ointments. Mark and Enid also gave each of us a helpful booklet on compresses and treatments.

We then had two eurythmy classes, in the morning and the afternoon. Mark had asked me to introduce the planets and their gestures. I found this to be a mighty but worthy challenge! I decided to create a mood of each planet through moving to different rhythms with music. Julie very helpfully led this. Then we worked on a certain verse for each planet. We did first the vowel movement related to each planet. After that I introduced the planetary gesture. This was done to each verse. Again, Julie led this in movement.

The three soul exercises from the "Therapeutic Eurythmy Course" were introduced in relation to their respective planet. Corinne and Rebecca introduced each exercise, with the Hope-U for Saturn, Love-E for Mars, and Veneration-Ah for Venus.

At the end of each eurythmy class, we sat down in a circle. I then spoke about each metal in its relation to the seven major planets. I related how the gesture of each planet is inherent in the quality of its related metal. The metals have their intrinsic movements too, in harmony with their planet and its vowel gesture.

In the evening, Corinne and Rebecca gave a small eurythmy performance to the Sun verse in the beginning of "The Portal of Initiation," (The light of the sun is flooding the realms of space...) Julie spoke for them. This made a lovely ending to our eurythmy contributions at the conference.

For me, this was one of my most memorable teaching experiences. Perhaps this was partly due to the community nature of our working together as eurythmists. I thank Corinne, Rebecca, and Julie for their help. I am also grateful to Mark for embracing my contributions to his medical work with my talk about the metals.

RESEARCH MASTER'S IN EURYTHMY THERAPY

Summer block: August 7-September 2, 2022

Dear Eurythmy Therapists,

The Eurythmy Therapy Training in the UK is able to offer you the opportunity to achieve a Master's degree (without the need to have a Bachelor's degree first). In this way you can deepen and refresh your work as a therapist. You will learn about different research methods and how to conduct your own research in an area which most interests you. In addition, you can take part in the Eurythmy Therapy training over the next two years, attending at least eight weeks of the training, choosing themes that most interest you. The training takes place for four weeks at Easter (2022, 2023 and 2024) and four weeks in the summer (2022 and 2023). The first Easter block starts already on March 21, 2022, but it would not be necessary to attend this, although you would be most welcome. The third year of the training is devoted to working on one's thesis.

If you are interested, please do write to us and we can arrange a zoom meeting with you.
enquiries@eurythmytherapytraining.org.uk

For more information, please look at our website.

www.eurythmytherapytraining.org.uk

Shaina Stoehr, Brenda Newton, and Katherine Beaven

“The MA course in eurythmy therapy has been a truly life changing experience for me. This course offers an excellent training in eurythmy therapy, run by a group of wonderful tutors who have been able to provide a rich variety of stimulating learning all the way through the course. They have guided us through the MA process with great skill and support and with so much encouragement.

It has been a hugely gratifying experience to discover my academic self in greater depth and to have gained new employment opportunities internationally as a result of having achieved a widely recognized title such as an MA. It also opens doors and access into other paths of study which is a great ‘side benefit’ of doing the MA. With the MA I feel so much more equipped in bringing eurythmy therapy into the world.”

Christina Sahin

Christina worked as a Eurythmy Therapist since 1987 and completed her research Master’s thesis. ‘Integrating Eurythmy Therapy into Modern Psychotherapeutic Practice,’ 12/2021.

EVENTS

The **Annual General Meeting of ATHENA** will take place on Monday, August 1, from 9-10:30 am, at the conclusion of the Dental Workshop in Salt Lake City, Utah.

Participants are encouraged to join us at the AGM.

Therapeutic Eurythmy Course for the Public and Professionals with Raven Garland

Saturday, May 7, 2022

9:00 am – 12:30 pm

School of Eurythmy, Chestnut Ridge, NY

TETNA Graduation

Therapeutic Eurythmy Training in North America

June 30, 2022

Eight eurythmists are soon to emerge from the Therapeutic Eurythmy Training of North America as new graduates. We are so grateful for all the support we have had to bring their course to conclusion, in-person, through these last three years. Please join us in celebrating their graduation on Thursday June 30 and in welcoming these fine therapists into our association of ATHENA.

We are also excited to announce the beginning of a new training cycle in July 2022. We are planning to begin this new course in Camphill Copake, NY. As space is limited to 12 trainees and applications are already coming in, please begin your application process now to reserve a place in this new incoming training group.

For further information or for an application form, please contact Glenda Monasch at gem.sce@me.com or visit our website. www.therapeuticeurythmytraining.com

Tone Eurythmy Therapy Intensive Course with Jan Ranck

July 15-24, 2022, in San Diego, CA

Information and Registration:

tone.eurythmy.therapy@gmail.com

Therapeutic Eurythmy Dental Conference

With Mareike Kaiser, Austria and Claus Haupt, Germany

Please join us for the ATHENA conference Part 2

with Mareike Kaiser and Dr. Haupt

Sunday, July 24 to Sunday, July 31, 2022

in Salt Lake City, UT

This conference is for all therapeutic eurythmists (trained and in training) as well as dentists and physicians!

Mareike Kaiser has many years of experience with working in this field and is now traveling worldwide to share her work. She gave part 1 of this workshop three summers ago. This summer she is finally able to return with the dentist Claus Haupt to complete the course. Both will be bringing their insight into the understanding of the spiritual significance of the teeth and their development.

Fee: \$ 450. for members, \$500. for non-members (Check made out to ATHENA)

Application fee \$50. is due on June 1, 2022.

Remaining \$400./450. is due at beginning of conference.

Please send application and fee (check made out to ATHENA) to our treasurer:

James Knight, 2420 NW Quimby #9, Portland, OR 97210

PayPal Payment: athena.board.treasurer@gmail.com

When paying with PayPal please do the following:

1) Include a note where it says, What is this payment for? that it is for the Dental Conference.

2) So that we don’t have to pay transaction fees on our end please indicate that this payment is for a friend vs. for an item or service. This is done on the page after you enter the amount and hit continue. There under the total you entered is a line saying Paying for an item or service; with a button following saying Change. Click on that button and change to Sending to a friend.

2022 AHA BIENNIAL CONFERENCE

The Mysteries of Healing: Realizing AnthroSopha

“Love is the result of Wisdom that has been reborn in the I”

Guest Lecturers: Ursula Flatters, MD, Marion Debus, MD, and James Dyson, M.D.

Begins on 19 July 2022 at 5:30 PM (EDT) and ends on 22 July 2022 at 8:30 PM (EDT)

See <https://anthroposophichealth.org/event-4346982> for information and to register.



**DYSLEXIA AND THERAPEUTIC EURYTHMY RESEARCH AND CASE STUDY,
PHOTOGRAPHS BY RAVEN GARLAND, TE**

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② herd	⑪ Fivev
③ humble	⑫ Shapev
④ str ick	⑬ ladder
or	⑭ spat er
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1. Pin
2. Pen
3. Pan
4. bun
5. butter
6. bitter
7. batter
8. better
9. little
10. flip

100%
Excellent

need
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45, 46

