

Eurythmy therapy and body related meditations

Meditations form a central theme to anthroposophical life. Rudolf Steiner formulated meditations for a great variety of life circumstance and for professions. The following presentation is concerned with the meditations related to neurological illnesses given by Rudolf Steiner as part of treatment suggestions comprising medication, eurythmy therapy and other measures. A number of these indications are well known, and part of the frequently used measures used in at present. There seems to be a particular connection between Eurythmy Therapy and the meditations worth exploring for a deeper understanding of both.

In a case of one of the authors (KG) the patient, who suffered from neuropathic pains in the hands following Herpes Zoster after a breast cancer, described a lack of contact with her hands which she recalled experiencing already in childhood¹. Another disturbing symptom was recurring prolonged ticks at the eye (periorbital fascia spasms). The patient found it difficult to experience three-dimensional space. She was given an extremely slow version of the IAO (up to over 8 minutes in execution) and through this intensive experience of the individual qualities of the eurythmy gestures she gained a stronger sense of her bodily connection to the surrounding space. On completion of the IAO exercise the ticks at the eye had pretty well subsided. In the early stages of the therapy the patient had severe pain in the feet and needed to work seated. From the 5th session these pains had abated, and the work could be done standing. By the end of the block of therapy there was a perceptibly stronger connection to the surrounding space. Apart from IAO the following exercises were practiced: L,B,D, lemniscate with a copper ball as well as the verse 'Steadfast I place myself in existence' (see Table 1)

In 1919 Ilona Schubert, the first eurythmist, asked Rudolf Steiner to give her a personal meditation as he had many others. He answered: 'but you already have eurythmy' (1, p31). In February 1924 Rudolf Steiner described the TAO done eurythmically (see Table 2) as 'meditation in eurythmy' (2, p 117-119), a few months later, in July 1924 in a course on speech eurythmy, he gave the meditation 'I seek within' (3, 11.7.1924)

I seek within me
The Strength of Creative Working
The Power of Creative Life.
It tells me
The heavy weight of Earth
Through the Word of my feet,
It tells me
The forming power of the Air
Through the Singing of my hands,
It tells me
The strength of Heaven's Light
Through the Thinking of my Head,
So the World in Man
Speaks, sings, thinks.

He also gave the gestures to 'I think Speech' (see table 1) characterising it as '..having a harmonizing and curative effect' (3. 12.7.1924). Since, at least 1904 (in the Esoteric Lessons) (4. P 424-435) Rudolf

¹ For this and the other case examples used the patient gave an informed consent for publication.

Steiner gave meditations with indications for the body : IAO (4 p 282) and 'Steadfast I place myself in Existence' (4. P 217-228). These exercises amongst many others have become integral parts of eurythmy (therapeutic) practice. They are frequently use as opening or closing exercises in therapy. They are also used as eurythmy therapeutic 'medicament' for treating headaches (5. P 24-26) or multiple sclerosis (6, A17). The exercises predate eurythmy itself and can be seen as forming a path towards movement-based meditation.

Mind – Body- Interventions

Eurythmy therapy belongs in the category of therapies engaging meditative elements in conjunction with movement exercises, e.g. Tai Chi /Qigong or yoga². We are talking here of movement based 'Mind-Body processes'. Amongst other things these modalities are described as highly effective in the treatment of neurological disease (7). The congruence of body sensation and engagement of the self achieved in practicing these modalities was coined 'Therapeutic sensation' by Florian Beissner. (8) The Therapeutic sensation is associated with changes in the functional magnetic resonance tomography (MRI) (8)³. Back in 1990 Edward Blanchard researched the efficacy of body-mind interventions in headache patients and established that cognitive elements, amongst other things had a positive influence on symptoms. Participants were asked to inwardly perceive their body with heightened awareness and to imagine the effect of everyday activities (9). In a further study Amy Wacholtz and Kenneth Pargament showed a significant reduction and intensity of migraine episodes when spiritual content was meditated (10). In a randomised study Brandon Aldermann et al. compared the impact of interventions combining meditation and aerobic training (MAP) in patients with depression (n=22) with a healthy control group (n=30)They showed statistical significant improvement ($p < 0.001$) (11).

The eurythmy therapeutic modality integrates Movement, Feeling and Meditative elements (12 p 186) Movements are understood as complex 'miniaturised' incarnation processes (14 p 338). The will is engaged at three levels through a reciprocal interaction of percept and movement. The human being is integrated into the environment through movement and action (12 p 246 – 249) with a feeling response that constantly permeates both. On the one hand an 'inner picture' guides the movement giving structure and intention. On the other hand, it largely directs the dynamic and expressiveness of the movement by correlating the autonomic nerve sensation with the mental picture of the movement (12 p. 185). The concept 'inner picture' refers to an imagination used to build the therapeutic movement sequence⁴. This is different from the visualisations used in professional sports training. Those visualisations are of the completed action, e.g. a run down the ski slope. Sequences of movement are then so intensely trained in the imagination that they improve performance in competition (14). The inner picture accompanying a eurythmy therapeutic exercise, e.g. the growth and wilting of a plant⁵ may be phenomenologically observed in nature but in everyday life is not linked to an experience of a movement. This only comes about through the directed application of the image in therapy. It is common for patients to remark on the positive effect of combining movement and text. The therapeutic effect of consonants is achieved through 'inner picturing' (5 p 38) of the movement. To be able to move whilst picturing inwardly what is

² A study of the characteristics of movement and meditations of other modalities of movements compared to those of eurythmy and the meditative indications described here would be interesting.

³ Beissner speaks amongst other things about energy and warmth sensations

⁴ One study (15) showed that eurythmy therapy exercises done without imagining an inner picture were markedly faster and irregular compared to those done with an imagination.

⁵ A commonly used image for the movement in the I-exercise

going on powerful to experience for the patient and visibly perceptible to the therapist. The inner picture/ the body related meditative activity shows qualitatively in changes to the posture and gesture.

Ekkehard Schweppenhauser described the inverse process, where from a patient's perspective he found that inwardly performed eurythmy therapy exercises have an effect too. This method was used when Rudolf Steiner encouraged a young woman with MS to meditate the sequence LRST until she became able outwardly to carry out the movements. (16 p 92)

The following case study (by KG) illustrates this too: a woman with severe exhaustion practiced 'Light around me' (17, p.150)⁶ as the opening exercise in her treatment sessions. This was initially done standing. The patient made an immediate connection to the verse. After some weeks 3 -fold walking was added to the verse and she made an L gesture with each step. This combination enabled a breakthrough in the treatment: The patient had initially been very tense in her movements. After 12 sessions this was much improved, and she volunteered that the verse 'Light around me' had been a key for learning the 3-fold walking with L exercises. By the end of the therapy she remarked that she was 'altogether more at ease with things now'.

Meditation and movement in Rudolf Steiner's work

Rudolf Steiner visited the newly founded clinic, Klinisch-Therapeutisches Institut⁷, in Arlesheim frequently between 1921 – 1924. He gave suggestions for eurythmy therapy for several patients and some were further given meditative advice. It is interesting that some patients were given suggestions for meditations in relation to eurythmy therapy and others were given meditation suggestions strongly body related but not with added eurythmy therapy prescription. This disparity can be observed in the treatment of neurological illnesses but equally in many other areas of medicine⁸. It must further be noted that all treatments suggestions were for individuals (not diseases). A number of these suggestions were collected by Hilma Walter who worked in the clinic at the time. Anton Gerretsen has collected them in a manuscript available to doctors from the Klinik Arlesheim on request. Some cases have been published in works by Dr Michaela Gloeckler and by Dr Peter Selg (18-22). Historic documents with indications and recommendations by Steiner for patients are published in the book 'Patient Meditations Given by Rudolf Steiner' by Selg (22) They allow for an intimate glimpse into the therapeutic gesture of Steiner's work.

Case studies and documents from the Ita Wegman clinic⁹ (23-28) relating to neurological illnesses were studied for this article in relation to more general indications given in lectures by Rudolf Steiner, especially : 'Guidance in Esoteric Training (31), 'Mystery centres of the Middle ages' (29), (4, 17), 'The birth and development of Eurythmy' (30), 'Eurythmy as visible Speech' (3), 'Tone Eurythmy' (2), 'Eurythmy Therapy' (5). The authors use the international classifications of illnesses as formulated by WHO (ICD-10) and add to it Exhaustion, Tiredness, Depression and Nervousness. It is worth noting that verses were given and noted down during war rounds and not always proofread or checked by Steiner. The renditions by Anton Gerrertsen are not completely identical with other

⁶ For the eurythmy therapy sequence there is a modification which, according to Annette Weisskircher can be traced back to Hildegard Bittdorf-Kliegel

⁷ Today: Klinik Arlesheim.

⁸ See e.g (18) and (19)

⁹ Today: Klinik Arlesheim.

sources. The authors categorised the indications and verses in 3 tables which complement one another. Some double entries occur. Table 1: "Body related Meditative Indications and Verses for neurological illnesses" encompasses several dimensions of the theme. It has 5 parts. The green boxes reflect 11 indications where specific parts for the body are mentioned in the verse, e.g.: "I feel the weight of my right arm..". The blue boxes (11 indications) are for verses where each line contains an indication for a part of the body or a focus of concentration, e.g. "sense the left foot: My I carries me". The yellow markings (9 indications) are for verses where a more general body related focus is required. A further 11 meditations are included in the table. These do not contain specific indications regards the body but do relate to neurological illnesses (no coloured marking). Two indications marked grey, were not given for therapy but have been adopted as such over time.

Table 2 "Eurythmy Therapy indications for neurological illnesses" contains nine indications originally given by R Steiner in general courses on eurythmy (Bottmingen 1912 and Dornach 1915 and 1924) and later classified as relevant in the treatment for these illnesses.

Table 3: "Neurological case studies" follows current classifications and lists 34 cases where R Steiner gave eurythmy therapeutic indications as published by Hilma Walter and Anthonj Gerrit Degenaar. Most of these indications were further elaborated on by Margarete Kirchner-Bockholt in 'Fundamentals of Eurythmy Therapy'. For 10 of these cases the patient was also given a meditative suggestion.

In the meditations relating to the body specific movement patterns are described. Also in eurythmy therapy as such there is a clear meditative quality and one may ponder Rudolf Steiner's basic concepts as regards the relationship between meditation and bodily movement as therapeutic process. This paper focusses on the body-related meditations given as a therapeutic measure in neurological illnesses. In these exercises meditation and eurythmy therapy merge. Such measures were given by Steiner long before the inauguration of Eurythmy Therapy. He continued to suggest combinations of eurythmy and body-related meditations for patients also after the actual course on Eurythmy therapy was given.

Eurythmy therapy works with the 'ensouled gesture'. The life of feeling is nurtured and enhanced by imaginations of different kind than everyday emotions and images. Elke Neukirch describes the building of a column of light in the I gestalt as 'feeling permeated will' (Neukirch in (19, p 200)). Further: '... the patient must initiate the process of healing out of their individual will in order that the forces necessary for the overcoming of the illness may be mobilised.' The patient pursuing eurythmy therapy exercises self-reliance and integrity and thus engages with the therapeutic process in freedom (Neukirch in 19, p 206). In eurythmy therapy movements are executed to imitate the non-physical forces inherent in the sound, just as in meditation the thought relates to a content beyond the everyday, reaching towards the inherent spiritual force of the sounds as a medicament (Neukirch in (19, p 202 and 206)). Matthias Girke speaks of an inner calm which frees itself from the personal feeling level to form the foundation for "I-activity" in a meditation (Girke in (19, p 118)). Self-knowledge is enhanced by the thought-movements cultivated by the meditating. Friedwart Husemann calls this "like recognises like" in reference to the ability of Steiner's supra-personal verses and meditations to educate and strengthen the I (32). His meditative indications thus in no way diminish the freedom of the individual who chooses to take them up. Two indications for dealing with tinnitus may serve as illustration: The patient is advised to listen actively and intently to the sounds 'as if he was producing them himself' (see Tab.1) The perception of the word and a growing alertness in listening to word structures calls on the dreamy soul to awaken and *take in*

what the structure reveals. Rudolf Steiner suggests that living images and percepts have a revitalising effect which supports I-activity at the bodily-physical level. (33, p.121-128). The exercise 'Light Streams Upwards – Weight bears Downwards' may be understood in a similar way: The harmonising effect happens through a perception of one's bone marrow (29, p.70-72) leading to a centring through 'perceiving Symbols... The own body is made into a symbol and only in this way can one truly experience symbols' (29, p. 72).

Own activity as a healing factor

Own activity or I-activity forms the basis for both meditation and eurythmy therapy. They are future orientated, a kind of preview which although it orientates towards the past qualitatively uses these experiences to reach towards the threshold to the spiritual world from where both movement and 'Etheric thinking' originates. 'One doesn't think with the brain but with the skeleton...' further: 'The right connection to symbols comes about through *moving* them {italics by authors} experience them...' (29 p. 72). In the article, 'The healing force of thinking imbued will and will permeated thought' Klaus Hoeller refers to '... the reciprocal influence of mental images and qualities of feeling with body gestures' in the work of R Steiner. Hoeller uses the examples of body related meditations and imaginations (34, p 71-75). In each example the connection between movement and perception is of central importance. What Viktor von Weizsäcker (35) describes as reciprocal conditions of movement and perception is augmented in eurythmy therapy and meditation to a relationship between I-activity and perception. Rudolf Steiner's understanding of the *independent* soul quality of will 'seated' in the musculature (36, p.155) becomes the basis for the therapeutic modality.

In eurythmy therapy verses and other texts are often used to support the patient experience the archetypal quality of a e.g. a sound. In German, the poem 'The roman well' by Conrad Ferdinand Meyer is often used to introduce the sequence LMU. 'Oh, earth I perceive thee' can accompany three-fold walking. Poems in specific meters can accompany rhythm exercises of hexameter or the anapaest etc. this is often experienced as helpful by patients. The therapist may choose a text aimed to instil a specific mood and thereby build a bridge to an exercise. In German that might be 'Mondnacht' by Joseph von Eichendorff for introducing L. To summarise: an evocative text evokes a mood, the movement expresses this mood in relation to the world. Likewise, the combining of a meditative text and a eurythmy exercise. Three-fold walking may serve as an example. It is a basic exercise in eurythmy therapy often practised with patients suffering MS, migraine or chronic fatigue accompanied by the verse: 'Quiet I bear within me' (17, p.179) Patients describe how the walking not only calms but also anchors and frees.

In practicing the patient engages their I-activity with percept and movement also if the severity of the illness means limited movement possibility. A 56-year-old patient diagnosed with MS aged 34 came to KG for therapy following the death of her husband. She was exhausted and found the IAO exercise unpleasant in the first couple of sessions. The exercise was replaced with 'I imagine a white wall before me' (6, A17) The exercise was done at the end of each session and was done in the form of a pentagram. By the middle of the block of therapy the exercise was exchanged with 'Steadfast I place myself into existence', also performed on a pentagram. The patient felt more firmly anchored in herself and took up both exercises in her daily practice.

The exercise 'I imagine a white wall before me' was given by Steiner to a young woman with MS. It demands quite an effort to do: In the first part a white openness to the individual 'I am' is developed. In part 2 the blue widths support a firm stance against the instability caused by the illness. The third part 'I am surrounded by the reddish yellow firmament: The Firmament encloses

and warms me' is particularly challenging in the experience of KG. It may be because bodily warmth tends to be in short supply, and so has to be engendered through the I-activity. A similar challenge is given by Steiner to the lamed patient told to meditate the sequence LRST¹⁰ until she was able to move it outwardly (28, case 128). Ekkehard Schweppenhauser, an MS sufferer similarly describes the efficacy of doing eurythmy therapy in the imagination in his illness account (16, p.92)¹¹. The theme "I am" is also found in the treatment of memory problems (27, case 13): "I am [first name]". 'Say this out loud and connect it with the shoulder blades'.¹²

In two cases of migraine Rudolf Steiner recommended meditations with the theme of roses. A patient for whom Biodoron had no effect was recommended to 'vividly imagine a bunch of red roses in full bloom'. The eurythmist, Suse Karsten, was given a verse¹³ and a body related rose cross meditation (Tab. 3, 3rd line)¹⁴. The red rose can be seen as the transformation of the green leaves, a representation of cleansing and purification (37, p. 309-313) In her practise the author, KG has used the exercise with varying results. Some patients related very well to it and saw a reduction in intensity as well as frequency of migraines. Others found little access and also no benefit. One can interpret the text of the meditation as placing a healthy picture of metabolism, its transformative activity in the consciousness. The premise is that the effect is augmented when the exercise of moving a five-pointed star is added. This is generally vitalising according to Rudolf Steiner; 'strengthening vital forces' ("Force in me", 4, p 277) and "Firming up the etheric body" (30, p.39). The strengthening of the etheric body should support a healthier metabolism. The verse "Steadfast I place myself in existence" (4, p. 217-228) was used as a body related meditation as early as 1907. In its different variations the exercise places the meditant in a pentagram. It is a popular eurythmy therapy exercise which engenders peace and is experienced as a source of strength, effects which are highly valued by patients suffering fatigue symptoms whether as a part of their neurological illness or in chronic fatigue.

Most of the body related meditative suggestions were given to individual patients and are rightly regarded as belonging to that person. In how far the indications are relevant more generally, i.e. are related to the symptom complex as much as to the individual has been a central question for this research. Another question concerns the apparent close connection between these body related meditations and eurythmy therapy. Many colleagues have their own experiences with this theme¹⁵, and it would seem important to create a space for the exchange of such experiences and ways of working. It is to be expected that each body related meditation can be understood in more detail in connection with the illness for which it was recommended and by a deeper understanding of biographical aspects of the case. These premises lead to further questions:

¹⁰ This sequence has been noted down in various ways; LRST, TLRS and LTRS.

¹¹ Schweppenhauser discusses other exercises which are not found in the notes on Steiners recommendations, but which were found to be immensely helpful by the patient.

¹² According to Ilona Schubert the point between the shoulder blades is where from consonants are to be formed in eurythmy (38, p 16, 18, 42). Mentioned here only to aid a deeper exploration of the indication.

¹³ A verse well suited to accompany the exercises expansion-contraction and 3-fold walking

¹⁴ This meditation is similar to one from 1923(?) "Archetypal forces hold me" (39, p.167-177) noted down by Ita Wegman.

¹⁵ Since 2013 7 publications to the theme of meditation in medicine and eurythmy therapy were published (18, 19, 20, 21, 22, 40, 41)

1. Do the case specific indications have general relevance which can give us further understanding of the illness picture? Would a study of comparing the indications reveal insights regarding a ratio for meditation, eurythmy therapy and a combination of both?
2. Is the effect of body related meditations comparable to that of eurythmy therapy or should the former be seen as a preparation for the latter? Is it a case of a triad of movements: outer everyday movements, inner thought/meditation-movements and eurythmy therapeutic movement? What is a desirable combination of meditation and eurythmy therapy?
3. Can one describe a difference between an imagination of movement/ an imagined movement and sensations caused by movement?
4. How should one work with the indications and experience won using them?

If you have experiences in this field of practice and/or suggestions for a future collaboration we would welcome your input.

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