

Music and Art Therapy, Therapeutic Eurythmy, and Spacial Dynamics®

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Music Therapy

By Juliane Weeks

“Music is food from heaven for the soul. Children blossom forth in their whole being when their souls are warmed and strengthened by music.”

H.W. Holzapfel, MD

A growing number of children today show characteristics of heightened sensitivity, which manifest as anxiety, restlessness, inability to concentrate, and increasing challenges in the social realm. Music therapy can be of invaluable help when imbalances of the soul, behavioral symptoms referred to as ADHD, and developmental challenges are to be met.

The foundation for the work with music as a healing art is the view that each human being is a being of body, soul, and spirit. The elements melody, rhythm, and harmony are musical expressions of our microcosmic nature. In the therapeutic setting, these elements are used to support the growing child on his unique journey and help him reconnect with the healing sources deep within his own being. Working with the rhythmic element enlivens the will and calls up the ego to be present and direct its impulses with stronger determination and purpose. Working in the realm of melody supports the healthy integration of thoughts, ideas, and imagination, by opening pathways to express musically what lives in soul and mind. Specific keys, intervals, and modes may be applied depending on the need and developmental stage of the child.

The realm of harmony addresses the realm of breathing. Contraction and expansion exercises on string instruments, such as the lyre, serve to find a greater balance between these two gestures that define our relationship to the world around us. Our voice is the most precious instrument we have. Working with the voice is an important part of the therapeutic work as it expresses in an essential way who and how we are.

Thus, each of these elements, applied and combined according to the individual needs of the child, can offer support on the deepest level. Through a musical “fine-tuning”, which actively involves the child, a greater

sense of harmony can be achieved. By cultivating a deeper capacity to listen, the child can regain access to the sources within him-/herself, which, given the stimulating environment children are exposed to today, can easily get lost.

Music therapy is offered in concentrated sessions over a course of several weeks or months. Each music therapy block has a unique design. For the child, it may resemble a journey into a magic land where instruments of all kinds, many of them unfamiliar, awaken his or her curiosity. The child is gently led to encounter and make friends with the music of the stars, which they know deep within their soul, or to find themselves in playful tone conversation and other musical interactions without the use of words. They may engage in creative accompaniments to a story or image that can offer guidance at this time in their lives. New ways of listening, of singing together and of movement can enliven the sense of self by supporting a healthy sensory-motor integration.

Each music session begins with a moment of quiet listening to the clear, warming tones of the lyre. For a restless child, involving movement and gestures at the beginning of a session may facilitate the transition into a quiet mode where the child can experience an inner peacefulness and feel a readiness to engage musically. An opening song, little verse and rhythmic games can help an anxious child to feel more at ease in body and soul. Simple streaming movements on the kinder-lyre, maybe as part of a story or song, will be calming and harmonizing for one child, while working with rhythms and movement may be the focus when working with an older child who shows symptoms of ADHD. The therapeutic plan and process is different for each child. Many teachers as well as parents have noted positive changes in their children’s behavior following the music sessions. It is this sense of wholeness that music gives to us.

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Art Therapy

By Karine Munk Finser

“Color is soul. It is the soul of the entire universe and you participate in this soul when you experience color.”

Rudolf Steiner

There once lived a sun-colored butterfly that fluttered among the spring flowers. It had been a long journey for her to finally enjoy these flowers!

For the longest time she had lived in a quiet place, but she was different then - now she had filled herself with all the beauty of heaven on earth - and she had spread her wings and leapt off the tallest plants with great joy. Everything seemed to go her way, and there were so many other butterflies to share the gardens with.

And so her life was quite wonderful for a long time.

One day a terrible thing happened: A dark cloud covered the sun and a strong wind blew wildly for many days. Without sun, the flowers began to wither. Then the rains came pouring down and all the pretty colors faded. The butterflies scattered and this butterfly fled to a cave where it found the darkest corner as far away from the doorway as possible.

This first part of a story could offer a good sense of what the inner landscape of a child who has suffered some degree of trauma may look like. It could manifest as sadness, stomachache, anxiety, grief, depression, obsessive-compulsive disorder, or other outer expression, all sharing in common an inner inflexibility, or a chronic situation that needs immediate attention. A class teacher may feel that a child is hard to reach, that he or she is enigmatic, unhappy, and that the curriculum becomes ineffective in meeting his or her needs. The child is not present and available for learning and class participation: the teacher can't see the child fully and needs support. The child may need one-on-one time with a trained painting therapist who may help the child and support the class teacher. Parents also need to be involved and sometimes an anthroposophical doctor is necessary to help a child come through a difficult period in his or her life.

The painting therapist is trained in the laws of light, darkness, and color and in the corresponding

lawfulness in the soul landscape, in the individual color gestures. Just as a homeopath knows his or her herbs, the painting therapist lives in the color landscape of the child, and through initial paintings the painting therapist objectively reads the color gestures. A color journey is decided upon that will help the child strengthen and build resilience while addressing the child's innate capacities for self-healing. In a period of seven to twelve weeks, this non-verbal therapy accompanies the child on a weekly basis.

It is the full attentive approach together with knowledge of the developmental unfolding of the child and the color gestures of the soul that can help the child regain her sense of wholeness. The painting therapist is devoted to finding that unscathed place where the child is still completely well, and “make it larger,” bring it to full artistic expression, while helping the child trust her strength anew. I have found that if I let the child paint her story, while the colors are given just as a homeopath hands out her medicines, the child may discover her own beauty anew. Every child's journey is individual, yet the lawfulness of colors that support the telling of the story help first embrace the child where she is perhaps struggling, then move stuck places into more health-giving movement to overcome a hindrance and finally into discovering a healing motif: the process will support the child's wellbeing and healing.

Process

Preparation comes before any work; when the child enters the room, the painting therapist is ready. I like to invite the child to look at some beautiful colorful postcards, and a special card is chosen for the session, placed before us on some pretty silk next to a vase with flowers. Some children want the same card throughout all the sessions, and others like to choose different ones. This little ritual helps us enter the painting session together.

In the example of the blue gestured child mentioned above, who was stuck in “a cave, far away from the light,” the child's first diagnostic paintings will reveal its soul-state directly. The painting therapist offers the child a beautiful array of twelve colors in this first session and may also look at the child's drawings,

other paintings, and writing, to help in objectively reading the child's soul gesture or the inner soul landscape the child is living in.

The first painting may be accompanied by a question posed to the child: Can you paint a sunrise? It is always

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a discovery to see which of the twelve colors the child will choose, where the child sets the first paint on the clear moistened paper, and how the story of pigment, water, and paper flow together into a tender new beginning and welcomes the child to breathe out her story. In this painted story, where all is possible, the child is safely guided by the painting therapist so that consciously chosen colors or color combinations become the helpers on the way to resolving the challenges that undoubtedly will become visible in gestures and in the story the child will express. These stories children tell are profoundly moving, and whether the painting therapist is working with a child who has stomach aches, or a child who has recently lost a parent, or a child who has developed anxieties after a divorce or major changes in the family, or someone who is beginning to have compulsive thoughts that could be accompanied by sudden ticks, it is always an honor to be allowed into these story color worlds.

The journey begins with the sunrise, and then the gentle embracing stage in the second session. You can't suddenly give the withdrawn child a lot of red: it would be scalding! This may mean that if the child is sad or grieved, stuck on the blue side, the darker blues will be offered in the second session, after the free sunrise painting. The child will "breathe out" the dark blues, but before the session is over she will be offered lighter blues. Magenta may enter and bless the painting, offering comforting lilacs. The painting therapist can begin with one or two colors, listen and observe, and as the sessions progress, add what seems right so that light and warmth are gently invited into the paintings. It is important that the child always leaves the painting session with a lighter heart, or with some new inner movement introduced in the session. The child will first paint, then tell the story of the painting, and the painting therapist keeps all the words in her little book. It is a good habit to read the whole story and then invite the new part, after painting.

There once was a sunrise. It was hiding behind the clouds. A great mountain was hugging a lake, and there was a forest right next to the water. A lion lived there all by himself. He was a lion but he had no roar and so he had decided to go look for his roar. He was a lonely lion but he had hope.

The above is a story told by a nine-years-old after painting his first painting of a sunrise behind clouds, a large mountain that reaches into the sky, and trees by the water. Somewhere behind the trees, a still invisible lion is hiding, shy and hopeful. The colors are beautiful: the

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child is excited to have so many colors. He is trying all the pink and magenta colors and then covers them all up with the mountain. The trees are all in a line and look alike, and there is a clear, blue lake in front, in the lower part of the painting.

Over the next few weeks, the child comes to these painting sessions with a smile on his face, eager to tell, eager to paint. He paints with more energy now, accepting the more limited palette that is being offered. I give the child the colors of blue and green and magenta soon after the first session. These colors plus the gold for the lion will be our helpers for a while. Soon, we have both blue and red. It is important

that we reach a comfortable relationship with the reds, since the child was "so blue" to begin with. It is important, in this case, to approach the reds with some caution before fully embracing it.

In the fourth or fifth session there is nearly always a crisis in the story.

The lion could not find his way in the forest, and there was no friend around. He sat down close to a cave in the rocks and was very sad. He was afraid that he would never find his way. It was dark and the night was very long. He was alone.

It is important never to leave the child with such grim feelings without giving him some comfort and so here I added:

A star above his head shone down upon him, and little by little the lion knew he was not alone. His heart began to remember all that he loved, all that he longed for, and he could hear a song he had forgotten.

Together we open up the dark sky and the child places a golden star above the lion's head. I remove a little color around the lion, and the child paints in the gold. Since this particular child is very musical, it's important that there's a song the lion remembers. Both story, color, and eventual healing motif need to help the child first feel embraced, then moved slightly, then moved a bit more, until the colors that are the most helpful are approached, the story culminates, and a final image in the last session, is arrived at:

The Lion arrived at the end of the cave. A warm light was everywhere and there lay the ruby, shining and ready for him to pick up by its strong rope. He put it around his neck and ran back outside into the sunshine. He climbed up on the green hill and

was surrounded by all the friends he had found on the journey. They were waiting for him. He opened his mouth, the red ruby on his chest, and he roared. He roared so loudly that all the animals cheered! He was happy and he was home. The End.

It is worthwhile to note that the cave has become a green hill; this is one of the ways the painting therapist can guide the story even though it is the child's own story. After all, a hill is a cave turned inside out! Healing elements are thus offered, and the child feels completely safe and trusts the painting therapist. The child has been given complete attention and her feelings have been fully expressed while she is safely held in the therapist's consciousness. The challenge in the story is overcome, feelings have been felt, but never while alone.

Aims and Wishes

One of the goals of these special supportive sessions is to help make the child more present and happy. The "blue" child is turned towards the past and can't enjoy all that's happening readily. It is the hope that such sessions will have strengthened the child to a point where it again will feel much more able to participate in the regular classes with its class teachers and other teachers.

Other Considerations

I have shared an example of a blue-gestured child but could just as well have shared a child who was a bit lost in the chaotic reds. Then the journey would be quite different and it would be a wish that the child's will-forces be given guidance and more direction towards more form, towards some of the more reflective and tenderly shaping blues.

It is also true that some children bounce back and forth between the blues and the reds, since the soul will seek wholeness; if the pendulum swings too far out, it will undoubtedly swing too far *in*, as well. Finally, there are children who struggle more in "the middle." The painting therapist has to have insight into all these soul gestures and into all the nuances of the colors. Most important of all, the painting therapist has to be fully devoted to the wellbeing and thriving of the children that come into her care and actively "live" within the colors as if they were her best friends, so that she can call upon them at any time to bring new life, new hope, and health-giving beauty.

Therapeutic Eurythmy

By Barbara Sim

Rudolf Steiner tells us that all healing is based on the principle of bringing into harmony what is not harmonious within the human being, be it physical, emotional or spiritual. Eurythmy means "harmonious rhythm" and the gestures are the revelation of the divine spiritual movements within the human being, gestures that Rudolf Steiner developed out of his spiritual scientific insights. Thus, through Eurythmy, the individual is united with the forces out of which he or she is developing.

When the human organism tends in the direction of imbalance and leads to illness, Eurythmy used therapeutically awakens the will to heal and can affect a profound change. Because Therapeutic Eurythmy is an active therapy, it allows one to take part

consciously (will) in the process of becoming more balanced and achieve true healing, not merely a cessation of systems. To look at imbalance or illness more positively is a unique possibility for transformation within the individual. The challenge is to restore the balance by tackling the root causes, not just the symptoms. The result is that we grow and develop as individuals as we go through the healing process.

In addition to those exercises, which originate out of sound and gesture, Therapeutic Eurythmy encompasses coordination and concentration exercises, rhythmical exercises, spatial orientation exercises, as well as exercises with copper rings and balls and work with the elements of tone. Eurythmy is truly alchemical in the sense that it is able to bring about transformative forces within the human being.

Practical Implications

Some of the applications of Therapeutic Eurythmy as an adjunct or independent therapy include the treatment of: nervous disorders, stress, headaches, mental and emotional disorders, sensory integration, developmental disorders, learning disabilities, digestive disorders, structural growth problems, allergies, weight control, thyroid imbalances, asthma and respiratory problems, eczema and skin problems, insomnia, high blood pressure, anorexia, lyme disease, scoliosis, and cancer.

The process of Therapeutic Eurythmy normally takes place on a one-to-one basis and a very important aspect of the therapy is the relationship developed between the therapist and recipient. Depending on availability and funds in a school, Therapeutic Eurythmy can be

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requested for a student by the teachers, the parents, or the Care Group. The request is discussed with the members of the Care Group and the class teacher, and, depending on the nature of the request, possibly the child's physician. A consent form is then sent to the parents of the student for permission for the Therapeutic Eurythmist to work with their child, ideally twice a week for a half-hour session, in a cycle lasting six to seven weeks. For children in the younger grades of K-4, it is preferable to arrange these sessions first thing in the morning during the taking of attendance and the rhythmical section of the main lesson. For the upper grades, the time of the session would be discussed with the class and subject teachers. After some time, the request for Therapeutic Eurythmy can be repeated and a second cycle of sessions can take place.

The process of Therapeutic Eurythmy is movement, and movement is a joy to children. The sessions are filled with exercises that allow the child or adult to take part consciously, with their will, in the process of becoming balanced and achieve true healing.

THERAPEUTIC ASPECTS OF SPACIAL DYNAMICS®

By Jane Swain

We aren't normally conscious of space, but it's always there – between us, within us, and around us. Largely unrecognized, and unexplored, it truly is one of the world's untapped natural resources. Jaimen McMillan has dedicated his life to unlocking the mysteries of space for his fellow human beings. In 1985, McMillan founded Spacial Dynamics®, an important application in the therapeutic domain. Here it offers tremendous insights and help for physical, social, emotional, and cognitive issues to people of all ages.

Our bodies are spaces, and beyond our bodies are also spaces. We each live in these spaces in our own unique ways, as a kind of spatial signature that impacts our thinking, our feeling and our doing. Just as it is possible to change our handwriting, it is also possible to change our spatial signature; this can profoundly affect our lives.

What actually happens is that the space moves first, then the body follows. The spatial gesture essentially blazes the trail and carves out a pathway into which the body is drawn. The body has no choice but to follow. The therapist works with archetypal spatial configurations

and streams that are most conducive to health and freedom of body and soul. Children are invited by the therapist to move into these spatial streams and to gradually make them their own. This happens through hands-on practices by the therapist through imitation and through exercises, activities, and games. Therapists must have fine-tuned their own spatial gestures in order to offer models worthy of imitation. The younger the child, the more important is the spatial configuration of the adult.

Therapists must also understand the spatial developmental sequence in order to meet the child. Spatially, newborns are actually more *around* themselves than *in* themselves. Gradually, through the working of predetermined and universal spatial patterns that surround the physical bodies of infants, they come *more into their own*, i.e., they come *inside* the spaces of their physical bodies. Over time, the predetermined and more primitive spatial patterns are transformed into spatial streams that allow them to come *back out* through their bodies in order to meet what's in the spaces of the world in more fluid, coordinated, and sophisticated ways. Essentially, this is the spatial description of the long and glorious process of integration of the primitive reflexes.

Just as the early printing of grade-school children looks alike and then progresses to cursive writing that can become markedly individualized, so do the stereotypical reflexive movements transform into unique movement expressions of individualities. Unfortunately, in today's world this transformative process often goes awry. Spacial Dynamics offers a unique means of remedying this situation because it recognizes and addresses the underlying spatial contributions to reflexive movements and behaviors.

There are spatial configurations to basic human conditions, and understanding these can provide the therapist with a pathway to progress. For example, children with impulsivity usually have an imbalance in the front/back plane of space, i.e., they are too far ahead of themselves. Typically, when running through the jump rope, these children will run through faster than is necessary and will have difficulty stopping. Some will run through before the rope is even turned.

Learning to change an aspect of oneself (one's tempo) in relationship to something outside of oneself (the rope and the other jumpers) can have crossover effects

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in other arenas where it is beneficial to hold back, such as keeping an open mind without jumping to conclusions, and holding one's tongue in a challenging social encounter.

There are many other conditions where Spatial Dynamics offers insight and help, including tactile and auditory sensitivities, clumsiness, disturbances in the sense of life, poor balance, midline orientation and crossing midline issues, autism, asthma, OCD, aggression, social clumsiness, nonverbal learning disorders, attention issues and hyperactivity. Slow-motion Spatial Dynamics exercises and hands on techniques help to weave that which is “at loose ends” towards an integrated whole.

Therapists must hone their movements and moment-to-moment spatial observation skills. This provides an objective means of evaluating how the child is responding to your intervention and whether you need to change what you are doing. The intervention is not a predetermined recipe to be imposed upon the child, but rather an invitational interaction between therapist and child.

Therapists must also understand the physical, soul, and spiritual requirements of movement activities and games in order to select developmentally appropriate ones. For example, hand clapping, string games, and beanbag games can meet the younger grade-schooler for midline orientation and crossing midline, whereas the older student would be more attuned to Tinikling (a dance with bamboo poles), ball games, and circus activities, such as juggling, balancing, and acrobatics. A spatial approach to these activities assures that the child is learning more than that skill; what is learned is a new spatial relationship that will carry over to other aspects of a child's life.

The therapeutic activities and practices of Spatial Dynamics described in this article offer a means by which children can take the next step in their spatial development and thereby enable other aspects of their lives to positively unfold.

Juliane Weeks has been a public school and Waldorf School teacher in Germany before coming to the United States. After completing her training at the Dorion School of Music Therapy, she received her diploma for anthroposophic music therapy from the Medical Section in Dornach, Switzerland. She has worked at the Rudolf Steiner Health Clinic in Ann Arbor, MI, as well as at the Husemann Klinik, a psychiatric clinic, in Freiburg, Germany. For the last 15 years, she has served individuals of all ages and abilities in southern NH including many students at the Pine Hill Waldorf School.

Karine Munk Finser, M.Ed., is a painter; she received her diploma in Painting Therapy from the Medical Section in Dornach. She has painted with children and adults for several decades. Karine is Teaching Faculty at Antioch University, New England, where she has taught for eighteen years in the Waldorf Program. Karine is also the Coordinator for Renewal Courses at the Center for Anthroposophy, where she has run Renewal Courses for the last seventeen years.

Barbara Sim received her Eurythmy Diploma from the Goetheanum, Dornach, and her Therapeutic Eurythmy Diploma from the Medical Section Goetheanum, Dornach. She has worked privately with individuals, as well as for many years with students at the Pine Hill Waldorf School, NH, and with individuals at Four Winds Community for special needs, Wilton, NH.

Jane Swain is a physical therapist and a graduate of the Level III training in Spatial Dynamics®. She is the associate director of Waldorf early childhood teacher education at Sophia's Hearth Family Center in Keene, NH. She consults in early childhood and elementary classrooms and works with children of all ages in a private practice.