

Curative Eurythmy Within the Schools in America

At present, there are about 30 active curative eurythmists in America. The world wide number is around one thousand. The curative eurythmist in America has the difficult task of informing the school community and the general public about their work. Rudolf Steiner's concept of curative education within the Waldorf School was not as we are inclined to believe. He was not opposed to having difficult children nor was he worried that the Waldorf Schools might be seen as remedial schools. The school doctor played an important role within the school, both for the children and the faculty. Every child was seen by the doctor. This was because health and growth are inseparable. Therefore, when a child was in some way lacking with regard to his or her development, teachers, doctor and therapist met in order to choose the best course of action. Our whole view of medicine in this country is one of specialization. It is not natural for us to think of the importance of medicine in education. We also have the misfortune of having Waldorf Schools which cannot find doctors with an anthroposophical orientation. However, our goal should be to fulfill this vision of wholeness which Rudolf Steiner envisioned. The curative eurythmist is often in the position of having to work with children without the cooperation of a physician. or, a physician is working within the school but only limited recognition is given by parents. It is a question of educating parents and also, unfortunately, of being able to show results. Although results are positive, they do not indicate anything more than a subsiding of symptoms. A real step forward is not always shown by outer progress. Often, the results appear much later, when the child has digested and assimilated the exercise practiced. Our goal is to encourage the fulfillment of potential and not to normalize or in any way alter the character of the child.

Another consideration is the role played by other therapists. One can be working with a child who is also seeing a psychologist or psychiatrist. Other professionals can play a role such as a chiropractor, music therapist, or a tutor. It is necessary to know about these therapies and communicate with the practitioners, if needed.

Curative Eurythmy Within the Schools in America continued

Curative eurythmy is unique because it takes place during the school hours. Rudolf Steiner was not opposed to having children taken out of main lesson. Curative eurythmy was prescribed for a definite length of time, after which it was discontinued or a pause of about the same duration was allowed before continuing. This can also be a concern to parents and the school needs to nurture an understanding for curative education in the school.

Curative eurythmy is most effective when an understanding of it exists in the school community. Experience has shown that a truly supportive faculty affects how the therapy works. When parents also actively support this work, as well as a doctor, the exercises and the relationships between all concerned people, create a therapeutic community. The curative eurythmy then takes a natural role within the school and can benefit its students to a great degree.

When a school doctor is unavailable, the deficiency has to be taken up by other members of the school faculty. Curative eurythmy can be very effective in this case but the task of the curative eurythmist is far more difficult. Also, medical problems cannot be treated unless the private doctor of the child be brought into communication with the school.

Curative Eurythmy Work in Various Places

The Waldorf School of Baltimore:

Classes began in 1971. Today there are 160 students from Kindergarden through the eighth grade. During the past two and a half years, about thirty students have had curative eurythmy lessons. In addition, five parents and three teachers have also had sessions. A series lasts seven or eight weeks meeting one time a week, a report and a possible follow up conference (for a child) takes place. About one third of the students participate in a second or even third series of lessons. Often a pause equal in duration to the series is allowed for before lessons begin again. New exercises are added so that a progression of experience ensues. Dr. Hinderberger visits the school one day in the month or more often when possible. He observes children and brings recommendations and suggestions to the weekly conference with the curative eurythmist. The school has formed an 'extra lesson'* committee which advises the faculty in two areas. Tutoring is available as well as curative eurythmy. The school covers $\frac{1}{2}$ of the cost for these extra services. The parents are responsible for the other $\frac{1}{2}$. Often curative eurythmy precedes tutoring as it seeks to stimulate those forces which enable learning altogether. This has been a successful method and is presently in use. Many of the children also see Dr. Hinderberger as their family doctor so that remedies can be coordinated with curative eurythmy exercises. A close working together between Dr. Hinderberger, the teachers and myself has brought very positive developments in a number of cases.

Teachers work hard to select students who would benefit from curative eurythmy. Several faculty meetings and committee meetings have been very useful in communicating to the faculty just what curative eurythmy is and how it can help the developing child. For example, a child with serious problems at home needs not only curative eurythmy to help counteract the effects but also needs direct intervention and perhaps psychological counseling. An attempt is made to form a serious and useful organ for helping children in difficulty.

(Due to practical circumstances, it is only possible to see children once a week for thirty minutes. This has required new methods and also great energy on my part. However, effects are identical with other programs where a child is seen for fifteen minutes twice a week.)

* Extra lesson does not refer to the book by Audrey McAllen.

Acorn Hill Children's Center:

Acorn Hill is located in Silver Spring, Maryland near to Washington D.C. It is a pre-school program for children from 3 to 6 years of age. Up to this time only a few children have had curative eurythmy. The work at Acorn Hill consists mainly of teachers and private clients mostly referred by Dr. Hinderberger. This has been an organic development. At present I see one child from the school, four teachers and three private clients.

The Washington Waldorf School:

The school began in 1969 with eleven children. Today it has 275 students. There are 57 students in the high school. The first high school graduation will take place in 1988. During the past two and a half years, 38 children from nursery through 11th grade, five teachers and ten parents have had curative eurythmy lessons. The high numbers of students represent a very wide range of difficulties. The majority are those who need a kind of boost in their development. This could be called a strengthening of the will. Often family problems or other social factors have played a role. Another group suffer from emotional difficulties which have come to expression in the classroom. A third group have medical problems such as arthritis, asthma, insomnia and so on. Most of the parents and teachers come for medical reasons.

In almost all cases involving students, the school doctor, Dr. Razi has seen the child either in class or in private practice. At the close of seven weeks of therapy, a report is mailed to the parents and a copy is given to the class teacher. If necessary, a conference is held in order to discuss additional curative eurythmy and other therapeutic avenues.

The class teacher prepares a brief description about the child in its academic, social and emotional standing within the class. Often personal information is included. This has been very helpful for me. Curative eurythmy is a medical therapeutic service and all information is treated confidentially. The remuneration for lessons is the responsibility of the parents of the children. Although this may cause additional strain, it also has a very positive effect. The parents take a great interest in this extra activity. Their interest, in turn, has an invisible but very real effect. They often telephone or write notes asking how progress is coming along.

Washington Waldorf School continued:

Learning disabilities are another area of concern. However, Rudolf Steiner created and developed curative eurythmy in such a way that it treats the whole human being. Learning disabilities are very individual in their manifestation. A simplified form of treatment, based on brain functions cannot really treat the problem which is one of incarnation and individual destiny. Although several cases of dyslexia have been improved or cured, these results were due to a much wider and more complete approach to the being of the child, as opposed to focusing upon the symptom. In other cases, improvement in reading and writing only appear after long term programs of curative eurythmy. It is apparent that as years pass the problem of incarnating will bring many problems, academic and personal-social to light. The cooperation of teachers, physician and therapist within the school will become more and more important.

Preparation

Preparation makes tremendous demands upon the curative eurythmist. Communication with parents, teachers and the doctor involved, consumes a great deal of time and effort. It is not uncommon to be on the telephone for several hours an evening speaking with patients or parents. This is followed by reading the few good standard texts on curative eurythmy and comparing the individual case with others. Often, a simple course of action does not emerge immediately and the process of preparation is ongoing, right into the last weeks of the lessons. A meditative, unfixed way of thinking is a must. If the therapist develops a 'program', then a judgement has been made. This is difficult because even in the case of a definite medical diagnosis, one has to remember that it is the 'will' which acts and is acted upon in the activity. So much unseen moral activity is at work in illnesses and in healing that a judgement is very dangerous. The doctor's diagnosis begins with 'manifestation'. The cause is the property of the client, so to speak. Therefore, preparation demands nonjudgemental meditation upon each adult and child so that the therapists' thinking moves along with the course of progress and doesn't get fixed. Much of the substance for this meditation comes during the discussion with the doctor. This takes place as a weekly consultation with the physician. All pertinent cases are discussed. Dr. Hinderberger and Dr. Razzi are very sensitive to this activity as part of the healing process. A good, sensitive discussion cannot be underestimated in value. Many fresh and unforeseen aspects of pathology and therapy emerge which never would have surfaced in one's own mind. Rudolf Steiner encouraged such discussions and placed great importance upon them. They are carried inwardly, into the actual therapy and contribute to the character of the lessons.

When a doctor is not involved, the same kind of discussions between class teachers and others are equally important and fruitful. In this country, where anthroposophically orientated doctors are few and far between, we have to learn new ways to prepare and meet the challenges which confront us.

Lesson Structure and Method

Although each individual participant requires an entirely different approach to doing curative eurythmy, several basic guidelines with regard to method and structure have emerged during these past few years. The first concerns leading the child or adult into the exercises in a way which is really artistic. A work of art consists of elements applied in varied degrees of emphasis and form. This is true of musical and visual arts as well as language arts. Therefore, it doesn't make any sense to begin with the exercises which should in fact become the high point or climax of the lesson. It is better to work in a hygienic way, perhaps with rod exercises, rhythms, and with children, games. These then lead up to specific curative exercises. Rudolf Steiner brought many examples of this sort, such as one for overly sanguinic children. The child runs as fast as he or she can and then stops very suddenly and stands so still that no one would guess there had been any movement at all! Most children love this exercise and it can be used as part of a larger plan. Essentially, one works from the 'general' and leads toward the 'specific'. The curative eurythmist has to choose which preliminary exercises serve the actual curative goal. This comes through experience.

The second consideration is a very basic one: the choice between 'homeopathy' or 'alleopathy'. In certain instances, one has to begin with the opposite of the actual condition at hand. This is usually true with serious illnesses where 'more of the same' would not help. The severity demands direct relief through a counter element. However, this rule is also made to be broken! One can begin with 'the same' and then lead over to an exercise which directly challenges the manifested difficulty. Again, this is an artistic question. It is also a medical question, in cases of serious illness. In either case, with regard to method, the curative eurythmy exercises must be practised in a manner that is thorough...time must be given to them. The classical vowel exercises require a period of time at the close which is really an inspirative exercise. This experience is heightened if the exercise is saved until the close of the lesson. It can then resonate inwardly. A few moments of silent resting are required at the end of every session and this experience of 'tone' can stay with the child for a longer period of time.

I want to emphasize that a 'system' for dispensing movement exercises is the antithesis of true artistic therapy. One may have to throw all the above out the window when a real situation demands stepping into the unknown, as to structure and method. This is the beauty of an activity which is as scientific as it is

Lesson Structure and Method continued

artistic. If it should lapse into a 'work out' or routine, the spiritual activity required to do the curative eurythmy is lost. Every lesson must be a complete whole in itself, spontaneous as well as deliberate. The child or adult senses whether the element of 'freedom' is or is not present. This can make or break the therapeutic relationship, which should be a living interaction through which both parties give and take and learn.