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**Experiences through Clay:
Therapeutic Modelling & Ceramics in two
Anthroposophic Communities**

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**A Thesis
in
The Department
of
Sociology and Anthropology**

**Presented in Partial Fulfilment of the Requirements
for the Degree of Master of Arts at
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Abstract

Experiences through Clay: Therapeutic Modelling & Ceramics in two Anthroposophic Communities

Ariane A. A. Malikiassis

This thesis is an ethnographic study of the life worlds of three art therapists working in two anthroposophic communities. The goal of the thesis is to explore the therapist's *experience* with the processes of therapeutic modelling and ceramics and the subsequent knowledge that is produced. For the purpose of this thesis art therapy is considered as a form of experience rather than as a discipline in itself. The definition of experience used in this thesis is the *understanding* of life through what Wilhelm Dilthey (1833-1911) called *Erlebnis*, or what has been "lived through". Research was conducted in a therapeutic community in Québec and in a hospital for Neurology and Psychiatry in Germany.

Central to this thesis is the theoretical discussion, pertaining to how experience of therapeutic modelling and ceramics can be "captured" and how subsequent knowledge that is produced can be understood. The main theorists discussed are: Bruce Kapferer and his work on the possibility of mutual experience achieved through performance; Robert Desjarlais and his work on the body during the healing ritual and the importance of the aesthetics of daily life; and René Devisch's development of the semantic-praxiological approach and the integration of the senses in his analysis of experience.

Rudolf Steiner, the founder of Anthroposophy, worked with the physician Ita Wegman during the 1920's on "the expansion of medicine". Through their intimate experience in their own lives they were in a position both to critique and appreciate biomedicine. This discussion of medical discourses is expanded with the contemporary therapists who present their experience and knowledge of therapeutic modelling and ceramics in narrative form. By merging historical accounts with present-day narratives this thesis shows how individuals influence the forming of medicine and its therapies over time. The discussion of the therapists on experience and knowledge therefore highlights that medicine is an ever changing process.

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1. Introduction

1.1 The Research Problem

Art therapists have a wide choice of therapies through which they can aid patients, in times of need, to gain an understanding of their life world (Jackson, 1996:6). Each one of the therapies provides the therapist with a variety of possible experiences, within themselves as well as through engaging in therapy processes with patients. These therapies include music-, drama- or painting therapy as well as therapeutic modelling or ceramics. Each therapy is based on a different philosophy concerning the materials it works with, the composition of the human being, the therapy process and the definition of health and illness. Each therapy is also “at home” in one or several types of settings, such as hospitals, private practices or special communities, which extends this thesis to include the surrounding environment as part of the therapy process itself.

This thesis is an ethnographic study of the life world of art therapists. The thesis explores the *experience* of art therapists with the processes of therapeutic modelling and ceramics in two anthroposophic communities². Central to this thesis are the narratives of the three art therapists: Annette Argauer working at Maison Emmanuel in Québec, and Caroline Arruda and Alexandra Hausner at the Friedrich Husemann hospital in Germany. For the purpose of this thesis I am considering art therapy as a form of experience rather than as a discipline in itself. The definition of experience used in this thesis is the *understanding* of life through what Wilhelm Dilthey (1833-1911) called *Erlebnis*, or what has been “lived through” (see Bruner, 1986:3). At the centre of this research is what Robert Desjarlais describes as “knowledge being embodied through the visceral

experience of cultural actors rather than articulated through concrete philosophical tenets” (1992:65). In this thesis it is the philosophy, *Anthroposophy* that provides a starting point of the *knowledge base*. From this the therapists of this ethnography, through experience, establish their own life worlds.

Anthroposophy was founded by Dr. Rudolf Steiner (1861-1925) who, throughout his life, developed its fundamental ideas. These ideas affirm the ability of humans to achieve higher psychological and emotional capabilities through developing a better understanding of an individual in relation to his or her environment. Steiner’s works include discussions on concepts of freedom, politics, education, art and medicine, the latter two providing the context for this ethnography. One such interrelation between art and medicine is represented by therapeutic modelling and ceramics. The specific exercises of this therapy include: platonic bodies, metamorphosis of animals, several styles of vases and a series of dishes.

This ethnographic study also examines what *kind* of knowledge base this experience provides for the therapists and how this experience is shared with patients and villagers³ in the two ethnographic settings. Although the question of “experience” has been raised by several anthropologists (Turner & Bruner 1986, Kapferer 1986, Desjarlais 1992, Good 1994, Devisch 1996, Jackson 1996) it has not been brought into connection with the concept of life worlds (Jackson, 1996:6) that Rudolf Steiner offers in his writings. Jackson stated that “life world is never a seamless, unitary domain in which social relations remain constant and experience of self remains stable” (1996:27). In this thesis *experience* is viewed as a constantly evolving process lived and expressed by individual actors in relation to their environment.

In connection with the question of the experience of therapists is the relation between therapists and patients. Arthur Robbins reminds us that “no one works in a vacuum” (1987:12). Dr. Margarete Hauschka , one of the anthroposophical art therapists who worked with Steiner in Germany in the early 1920's, described art therapy as “a path to be attained by the involvement of both soul and ego. It demands from the therapist life experience...” (1985:10). Due to the nature and purpose of therapy, I did not have direct access to the experience of patients or villagers in either community. Thus, the focus of the thesis is on the experience of therapists and only indirectly of the patients and villagers.

Vital to this ethnographic study is the *rhythm of daily life* - a structured routine - deepening the therapy process by engaging therapists, patients and villagers throughout the day. While researching this particular therapy process it was important to me to consider Margaret Lock’s statement that “medical systems, like social systems in general, are embedded in a cultural matrix from which is derived the coherent body of ideas of which the system is composed” (1980:11). The practices of medicine or art therapy, such as therapeutic modelling and ceramics, are developed in particular settings and in unique cultural contexts. Therefore, in order to understand art therapy and its philosophy, one has to consider the specific context in which it is produced. In order to learn about the experience of art therapists in an anthroposophical setting, I conducted my field work in two therapeutic communities: Maison Emmanuel, a permanent home for mentally and physically handicapped children and adults in Québec; and the Friedrich Husemann hospital specializing in psychiatry and neurology in the Black Forest in Germany.

Prior to my fieldwork I had contacted Maison Emmanuel and Friedrich Husemann hospital by phone and mail, respectively, in January of 1998. In the case of Maison Emmanuel, I was able to meet the director of the community, Ursula Schmitz, two weeks after the initial phone call to introduce myself and the work that I wished to do. In my second visit to the community, two months later, I was introduced to Annette Argauer, the art therapist working in the pottery studio.

The Friedrich Husemann hospital was one of several anthroposophic hospitals in Germany I had contacted by mail. I followed up my mailings with phone calls and was referred to Christoph Kunz, the music therapist at the Friedrich Husemann hospital, who showed immediate interest in my research. He offered to introduce me in a general meeting to the doctors and therapists. After they had agreed to my working at the hospital I planned a field research trip to Germany as well.

At the outset of my field work I had planned to research art therapy in an anthroposophic setting, but did not have one particular kind in mind. I knew I had the option of participating in painting, weaving, singing, basket making, therapeutic modelling or ceramics. When I arrived at each field site, the situation unfolded in such a way, in both cases, that I worked in the pottery studios. At Maison Emmanuel, Annette needed a helping hand in the daily routine and the pottery studio, which provided me with the opportunity to work at her side. At the Friedrich Husemann hospital I was asked by Christoph Kunz to introduce myself to the therapists working in painting and pottery studios to see where I might find my place. After talking to them we agreed that I would participate for two weeks in the painting and two weeks in the pottery studio. I spontaneously developed a good rapport with the therapists Caroline and Alexandra of

the pottery studio at the Friedrich Husemann hospital that I decided to concentrate on therapeutic modelling and ceramics. Participating in the daily routine of the two communities also gave me the opportunity to get a wider understanding of the lives of the therapists as well as of Anthroposophy as a life world and not just as a philosophy.

In this introductory section I have set the stage for my thesis by briefly introducing the therapists I worked with and the communities I lived in. The following section describes the methodologies I used to conduct this research. The last section of this introductory chapter includes a review of the literature in which I situate my research.

Chapter two describes Rudolf Steiner's philosophy of Anthroposophy upon which the therapy process of therapeutic modelling and ceramics is based. I explain in detail Steiner's cosmology of the evolution of the universe, in particular the earth and how he views humankind's intimate connection to it. Steiner understood the human being as representing the microcosm of the universe, which he considered to be the macrocosm. This chapter also includes an explanation of the anthroposophical concepts of health and illness and the therapy process. As a conclusion to chapter two I outline the issues of anthroposophic medicine that connect directly to therapeutic modelling and ceramics.

Chapter three provides the biographies of Rudolf Steiner and Ita Wegman, one of the doctors who worked closely with him as well as narratives of the three art therapists I worked with in these therapeutic communities. Steiner and Wegman, throughout their lives, built the theoretical and practical basis for anthroposophic medicine. Annette Argauer, Caroline Arruda and Alexandra Hausner are present-day therapists who experience this knowledge and work with it in two quite different therapeutic settings. The goal of this chapter is to give faces to the people who are directly involved in the

therapeutic process. During the interviews the three therapists reflected on their experiences with therapeutic modelling and ceramics, which are represented in chapter three. The therapists also outlined their particular interests in Anthroposophy and the role it takes on in their personal lives. By integrating elements of Anthroposophy into their daily lives, the therapists contextualize this philosophy in the present day. It is the therapist's experience with therapeutic modelling and ceramics that is central to the thesis.

Chapter four consists of the ethnographic description of daily life at both therapeutic communities: Maison Emmanuel and the Friedrich Husemann hospital. I decided to give detailed ethnographic accounts to provide the reader with a sense of the strict routine that repeated itself with very little exception from day to day, especially at Maison Emmanuel. This section introduces the remaining members of the communities that I spent most of my time with and with whom I worked side by side. At Maison Emmanuel that includes the villagers Rob, Johanna and Brigitte as well as the co-workers Gražina and Valerie. At the Friedrich Husemann hospital I worked with the apprentices Sybille and Michael. Aside from introducing the members of the communities, the ethnographies also give the reader an understanding of my role in the two communities, the responsibilities I carried and my experience of participant-observation that is the basis of the discussion I offer here.

Chapter five concludes the thesis.

1.2 Methodology

I conducted my research in two different field sites. In 1998 I spent the months of May and June at Maison Emmanuel, a community for mentally and physically handicapped children and adults in Québec, Canada, until all its members went to summer camp or away on holiday. The month of August and beginning of September I spent in the Black Forest, Germany, at the Friedrich Husemann hospital specializing in Psychiatry and Neurology. In October of 1998 I returned to Maison Emmanuel.

During my time in Germany I also went to Dornach, Switzerland to visit the Goetheanum, which is the international centre of the Anthroposophical Society⁴. The buildings were designed and partly built by Dr. Rudolf Steiner, the founder of Anthroposophy. The Goetheanum and its neighbouring buildings house a large archive, library, bookstore, two theatre stages, the School of Spiritual Science and exhibitions halls. In the neighbouring canton of Dornach, Arlesheim, I also had the opportunity to visit the hospital founded by Dr. Ita Wegmann, which is a ten minute walking distance from the Goetheanum.

Although I had read anthroposophical literature prior to my field research I consciously wished to experience the practical application of therapeutic process and ceramics during the research. Caroline, one of the therapists at the Friedrich Husemann hospital gave me a friendly reminder not to analyse what I was learning, but to let my body on an unconscious level deal with the new information (August 1998). Aside from preparing for my field work I had been exposed to the educational system developed by Steiner, the Waldorf Schools, because my father had been a teacher in this system in the later part of his life. Although his experience with teaching itself was positive, he had

difficulty with the what he called “cliquish” organization of the teachers and the school as a community. He felt that he was too strongly encouraged to conform to an anthroposophical “standard” and decided to leave. Through a great number of conversations with my family I gained a critical standpoint towards the practical application of Anthroposophy as a system of schooling. I therefore acknowledge what Robert Desjarlais describes as the anthropologist as “a positioned subject” in the social structure, holding a point of view that both fosters and inhibits particular kinds of interpretations and understandings. Desjarlais reminds us that the ethnographers’s vision is both structured and hindered by his or her own local systems of knowledge (1992:32). Or, as Lila Abu-Lughod describes, the ethnographer’s research includes “traces of myself”(1993:29). Throughout my research experience I did encounter individuals who took a critical stance towards Anthroposophy and who openly discussed the problems they observed. One of the main concerns was whether the philosophy and the life style that Steiner had proposed would be able to survive in the 21st century, or if the gap, for example caused by technology, would widen to such an extent that the philosophy would diminish in importance over time. Caroline and Alexandra raised the question of television or computers being accepted within anthroposophical communities, especially within the schooling system. Their concern was that children who grow up without the knowledge of computers or information from television would be outsiders to a wider society that makes constant use of such information technology (August 1998). It is interesting to note that Steiner himself encouraged his followers to keep Anthroposophy “alive” through critical thinking (1966) and that he was against individuals treating Anthroposophy as a dogma. Annette pointed out to me how this is one of the vital aspects

of Anthroposophy for her: “I, as an individual, am encouraged to think, and through this I bring it [the philosophy] alive, that’s when it happens internally” (October 1998). I expand this discussion in chapter two of this thesis.

Both field sites gave me the opportunity to explore the question of the therapist’s experience of therapeutic modelling, ceramics and the daily rhythm of life in a therapeutic community founded on anthroposophical principles. Although both places offered a variety of art therapies I found my place in the pottery studio at Maison Emmanuel as well as at the Friedrich Husemann hospital. I worked in the studio every day and for the remaining time I took part in the daily rhythm. This active participation presented me with a wider understanding of Anthroposophy as a lifestyle and not only as a form of medicine and art.

The pottery group at Maison Emmanuel met in their studio each afternoon, Monday to Friday from 2:30 until 5:30. During this time I worked mainly at Annette’s side learning from her several of the exercises or modelling with one of the villagers. I took on the role of an apprentice and she explained, sometimes while, before, or after we worked in the studio, how she engages the villagers in the therapy and what meaning it carries. Annette offered suggestions of how to work on a particular project, for example with Johanna, one of the villagers with whom she worked closely. There were also times when I modelled clay for myself, while quietly observing the group of villagers. Annette worked specifically with the villagers on ceramics: plates, cups and casseroles as well as the therapeutic modelling of vases. I also was part of the pottery group given by Annette for members of the community (except for villagers) each Wednesday evening. Annette explained to me how these sessions provided an opportunity for her to relate to others,

who usually were not part of her daily routine, through her expertise of pottery. She taught us how to use the pottery wheel and how to express our creative ideas through clay (October 1998). Outside of the time in the studio I participated in the daily routine when I was needed. This included cooking, driving villagers, doing dishes, helping villager, Brigitte, get dressed or go to the washroom, or going shopping or for walks with the villagers, Johanna and Rob. Annette also drew my attention to the times when other therapies were offered to give me the possibility to participate in them. I took part in music and painting therapy, Eurythmy and gardening.

The Friedrich Husemann hospital had a different daily rhythm: therapeutic modelling and ceramic sessions were offered to patients every day, Monday to Saturday between 10:00 in the morning and 5:00 o'clock in the evening. Before and after the therapy time for patients, an hour was reserved for meetings. During these meetings, doctors or other therapists visited to share their views of the patients. As I will explain in detail in chapter 4, section 2, the Friedrich Husemann hospital held many meetings to foster an exchange of opinion and promote good communications. I was not allowed to participate in any of those meetings, except those concerning the pottery studio. The explanation I received was that many people come as short term apprentices to the hospital and in those meetings trust between long term members was important for the group dynamic. It was felt that new participants disrupted the group (Sabine, August 1998). The working day also included a three hour lunch break for the therapists of the pottery studio. Throughout the day four to five different groups of patients would come for 45 minute therapy sessions. In between each of the sessions the therapists would discuss each patient before and after the therapy. During these sessions the patients

modelled either platonic bodies, vases or the metamorphosis of animals. In this therapeutic setting I worked also as an apprentice, but the focus of my learning was on the particular therapeutic exercises. Although I worked in the same area of the pottery studio as the patients, I was not allowed to work with them directly. In my spare time I participated in the patients' choir, in the preparation for a Eurythmy performance and in music therapy. I also visited all the wards of the hospital to see where patients lived and received their other treatments. During these visits, which had been arranged by Alexandra or Caroline, I was accompanied by one of them and on each ward a doctor or nurse would show us around.

During my field work I also conducted unstructured interviews with therapists and doctors. Following the anthropologists Kathryn Anderson and Dana Jack (1991:9) I attempted to "discard [...] protocols and presuppositions, and instead, [to] truly attend to narrators' self-evaluative comments, meta-statements, and the overall logic of the narrative." Some of the individuals I interviewed were happy to share their thoughts on therapeutic modelling, ceramics or experience with Anthroposophy with me. Others felt uncomfortable. In particular, one of the leading physicians at the Friedrich Husemann hospital who initially had agreed to the interview, spent most of the interviewing time asking me questions. Others at the hospital approached me on their own, stating that they believed that their opinion would benefit my research. At the outset of each interview I introduced myself and described my research project although most people at that point knew me from the initial introduction in the community meetings. From there on each interview would take its own dynamic. Some of the interviewees wanted me to ask

specific questions, which I had prepared in advance; others had their own ideas of what they wished to share with me.

Life narratives and biographies play a vital role within Anthroposophy, as they do in this thesis. The telling of life narratives gives others more understanding of who an individual is. The biographies of Rudolf Steiner and Ita Wegman provide the historical context of Anthroposophy as well as their lives as therapists. This section of the thesis was composed of published materials. The narratives of the three contemporary art therapists, Annette, Caroline and Alexandra, were produced through dialogue with the ethnographer. Through the biographies and life narratives I wished to gain a more complete understanding of the individuals therapist's experience of the therapy process. This approach to interviewing also allowed me to follow Emerson, Fretz and Shaw who urge ethnographers "...to discern their [members of a particular group] terms, phrasing, classifications, and theories [...], but to specify the conditions under which people actually invoke and apply such terms in interaction with others" (1995:139). This and other levels of daily communication through my work in the pottery studio enabled me to describe what Arthur Kleinman has termed "local moral worlds draw[ing] attention to the micro context of daily life" (1992:171).

Many of the therapists and doctors met me with great curiosity during my field work and in Germany the therapists of the pottery studio asked me to give a formal presentation. I agreed and we met for a lunch where I talked about my research and anthropology as a discipline. I received feedback, constructive criticism and was asked questions concerning my research ideas and vision. At the same time I felt a certain "puzzlement" over how Anthroposophy could be presented in a framework of

anthropology and “how individual experiences could be interesting for the academic world” (Caroline & Alexandra, August 1998). I, at times, felt like an “anthropologist in a fish bowl” with the therapists watching me and “holding” the knowledge of the experience that I was trying to understand. In the pottery studios where I was learning each therapeutic exercise (the platonic bodies, metamorphosis of animals, vases and the ceramics) I was also revealing my inner self to the therapists through these forms that yet had no meaning to myself. At Maison Emmanuel I also had to learn “how to be” with mentally handicapped children and adults, for example, how to deal with Julia’s bi-polar mood swings. At one point she threw a pitch fork at me, which made me highly alert that this at times might be a dangerous situation and I had to act “by standing my ground” to let her know that she could not attack me or others. It was her way of testing me to see how far she could control me. After that she only hit me a few more times, but over the course of my stay at Maison Emmanuel we developed a good rapport and also spent much fun time together.

I also took photographs throughout my research. I photographed individual pieces of pottery, the pottery studios, the community and people. I only took a few photographs of people, because it felt too intrusive and at one point I was teasingly called “paparazzi.” Once I had developed my roles of film I distributed them to the people they had meaning to. For example I gave Annette copies of photos of her with her daughter, Carinne, who was watching her mother work at the wheel, and of the villagers at work for the yearly exhibition. The therapists at the Friedrich Husemann hospital were particularly happy about the photographs of the pottery studio, because it will be torn down next year to be replaced by a new building. They liked the photographs so much that they used them in

the hospital's annual newsletter. At the end it turned out that these photographs were little tokens of thank-you from me to the people who had been part of my research.

After I returned home and had written the ethnographic descriptions I mailed the appropriate sections back to Maison Emmanuel and the Friedrich Husemann hospital. Although I felt vulnerable presenting my writing, I wished to continue on the basis of trust by which the members of the communities had welcomed me in their lives in the first place. I wanted to overcome the type of "ethnological research [that had] carved out a niche for itself in the late nineteenth century as the study of the far-off and remote 'other'" (Brettell, 1993:9). Annette and her husband Urs gave me suggestions for changes mainly pertaining to organizational information. For example, I had had the impression that employees at Maison Emmanuel, originating from another country, were able to receive Landed Immigrant status after three years. This was not the case, and although logistically it should be possible, individuals had difficulty attaining this status. After Urs had read the ethnography, he pointed out that it was obvious through my style of writing that I had written the ethnography for an academic audience. This confirmed Van Maanen's view that ethnographies are written "with particular audiences in mind and reflect the presumptions carried by authors regarding the attitudes, expectations, and back-grounds of their intended reader" (1988:25). At the same time Michelle Rosaldo argues for the benefits of receiving criticisms from the "native" readers. This view, according to Rosaldo, emphasizes the new insights that can result from listening to native responses and argues "that these insights often outweigh any misunderstandings. This reaction, one that accepts the native readers within the community of scholars that test and contest our ethnographic interpretations, can take different forms" (1986:7).

Unfortunately I did not receive any response from the therapists at the Friedrich Husemann hospital, although they had expressed the wish to read a draft of the ethnographic section.

1.3 Literature Review

Central to this literature review is the theoretical discussion, pertaining to how experience of therapeutic modelling, ceramics and the routine of daily life in the communities can be “captured” and how the subsequent knowledge that is produced can be understood. Both communities, Maison Emmanuel and the Friedrich Husemann hospital, enabled me to explore the therapist’s experience of the learning of the therapeutic process of therapeutic modelling and ceramics within these anthroposophic settings. Through description and analysis of this experience and the resultant knowledge base, I also consider how this knowledge and experience is passed on to the patients and villagers. The focus of the thesis is on the experience of therapists and only indirectly of the patients and villagers.

The main theorists I will be discussing in this literature review are: Bruce Kapferer and his work on the possibility of mutual experience achieved through performance; Robert Desjarlais and his work on the body during the healing ritual and the importance of the aesthetics of daily life; and René Devisch’s development of the semantic-praxiological approach and the integration of the senses in his analysis of experience.

Rudolf Steiner’s life long quest was the exploration of epistemology. He founded the philosophy, Anthroposophy, which offers a way of living, through which one can

attain a “higher understanding” of life. This includes the physical and spiritual aspects of human life and their interconnections with social networks as well as to the cosmos. In the chapter 2.2 I discuss Steiner’s claim that one can only truly understand life and the challenges provided by it through what Wilhelm Dilthey (1833-1911) called *Erlebnis*, or what has been “lived through” (see Bruner, 1986:3). The concepts of experience and knowledge are closely intertwined - by way of experiencing a situation we attain knowledge, yet the question remains - how do we understand the act of experiencing and the knowledge we gain through it. Contemporary scholars continue to explore these concepts, as did Steiner, to develop an analysis that allows one to explain how humans experience and gain knowledge (Turner & Bruner 1986, Jackson 1996).

In his exploration of how experience can be understood, Husserl gives ontological priority to what he calls the *Lebenswelt* (lifeworld) over the world of theoretical thought and explanatory ideas (*Weltanschauung*) (cited in Jackson, 1996:31). For Husserl, the *Lebenswelt* is the world of immediate experience, of sociality, common sense, and shared experience that exists for us independent of and prior to any reflection upon it. “The life-world is a realm of original self-evidences,” he writes, “experienced as ‘the thing itself’”(Jackson, 1996:30).

Merleau-Ponty’s work, grounded in Husserlian philosophy, points towards a phenomenology of embodiment that is relevant to the social sciences. Merleau-Ponty states in his book *Phenomenology of Perception* that we lose much of the substance of life-in-the-world by thinking operationally, by defining rather than experiencing the reality of things. His perception of phenomenology, he writes, gives access to the immanent essences of the consciousness of “lived experience” - the consciousness which

is always a consciousness of something. Merleau-Ponty elaborates: “The perceived thing is not an ideal unity in the possession of the intellect, like a geometrical notion, for example; it is rather a totality open to a horizon of an indefinite number of perspectival views which blend with one another according to a given style, which defines the object in question” (1962). In exploring experience throughout my thesis I attempt to relate to the *Lebenswelt* of therapists and understand what knowledge they convey to their patients or villagers.

Michael Jackson in *Things As They Are* defines phenomenology as an “attempt to describe human consciousness in its lived immediacy, before it is subject to theoretical elaboration or conceptual systematizing” (1996:3) and it is in Jackson’s phenomenological sense that I use ethnography as the basis for my work. I focus in my thesis on the daily settings of three therapists, Annette, Caroline, and Alexandra and their experience with Anthroposophy and I believe that ethnography is an appropriate method for understanding their experiences. The ethnographic observation and description of therapists at work at Maison Emmanuel and the Friedrich-Husemann hospital enables me to present their understanding of the therapy process and the experience it provides for patients and villagers. My participant observation, with the emphasis on participating, allows me to relate to the three therapists in a subjective way. It also enables me as an anthropologist, apprentice of therapeutic modelling and ceramics and novice to Anthroposophy to include my own experiences of life in the two therapeutic communities. The focus of my ethnography is on therapeutic modelling and ceramics as well as on the rhythm of daily life in both communities and is, in the words of Paul Ricoeur, “an investigation into structures of experience which precede connected

expression in language” (see Jackson, 1996:3). The work with clay offers a nonverbal therapy that provides therapists with a knowledge base to support patients and villagers in their attempts to make sense of the world. By writing an ethnography on experiences of therapists with therapeutic modelling and ceramics, Jackson provides us with a critique of rationality

what phenomenology calls into question is the longstanding division in Western discourse between the knowledge of philosophers or scientists and the opinions of ordinary mortals. Phenomenology seeks a corrective to forms of knowledge and description that, in attempting to isolate unifying and universal laws, lose all sense of the abundance and plenitude of life (Feyerabend 1987:118). The central tenet of William James’ radical empiricism is that the field of empirical study include the plurality of *all* experienced facts, regardless of how they are conceived and classified - conjunctive and disjunctive, fixed and fluid, social and personal, theoretical and practical, subjective and objective, mental and physical, real and illusory (James, 1976:22-23).

Edward M. Bruner in *The Anthropology of Experience* credits the formulation of anthropology of experience to Victor Turner who writes in *Dewey, Dilthey, and Drama*:

of all the human sciences and studies anthropology is most deeply rooted in the social and subjective experience of the inquirer. Everything is brought to the test of self, everything observed is learned ultimately “on his [or her] pulses.” [...] all human act is impregnated with meaning, and meaning is hard to measure, though it can often be grasped, even if only fleetingly and ambiguously” (Turner, 1986:33)

Turner derived his “immediate inspiration” from the German thinker Wilhelm Dilthey (1833-1911) and his concept of an experience, *Erlebnis*, or what has been “lived through” (see Bruner, 1986:3). The concept of *Erlebnis* coincides with the way therapeutic modelling and ceramics is “to be experienced” in the two communities and presents an

understanding of the anthroposophic world. This concept also meets with Steiner's epistemology, which claims that only by way of *erleben* can one truly understand given life situations (see discussion of *erleben* in chapter 2.1). Dilthey expanded on this by stating that "reality only exists for us in the fact of consciousness given by inner experience," therefore what comes first is experience (see Bruner, 1986:4). Bruner writes that "anthropology of experience deals with how individuals actually experience their "culture", that is, how events are received by consciousness. By experience, Bruner means not just sense data, cognition, or in Dilthey's phrase, "the diluted juice of reason," but also "feelings and expectations" (1986:4). For an ethnographer to understand what another person means by experience is difficult, for as Bruner writes, "we can only experience our own life, what is received by our own consciousness [and] that the communication of experience [therefore] tends to be self-referential. We can never know completely another's experiences, even though we have many clues and make inferences all the time" (ibid., 1986:5). This dilemma is presented to the ethnographer and the question then arises, how does one overcome the limitations of individual experience? Dilthey's answer was that

we "transcend the narrow sphere of experience by interpreting expressions". By "interpreting" Dilthey meant understanding, interpretation, and the methodology of hermeneutics; by "expressions" he meant representations, performances, objectification, or texts. Expressions are encapsulations of the experience of others, or [...] "the crystallized secretion of once living human experience (see Bruner, 1986:5).

In this thesis, I explore how, at Maison Emmanuel and the Friedrich Husemann hospital, the expression of experience is sought, for example through therapeutic modelling and ceramics. By observing a patient's forming and shaping of clay, the

therapist is able to enter into the patient's or villager's understanding of an experience.

The different expressions through clay are exposed through the lines, size and ability of the patient or villager to work through particular exercises, such as the platonic bodies or the metamorphosis of animals. This is discussed in detail in chapter 4, section 1.

Victor Turner, in his discussion of experience in *Dewey, Dilthey, and Drama*, refers to Dilthey's dichotomy between "mere experience" and "an experience": "mere experience is simply the passive endurance and acceptance of events. *An* experience, like a rock in a Zen sand garden, stands out from the evenness of passing hours and years, and forms what Dilthey called a "structure of experience." In other words, it does not have an *arbitrary* beginning and ending, cut out of the stream of chronological temporality, but has what Dewey called "an initiation and a consummation" (Turner, 1986:35). Bruner points out that the interrelationship between experience and its expression is always problematic and that it is "one of the important research areas in the anthropology of experience" (1986:6). In highlighting different dimensions of the problematic between experience and expression, Bruner makes a critical distinction between "life as lived (reality), life as experienced (experience), and life as told (expression)(*ibid.*, 1986:6). In the interconnection between these elements are "inevitable gaps between reality, experience, and expressions, and the tension among them constitutes a key problematic in the anthropology of experience" (*ibid.*, 1986:7). These gaps and the tension between them are what I believe to be the key points to understanding therapeutic modelling and ceramics. By giving the medium of clay to the patient or villager, the therapist seeks to recognize how the interconnection between these three elements is made.

1.3.1 Mutual experience and performance

In *Performance and the Structuring of Meaning and Experience* Bruce Kapferer suggests that one possibility of sharing experiences can be through “performances” of an artistic kind or in the “little performances of everyday life” (Kapferer, 1986:189)(see also Desjarlais 1992, Devisch 1993). The concept of “performance” is a useful one in both the study of therapeutic modelling and ceramics as well as in the analysis of my ethnographic participant observation of daily life in the two communities. Important for the analysis of the therapeutic process, is Kapferer’s argument covering the mediation of relationships between individuals. According to Kapferer:

the structuring of social action and relationships constituted as these are by and within culture limits the likelihood of individuals sharing the same experience. Culture, as it relates to the ordering of life in mundane situations, is both particularizing *and* universalizing. It mediates the relations of individuals both to their material terms of existence and to each other. It is particularizing in the sense that the structuring of relations between individuals in terms of a framework of cultural understandings variously locates individuals in the mundane orderings of everyday life. It differentiates them and makes possible a variety of individual perspectives and standpoints on the everyday world. Individuals experience themselves - they experience their experience and reflect on it - both from their own standpoint and from the standpoint of others within their culture. This is what gives to the practical activity of everyday life some of its movement and process (1986:189).

The experience of artistic therapy, with its particular exercises - “performances” - of platonic bodies, metamorphosis of animals or the different shapes of vases provides an opportunity for therapists, patients or villagers to express their experiences of everyday life through the medium of clay. The question then remains: how can experience be shared? Kapferer suggests:

while I understand my action and the experience of my action and the action of others though my situation in the world, the nature of my experience and what I might understand to be the experiences of others reaches clarity through a range of cultural and social typifications and idealizations of experience. [...] Whatever uniqueness there might be in my experience is generalized and lost in a set of culturally constituted constructs, concepts, or typifications. These stand between me and my fellow human beings, between the immediacy of my experience and the experience of that other person (1986:190).

In order to solve this dilemma Kapferer turns his argument towards

the possibility of mutual experience in the sense of experiencing together the one experience. Such possibility is present in many of the cultural performances we and those in other cultures recognize as art and ritual. Art and ritual, he states, share potentially one fundamental quality in common: the Particular and the Universal are brought together and are transformed in the process. The Particular is universalized beyond the existential immediacy of the individual's situation so that it is transcended, even while its groundedness and specificity are maintained, to include others in what is essentially the same experiential situation (1986:190-191).

In the case of therapeutic modelling and ceramics, as well as daily life in both communities the process this therapy and an anthroposophic way of life provide, can be considered to take on the form of a ritual. Considering that therapeutic modelling and ceramics are artistic expressions, the close connection between art and ritual suggested by Kapferer applies. It also becomes valid in the sense of daily life being ritualized in the two communities - through common eating, singing, saying of prayers and working, for example, where the structure of daily life itself also constitutes part of the therapeutic process.

Kapferer's explanation of the connection between the particular and the universal also supports the therapeutic exercises, specifically that of the platonic bodies within therapeutic modelling as I discuss in chapter 4, section 3. Within this therapeutic process

the particular composition of an individual, such as personality or family history, is connected to the anthroposophic ordering of the cosmos - the universal.

Kapferer elaborates even further on the use of “performance” as concerned with the

interconnectedness of the directionality of performance, the media through which the performance is realized, and an attention to the way it orders context. The directionality of performance and the media of performance are structuring of the ritual context; together they constitute meaning of the ritual, variously enable the communication of its meaning, and create the possibility for the mutual involvement of participants in the one experience, or else distance them and lead to their reflection on experience...” (1986:193).

Therapeutic modelling and ceramics represent the directionality of performance by wishing to cause a change in the present state of the patient or villager. The medium clay, as part of the earth, offers a “grounding effect” for the patients, villagers and therapist. The way therapeutic modelling or ceramics organizes - “orders” - context though providing an internal and external structure as in the case of the platonic bodies or self-confidence for exploring new spatial dimensions as in the modelling of vases, represents the therapeutic process. This, according to Kapferer, enables, in the case of this thesis, the patient or villager, and therapist to engage in a common experience as discussed in chapter 4, section 3.

Kapferer, in contrast to Rudolf Steiner or Michael Jackson, concludes with the underlying point of his argument that the “critical importance of performance [lies] in the analysis of meaning and experience” (1986:202). For him, “performance as the unity of text and enactment is realized in a variety of forms, aesthetic and otherwise, which carry with them, as a potential of their structure, their own possibilities for the realization of

meaning and experience. They are not necessarily reducible to the other” (ibid., 1986:202).

1.3.2 The body and importance of the aesthetics of daily life

Where Kapferer argues that experiences can be understood and shared through performances, in particular in ritual and the arts, Robert Desjarlais argues for focussing on the body in the analysis of experience (1992:140)(see also Lock 1993, Csordas 1994, Martin 1987, 1991, Schepher-Hughes 1990). He conveys in his ethnography *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas* (1992) “how local ways of being, feeling, and knowing tie into experiences of illness and healing” (1992:140). A second critical aspect that I built on in this thesis is Robert Desjarlais’ concept of “the ‘aesthetic’ nature of everyday life [what he describes as] the common graces and embodied values that govern how villagers go about their lives, walk down a hillside, or talk with neighbours; the forms and sensibilities that contribute to the sensory grounds of an aging body, a lost soul, or a healthy person” (1992:14).

Robert Desjarlais conducted his fieldwork in the late 1980's among Yolmo Sherpa, an ethnically Tibetan people who live in the Helambu region of north-central Nepal (1992:4). He describes his ethnography as “an account of Yolmo souls, questioning how and why they are lost, how healers return them to their owners, and why incidents of “soul loss” occur so frequently in certain parts of Helambu” (1992:13). During his fieldwork Robert Desjarlais participated in “some twenty-odd healing ceremonies as the shamanic apprentice to a veteran “grandfather” healer called Meme [who] ...possessed a wealth of sacred knowledge” (1992:4). Being Meme’s apprentice provided the

cornerstone for his research on which he based his study on “incidents of illness and healing among the Yolmo villagers” (1992:5). Throughout many of the healing ceremonies, Robert Desjarlais writes that he:

entered into a “trance state” that was entirely convincing [...], though undoubtedly distinct from what Yolmo shamans themselves experience when gods “fall” into their bodies. The trances took place when the shaman performed an oracular divination (*mo*): playing his drum methodically while facing the sacred altar (composed of twenty-five rice-dough *gtor ma* cakes representative of, and offerings to, various deities), Meme would soon begin to “shake” as a deity’s “breath” entered his body to speak of hitherto unknown causes of the patient’s malady (1992:5).

I have quoted Desjarlais’ ethnographic data in such detail, because Desjarlais’ place among the Yolmo was similar to my own. I became the apprentice of the therapists: I worked with them daily and through working at their side, I shared their experiences and knowledge about therapeutic modelling and ceramics. By learning the several exercises, such as platonic bodies or metamorphosis of animals, I experienced through my own body the working with clay. Aside from participating in the pottery studio I also actively partook in the routine of daily life in the two therapeutic settings, as I will expand on in more detail in chapter 4, section 1 and 2.

In the active participation of the ethnographer it becomes clear why Desjarlais considers “the body” to be at the centre of the healing rites as well as being “the primary means of giving form and meaning to experience” and why he feels the need to have a “reading that hovers close to the body” (1992:31,38). Desjarlais believes that

...it would be a comparable mistake to content ourselves with a symbolic analysis of Yolmo experience. By “symbolic analysis” I have in mind an approach that would treat Meme’s body like a suitcase of texts and symbols that he - the true actor - lugged

around wherever he went. In contrast, I wish to propose, in following the German phenomenologist Helmuth Plessner, that Meme not only “has” a body, but “is” a body. And since the body that Meme “is” feels, knows, tastes, acts, and remembers, I find it necessary, if I wish to understand how this physiology heals or falls ill, to consider Yolmo experience from the plane of the body: to consider a villager’s “ego” or consciousness not as somehow distinct from the body, but positioned within a larger sphere of life - that of sensory experience (1992:31).

This approach enticed him to create a new form of ethnography, “a style that seeks to touch on and work from within the plane of the body, a syntax that reaches for the sensory, the visceral, the unspoken” (ibid.,1992:32). Aside from participating fully in daily life, I also worked through all of the exercises that patients or villagers might be asked to do (platonic bodies, metamorphosis of animals, vases, production of dishes). In doing so I wished to experience the working through of clay with its various challenges and production of meaning. In experiencing “within the plane of the body” therapeutic modelling and ceramics I learnt that its “syntax [...] reaches for the sensory, the visceral, the unspoken.” This experience, gained through the therapy, affects a visceral understanding throughout the body of the human being. This is what Rudolf Steiner referred to as *erleben* in order to understand on a conscious level (see chapter 2). Robert Desjarlais refers to his approach as phenomenologic and interpretive, which allows him to view the body as “both embrac[ing] and engender[ing] significance. It is a dynamic whole, a corpus of space and meaning. The body is a corpus of space, for it possesses finite spatial dimensions and maps experience - knowledge, morality, feeling - into spatial form” (1992:39).

In developing his argument, Robert Desjarlais outlines his perspective on the anthropological debate over whether conceptions of selfhood vary cross-culturally (see

also Geertz 1974, Kirmayer 1992, Kleinman 1985). He states that “we pay little attention to the cultural philosophies of experience that shape human behaviour” and suggests “that an anthropology of experience might profit from an analysis not only of the contours and boundaries of “selves” as they are culturally construed, but of the way in which social actors compose, manage, and evaluate their actions and those of others in everyday social contexts” (Desjarlais, 1992:66). From this thought Desjarlais raises questions concerning “the everyday use of bodies, and how these uses are evaluated [and] would then become more relevant than debates over the “true” locus of self-experience or whether “bounded” selves exist or not in any given society” (1992:66). To approach this issue, Desjarlais suggests a phenomenology of embodied aesthetics. Although aesthetics have been analysed in connection with other subjects, such as art, he suggest that the idea of an aesthetics of the everyday has been explored less systematically. To engage in this idea he considers the aesthetics principles

that shape and constrain how a Yolmo man or woman steps through a village, dresses in the morning, or loses his or her “spirit”. This study is an imperative one, for it will greatly enhance our understanding of the everyday events, doings, and sufferings that seem to compose Yolmo experience. Such a study might also suggest how the stuff of ethics, narrative, emotion, and personhood ties into the aesthetics of everyday life (1992:67).

The idea of an aesthetics of the everyday became vital in my research. Therapeutic modelling and ceramics provided one dimension of experience and knowledge in daily life for its members within Anthroposophy. The daily rhythm - the structural routine of everyday life - completed the therapy by engaging “the body” throughout the day. By “the daily rhythm” I mean the mandatory active participation of patients and therapists in community life, that I describe in chapter 4, section 1 and 2. Robert Desjarlais expands

his argument that the body is at the centre of daily aesthetics by raising our awareness to the importance of the senses. According to Desjarlais,

as social tastes and values come to life within the sensory experience of villagers, a phenomenology of Yolmo aesthetics must begin and end with the body. Yolmo bodies shape, and are shaped by, the patterned behaviours and commonsensical habits of everyday life. To understand an aesthetics of the everyday in Helambu, then, we must consider how Yolmo forms - from bodies to households and villages - function in everyday life. And since aesthetic (and hence moral and political) values emanate from, and take root within, the body we return to the realm of the sensory. Embodied aesthetics are a question of tact, of perception, of sensibility; these three acts originate in the visceral (1992:70).

Intertwining his concept of the body, aesthetics of daily life and the senses (see also Stoller 1989, Howes 1991), Robert Desjarlais examines the following question in his chapter *A Calling of Souls*:

since the first nights [I have] been trying to understand if, how and to what extent Meme's soul-calling rites work to rejuvenate spiritless bodies. [...] simply put, Meme changes how a body feels by altering what it feels. His cacophony of music, taste, sight, touch, and kinaesthesia activates a patient's senses" (ibid., 1992:206).

In an attempt to answer these questions, Robert Desjarlais describes how dimensions of "Yolmo aesthetics [...] relate to illness and healing" as well as the therapy process (1992:70). Placing this analysis within anthropological literature, he encounters the following difficulties:

Yolmo soul-calling rites, in which the sensory dimensions are pivotal, goes against the grain of anthropological accounts which privilege the ideational, rhetorical, or symbolic aspects of ritual healing. My thinking of the subject has evolved out of a dissatisfaction with the tenets of such approaches, for they do not seem able to account for the ritual techniques or the effectiveness of ritual among Yolmo (1992:206).

In developing his theoretical line of thought, Desjarlais presents the reader with the “two most dominant explanations of the effectiveness of ritual healing - the “intellectualist” and the “symbolist” positions.” While arguing his viewpoint Desjarlais does acknowledge others. For example he refers to the work of several authors who established at least four models of “therapeutic process”: the structural, clinical, social and persuasive (see Good 1994, Csordas 1994, Kleinman 1980). Desjarlais presents the intellectual position as viewing the therapist’s or patient’s concern for efficacy as a mainly intellectual one. The therapist acts in order to instill faith or belief in the patient’s mind that something will be done to ameliorate his or her malady. Ritual acts are geared, as Malinowski argued, not to mean something (for the acts can even be “meaningless”) but to *enact* something. Through this enactment, the patient is said to gain faith in the curing process and begin to think differently about his or her condition (Malinowski 1965)

Desjarlais contrasts the “symbolist” to the “intellectualist” position. Following Arthur Kleinman, Desjarlais describes how the French structuralist and American semiotic approaches “contend that curing rites work chiefly by provoking transformations either of the world view held by a patient or of the symbolic categories that define the experiences of that patient” (Kleinman, 1988:133). In Desjarlais’ words it means “how a healer typically evokes symbols or metaphors that provide a tangible “language” through which the patient can express, understand, or transform the personal or interpersonal conflicts underlying his or her illness” (Desjarlais, 1992:207). Desjarlais states that in the “universal structure” of symbolic healing, a healer attaches a patient’s emotions to “transactional symbols” and then manipulates these symbols to help the

patient transact his or her emotions (1992:207). Kleinman, in his book *Patients and Healers in the Context of Culture*, articulated a “structural model of healing” that builds on the notion of a “symbolic bridge” between personal experience and cultural meanings: a healer manipulates “mediating symbols” to effect change in a patient’s emotional reactions”(1980:42-43). Out of this arises a combination of social and symbolic realities which provide the possibility for an explanatory model of meaning conceptualizing their experience of health and illness.

The accent on the sensory in the Yolmo healing rites entices Robert Desjarlais to go beyond a symbolic analysis. He describes the above mentioned theoretical positions, yet finds that neither one explains:

how or why Yolmo shamans heal. The intellectualist position, for instance, does not account for why Yolmo shamans go to the extent that they do to recover a patient’s vitality. According to this model, ritual acts aim to achieve what they purport to achieve (here, returning life-forces). Meme needs only to call the patient’s spirit back to instill the personal conviction that something substantial is being done to improve his or her condition; he does not need to enact a vivid and lengthy rite. And yet he does. In an attempt to explain why he does so, I want to suggest that how a Yolmo shaman searches for a spirit is as important as actually finding it (1992:207).

Assessing the healing rite from a “symbolist” perspective, Desjarlais does not believe that

Meme recovers a spirit mainly through the use of metaphors, symbolic transformations, or rhetorical tropes. [...] [T]he symbolic shift from illness to health is not the method but simply the consequence of the rites. Soul-calling for Yolmo wa is less like a mythic narrative, progressing from one stage to another, than an imagistic poem, evoking an array of tactile images that, though their cumulative effect, evoke a change of sensibility - a change, that is, in the lasting mood or disposition that constitutes the sensory grounds of a person’s bodily experience. Seen in this light, it is more the visceral impact of the poem, rather than its metaphorical structure, that effects change” (1992:208).

In developing a theoretical framework to analyse the therapy process of the Yolmo wa, Desjarlais discusses how the bodily impact ties into sensory experience. In developing his theoretical position he argues that:

Meme's craft involves a healing of bodies, of sensibilities, of ways of being in the world. His soul-calling rites might change how a patient thinks of his or her condition, and they might even alter the symbolic categories that define that condition. But if the rite is to be considered a successful one, it must change how a person feels. This is because Yolmo criteria of efficacy rest on the lack or presence of visceral evidence that the body feels better in the days following a rite. These rather experiential criteria relate, at least in part, to Yolmo epistemologies of illness and healing (1992:208).

For the Yolmo wa, shamanic healing is “integral to Yolmo ways of construing the interrelations between body, spirit, and society. [...] Health not only implies well-being on an individual, bodily scale; it means that one's familial, social, and cosmic relations proceed as a harmonious whole” (1992:161). Desjarlais' analysis is in accordance with Steiner's Anthroposophy which builds upon the belief that an individual is embedded in a social and cosmic network. Illness provides the challenge to learn about a life situation and then to take this gained experience to further one's inner growth towards a “higher” understanding of life. The therapy process therefore does not seek to bring the individual back to the pre-illness state, but rather, to integrate the gained experiences of illness to further growth. Efficacy of the therapy process is not measured by its outcome, but mainly by the way the patient experiences and chooses to deal with the situation.

Similarly, healing in the perspective of the Yolmo wa is considered effective, when:

Meme [...] transform[s] the felt quality, the sensory grounds, of a spiritless body. How does he do so? [...] Meme attempts to change how a body feels by altering what it feels. “You need to touch all

the parts of the body,” he insists, and for good reason. His cacophony of music, taste, sight, touch, and wild, tactile images activates the senses and the imagination. This activation can “wake up” a patient, offer new ways of wielding the flesh, spark new sensibilities, and thus change how a person feels. The potential changes tie into the aesthetic qualities of sensory experience. Embodied aesthetics is a question of tact, of perception, of sensibility, and by adding to what Yeshi tastes, sees, touches, hears, and imagines, Meme tries to jumpstart a physiology” (1992:222).

In conclusion, Robert Desjarlais states, that “everyday actions are rooted in local sensibilities; [and that] this rootedness forces us to rethink how we talk of moralities, bodies, pain, healing, and politics...[and] this understanding of the aesthetics of the everyday is crucial for investigations into other aspects of Yolmo experience” (1992:248-249). Through his ethnographic work, he therefore feels that “by attending to local aesthetic sensibilities, rather than any symbolic actions, structural relations, or deep psychic processes, we can best understand what took place [during the therapy process]” (1992:247).

1.3.3 The semantic-praxiological approach and the integration of the senses

René Devisch in his book *Weaving the Threads of Life* (1993) presents us with an ethnography of the healing cults in Yaka society in the southwest of Zaire that “performed as they are [...] grasp forces and signs very much beyond the level of the spoken word and representational thought” (ibid., 1993:1). There are “some twenty” healing cults in Zaire, but in his ethnography he focusses on the *khita* healing cult, in particular on “‘gyn-eco-logy’ in a broad sense, that is “on the life-bearing functions pertaining to the woman, the house, and the inhabited world” (ibid., 1993:2). In

connection with this cult he is interested in “the cultural constitution and modalities of the role of sickness, of feeling ill and of healing” (ibid., 1993:2). Devisch’s method of writing “about this reality embrace[s] the form of the healing practice and unravel[s] the very alchemy of healing” (1993:2). René Devisch as well as Robert Desjarlais embarked on a way of writing ethnography that captures the ritual of healing with all its bodily and sensory integration.

René Devisch describes healing among the Yaka cult as awaking and freeing “the primordial virtualities of things and beings: it is essentially a rhythm and a vitalizing resonance in and between the body, family, and life-world” (1993:1). Central to the healing “is the rhythm that aids the senses in their quest to unfold things and beings into their origin-al shape and force, and into a multilayered interweave of forces and issues” (ibid., 1993:1). The healing ritual is body-centred and “develops a bodily, sensuous, motoric, affective, and musical approach to the life-world”. In this thesis, I describe the almost identical ordering of daily life, communal meals, singing at breakfast, lunch and dinner or the common bed time that provided a rhythmical sensation of “the body - individual” experiencing life at Maison Emmanuel and the Friedrich Husemann hospital. This rhythm interwove the individual with his/her immediate surroundings in the communities. This was enhanced by way of working together in the exercises in therapeutic modelling and ceramics, especially at Maison Emmanuel where the production of dishes meant that everybody in the group had to participate. As within anthroposophic medicine, the healing ritual among the Yaka aims at “emancipating the initiate’s destiny, that is, at clearing and enhancing lines of force in the wider weave of family and life-world of his or her genuine history” (ibid., 1993:4).

René Devisch enters into a critical debate with Victor Turner and describes why he cannot fully adopt his view on Ndembu ritual as

a pragmatics of social transformation, hence as a theatrical drama. [...] Turner's ritual analysis is the product of what remains an external, though tender, look, "staring through the window" [...] The central focus of his work, in which he develops a processual-dialectic perspective, is on micro-social drama, a ritual resolution of social and emotional conflict, and a strengthening of community values. In this ongoing social drama, Turner has us see social structure in action: conflict, contradiction, breach, crisis, redress, or recognition whether of reconciliation or of irremediable split are unveiled as a process. [...] Turner is concerned with the efficacy of symbols, he analyses how ritual works, what it does, and how people handle symbols. Symbols are thus primarily studied for their action-meaning in their significant social or action field, and/or their cultural field of beliefs, rituals, and religion. [...] Turner focuses on the individual agent or locus in the social drama. [...] Turner relies heavily on the views and exegesis of master-healer Muchona, his best informant (1993:34-35).

René Devisch critiques Victor Turner for analysing the properties of multivocality and unification within a single dominant symbol, but he feels that Turner fails to investigate the interrelation between the symbols. Here, Devisch writes, the body is viewed as a "surface upon which the group and the life-world are inscribed, and as a model for these, that is, in the body's liminal capacities" (1993:37). In contrast to Kapferer who argues that experience through performance, René Devisch argues that

ritual is neither liturgy nor theatre. Although I have had the opportunity to work with very reflective healers, I do not believe that their own exegesis has laid bare the heart of the healing drama. And yet my more fundamental criticism of the works of Turner is that the interpretation they offer of Ndembu healing relies heavily on representation and interactional plot and yet does not lay bare the proper ways in which cult healing deals with the human body and draws on its genuine resources: [it] overlooks the genuine and creative significance of the human body (1993:37)

René Devisch adopts what he calls a semantic-praxiological approach to understand the healing cult and views healing as drawing on “transformative transpositions of sensory qualities and forces from one realm to another: it aims at bridging between body, group, and world, between tangible and immaterial realms. [...] a sort of play for the large part beyond the grasp of verbal discourse and conceptual representation...” (1993:39). In his analysis of the healing, the aim is “not so much in the sense of its achieving something, but rather in the sense of how it works in and of itself, having no author other than itself” (ibid., 1993:39). I have discussed earlier in the literature review, anthroposophic medicine lays more emphasis on the healing experience an individual embarks on, rather than the final outcome.

The praxiological focus in his study is on the transformational capability of ritual praxis, mainly healing, through the use of the body. René Devisch is concerned with

the ways in which a culture shapes experience that is not only inspired by the body but also lived and mediated by and through it. The body is both source and agent, embodiedness and embodiment. I look at ritual as praxis that produces meaning and power in and through bodily action [...] In ritual, corporeal praxis thus shapes, expresses, and reembodies a particular bodily and social order, and a particular view of, and relation with, the life-world or cosmos. (1993:46).

René Devisch considers healing to be a corporeal method and in such analyses the healing cult as a corporeal praxis “a bodily method of interweaving [...] the social, cosmological, and corporeal fields” (1993:47). His thesis is that the human body through “the senses, affects, attitudes, intentional stances, gestures, and activities, is the basic locus for and agent of remolding the patient’s experience of her body [therefore] offer[ing] a sensory and practical grasp or understanding of events” (ibid., 1993:49).

Knowledge as perceived in the Yaka ritual is “primarily practical rather than declarative [...] in ritual activities, to know or understand something is to sense it and react appropriately” (ibid., 1993:50). The therapist treats the patient’s body as if it enclosed or embraced the world, as if it were both a micro- and macrocosm. This relationship is not merely of figuration but of transformation in the very process of mutual encompassment. The healer works upon the patient’s inner world of passion and affects, her sensory and bodily forms of contacts, and her social and existential involvement with the group and the life-world by “metaphorically regarding them as bodily-cum-cosmic...” (ibid., 1993:265)

Hence, René Devisch describes the healing arts as

a very practical method of intertwining the body with the group and the life-world. It does not so much draw on the spoken word; rather, it brings into play the devices of seclusion, incantation, rhythm, dancing, mime, body decoration, colour, massage, fumigation, laxative enemas, concealment, containment, and trance. By means of these devices the art of healing makes the patient ‘give the body to’ and re-embody the social and cosmological body. Perceived in this way, the boundedness and openness of the physical body appear to provide a site and process of meaning production. Corporeal boundaries and openings act as the very locus and generative means to remake or renew the units of exchange in the social and cosmological fields...” (1993:265).

Therapy in the Yaka ritual is “for a large part pre-verbal and beyond cognitive or predicative mediation. Inasmuch as it involves effects, therapy operates basically through bodily experience embedded in the very sense of being both bounded and connected with, and yet receptive or tied to, family, ancestors, and life-world, all of these being rendered or transformed through symbolic drama. [...] The experience brought forth through the body thus also goes beyond verbal discourse and conceptual representation and involves

processes that link perception directly to the realm of sensory or bodily experience” (ibid., 1993:50). René Devisch’s analysis of the healing arts is paralleled in the use of therapeutic modelling and ceramics at Maison Emmanuel and the Friedrich Husemann hospital in that the patient or villager engages in the pottery as a sensory or bodily experience - “going beyond verbal discourse and conceptual representation” (1993:50). The therapists do not verbalize the work of the patient or villager for them nor are they encouraged to do so themselves. Rather, suggestions are made through the work itself. This may mean that the therapist actually shapes his or her work gently, but only to present a suggestion on how to proceed. It is interesting to note that the Friedrich Husemann hospital only recently employed a psychoanalyst, because the patients expressed a need to verbalize their experiences. René Devisch concludes that a “healing rite is marked by seclusion and a myriad of highly charged symbolic elements and stands as a portal between the this-worldly and the other-worldly, it nevertheless remains firmly grounded in this world of practical action” (1993:282).

It is clear from the above that the senses play a vital role in experience and in the way knowledge is gained. The anthropology of the senses, as presented by David Howes in *The Varieties of Sensory Experience*, is primarily concerned with

how the patterning of sense experience varies from one culture to the next in accordance with the meaning and emphasis attached to each of the modalities of perception. It is also concerned with tracing the influence such variations have on forms of social organization, conceptions of self and cosmos, the regulation of the emotions, and other domains of cultural expression (1991:3).

Rudolf Steiner described the human being as having twelve senses and within anthroposophic medicine the senses play a vital role, as I outline in the next chapter. The

senses are part of certain therapies, as, for example, working in the horse stable is thought of as therapeutic for providing “a sense of reality” for autistic people. Learning of the anthroposophical cosmology through participant observation, learning songs or dealing with certain emotional states through therapeutic modelling or ceramics provided me with a sensory form of experiencing that would have otherwise not been possible. It is this sensory and experiential basis of knowledge that guides my analysis in this thesis.

2. Anthroposophy

2.1 Philosophy

Anthroposophy - *wisdom of humanity* - has always stimulated controversy. On the one hand there are a great number of followers within the Anthroposophic Society who admire Steiner and his teachings without much criticism, seemingly forgetting that he himself had repeatedly asked of listeners and readers to engage in critical thinking. Through Anthroposophy Steiner encouraged increasing consciousness while arguing against blind acceptance of his or any other philosophy (Wehr, 1994:7). Yet when asked how to prove his scientific findings of the *wisdom of humanity*, Steiner replied: “the one that has developed the ability to perceive on a transcendental plane will ‘see’, the others will be able to understand and test the ‘transcendental facts’ by way of thinking them through” (1983). Yet it is generally admitted that the “facts” of Steiner’s teachings were only accessible to himself and that one had to believe him (Wehr, Lindenberg, Kugler). On the other hand there are people who keep a sceptical distance for a wide variety of reasons. Some accuse the “spirit scientist” [Geistesforscher] of simply having presented a version of modern Gnosticism, others are suspect of his presentation of universalism and teachings in occultism.

To give Anthroposophy a fair examination, Wehr reminds us that when studying the philosophy one has to keep in mind that it is not simply an epistemological structure that exists as an entity in itself, but is an epistemological path with a dynamic element that allows its concepts to continuously evolve (1994:8). This element can be traced throughout the philosophy’s two major phases: the laying of the anthroposophical foundation [philosophische Grundlegung] (until approximately 1900) and later the

'unfolding' of Anthroposophy [Entfaltung] with its theoretical and practical applications (until 1925). In the second half of the development of Anthroposophy, Steiner made a conscious difference between the "the written word" and "the spoken word". The former describes Steiner's personal inner struggle and efforts to present Anthroposophy in a way that was suitable for "present-day" consciousness. On the latter Steiner declared:

I would have preferred the spoken word to remain the spoken word. But the members wished to have the courses printed for private circulation. [These publications included discussions on]...problems connected with imparting facts directly from the spiritual world to the general cultural life of 'today'; the requirement of meeting fully the inner need and spiritual longing of the members (1983:5).

According to Steiner these private publications were of a moment in time and space representing a dialogue between the members and himself (a vital part of the "spoken word") and difficult to understand for somebody who was not present at that time. Anthroposophy is therefore to be understood as a "living entity" that offers an epistemological path that attempts to connect the spirituality in humanity and the universe. Individuals, interested in Anthroposophy, were to critically take Steiner's "thought impulses" to then internalize these thoughts according to their own opinion.

More specifically Rudolf Steiner was concerned in his philosophy with the question of "how spiritual cognition, vision and experience could be achieved by the same rigorous scientific method that has brought about the extensive knowledge of the physical world acquired through the senses" (Wehr, 1994:47). Steiner recognized that capacities for conscious spiritual perception lie dormant within every human being and can be awakened through exercises in concentration and meditation. The first step of this process was to intensify thinking through disciplined inner activity, embracing a spiritual

view of the human being and the cosmos with an emphasis on knowing, not on faith. It leads, in Steiner's words, "from the spirit in the human being to the spirit in the universe" (1981:7). It is on this newly "enlivened" thinking that the *wisdom of humanity* is based.

In Steiner's course of thinking, Goethe's concept of metamorphosis - the development of a living being - was vital and provided a basis for his life long quest of epistemology. He acquired out of this concept the following:

if one does not view an object in and of itself, but as something that is alive and developing in connection with its environment then this recognition is an idea and the idea is as present as the object itself.⁵

Steiner's epistemological path therefore entailed an awareness of the connection between perception and concept. He believed that perceiving is for an object as thinking is for an idea and referred to thinking as a human "organ" that allowed one to observe a reality that was otherwise not accessible through the senses. Steiner stated that: "when thinking seizes the idea it melts into one with the 'original reason of the world existence' [Urgrund des Weltenseins]." Images that come towards an observer from the surrounding world are therefore not just objects of sensory perception, but actually "enter" the human being and become an "event of knowledge". He concluded that: "the becoming of the idea in reality is the true communion of humans. Thinking has the same "meaning" for ideas as does light for eyes and sound for the ears - it is an organ of conception" (Steiner 1967).

Anthroposophy as a Spiritual Science attempts in this way to lead to a realization of transcendental worlds, whereby humans conceptualise the spirit [Geist] and therefore in turn have an effect on the material life. Steiner understood this:

as an attempt to awake and enlighten the consciousness, by moving from an abstract thought to a "spiritual seeing" [geistigen

Schauen]. The *geistige Schauung* recognises the spirit as the senses do nature, but the *geistige Schauung* with its way of thinking is closer to the spiritual recognition than the regular consciousness with its way of thinking is further from the sensory perception. The *geistige Schauung* “thinks” by experiencing the spirit and “lives” by encouraging the awakened human spirituality to think (Steiner cited in Wehr, 1994:48)[translation mine]⁶.

Steiner’s way of thinking was initiated by the two following points: 1) Goethe’s detailed way of observing natural phenomena through which Goethe believed - through the eyes of the “intellect” - to see the original natural phenomena [Ur-Phenomäne], 2) Steiner’s transcendental abilities to “see”. Steiner’s “natural gift” was described by himself as “...an illumination of the ‘I-consciousness’ which enabled him to produce reliable perceptions” as opposed to simply being pictures that arose out of his subconsciousness. Throughout Steiner’s life, he was always strongly against spiritualism and mediums. However, this raises the question how one can recognize the difference between a “conscious spiritual research” (Steiner 1904) and pictures that ascend uncontrollably out of the subconsciousness. Wehr concludes that the way Steiner made use of his scientific education and his intense epistemological studies allowed him to clarify and understand the specific epistemological questions he posed and answer them accordingly (1994:48-49). “Understanding” meant for Steiner “to find through the soul the experienced spiritual-intellectual content of the perceptible world...” and if somebody experienced limits in their cognition “...they could not experience spiritually-intellectually within themselves the true reality and therefore cannot find them in the perceptible world”⁷ (Steiner cited in Wehr, 1994:49). In the context of the philosophical thought of his time, Steiner presented the human being as a spiritual-intellectual creature [geistiges Wesen] and the cosmos as a spiritual-physical organism.

2.2 Cosmology

Rudolf Steiner believed that humanity (ANTHROPOS) has the inherent wisdom (SOPHIA) to transform both itself and the world. Fundamental to all of Steiner's work were his concepts of the transformation of the cosmos, earth and humans as I will elaborate later in this chapter. This also constituted teachings about the human being [Menschenkunde], describing a parallel development of the spiritual-intellectual processes of the cosmos and humans [geistigen Entwicklungsprozessen]. Steiner analysed unlike the conventional scientific methods of his time by calling upon his ability to "read" the "Akasha-Chronicles". Again he was criticized because others were unable to prove his statements. He responded: "I call upon your intellect and not upon your capability to believe in authoritarianism...I ask you not to simply believe me, but to test my statements with your common sense." His vision of the cosmos was the following:

...through the tools of transcendental vision one can recognize three main steps in the development of humankind which happened before the creation of the earth. Earth is now the fourth place in the development of "life" of humankind. Humankind existed before earth did, yet one should not imagine that humans have lived on other planets before. This earth has primarily developed itself with the humankind (Steiner cited in Wehr, 1994:72) [translation mine]⁸.

Steiner considers this as part of a seven-stage scheme of the physical and consciousness evolution of humankind. These seven, carrying the name and being the embodiments of certain states of Saturn, Sun, Moon, Earth, Jupiter, Venus and Vulcan. The state of consciousness attributed to the Saturn, for example, corresponded to a deep trance- and omni- consciousness. The present day consciousness of the Earth coincides with a common awareness [geläufigen Bewußtsein] and materialism [Gegenstandsbewußtsein]. In the far future the consciousness of the Vulcan is expected to represent a highly

advanced spiritual awareness. The in between steps of the planetary embodiments are referred to as phases of rest (Pralaya-phases) (1994:73). Although Steiner’s philosophy mainly originates in the Scientific/Christian epistemological systems, the above mentioned development is rooted in teachings of the Anglo/East-Indian Theosophists.

An important aspect in Steiner’s cosmology is the division of the earth into seven “earth periods”, which are again subdivided into seven “cultural epochs”. The seven earth periods are described as follows: the polarity-, hyperborean-, lemur-, atlantis- and the first-, second- and third- post atlantian. The seven cultural epochs as: East Indian-, Persian-, Egyptian/Chaldenian, Greek/Latin and the fifth post-Atlantian Culture. According to this cosmology we presently live in the fifth post-Atlantian cultural epoch which is part of the fifth earth period. By using the platonic solar year (about 2100 worldly solar years represents one platonic month) the following approximate yearly descriptions can be made:

Original East-Indian culture	7227 BC - 5067 BC
Original Persian culture	5067 BC - 2907 BC
Egyptian-chaldenian culture	2907 BC - 747 BC
Greek-Latin culture	747 BC - 1413 AD
5 th post-Atlantian culture	1413 - 3573

According to Steiner, two more “cultures” will follow according to analogous time intervals. Each of these seven cultural epochs corresponds to the time that the “point of spring” [*Präzession*] takes to pass through an astrology sign established time frame which is about 2100 years.

2.3 *Menschenkunde*

The preceding explanation is the basis for understanding how, according to Steiner, the course of humankind is embedded in the changes of the cosmos [Werdensprozeß]. Congruent with it, is the development of an individual human being, which results in Steiner's perception of body, soul and spirit (Steiner & Wegman, 1925:81). Within this *Menschenkunde*, the body is considered to be involved in the stream of inheritance and bears its characteristics; the soul as coming out of the prenatal existence and uniting itself with the body by way of descending; the spirit is understood to be only present in its embryo stage, which will change with the development of humankind. Rudolf Steiner explained how: "... the threefold nature of man with its elements from the past are always meeting with what is striving to be born out of the future" (1966:5).

The body itself consists of four sections [Wesensgliedern]: the physical-, etheric-, astral body⁹ and ego organization. The physical body [physischer Leib] provides the material base through which the individual partakes in the material world. The *physische Leib* on its own does not present any signs of life or sensations. It shares its characteristics with minerals existing according to the same chemical laws. Life force is added by the etheric body [Äther- or Lebensleib] through metabolism, growth and reproduction capacities. Its similarity is within the plant and animal kingdom. The astral body [Astral- or Seelenleib] corresponds to the sensory and nervous system continuing to share characteristics with the animal kingdom. This means that the *Astralleib* leads a certain life of its own according to its instincts and passions, yet is limited by life- and behaviour patterns of its kind. The *Astralleib* is not able to reach self-realization and does

not act freely. In order to experience freedom and achieve complete evolvment of once personality in the environment, another “force” is necessary. This is represented by the ego organisation [Ich] which characterizes an individual human being. The principle feature of the *Astralleib* is maturation and understanding. The *Ich* provides the possibility for the human being embodied in this form, to develop in a spiritual and intellectual way from its “original form”. Within the human structure, the *Ich* denotes the core and the other three the shells which influence its life, emotional experiences and physical base (Steiner, 1966).

Within Steiner’s view of the cosmic evolution, the *Ich* relates to the embodiment of the earth, the other three *Wesensglieder* to earlier phases:

The complicated physical body as we encounter it today is the product of a long evolution. Its first germinal potentiality came into being on old Saturn, and it evolved further on the old sun, the old Moon and the Earth. The etheric body was added to it on the Sun, the astral body on the Moon. Now these members of the human being have changed in the course of evolution, and what we encounter today is a complicated physical human being, with heart, kidneys, eyes and so forth, is the product of a long development. It has all grown out of a simple germinal form that originated on Saturn. Through millions and millions of years it has continually changed and been transformed [...]. Thus the evolution of the cosmos is the key to the human being, not the present earth, and older cosmic conditions still echo in the current human organisation (Steiner, 1971:9).

Central to the *Menschenkunde* is to encourage development intellectually-spiritually and not simply to describe a human being. Its dynamic factor is in the element that humans have the ability to change themselves [Selbstverwandlung], meaning that humans can transform themselves initiated by their *Ich*. Influencing at the same time the other three *Wesensglieder* means that an individual is not just a sum of its parts, but a

dynamic spiritual-intellectual entity that goes beyond its present incarnation and human embodiment. The human being is therefore a cosmic being, and is connected to the whole universe: a microcosm of the macrocosm.

Another aspect of the human being is the soul - the inner world of self-perception. Experiences, abilities and wisdom that have made their impression on the individual during the day are transferred into the soul by way of sleep. In this sphere, where the inner being of an individual lingers between morning and night, experiences over time are turned into essences. At the time of death when humans enter the spiritual world, the *physische Leib* and *Ätherleib* are left behind, yet its essences are taken (Steiner cited in Wolff, 1983:15). Steiner subdivides the soul further into the sentient soul, the intellectual soul and the consciousness soul. The sentient soul is connected to feelings, the intellectual soul to cognition and the consciousness soul to willing. These three abilities of the soul enable experiences to be transformed into cognition on a higher spiritual level. The expressions of the soul are grasped by means of sympathy and antipathy, which provide an interplay of feeling, cognition and willing. For example, the combination of cognition and will provides the base of an intellectual activity. Among the three souls the consciousness soul is considered the highest and the sentient soul the lowest being connected to the *Astralleib* of the body.

The highest enlightened entity of the human being is the spirit, which finds its expression in a variety of consciousnesses. There are three types of consciousness each one relating to its corresponding spirit. The spirit-self is connected to sleep, the life-spirit to dream and the spirit-man to waking. Each one is furthermore an expression of willing, feeling and thinking, respectively. The interconnection of soul and spirit occurs between

the consciousness soul with its expression of willing and the Spirit-Self with its expression of willing.

2.4 Anthroposophic medicine

From this proposition that connected the human being to the cosmos, Rudolf Steiner developed his teachings on medicine. This knowledge combined with, the Dutch doctor (see chapter three) Ita Wegman's practical applications provided new possibilities for medical knowledge and expertise. Anthroposophic medicine considers itself an extension of biomedicine, fully acknowledging and seeking to integrate the scientific research of biomedicine. It combines the "objective" techniques of biomedicine with the "subjective" analysis of the individual patient (Steiner & Wegman, 1925:11).

Furthermore anthroposophic medicine seeks to expand biomedicine by taking scientific research into the spiritual realm, seeking to overcome the split between the material and the spiritual domains of human experience. To achieve this was one of Steiner's primary concerns in Anthroposophy. In Steiner's view of humankind this was possible by connecting the *physische Leib* (physical body), *Ätherleib* (ether body), *Astralleib* (astral body), and the *Ich* (ego organization). This perception does not limit the human being to its body or mind, but emphasizes the expression of its individuality as part of its surroundings.

Health within anthroposophic medicine is represented by a harmonious interrelation among the four *Wesensglieder* (sections of human structure). An individual is able to achieve *Selbstentwicklung* (self realization), a primary concern within Anthroposophy, if the four *Wesensglieder* are harmoniously interconnected. Each

occurrence within a human being, such as illness, challenges an individual to achieve with the experience of the occurrence, a higher state of *Selbstentwicklung* [self development]. Focussing on “forces” [Kräfte] within a human being, the interrelation of the four *Wesensglieder* can be understood from a slightly different perspective. The *physischer Leib* is only recognisable from the outside, the *Astralleib* from the inside and the connecting factor is the *Ätherleib*. The *Ätherleib* can not be seen from the outside, yet it expresses itself to the outside. This means that what the *Astralleib* carries in forces and develops as internal experiences, needs to be transferred to the *Ätherleib*, which then influences the physical plane and in the end is expressed in the *physischer Leib* (Steiner cited in Wolff, 1983:13).

Any form of illness is considered as a disharmony in the relationship among the four dimensions of the *Wesensglieder*. Considering that *Selbstentwicklung* is the primary concern of the *Ich*, an illness is not understood purely as a physical problem, but primarily as a spiritual-intellectual one. It is the cognition through the spiritual-intellectual realm that provides the possibility to learn about the body. This means that the body is not only to be understood as such, but as a revelation of the spiritual-intellectual existence. In this way Anthroposophy becomes a science of the present state of a human being, and includes medical and spiritual concerns.

In times of illness each of the four *Wesensglieder* is represented by a physical expression; the *Ich* by the blood, the *Astralleib* by the nerves, the *Ätherleib* by the glands and the *physische Leib* by infections. These are part of the following systems defined by Rudolf Steiner: the nervous-sensory, mainly located in the head, the rhythmic including the blood circulation, breathing as well as digestion and the last system that of movement,

including metabolism. In this perception it is important to imagine the locality of each system as an emphasis and not as a strict division.

Two of these systems, the nervous-sensory system and the metabolic-limb system exist in polarity to each other (ibid., 1983:74). The dynamic of these polarities can lead towards two “tendencies” of illnesses - the “cold” and the “hot”. The first represents calcifications, such as deposits or tumescent growths; the second infections, that are connected to fevers and processes of disintegration. In general one can say that the human body consists of natural processes, and illnesses are also natural processes, yet they occur in places in the body where they cause “opposition”. In case of the above mentioned systems the nervous-sensory overlaps into the metabolic-limb and causes a “confrontation”.

The concept of illness in this light embraces the dynamic oppositional tendencies of the systems. This means that the tendency of one illness can cancel the tendency of the other. As for example in the case of the formation of a tumescent growth (cold) that is accompanied by a fever (hot). This conclusion carries practical implications such that the expression of one illness can be an attempt of the organism to cancel a development in another. In this sense an illness can be understood as having a healing effect. Rudolf Steiner’s discovery, that one illness can present the healing for another is possible with his three-part division of the human organism (the nervous-sensory-, the metabolic-limb and the rhythmic system). Illness is therefore not viewed as something negative, but as an occurrence that is part of a healthy human being (Husemann 1974). Health is therefore not defined as the absence of illness, but the balance of polar illness tendencies. This

balance is an active process represented by the third system - the rhythmic. Steiner states that there is no possibility to ignore illness if one wishes to attain health.

Illness and health within Anthroposophy are defined by the balancing and harmonizing of the *Wesensglieder* and the according systems. This occurrence presented for Steiner, within medicine, what he considered the basic concept of *Menschenkunde* - the possibility for individual growth - *Selbsterkenntnis*.

Health and healing in this framework do not represent the elimination of an illness or the reestablishing of its previous existing state, but an opportunity for the *Ich* to mature. Steiner referred to illness as “a powerful teacher within one’s life that carries as its objective to help humans to achieve a higher development” (1932). This is even the case in terms of death, where one has to understand illness beyond an intellectual level by making the experience part of a deep harmonious disposition of an individual (Steiner, 1932). Anthroposophically extended medicine does not regard illness as a mechanical breakdown, but rather as something intimately connected to the biography of a particular human being:

Once destiny is put together by two factual creations [Tatschengestaltungen] that grow together into one unity during a life time. One flows from the force of the soul from within, the other steps towards an individual from the world around (Steiner, 1966:57)[translation mine]¹⁰.

Handled appropriately, illness and the healing process present the opportunity for a new balance and maturity.

During illness, with the outcome of health or death, the doctor should attempt to help the patient for as long as necessary. Within the healing process the main objective

for the patient is to strive to overcome an illness and not the effect of treatments.

Otherwise the experience occurs only on an organic level, excluding the soul and spirit.

To overcome an illness is strenuous for the organism and the duty of the doctor is to manoeuvre the different reactions of treatments within the patients. This requires the ability to understand their meaning, which comes from the deviation of the balance of the two polarities. Steiner pointed out that: "... it is important not to orientate oneself solely in the theoretical aspects of a therapy, but to carve an individual's therapy out of the practical aspects of their pathology. Only this way can one reach an understanding of the healing process and go beyond the empirical-statistical thinking" (1922).

Anthroposophic medicine has led to the development of a wide variety of therapies including medication, depending on the institution or doctor, homeopathy, phytotherapy, Bach Flower remedies, dietary supplements or biomedical drugs, such as psychopharmaca. They can also consist of therapies, such as music, riding, painting, gardening or as in the case of Maison Emmanuel and the Friedrich Husemann hospital: therapeutic modelling and ceramics.

2.5 Therapeutic Modelling and Ceramics

In regard to therapies, Steiner expands his discussion of the *Wesensglieder* and the above mentioned systems. He connects the imaginary life of an individual with the nervous-sensory system (*Ich*), of one's constitution [Menschennatur] with the rhythmic system (*Astralleib*) and the intentions [Willenserscheinungen] with the metabolism-limb system (*Ätherleib*)(Steiner cited in Wolff, 1983:144).

Steiner understands these three systems (nervous-sensory, rhythmic, metabolic-limb) as central to the therapies due to the “characteristics” knowing, feeling and thinking, respectively. Steiner gives the following explanation of their importance: for example, the experience (feeling) of therapeutic modelling is connected to the rhythmic system. This is due to the emotional life not being immediately intertwined with the nervous-sensory system, but to the rhythmic system. Only when an experience, as in the case of therapeutic modelling through touch is “lifted” into the imaginary life, is it carried by the nervous system. This occurs, because of the close connection of the rhythmic system to emotions (feelings) and only indirectly to the nervous-sensory system (knowing). For Steiner the nervous-sensory system is the carrier of knowing, yet only insofar as an individual becomes conscious of emotions through the nervous-sensory system. The contribution of the metabolic-limb system lies in its position as the carrier of will. Steiner states, that if one recognizes the connection between the rhythmic system (feeling) and will, then the latter “lifts” into being an emotion (feeling). This is possible, because a person develops emotions in connection with the will to do something (eg. ceramics). This enables one to experience will in the rhythmic system. Therefore an individual has thoughts about what s/he would like to do by way of the metabolic-limb system(intention) and the rhythmic system (constitution) experiencing it in the nervous-sensory system (imagery). Cognition is therefore not solely through external sensory perception, but by way of internal “understanding” of an experience. Steiner explains, that:

the type of “clear” internal work encouraged by Anthroposophy is similar to mathematics or geometry. Hence this cognition does not lead to dreaming or creation of phantasies. The

epistemological paths chosen in mathematics and geometry is taken as an example for Anthroposophy, yet not their attributes. Those are developed in Anthroposophy according to humanitarian aspects, which touch the abilities of humankind (ibid., 1983:120)[translation mine]¹¹.

In connection to these three systems the senses play an important role in the *Selbsterkenntnis* through therapeutic modelling as well as ceramics. Rudolf Steiner describes the human being as having twelve senses: hearing, sight, taste, smell and touch, extended by warmth, sense of movement, -balance, -speech, -life, sense of thought as well as the ego sense. The first five are known (hearing, sight, taste, smell, touch) whereby the sense of warmth is often considered one with the sense of touch. Steiner considers the ego-sense as primary, which he describes as the sense that helps perceive the ego of another human being. Steiner writes:

the “organ” for the perception of egos is spread out over the whole human being and consists of a very fine substantiality. [...] The perception of the ego of another is essentially a process of knowledge, at least a process which is similar to knowledge, whereas the experience of a man’s own ego is a process of will (ibid., 1966:117).

Separated from the ego and from all others, is the sense of thought: “...it is not the sense for the perception of one’s own thoughts, but for the perception of the thoughts of other men” (ibid., 1966:117). The third sense is speech, after which Steiner places hearing, warmth, sight, taste, smell and balance in that order. The latter is an “inward sense, like perception, we relate ourselves to right and left, to forward and backward, we hold ourselves in balance so that we do not fall over.”(ibid., 1966, 118). Next he positions: “the sense of our own movement, whereby we can tell whether we are at rest or in

movement, whether our muscles are flexed or not.” The last of the twelve senses describes the sense of life: “the perception of the well-being of the body [...] if they have eaten too much or too little, and feel comfortable or uncomfortable accordingly, or they perceive whether they are tired or not. In short the perception of one’s body is reflected in the sense of life” (ibid., 1966:118-120).

Steiner’s discussion of the senses is complex and lengthy. The following detail is interesting in connection with therapeutic modelling and ceramics. He further groups the senses into: the senses of knowledge - ego, thought, hearing and speech; the senses of will - touch, life, movement and balance and the senses of feeling - smell, taste, sight and warmth. The first group represents the senses of knowledge whose “manifestations” vibrate in cognitive activities. The characteristics of willing, feeling and knowing, as shown previously, penetrate all aspects of the human being, as well as the layers of the senses. The second group is mainly penetrated by the activity of one’s will. Steiner urges us to:

...feel how the will works into the perception of your movements, even when you carry out these movements while you are standing. The will at rest also works into the perception of your balance. It works strongly into the sense of life and it also works into the sense of touch, for when you touch anything it is really something taking place between your will and the environment (1966:120).

The third group belongs to the senses of feeling. Interesting here is the description of the sense of seeing that Steiner connects with this group:

...actually we see things in the following way: in presenting an arrangement of colours to us, they show also the boundaries of these colours - lines and forms. [...] You see the form of the circle by making use of the sense of movement in your sub-consciousness, and you make the form of the circle unconsciously

in your etheric body, in your astral body, and then you raise it into knowledge. It is because the circle which you have taken in by means of your sense of movement comes up into knowledge, that what you have recognised as a circle connects itself with the colour which you perceive. Thus you call forth the form from your whole body by appealing to the sense of movement which extends throughout your body (1966:122).

In the Steiner-based practices of therapeutic modelling and ceramics certain shapes are given as an exercise in order to achieve a particular effect on the overall body. Steiner argued that the interconnection of the senses and *Wesensglieder* exists, because: “the human being actually executes geometrical forms in the cosmos and then raises them into knowledge” (1966:123). The macrocosm is therefore mirrored in an individual through microcosmic concentration of worldly processes. The result of transferring the organisation and movement of the cosmos onto a human being is knowledge, in Steiner’s sense. In the case of an illness the epistemological path provided by therapeutic modelling or ceramics can lead an individual to this knowledge as explained in chapter 4, section 3. Thus, therapy seeks to mirror a natural process (a path of knowledge) that connects the individual with his or her immediate environment and the cosmos.

3. Biographies & Life Narratives

3.1 Rudolf Steiner (1861-1925)

Author of almost forty-eight books, Steiner gave approximately six thousand lectures published in four hundred volumes in German on a wide range of subjects including education, religion, agriculture, social issues, science, architecture, arts, medicine and curative therapies. He founded the School of Spiritual Science and the Anthroposophical Society and initiated its practical application through Waldorf education, bio-dynamic farming and gardening, an approach to the care and education of the handicapped, medical work, and an art of movement called Eurythmy.

Rudolf Steiner designed the first and second Goetheanum in Switzerland - today's seat of the International Centre of Anthroposophy that with its unique "alive forms" of architecture provides a visual¹² example of his philosophy. His original and sometimes

revolutionary ideas of the *wisdom of humanity* have borne fruit throughout the world.

Prominent throughout these ideas is the central importance of spiritual development as the foundation for healthy social, artistic and scientific initiative.

Rudolf Joseph Lorenz Steiner was born on February 25th 1861¹³ in Kraljevec, in former Hungary/Austria, in an area now part of Croatia. He was the first child to Johann Steiner (1829-1910) and his wife Franziska, nee Blie (1834-1918). Steiner had two siblings: a sister named Leopoldine (1864-1927) and a brother named Gustav (1866-



Figure 1: Rudolf Steiner, 1910
(Source: J. Emanuel Zeylmans).

1941). Gustav was mute, deaf and mentally handicapped. Curiously, in Steiner's autobiography and other biographies, I did not find references to any possible influences Gustav might have had on Steiner's life and philosophical writings although one would expect these to have been formative.

Johann Steiner had given up his work as a forest ranger and begun a career as a telegraphist for the Austrian South Railway. Having the possibility for earning more money in this line of work he was able to marry Franziska Blie. The family life was marked by constant transfers of the father from one railway station to another. This included Kraljevec 1861, Mödling 1862, Pottschach 1863, where Johann Steiner was promoted to station master, and finally in 1869 Neudörfel, a suburb of Vienna. His mother Franziska was the care-giver of the family, especially for Gustav.

These continual changes throughout Steiner's childhood made it difficult for him to settle and make friends (Lindenberg, 1992:8). He briefly attended the local primary and high schools, but the father did not like how his son was often blamed for boyish pranks and eventually decided to teach him at home. Initially, Steiner's father had planned for his son to become a mechanical engineer for the railroad and therefore watched closely over his education.

In 1872 Rudolf Steiner received a scholarship through his father from the Austrian South Railway, which gave him the opportunity to attend the Technical University in Vienna. Being one of the best students at the school his parents did not have to pay tuition for him after the second year. Towards the end of his studies Steiner also worked as a private tutor to contribute to the family income.

Rudolf Steiner described himself as a passionate autodidact from early on, pointing out that studying had a high priority in his life. His interests included philosophy, history and mathematics, with one of his life long quests being the question of human cognition and epistemology [Erkenntnistheorie]. The following experience at the age of seven Steiner described as having had a profound impact on his life. His mother's sister, who lived far away, had committed suicide. Steiner had a vision in which he foresaw the suicide and tried to communicate this to his parents who simply thought it was his imagination. Days later the father received a letter with the news and told his wife quietly about it. The situation was not discussed, but Steiner saw his mother crying for days, which left him confused. Steiner wrote how this experience "stirred up life in his soul" for the first time (Steiner cited in Lindenberg, 1992:13). Later in his life, Steiner gained confidence in his clairvoyant abilities, and they became part of his lecturing and writing, including his work with Ita Wegman, where he used it as part of the process of medical analysis¹⁴.

At age fourteen Steiner read on his own initiative Immanuel Kant's *Critique of Pure Reason*. In reading Kant he sought answers concerning the connection between the following elements: the internal experience of his spirit, the actual appearance of nature and scientific ideas on nature. He was also fond of mathematics, especially of geometry with its clear and visible forms, because it gave him a sense of security in life (ibid., 1992:17). Kant's book also stimulated Steiner's further studies in the Copernican solar system and the wish to explore the historical development of other world views.

Until the age of eighteen Rudolf Steiner had lived in the country - Vienna was his first city experience when he moved there in 1879 to attend university. Steiner wrote how

difficult it had been for him, as a poor student, to integrate into Vienna life, a prominent city at that time (ibid., 1992:20). Some sides of Vienna Steiner never experienced, such as aristocratic or industrial circles. He also never attended the flamboyant opera balls where Johann Strauss was celebrated. Steiner did go to concerts and enjoyed listening to the music of Johannes Brahms, Anton Bruckner and Hugo Wolf. Steiner also took an interest in the political life of Vienna and sat in on parliament discussions. A third interest of his became medicine and he audited several courses, including psychiatry. The Vienna Medical School was well known at that time for its seminars on anatomy, physiology, neurology and diagnoses. The general interest of the medical society at that point was less focussed on therapy, described by scholars as therapeutic nihilism, and more on its scientific developments (ibid., 1992:22).

Aside from these interests, Steiner took seminars for his degree in mathematics, science and philosophy. Steiner questioned certain explanations given in his science seminars, such as the world view presented in his physics class. He was critical, because it did not make use of spiritual forces [*übersinnlichen Kräfte*] in its exploration of scientific laws, yet Steiner experienced such spiritual reflection daily. In his search for a connection between the sciences and the *übersinnlichen Kräfte* (Carlgren, 1965:9) he posed such questions as the following: what position does conscious human experience and thinking have in the world?

One of Steiner's professors at the Technical University had a profound impact on him: the German literature professor Karl Julius Schröer¹⁵, who had done ethnological fieldwork and was interested in language dialects. They became friends and throughout Steiner's Vienna time, he visited Professor Schröer regularly. The professor was

interested in German romantic and classic literature, in particular the works of Johann Wolfgang von Goethe to whom he introduced Steiner. He was especially fond of Goethe's play *Faust* and Steiner appreciates Schröer's interpretation of German Idealism, which was similar to his own. This helped him to get closer to a perception of a world he could relate to. Steiner felt that the materialist bias of the sciences [geist-verneinende Betrachtungsweise der modernen Naturwissenschaften] only conceptualized "dead" and not "living" material¹⁶. It was Goethe's scientific writings about the metamorphoses of nature that encouraged Steiner to research the organic world and create a connection between nature and spirit (Steiner cited in Wehr, 1994:20).

In 1883 Steiner graduated from the Technical University and accepted Professor Schröer's suggestion to become an assistant editor for Professor Kürschner. In the years to come he edited the scientific writings of Goethe, whose approach, based on intense selfless observation of nature, became a continuous source of inspiration for his own work. In order to support himself, he became the live-in private tutor of the cotton importer Ladislaus Specht, who had four sons, the youngest of whom was assumed to be mentally handicapped¹⁷.

Seven years later Steiner moved to Weimar to begin research and editing work full-time at the Goethe archives in the Weimar castle. Steiner enjoyed his work for several months, but soon became overwhelmed by the detailed philological work (ibid., 1992:42). In 1892, in order to escape the loneliness of his tiny two room apartment, Steiner rented the ground floor apartment in the house of Anna Eunike. She was a recent widow and was looking for a teacher to help her with the education of her five children.

To find a balance to the tedious philological work involved in editing Goethe, Steiner also began writing his book *Philosophy of Freedom (Outline of a modern worldview)* which is considered by Steiner himself to be his most important philosophical work. Steiner wanted to enhance the observation methods of the sciences with philosophical self-reflection and therefore move the focus of a person from the exterior to the inside. He described how humans, through intense thinking [Denk-Energie], can achieve the perception of pure ideas and then move beyond the limits established by epistemologists and live as free individuals in an ideal-spiritual world. Christoph Lindenberg described Steiner's book as philosophical anthropology "that attempts to show specifically to humans their freedom in creativity" (1992:48).

Steiner completed *Philosophy of Freedom* in 1893, but earlier to this in 1891, had received his doctorate in philosophy from the University of Rostock. His dissertation was titled *Truth and Science* and was later recognized as the development of his thought towards his life work - *Philosophy of Freedom*.

Seven years later Steiner moved to Berlin and became the editor of the *Magazine of Literature* [Magazin für Literatur] and taught courses at the Berlin school for workers. In the fall of 1899 he married Anna Eurike, but in 1904 she left him, supposedly due to his intense work at the Theosophical Society and close connection to Marie von Sivers, a young woman dedicated to Theosophy.

Steiner had had first contact with Theosophy¹⁸ in Weimar, but was sceptical. His second contact came about when Steiner gave a memorial speech on Friedrich Nietzsche to the Theosophical Society and at that point was struck by the number of people interested in the spiritual world. Steiner was asked to return and presented the lecture

Goethe's secret revelation the next week to an audience that consisted mainly of members of the Theosophical Society. In 1902 he became a member of the Society and in the fall of the same year was asked to become the general secretary of the newly founded German lodge. Steiner accepted, yet asked that he be able to integrate his own spiritual perceptions and continued to develop his own philosophical work which he shared with a small group of people. The subtle differences between Helena Petrova Blavatsky's (1831-1891) teachings, the Society's president Annie Besant (1847-1933) and Steiner were obvious to members of the Society. Steiner's beliefs were more rooted in Christianity and Science than in Eastern Philosophy, although he integrated concepts of karma and reincarnation in his work as well. Steiner also believed that a person's experience of happiness [Glückserfahrung] was not given by a higher god, but was achieved by an autonomously acting individual by ways of creating [Schaffen] and thinking (Steiner cited in Wehr, 1994:21). The more obvious differences lay in their methods of coming closer to spiritual enlightenment: H.P. Blavatsky believed it to be by falling into a state of trance and Steiner searched for it through a clear, heightened consciousness. They accepted each other's differences and Steiner embarked on the common quest to teach on the subject of spirituality.

Over the next ten years, Steiner wrote books and dramas and travelled in Scandinavian countries, England, Switzerland, Germany, Italy and Hungary. He worked closely with Marie von Sivers who in 1908 founded a publishing company, publishing mainly Steiner's work, but also works sponsored by the Society. They married in 1914 and von Sivers continued to be by Steiner's side until he died in 1925.



Figure 2: New Goetheanum, August 1998.

In 1912 the theological differences increased to such an extent that Annie Besant asked Rudolf Steiner to step down from his position as general secretary. He took this as an opportunity to found the Anthroposophical Society. Steiner expanded the School of Spiritual Science, which had started as a small group during his time at the Theosophical Society. A year later the first Goetheanum in Dornach was built, which burnt down only nine years later on New Year's Eve. A committee formed and encouraged Steiner to begin plans for a second Goetheanum, the basic structure of which was finished before he died. Steiner had made Dornach his permanent home in 1914 and the outbreak of the war had made travelling and lecturing difficult. He therefore focussed on expanding his ideas on Eurythmy and education, and wrote and published books.

In 1920 Steiner gave the first seminar in medical Anthroposophy at the Goetheanum. During this three week series of lectures the question arose as to how Steiner's theoretical knowledge could be applied in the best practical way. Ita Wegman,

who had been friends with Rudolf and Marie Steiner for several years, was one of over thirty doctors who attended the seminar. She believed strongly in the practical application of Anthroposophy and a year later opened a hospital near the Goetheanum. This gave them the opportunity to work together on medical issues, such as diagnosis, development of medications and therapies.

As of 1921 Steiner started travelling again, this time to Holland, Norway and England to give seminars and to work on the international structure of the Anthroposophical Society. In the twelve months before his death, Rudolf Steiner worked even more intensely - travelling and giving five-hundred lectures internationally (J. Emanuel Zeylmans, 1990:158). He asked to be accompanied by his wife Marie Steiner as well as the other four members of the board. Ita Wegman, being one of the board members, also cared for him during his declining health. Rudolf Steiner also managed to paint a great number of water colours and drew new Eurythmy forms for his wife in his last months.

As of the fall of 1924 Rudolf Steiner was not able to teach anymore and was forced to lie in bed due to physical weakness. To provide constant care for him Ita Wegman moved into a small room adjacent to his atelier until his death. His illness made him physically weak, yet he was clear minded and able to continue writing and welcome visitors. Rudolf Steiner had difficulty in accepting his illness, because he was mentally still energetic and did not want to recognize the physical breakdown of his body. Over a period of six months Ita Wegman, as well as two other doctors Noll and Palmer, hoped to improve his health. With Marie Steiner away on a teaching journey, Rudolf Steiner died

in the presence of Ita Wegman at the Goetheanum in his atelier on the 30th of March 1925.

3.2 Ita Wegman (1876-1943)

Through a biography written by J. Emanuel Zeylmans we have for the first time the opportunity to read a complete work on the life of Dr. Ita Wegman (1990). The biography was received by many in the anthroposophic community with curiosity and scepticism. This was due to Wegman's involvement and participation in a community that was embedded in controversy and which led to her expulsion from the anthroposophical Society in 1935, events that will become clear throughout this section (1990:12).

Ita Wegman's personal friendship with Rudolf Steiner had a significant impact on her life. They met for the first time in 1902 and although Steiner had supported Wegman, it was not until 1923 that she was fully committed to his philosophy. Steiner had encouraged Wegman's decision to study medicine, later partook in patient consultations at her clinic in Arlesheim, located adjacent to the Goetheanum, as well as co-authored with her the medical book *Fundamental knowledge for the expansion of the art of healing*. Their friendship was especially close in the last years of Steiner's life.



Figure 3: Ita Wegmann, 1910
(Source: J. Emanuel Zeylmans).

Dr. Ita Wegman was born on the 22nd of February 1876 on the island of Java in Indonesia as the first child of Hendrik Wegman (1845-1917) and Henriëtte Wegman-Offers. Her father had been born in Amsterdam and after becoming a mechanical engineer had sailed on the ship “Electra”, of which his own father was the captain, to the Dutch-East-Indies. There he began a career as an administrator of a sugar factory and at the age of thirty married Henriëtte Offers. She had been born into a military family that had already been stationed in the Dutch-Indies for several generations. Through her father, Henriëtte Offers brought into the marriage access to her father’s colonial sugar storage warehouses. At the time that Hendrik Wegman arrived in Java, state colonialism was still present which changed in 1870 to a new law which allowed individuals to buy property in the Dutch-Indies. With this administrative change, large amounts of money from the Netherlands were invested on the islands. In 1884 the family experienced an economic crisis in Europe caused by the discovery of the sugar beets and a lot of the sugar plantation owners moved back to Holland. Banks invested money in restructuring the sugar economy and Hendrik Wegman took on a position in one of those banks.

Ita Wegman and her five siblings grew up in the comfort typical of Dutch colonialists with servants and a caregiver “babu” for each child and one for the mother. Two of her siblings died young: Hendrika age one and Henri-Charles age nine. Her brother Manta was born mentally handicapped and the half-brother Victor, from a pre-marital liaison of the father, also lived in the family and died at the age of twenty-seven. The children went to school in the harbour village Probolinggo, where about 5000 Indonesians, 2000 Chinese, 500 Europeans and 200 Arabs lived. After five years of

schooling in Probolinggo they received their remaining education through a teacher at their home (ibid., 1990:24).

Ita lived on the island of Java until the age of 14, when she and her sister Charlien were sent to Holland to attend high school. This decision was probably taken by their parents, because their brother had just died of cholera, as had many children at that time. The two sisters with their mother embarked on this five week voyage by ship in 1890 to their final destination - Arnheim in Holland. The girls stayed with Mrs. Wenting, a widowed friend of the family and her two children. In Arnheim Ita attended an all-girls high school for five years. Aside from daily school life she visited surrounding countries and enjoyed museums, theatre and opera performances.

In the beginning of 1895 Ita and her sister Charlien returned home to their parents who in the meantime had moved to Probolinggo. On the ship back Ita met a young officer and soon after they got engaged. Sadly, the engagement did not last long, he had contracted pneumonia and died soon after the engagement.

This death and those of her siblings awoke in her an interest in philosophy and at the same time might have influenced her not to marry or have children (ibid., 1990:32). In order to deal with her loss, Ita began taking music lessons and soon became close friends with her teacher, a thirty year old Dutch woman named Henny Steinbuch. The two women shared one interest passionately - Theosophy. Often they spent time at the Wegman's house in the mountains, where Ita passed time due to her numerous malaria attacks and read theosophical literature such as Mrs. H. P. Blavatsky's main work *Iris unveiled* (ibid., 1990:33). Ita also planted and took care of a large rose and herb garden.

At this time she was 21, reading a wide variety of philosophical literature and slowly changing, to becoming a vegetarian and envisioning the ideal of being self-employed (ibid.,1990:33). In 1899 Hendrik Wegman was forced to return to Holland due to difficulties with his heart. This gave Ita the opportunity to find her own path in life - until then she had still been living with her parents. In 1900, age twenty-five, she began her studies of massage therapy and therapeutic gymnastics¹⁹ in Holland. Two years later she received her diploma and moved to Berlin, a city she held in fond memory since her first trip to Europe.

Ita Wegman expanded her knowledge of massage therapy by taking a course in a technique specializing on illnesses related to reproductive female organs caused in part by the extended wearing of corsets. Thure Emil Brandt (1819-1895) had developed this massage technique which required detailed knowledge of women's anatomy and fine skills in diagnosis. Ita Wegman worked with her knowledge of physical therapy for three years in a clinic for natural medicine.

In her spare time, Ita Wegman continued to partake in the Theosophical movement. She had already been a member of the Dutch lodge of the Society and after introducing herself to Rudolf Steiner she also became a member of the German lodge. The first meeting between them, Ita described as brief and friendly. Rudolf Steiner had just become the general secretary of the German lodge of the Theosophical Society and he invited her to his numerous lectures. Yet at that point in her life Ita felt that his presentation of Theosophy "was more about German literature than about the philosophy" (ibid., 1990:41).

Her perception changed two years later after she attended one of Rudolf Steiner's lectures which awoke in her the wish to become more deeply involved in the spiritual movement. Ita approached Rudolf Steiner after the lecture on the interpretation of Goethe's fairy tale *The Lily and the green snake* and asked to be more involved. Rudolf Steiner and Marie von Sivers responded to her request by inviting her into their private school where a small group of people met on a regular basis for reading and meditating. After the first meeting Ita Wegman expressed "from this moment on I knew he had been my teacher, is my teacher and will be my teacher in the future" (ibid., 1990:42). In this circle Rudolf Steiner presented the basis of his philosophy - Anthroposophy - and Ita Wegman began a friendship with him and Marie von Sivers.

In the first few months of 1905 Rudolf Steiner, Marie von Sivers and Ita Wegman had a meeting which was influential in her decision to study medicine. Rudolf Steiner expressed how "important the flow of theosophical thought would be for medicine and its therapies" (Steiner cited in Zeylmans, 1990:44). Ita Wegman's close friends were also involved in philosophy or medicine: Henny Steinbuch became an active theosophist and went on to lead the theosophical section in Surabaya; Nieske Wenting studied gymnastics and massage therapy and Ella Köhler became a gynecologist and follower of Anthroposophy in Berlin.

Many women interested in working in medicine studied related professions such as types of sauna and steam applications, hydro- or massage therapy and therapeutic gymnastics (Zeylmans, 1990:39). This was partly due to the fact that women around the turn of the century were not permitted to study medicine in Germany.

At the age of 29, Ita Wegman therefore moved to Zürich and with the financial help of her father began her studies in medicine. Of the 640 medical students registered for the winter semester in 1906, only 160 were Swiss, over half of the remaining students were Russian, the other half of students came from the Balkan, Scandinavia, Italy, Holland, Turkey, USA and Japan. Aside from her medical studies Ita Wegman continued to be deeply involved with Theosophy and in 1908 a small group of Theosophists founded the Swiss lodge. It was also this group, later part of the Anthroposophical Society, that organized in 1913 the purchase of land for the Goetheanum.

In July 1911 Ita Wegman received her diploma in medicine and soon after started working at a children's hospital where she conducted research for her dissertation *Return cases of scarlet fever in children*. A year later she completed her project and began working as a resident physician at several hospitals in Switzerland. After working at the Theodosianum hospital as a full physician for two years she decided to specialize in gynecology. At the age of forty-one she opened her first practice large enough that she could also provide massage and hydro therapy. Soon after she wrote a letter to Marie Steiner in which she mentioned the opening of her practice and the wish to be known in anthroposophical circles for her expertise. It was also important for her to let Rudolf and Marie Steiner know that she had been developing new medications, the first being an extract of mistletoe²⁰, known to help in cases of cancer (ibid., 1990:67).

In 1919 she met the chemist Dr. Oskar Schmiedel, who had just come back from the war and was working at the Goetheanum. He was developing with Rudolf Steiner and Ita Wegman several medications in a laboratory at the Goetheanum, including the mistletoe extraction, which later was sold as the medication *Iscar*. Their coalition became

the company International Laboratory AG “ILAG” and later Weleda, which still exists today in Arlesheim. It was also Dr. Oskar Schmiedel who recognized and initiated the first seminar in medical Anthroposophy given by Rudolf Steiner (ibid., 1990:79).

The number of patients seeking anthroposophical treatment was steadily growing and Rudolf Steiner often asked Ita Wegman to participate in the consultations at the Goetheanum. She accepted the invitation to work with him, yet before moving to Arlesheim in 1921, she opened a clinic and sanatorium with twenty-two beds together with the gynecologist Dr. Anna Baltischwiler in Zürich. Steiner in the meantime had made Switzerland his home and continued to build the School of Spiritual Science and the Anthroposophical Society. Ita Wegman increasingly realized her inner need to apply her anthroposophical spirituality and knowledge more specifically to her daily work with patients.

In the summer of 1921 Ita Wegman opened the first anthroposophical hospital in Arlesheim in walking distance from the Goetheanum in Dornach. The purchase of the house was possible with the inheritance money from her father. Ita Wegman did have strong organisational and financial skills that enabled her to plan and put her vision into reality and to manage her several practices, the hospital and the laboratory (ibid., 1990:107). Later she also bought the farmhouse Suryhof²¹ in Arlesheim, in order to provide housing for more patients and employees.

It is important to note that her idea of working independently in a social setting had existed since her return to Java in 1895 and was not, as is often assumed, due to Rudolf Steiner’s initiative. Their teamwork continued and as of 1922 Steiner increasingly took part in patient consultations given the short distance between the Goetheanum where

he worked and the hospital where Wegman practised. Ita Wegman's commitment to Steiner increased dramatically after the fire on New Year's Eve of 1922. The following day she founded the committee for the rebuilding of the Goetheanum and asked Steiner to conceptualize and build the new Goetheanum. From this time on Steiner and Wegman worked together each day in patient consultations, writing *Fundamental knowledge for the expansion of the art of healing* and conceptualizing further medical seminars. At the time of his declining health she also organized and accompanied him on trips and monitored his health and diet. Ita Wegman did not always have a comfortable place among the doctors in the anthroposophic community. Although she was forty-seven years old, she had only been practising for seven years and yet was the one who worked the closest with Steiner. Many members of the Anthroposophic Society had difficulty accepting their close friendship.

After many months of intense work restructuring the Anthroposophic Society and School of Spiritual Science after the fire, Steiner asked Wegman in 1923 to be in charge of the newly established medical department of the school. From then on she was responsible for the development of the medical movement of Anthroposophy as well as of curative therapies, responsibilities she kept for the rest of her life. At the same time, the hospital became officially part of the Anthroposophical Society.

After Rudolf Steiner's death in 1925, Wegman continued her medical career in Arlesheim. Her strength lay in her work with patients, employees, and young doctors as well as in the development and sales of medication with Dr. Oskar Schmiedel. Ita Wegman also opened a school for nurses and participated in the development of medical centres in Berlin, London and Paris, and initiated the opening of branches of her hospital

in Figino, Tirol and Ascona. In comparison to other anthroposophists, she did not hold many seminars and her writing career was mainly between 1925 and 1932. She co-authored the book *Fundamental knowledge for the expansion of the art of healing* with Steiner, published several articles and founded the magazine *Natura*.

In 1935 she was expelled from the Anthroposophical Society, but opposition against her had begun well before Steiner's death. After his death the working alliances changed and she was treated like a new member of the Society (ibid., 1990:12). She was accused of being hungry for power, dishonest and of misinterpreting Steiner's words. Many members of the Society supposedly were envious of her friendship with Steiner and some had difficulty with her choleric personality. This envy could be in part due to her significant position within the Anthroposophical society as a woman. These assumptions have never been confirmed, in part due to the fact that some of the archives are still not accessible today.

In spite of these difficulties Dr. Ita Wegman continued to work at the hospital in Arlesheim and kept her position in the medical section of the School of Spiritual Sciences. The first expansion of the hospital took place in 1943, the second in 54, and again in 63 and 91. The size of the hospital grew from twelve beds initially to today's size of seventy-five. *Suryhof* became the home of mentally and physically handicapped children and adults where Ita Wegman applied and practised curative therapies according to Rudolf Steiner's suggestion in his seminars. *Suryhof* still exists today under the name *Sonnenhof* and continues to embrace the anthroposophic method of curative therapies.

Ita Wegman died in 1943 at the age of sixty-seven in Arlesheim. Her long term dedication to anthroposophic medicine, development of therapies and medication,

establishment of a nursing school and the foster home *Suryhof* or *Sonnenhof*, as well as her leading position in the School of Spiritual Science are still recognized today.

Although certain elements have changed, her original intention is still respected:

Anthroposophic medicine and its practical application need not be understood as alternative medicine, but as an expansion of medicine working with scientific methods (Wegman cited in Kunz, 1998:5)²²[translation mine].

Whereby Rudolf Steiner's and Ita Wegman's biographies were compiled with the help of published material, the life narratives of the three therapists Annette Argauer, Caroline Arruda and Alexandra Hausner were produced through dialogue. The life narratives are a vital part of this thesis, presenting the experiences of the therapeutic process in the therapist's daily work with individuals in the two therapeutic communities presented in this thesis. Through the life narratives it also becomes clear how the therapists translate Rudolf Steiner's philosophy in daily life.

3.3 Annette Argauer

I had met the art therapist Annette, for the first time on my second visit to Maison Emmanuel. Ursula, the director of the community, had phoned ahead to Maison Julia and had announced my coming. Right from the start Annette had been open to my ideas and throughout my stay "took me under her wing" to help me make sense of the therapeutic life world of Maison Emmanuel.

Annette is in her 30's and came to Canada from Switzerland three years ago with her husband Urs.²³ Living at Maison Emmanuel, she takes on a primary role in the life of

the community with her dedication to the villagers, especially Johanna, Rob and Brigitte. Annette works hard and speaks little. During our conversations her words were filled with clarity and humour as are her actions. Annette came to the community with a diploma in curative education, therapeutic modelling and ceramics. After she had worked for many years in Switzerland in anthroposophic orphanages she was interested in exploring and working in another country. Canada was of interest to her, because Urs was born near Toronto, Ontario and had been raised in the anthroposophic community and she wished to know more about her husband's country of birth. They presently live in one of the houses at Maison Emmanuel - Maison Julia.

Annette and I had arranged the interview ahead of time to make sure there would be an opportunity to speak quietly. We met for the interview in the living room of Maison Julia when everyone else was gone to workshops. Annette checked on the lunch she was making from time to time while we talked and cared for her daughter Carinne, as she is usually doing multitasking throughout the day. Annette expressed the wish that I ask her specific questions on what I would like to know. We sat down with a cup of tea and after outlining her education to me, she focussed on subjects she knew interested me, such as the senses...

Annette: ...about the senses...well first I would like to know how many senses exist for you?

Ariane: I know about five and then I also include the sixth sense

It is like this: Steiner said there are twelve senses - the usual ones hearing, seeing etc. and then he adds a sense that recognizes the another human being, that is a sense for him. Or the sense of balance, but that one is known. Yeah...well, of course in pottery the sense of touch is very important, this sense is the first one for

Steiner. I do not know how biomedicine understands this. In Steiner's philosophy touch is the first sense that starts functioning, I mean there are others but touch is the first that truly gets used. When you think of a small baby, it is all filled with the sense of touch, if you touch it it immediately responds. In pottery that is one of the most important senses. That's why it is interesting to do pottery with blind people, because they have a highly developed sense of touch. The sense of balance and sense of one's own movement is very important too. The sense of balance is for example important for building a vase. Johanna still has trouble doing that, I have to do it for her - that the vase gets a shape, that it is balanced in itself - for that you need a sense. Even if you have a picture in your head on how the vase should look like you need this sense, you need to have a feeling for its shape. In that you also have to have a sense of the space around...when you work therapeutically that is very important, especially for Rob or Johanna - to discover what happens in the steps in between, the space where you have clay, but also the space where you have none - that is where you work. This kind of work does not have to happen on a conscious level, but it needs to be developed. If you lift it to the level of consciousness then you have it, but it is not necessary. But in therapy the importance is not that experience becomes conscious...

On which level do you work in the body?

On the level of the soul, yes that you feel it when you have a vase - is it right or not. Of course at that point you also need to be honest to yourself, that you can say - this is not right yet. I have often experienced that people simply do not have a sense like this. At the same time you cannot make them responsible, like Brigitte, she does not have that sense. If you punish her that would lead to nothing. ...Okay so the sense of touch, the sense of balance...of course the sense of sight also plays a role. Sometimes when I begin working with a group I let them do pottery blindfolded - this way you can exclude the eye, because it corrects everything right away ... oh I do not like that or that, I want this or I do not - that's all due to the eye. This way one often puts up a barrier by having a certain ideal of how the clay piece should be. The fun way to go about working with clay is to do pottery blindfolded and to see how it looks after. Often one has the feeling that the objects are much larger, because one feels much more in them. (pause)...and then there is the sense of warmth. During pottery a lot of energy and warmth is pulled out of the body at the same

time it activates your circulation. In school we always worked for a little while and then we stopped to feel what was going on in the body - what is happening? To let go after a therapeutic session for about 15 minutes and check - what are my feet doing, how does my head feel? That should really be done before getting into an exercise with patients to understand what are the exact problems of the patients. In therapeutic modelling and ceramics there are no exact guidelines on what should be done, blessed by Steiner, as in the Catholic Church for example. One has to find the exercises which are right for the patient and one has to see how they take an effect...

Can you talk a bit about the platonic bodies?

The modelling of clay - that is like the warm up exercises before you start running. You have to warm up, but the run itself or gymnastic exercise is the actual form. The platonic bodies are such a form, how exactly they have an effect I do not know. I do know that they can be like a golden key within the body, they are good. You do not have to do all of them, even just the ball and from there to the square, that is already a therapeutic exercise. It is not the finished form that is therapeutic, but the way there. After the exercise is finished the form itself is dead. When you try to create a flat surface that is the exercise and you do not know how to do that, it is this kind of trying that is important. It is as if you tried to write with the left hand if you are used to writing with the right one, to practice writing with the left hand - to develop the will to practice. This kind of trying gives clarity, as for example for Brigitte, she is confused and the exercises help her to focus and gain clarity. People who benefit from this exercise are the ones that have no anchoring on the level of emotions, because of kismet or other situations. I did this exercise a lot with drug addicts, because they would always say - oh these drugs do not harm me, I am here and I am working, functioning...- but they would get lost on a subconscious level. Through the platonic bodies they see clearly what does still work and what does not. Their every day life supposedly still works as well as the relations...but then, when they are modelling a square, all of a sudden they realize that the flat surfaces of the square are not right, as well as the overall composition. You can even measure it and then show that it is not right from an objective level. There is little room for interpretation. It would be therapeutic for Johanna to model a square every morning, it helps to get into the day, to "arrive." At night when I put away the toys with Carinne that is

therapeutic too, to show that everything has its place. It helps with the overall structure, provides clarity - also in terms of thinking. It is also good to do the square with people who are tense, who have the square too much internalized, it helps them to let go. And yet at the same time it is still structured it is not a free form where everything is allowed. When working with adults it is important to do exercises that help the head to take a break. Have them use their hands, because the hands have the ability to do the modelling, but often the head is simply in the way.

I have observed how forming a ball was an intense experience for one patient and how it brought him to himself...what is it with this form?

It depends on where you form the ball, if it was in the lap...when you are ill the soul is vulnerable, one is extremely sensitive. Within the framework of therapeutic modelling and ceramics you learn to deal with aspects of the soul. And if the ball is formed on the level of the lap then it is connected to the uterus, to the mothering aspect. Through the exercise of the ball one opens up.

I can understand this on an emotional level, but how exactly does the ball have an effect like that on the overall body? Is it symbolic?

No, that would not be strong enough ... that would only be on the level of the intellect. But I think when one manages to turn off the intellect then the etheric around you is able to have more of an effect. It is important to do the exercises of modelling on different levels of the body [the lap, the chest...] like with the levels of the chakras. The more a therapist knows the more they can include and understand another person as with the chakras...It is also important to understand Steiner's philosophy - his teachings on astral body, etheric body ...without that you do not get far. As for example, when looking at education one has to keep in mind the basic law Steiner presented. For him a human being has a physical body, etheric body, astral body and the ego organization, then you have the soul and so on. When you want to change something you have to approach it from the next higher level, as for example if you want to change something on the physical body then you need to work on this body from the etheric level. Therapeutic Eurythmy works on the etheric level and has an effect on the physical level. This might have the effect that you can move your hand again, but not because you did exercises with the

muscles, but because you entered the etheric steam. There are phenomena when people with amputated limbs can still feel them, that occurs on the etheric level. These concepts are important for all the anthroposophic therapies, including music therapy. Each one works on a different level. At the same time it is important that one experiences a situation consciously, in a concrete kind of way...

At the end of this interview it was time for lunch, and everyone came home ...from school, meetings or workshops. We agreed that we would get together one more time for a second interview. The second interview took place at the same time, same place and again while everybody else was gone. Again, Annette checked on the lunch she was making for everyone at Maison Julia.

Ariane: Maybe you could tell be a bit about what within Anthroposophy is important for you.

Annette: What comes to mind first and what I still find fascinating is the idea of reincarnation. I had a very Catholic upbringing with the idea of heaven or hell. The idea of having several lives on earth is something I like, that human kind develops itself further and higher. In the writings of Steiner one can also read how the animal kingdom is connected to the evolution of the cosmos. I find that exciting. I would leave aside any science fiction story for that...I think I would give up if I could not have that thought any more [the belief in reincarnation] ... I cannot say that I have proof, that I had a special spiritual moment that I can say that's the way it is, but I find it much more feasible then the idea of heaven or hell. I would not put up as much with Johanna or others if I could not see a reason in helping them develop further - it would not just be to help them feel more comfortable in a group or so. But what interests me is the idea that they decided on which body they wanted [to reincarnate into] in order to learn or experience something specific in this life time that would help the self on a higher level in its development that lies outside of our time chronology. In curative therapy it has happened often to me that I met people where I just had the feeling that they are so wise, they are much further in their development than I my 'self'. Maybe

they are in a wheelchair or they cannot talk , but they made you feel good by just being close to you. I had that feeling especially strong with a young girl I knew, she was not able to talk or eat by herself, she sat in a wheelchair, but she was always so content and everybody went to her when they felt bad. She did not do anything specific, but you simply felt better afterwards. That is a sign for me ...and Steiner says that handicapped people have phases - reincarnations - of rest. Not in such a way where one is in physical pain or the soul is torn, but more where one is in a peaceful state...almost like a quiet time, because of what one worked on in the life time before. I know that includes a lot of speculation and one has to be careful not to go too far, but I find it fascinating...very fascinating. They say that one meets people in order to finish something you did not finish in another life time or maybe you have a few pluses with them because of what you had done before and you meet them again in a *totally* different way. That is where a connection lies to curative education, where it is said that in the evening one should deal one more time [talk or think] with the people around one [auseinandersetzen], because when you go to sleep your soul meets the other soul during this time - it is like them going for a walk together - they help each other. That is what Anthroposophy represents for me, something I did not find anywhere else. Anthroposophy also has all the other elements, such as medicine...What else? ...In this community things like the morning circle are anthroposophic - you would not find that in a government established home, they would not find it useful that Johanna plays the flute in the morning. When I was alone with her I juggled balls with her each morning, right after getting up and getting dressed. She was still all close up [shows to me how - shoulders and head down, holding one fist on her chest at all times] and I had to find a way to open her up. Through the juggling she needed to use both hands and that was the challenge, because one hand was usually at her chest and her head down. I wondered how I could change that - that the soul was so closed up that it had physical manifestations. Knowing that she enjoys being active, she got involved. Of course the balls would fly all over the place, but she got involved. Right now I am trying to do this element with her by being part of a group. So now we play the flute - it is something different. It is also important, because she takes lessons now. To play it in the morning is an opportunity for her to practice, it is difficult for her to sit down and to play the flute. We also have little time.

What about Brigitte?

When I first came three years ago Brigitte would just be sitting in the kitchen. She is very good in knowing what is missing and needs to be added [for example when cooking], but she was not part of any particular therapy. So because of her and a few others, we created the candle workshop. It gives her the feeling of doing something useful. In the afternoon she comes with us to the pottery studio. I knew that she could not really do pottery, but for her it is important to be part of a group and to experience that something is being produced. That is very important for her. It was also important that she has a structured daily rhythm with particular working hours. The candle making group is small, but there are difficulties - she resists by saying: I cannot see this, I cannot do this, I do not want to ...there are "fights" [Auseinandersetzungen] with her. It depends in who works with her and with some people it does not work, they see that she can talk all the time, they know that she can speak two languages [English and French] and then when they ask her to do something, she cannot do it. Then we have to have them understand Brigitte and who she is. Brigitte is a rhythmic person and that is how she is able to understand her life. Her last co-worker told her in the mornings what to do, but it did not work. So the co-worker put it into a song, a melody and then it was much less of a problem. [long pause]

Why does a person's biography carry such importance?

A person's biography allows you to get access to who they really are. That includes people from different nationalities. I might not understand a person from Ghana right away, but the biography provides an opportunity. Of course that is not everything, it is also the country, the language...all that is part of a person. That is what I like about Anthroposophy - it is never boring. There are always situations that you can question and learn something new from...that is what Steiner asks, that you do not do what he did in his time, but that you discover what is necessary to do in your own time and place and that with a healthy common sense...well that is all for now, we can always talk more if you have more questions...

3.4 Caroline Arruda

Caroline Arruda and I met for the first time at the Friedrich Husemann hospital when I introduced myself at the pottery studio. Caroline is a tall, slim woman in her early 30's with straight, long hair. When she expressed her philosophical ideas about work and life during our numerous conversations, they were often accompanied by laughter. Every morning she would ride to work on her bicycle from Buchenbach where she lived by herself. Caroline was the most experienced therapist working at the studio while I was there. Throughout my stay at the studio Caroline was always ready to help or explain while I was adjusting to the new environment. At the end of my stay she organized a going away party for Sybille and myself at her house. This gave us the opportunity to see her paintings that represent her own personal connection to the art world.

For the interview we met at the pottery studio, after the morning circle, in the therapists office. Alexandra and Sybille were also present, curious what this interview would entail. We all sat down with a cup of coffee, got comfortable and were eager to hear what Caroline had to say. As it turned out she knew exactly what she wanted to tell me, without me having asked her any specific questions, but she had heard the first presentation I gave on my research at the hospital.

Caroline: Yes, well I finished highschool with a concentration in art, because I always knew that eventually I wanted to do something with art, as a career, I just did not know what exactly. After I finished highschool I went to Paris for almost three years and studied art.

Ariane: How did you like Paris?

I was way too young - back then - in order to stand my ground properly. I did not have high ambitions, it was a fight. I was also in the States for a year and that is where I had heard about Anthroposophy and heard of the possibility of studying art therapy and when I returned to Germany I checked it out. The studies were very interesting. I was interested in Anthroposophy and slowly grew into it. Yeah and then I knew with this I could live.

What is it that you liked so much about your art studies and Anthroposophy...especially in their connection to one another?

I think that art and human kind or culture and nature are in polarity to one another - and yet that they belong together. This interconnection provides the possibility for many interesting encounters, a “fight” happens in this relationship - it is easy to see. My studies were very exhausting, because it was one sided at times; one had to concentrate too much on one subject. Aside from that it was already difficult enough and without having a balance during the six weeks [of one subject] - it was difficult. It was intense, but I had good strength to pull through. It was the right path for me. After my studies I was supposed to go back to Paris, because there was a studio, built according to the ideas of Margarethe Hauschka, an important figure in Anthroposophy. The woman there worked according to her principles and I was supposed to work with her to gain experience and knowledge. In the sense to expand on what I had learned at school. The school wanted to grow and I was asked if I wanted to join them. Well and then I went to Paris and collected other experiences. I ended up not only working in this studio, but also in a Waldorf school and then I also pursued art on my own personal level. I spent a lot of times in museums, worked in them: gave guided tours, gave courses in drawing and so on, but I worked mainly for myself. Then I got to the point where I noticed that the connection between my painting and art therapy blocked my own creativity and I made the decision to take a break. I could feel it strongly inside of me - art or therapy. I realized that art therapy in this form was not possible for me any more. I had reached an ending point that was clear and so I went to the South of France and finished by thesis for which I had not had time before.

Was that your thesis from the school in Germany?

Yes, a student receives a pre-diploma when s/he finishes school and then after two years of practical experience [one gets the full

diploma]. Five years had passed for me and I needed to get the thesis finished. So I changed the date, because I was already over the deadline. And there I was in the South of France wrote my thesis and painted for myself. During this time I also sold a few paintings, gave some courses in Paris and spent some time in Blaubeuren [place of the anthroposophical school in Germany]. I did that for two years.

What kind of courses were they?

Painting therapy, but also platonic bodies...

Who was at the schools?

They were schools, Blaubeuren was my school and in Paris was a school for new art therapists by this woman who owned the studio Hauschka and there I gave courses in painting and therapeutic modelling. I did that once a month. Then I came to the Friedrich Husemann hospital as a temporary three years ago for three months and then when they asked (when there was a job opening) if I was interested. That was in 1995 and then I went back, I mean I went back to Paris for a year. I wanted to stay longer, but then it became more concrete here and there I dealt intensively with art. I painted even more for myself and also worked in museums.

Did you hold exhibitions?

Yes, that is mostly what kept me busy, but I also gave courses again in Paris, there was a break in-between and that was when I decided to return to painting therapy, because two friends of mine wanted to open a studio in Paris and asked me if I wanted to join them and I had this here already [at the Friedrich Husemann hospital] and I did not know is it going to be mainly painting or therapeutic modelling for me. It was a decision for me. Also France versus Germany, that was a decision point for me and I decided for Germany and that was now two years ago.

So you decided on therapeutic modelling and ceramics, not on painting

Yes, that was very important for me, at least that was not how I wanted to return to painting therapy, because I could not work anymore from the same initial point, I just had enough. People that stayed in it for a long time did not manage to change and that I found suspect and that is not like me at all.

...that people stay in the same rhythm for a long time and that nothing new gets added...

Yes, they turn in circles and they do not recognize that they are repeating the same things. That also concerns human interrelations. That was not possible for me. I noticed then that I can work great in the therapy, in the therapeutic modelling. I noticed that I was able to paint at the same time, that I was not bothered and that is very important. That was a new experience for me. The question, if I could connect both has disappeared and I am really enjoying getting into the depths of therapeutic modelling. With the painting - when I gave courses where we painted wet in wet [wet paper and paint] most people got sick, it was hard to keep people together, I could not balance my strength well, I always had the feeling I was drained....

...how is that mirrored in the people?

I talked about it a little before - to paint wet in wet all day long, to dive into the process so intensively, that creates a single sidedness and what I did later to counter balance that, was to paint in the mornings and draw in the afternoons, to bring in variety, to keep the processes that were brought into motion, to balance.

...which processes?

Yes, what kind of processes...? ...when people come for therapeutic modelling they get warm hands, get hungry ... they are life processes that are brought into motion. The painting therapy has a different effect on people: the astral body is half a step lower in the ether body and moves it. That is, looking from the perspective of the elements, the astral body is equated with air, the ether body with water, a new movement comes in, moves the water and yeah at the same time something changes on the level of the physiology, well and that was also a little the problem ... because the spiritual-emotional aspect of painting was not that good for me any more - all that bathing in one's own emotions and all the pictures that came up... well that is connected more with my work in Paris, the way one deals with it, that I questioned, I wanted to get away from the intertwining of emotions [Seelengewursel], I could not take it anymore. In therapeutic modelling there are only a few laws of being, that make up a model, there are only six ways of being and within those one moves and with painting there are many more

possibilities, the colours, the nuances all that - one cannot count, there are no words for it either, too many layers...

...interpretations...

Well that is another story all together. What I mean are the colours. One has a lot more possibilities with the different shades. One can get lost in those and in terms of my own constitution I realized that I could get lost in them, but I felt that I was present in the therapeutic modelling. It is simple, plain, objective, that was the right thing for me.

What do you mean by objective?

Well, for example the spatial laws of the platonic bodies. Everything is clear. One cannot argue about it. Dealing with the platonic bodies does not involve interpretation. Things are as they are. To have an experience with for example just the ball is simple and plain. Through this exercise one can feel how one gets to oneself. This is especially in comparison to painting. In my opinion, the senses are also addressed. In painting it is the sense of seeing that is addressed, also others, but mainly the sense of seeing. In therapeutic modelling and ceramics it is touch, one becomes quiet, when touching a ball, one finds calmness in oneself; yes one feels one with oneself. In painting one feels like that too, but not on such a fundamental level, painting is more on the level of the soul. The pictures are personal: it is like painting out of your soul, no other human being can paint what I paint. That is what people criticise [about therapeutic modelling] that all looks the same. Patients want to do something on their own, but it is that particular quality [of the therapeutic modelling] that is important.

What is it that is so important, what is the indirect similarity in all these basic forms?

What is the importance in it?

The kind of work with its strict given forms is in reality a basis - the platonic bodies and the laws that are connected to them, to experience those - to deal with this particular law, to get to know it - from the front, back, right, left, up, down - symmetry - that is the importance.

...the body understood in spatial relations to its environment... the platonic body - to transfer it onto one's own ego, to feel that...

... you use those forces in order to find them. One has to mobilize one's own symmetry forces in order to find what connects and becomes one, especially in the case of the platonic bodies. As soon as you enter into the metamorphosis - this is very interesting - you deal with loosening something and then forming something new out of it. Metamorphosis as a therapeutic process is vital. This is also part of the painting therapy, especially with Hauschka and I find that alright. But to make it too objective is boring. It is like a medication that one gives to people; it is a bitter pill that they need to swallow, it does not deal with creative forces or to develop fantasy - no question here, but it is absolutely essential, it is the basis from which to move from

How do you deal with patients who find the exercises boring?

That is different from case to case, the question then is why does the patient find it boring? Extreme dislike often means fear. We try to explain that and then we can only say: take it or leave it, because we do not want to sell something. So if it does not work at all, then that's okay too. An aversion, dislike, not being motivated and not even by the doctor, then maybe it is not the right thing at this moment for the individual. That is a sign for us.

You talked before about the sense of touch. What other senses are important?

I am not that clear on it myself yet...it is mainly the sense of touch, but there are also other senses: the sense of balance, but it is not that important, central is the question of touch, to hold the lump of clay and to develop it, further and further...

...you told me that when I have the ball in front of me I am dealing with myself on a very personal level...

...mhm I do not remember...

...when I lean back and I am holding the ball in my lap

yes, yes, but I did not mean the "I", but more in the anthroposophic sense - one's personal space. It is the space where I have to have courage to bring something closer to myself. How and why is a matter of attitude, knowing how to be nice to

oneself. Yeah it resembles something nice. I observed that yesterday with Mr. Frank, he was way too excited when he first came into the pottery studio. Slowly I observed how he found himself, and sadly also his depression - but you could see that he had made contact with himself.

And now that he is in touch with his depression what will be the next step? What if platonic bodies are too difficult for him?

We decided that he will do ceramics, because the platonic bodies lead him too much to himself, which is good, but I think that it will be even better for him to do something that has continuity. In ceramics the long upward modelling motion is important, to have a threat that leads one through. I think that is better as an experience for him and it is more connected to movement. This way he won't get stuck on heaviness, but that he does something that helps him to create a little distance - to bring something into motion

...that it is a continuous movement and that at the same time he holds a recognizable form at the end

Yes, yes but we have to stop now..that was basically it...

3.5 Alexandra Hausner

I had seen Alexandra for the first time at the Friedrich Husemann hospital where I participated in the morning circle introducing, myself to the therapists and doctors present. She stood out in the circle with her short, blond bob and her modern style of dressing with natural fibres in earth tones. Afterwards we walked over to the pottery studio and, as it turned out, Alexandra would be one of the main therapists I would be working with. She gave great support to me throughout our stay. Alexandra and I participated together in the Eurythmy seminar given for the therapists. Her openness and honesty towards me and about her life left a great impression. Alexandra is also in her early 30's , living with a friend nearby in an old farm house. She told me how she often

travels to Switzerland to attend seminars at the Goetheanum in Dornach or visits friends and family during her stay.

Towards the end of my stay at the Friedrich Husemann hospital the two of us met for the interview just after the morning circle in the pottery studio. She asked me to be specific about what I wanted to know from her for my research. Like the two other therapists that I interviewed, she outlined her thoughts in chronological order. Although the interview had the form of a dialogue I usually only asked questions to clarify something she had talked about before.

Alexandra: Where I am now has a lot to do with what I brought with me in life experiences. As of the third grade I went to the Waldorf school, because my mother wanted me to. My parents did not concern themselves with Anthroposophy. My mother taught for a short time at the Waldorf school in Pforzheim, and took the decision on an emotional level. She was a pediatric nurse, worked in a kindergarten and therefore approached the issue of school more from an educational perspective, but she never got that involved [in Anthroposophy] herself and therefore I had no support, from my home when I went to the Waldorf school, where Anthroposophy is supposed to be extended to. It was more that I sat in between two chairs. My father would say things like, that he was sorry he had sent me to the Waldorf school, because I was becoming too independent. One of the foundations of Anthroposophy is that the individual is “met” [by the community, the teachers, parents ..] where he or she is at [in the development] in order to strengthen his or her qualities, and my father did not like that at all. And then I pushed it to the limit by writing the final work in highschool on anarchism and that was the end of it - I moved out...but also because I had seriously dealt with all the questions I had...

Ariane: What kind of questions?

Well those of anarchism especially those concerning politics and social structures and experiences between people and ways of being that have, as their basis, particular ideals and how those come to life in reality. It is exactly the question of how free can I

allow another fellow human to be and at the same time still remain myself...[pause] ...yeah and since school I always wanted to do something with pottery, an apprenticeship in a studio. My situation was one where I never had time and the possibility to explore something that interested me without having to work for a living. And to do an apprenticeship usually means that you don't earn any money, I therefore was stuck in between needing to earn money and wanting to try something that interested me. I always need to check things I like by actually doing them myself. After I finished school I worked for two years, a 1000 jobs, in a factory, with computers, for three months in an old age home, everything for only a short time. I always knew I wanted to work with people. As a student I had worked in the summers in hospitals or old age homes. Yeah and after that I went to Paris for a year, for the language, a foreign country, it was like a home: to be a stranger, maybe because I never had the feeling of being at home when I was at home. That year was hard, very hard... I then returned to Hamburg and followed up on the things that I had always had inside of me. I drew a lot, worked in a pottery studio, danced in a dance theatre...since Paris I knew that I wanted to work in some kind of therapy, either art therapy or dance therapy...all this was a key experience and it gave me confidence in myself. I then started an apprenticeship in a pottery studio, but at the same time I had applied for art therapy school, one that would be recognized by the government, I did not want to go to the anthroposophic school for art therapy...

What is the difference between these two schools?

In the school that is recognized by the government you can work everywhere, with the education from the anthroposophical school only in such institutions. That was too narrow minded for me. I wanted to have the choice and I was not totally convinced of Anthroposophy. I did not want to embrace it completely having the feeling that I specialized without knowing what all is out there. I wanted to decide knowing of all the possibilities and then decide on a specialization, that is a totally different picture. ...it is exciting how the arts live artistically and are viewed. This is connected with the understanding of the human being [Menschenbild] in the Spiritual Science. The importance within anthroposophic art therapy is the methodology, that art is always viewed in relation, that what happens on a human level - that the physical is always viewed in connection with the artistic and with the processes [in the body]. Life processes in a human being are

viewed in connection with the artistic processes keeping medicine in mind - out of this comes art therapy and that it is prescribed like a medication. One looks at the processes - the ones that are weak, the ones that are strong and says that in this way or that way they have to be balanced ...that means that within the artistic expression one looks from the perspective of phenomenology and from the experience how something has an effect and that is how it is employed...

So if, for example, a person stutters, a situation where little is in movement, then it would be good for that person to do ceramics. Through the circular upwards motion of modelling, something would come into motion?

Yeah that is true, yeah I think maybe in general...the stuttering could also be something for painting, especially in neurotic patients that are more in their head and stuck in control issues. Those issues need to be loosened more on the astral level, to open something there and to bring it into movement.

But I also have understood so far that painting is not good for everybody, that it can bring too much into motion?

Yes, that is true, especially for psychotic patients, because their mental aspect already has too much of a life of its own. But in the case where emotions or overall composition is too "tight", in this case colours would have a positive effect. They would bring the emotions into motion.

As I understand, anthroposophical art therapy is closely connected to the perception of the *Menschenkunde*?

Yes, yes that is where the main difference lies to other therapies, for example, Gestalt therapy. In this case art is used as a medium in order to engage into a dialogue with the patient and his or her concerns.

So therapy in this sense is more a interconnection

Yes, yes...

Yes, I can feel that some of the patients would like to talk more with you during therapy, otherwise the therapy session are relatively calm. How do you deal with the issues that come up through the therapy?

You mean when something is loosened?

Yes.

That is again the starting point, that by engaging in therapy as a patient they stimulates processes within themselves. These are all processes that take time, to create a new order in the body or to stabilise it, that takes a long time. And in order to move with the *doing* and through what is done, to stimulate these life forces in a particular way and to let them effectuate - that is where I function like a frame.

If I look at the work I have done over the last few weeks - the platonic bodies, the vases and the metamorphosis of animals - what got into motion there?

The important thing is that something got into motion. It does not always have to happen on a conscious level, it still happens on an unconscious level and that is okay.

What kind of difficulty do you see within anthroposophic art therapy, especially in the therapeutic modelling? Are there aspects to which you stand critically?

You mean here...the therapeutic modelling...it would be totally exciting for you to go to the school in Dornach. They have totally different "faces" representing the therapeutic modelling and ceramics. I can tell you about what I know in terms of what lives in art therapy in general and what is special to the Friedrich Husemann hospital. That is different and is closely connected to Hüttig, the history he had here, the way he arrived at the hospital and how the pottery studio developed. But that is also closely connected to the history of the hospital itself and what brings it alive. For example that the psychotic clientele was in great numbers for a long time and therefore the structuring elements were important, such as the platonic bodies - that's something good and healthy and important. At that point it was not that

important to work freely and to approach the subject from the perspective of the ego organisation, as for example to work on columns. Something that is also done often in connection with groups of people are the characteristics of: carrying, lifting and lying. These characteristics are then brought into connection with the appearance of the human being. Or to work on the presentation of groups of humans [and their interrelation] and to work from there, back into the self, also where the self is in relation to the world, but even on another level...

So you mean more on the level of the human being recognizing itself on a modelled level. In a modelled situation the symbolic aspect is clear, as in comparison to the platonic bodies where...

...where it deals with the effect of the methodology and there it is truly recognisable. In the case of the platonic bodies the ego organisation is communicating, meaning that it is reflecting and observing what one does. This is how the work can develop on a different level. Also my role as a therapist is to accompany the patient. I have to be in dialogue with the patient on another level and that is where a net of relations is established. The kind of freedom this therapy is different to others, because the patient is a different person every time. I also react differently to each patient. Each patient and therapy session offers a unique and new kind of relation. This aspect carries a certain type of freedom of creation and interaction for the therapist. That is what I am looking for in my future, simply to have that as a possibility, as well as the prescription [of art therapy as a medicine]. I am able to work more freely and I truly need to be aware of who comes towards me in the therapy process. This means that I have to be innovative. I would find it limiting to think that I have only three kinds of therapies to offer. That would not be enough for me. I like the necessities that people have, the questions they pose and to find ways to answer them or new paths to go on.

You mean that the patients and their needs [Patientenbild] have changed. That earlier there was more of a need for platonic bodies or the three exercises and this has changed since?

That is for sure and that extends to the development of consciousness - meaning that humans want to know more and

more and they have the right to do so - the focus is more on returning to being complete [as a human being]. When one looks at the history of consciousness then we have developed more and more in the direction of individualism, the ego and an understanding that is on a rational level. A person becomes ill, when they become too dominant. The integration into other elements is hindered. That is the point where human kind is recognisable, where through the illnesses one can recognize - or the other way around, where the extremes of human kind appear - where humans are at that point in time, it is like seeing pictures...pause....

On which level do you work, when you talk about a net of relations? How is this net of relations different in each of the three areas?

You mean in relation to the patients?

Before you said that you work on the level of the ego organisation...

That is a little too general, the ego is always present when a human being is present. That is what is interesting. The three areas are: the vase, there the technical modelling aspect is important, the way it is handled. With the organic forms [platonian bodies and metamorphosis of animals] the character of the animal [Gemüt] is important, that is what comes alive and what stimulates and from where I have to plunge into the language that I am using to describe it.

What exactly is it about the character of the animal that is important?

It is the part of the animal that feels, meaning the place where an animal has its gut feeling. It is the kind of knowledge that comes from the gut and not from the head. Animals react on that level and they do it fast. Each animal has such a quality, depending on their character. A bird has a different character than a bear. To understand that of an animal one has to truly engage, observe and learn from it. A bear represents something heavy, slow a bird is more nervous...long pause...

Before we talked about your education....

Oh, yes after I finish my art therapy training at the government school I regretted it, but I needed to try everything in order to know what I wanted. This school was more based on a Jungian philosophy and now I am working towards the year [in anthroposophic art therapy] that I will be recognized as an anthroposophic art therapist. I do not have to, but I had too much with all the psychology, the work was too analytical at the school. We were taught to come to an understanding through speculative interpretations of pictures and appearances and to bathe oneself in inflated soul troubles. That gave me the impression that this is not the way one can get access to what really matters. It is important to have a solid ground of knowledge in the artistic realm, as in the humanistic realm. From the human aspect we learnt little, especially from the life forming processes, from the medical side, meaning that which creates a unique understanding of an individual and how the several aspects of a human being are interconnected. ...pause...Biomedicine is in comparison a lot more focussed on the visible aspect of a human being. Biomedicine is also the basis for anthroposophical medicine, but the spiritual aspect is included. Through this connection art is included and that is where art therapy becomes beautiful, the human being becomes complete in the artistic expression and when you then add the knowledge of humans [anthroposophic] than you have the beginning for a therapy process.

What do you mean by becoming a complete human being?

Recognizing that the human being does not consist only of physical processes, but also of spirituality. This is where needs arise, when the dialogue between the two is unbalanced or disturbed. Today's illnesses mean that the spiritual-emotional realm does not receive enough space and caring. Teichman, whom I took a seminar with, asked how much time we take a day for spiritual tooth brushing in comparison to the bodily hygiene that we do throughout the day.

What do you mean with spiritual tooth brushing?

Meaning that the time we usually take twice a day to brush our teeth, we do not question. Yet what do we do for our spiritual well being? It is not normal that we take the time to do something for our spiritual side. It is not that important what one would do, but that it would carry value. The spiritual aspect of a human being is

just as important as brushing one's teeth. I wish the caring of our spiritual side would carry value that one is not looked at funny when one takes the time to meditate for ½ hour a day, or reads a book or has a sensible conversation, does an observation of a plant and its processes, whatever it might be. But I think there is more and more an impoverishment that is developing...

Why do you think that is?

It is connected to the value we give to rationality and materialism. Do not get me wrong, these aspects of humankind also had to develop in order for us to gain certain strengths from it, but now we are out of balance. Other aspects of an individual do not carry any importance any more and that's why people start looking frantically for something to fulfill them. Human consist also consist of soul and spirit, but they are not recognized [in daily life] as such. The more the several aspects of an individual lead a live of their own a split happens. Yet all these aspects are part of an individual, but they have no place. Nowhere in daily life am I complete, meaning that all my aspects are addressed. This division is truly experienced as pain and people search, as for example in drugs, to become complete. I think that is the reason for a lot of psychological illnesses, in illnesses where this split comes apparent. Maybe the illnesses occur to awaken something - in the sense of an illness providing the opportunity for change or improvement towards something that has been impoverished...I can bring that in connection with my own life that is why I am so interested in *Menschenkunde* and its history. There are points within art history that reflect development of humankind. Within art therapy I found something that enables me to really have a good look at myself. I think that in other cases this would only be possible in form of dependency on another human being, [art] allows me to find a space where I meet myself out of my own initiative and I think that is particularly special about art. To have access to areas of oneself that maybe otherwise would be closed and to be able to work in a dialogue, but autonomous. Help is necessary in a therapeutic setting for a person to learn the techniques and to get in touch with oneself. Art is a medium that does not encourage dependency, because people are threatened by this issue already enough, but art allows to develop the self. The medium art is the gift that makes it different to other forms of therapy, such as psychoanalysis...

What do you mean by being an individual? ...that people work for themselves and do not think of their environment..?

You mean that on one hand individualism is the reason that causes illnesses. Meaning that people express more and more their egoism and then I say that it is exactly that aspect through which people find to themselves and become healthy...[long break] ..mmhmm... well, I think that humans become more human through art and more social. While engaging in art I am in dialogue with myself and through what I do - I fight for something and something is added - ...[long break]... In this situation I strongly feel my boundaries and that makes me reflect on myself, in my own possibilities and my own very being. It develops out of the soul - the will to do something. For example, when I have a sheet of paper and I apply colour to it, I can show it around after. But when I notice that it does not feel right, that something is missing than only I can destroy its beauty in order to get to what really exists. This strength of being able to destroy something and then to rebuild it - that is where the strength lies that helps one to deal with the insecurity. All processes address qualities that have nothing in common with what we call egoism. The experience is to find the internal strength - that is what patients experience, that is where they learn to trust themselves. The egoism addresses the material realm, that is a totally different story. When a patient forms a ball or a square that calls for sensitivity. ...[long pause]...Yes and in order to work in this fashion I had the impression that it would not be enough to just take a course in therapeutic modelling, to read a bit, but to really experience myself within myself. And with this experience to have the basis to work in a responsible fashion.

Can you explain to me again what it is that you can take responsibility for in anthroposophic art therapy?

It is the way connections are taken seriously and the understanding of them. The work is phenomenological - one's own experiences and the way one reflects - humans, processes, the way I recognize change. That therapists truly try to understand these aspects and to examine them from different angles....

What do you mean by phenomena?

What I mean are the appearances and to work with the observations of them. I have a good look at what happens and from that I try to understand. Through the observation I might make a judgement or I decide what would be good, what to do and what is at stake, I do not interpret...

But where is the difference?

Well if I think of certain psychological schools, such as Jung - that use a lot of symbols - that means that and that means that - then they also say that in terms of their soul they have this or that problem and it occurs because of that. Well...very quickly you get into a foggy situation where nobody knows what it going on, there is nothing concrete - it just becomes speculative and I think that is unhealthy.

How is that different in phenomenology?

I work with a concrete medium and I have an object I am working with and I can observe it. And that is the difference - I do not take decisions with my gut.

Does that not also leave room for interpretation?

In the case of therapeutic modelling and ceramics I have a concrete object in front of me. That is were I as a therapist include the phenomenology and experience. This kind of therapeutic work is well defined and makes use of all my work experience. With time I gain a certain security as a therapist in my experience. I connect that with what the patient is working on and I develop another sense to understand what the patient is dealing with.

Throughout the interviews each therapist expressed clearly how they understand themselves as therapists of therapeutic modelling and ceramics. Alexandra described her role as a therapist as functioning as a frame during the therapy process for the patients. This frame consists of her own experiences with therapeutic modelling and ceramics as well as her personal life biography. Alexandra pointed out to me that it is her own

experience with the therapy that allows her to work in depth with the patients. It was not enough for her to theoretically learn the techniques, but to “really experience [her]self within [her]self.” Caroline also described her personal struggle with art as art and art as therapy. She needed to negotiate between the two and found that painting was what she wished for her personal expression. Therapeutic modelling and ceramics provided her with the possibility of working with patients. All three therapists referred to the positive aspect of therapeutic modelling and ceramics providing the possibility for an individualistic therapy. Alexandra acknowledged how she acts different with each patient and how one has to find the exercises that are right for the patient. This flexibility offered a challenge of personal involvement that these therapists were looking for in their work and life challenges. Annette described how she is fascinated by the fact that not the finished form is therapeutic, but the way to get there. This approach to therapeutic modelling and ceramics allows her to be creative and integrate who she is as a therapist and ultimately as a human being with her own life experiences.

4. Two Therapeutic Communities

4.1 Maison Emmanuel

4.1.1 Temporal & physical environment

The community Maison Emmanuel in Val Morin and Val David, Québec aims to provide a harmonious living space for mentally and physically handicapped children and adults - “villagers”. In the following segment, members of Maison Emmanuel describe their vision of their community. This would be for example used in the case of fundraising.

Maison Emmanuel strives towards creating relationships based on the essential aspects of being human. The values upheld in a healthy, social environment are: self-awareness, self-development, dignity, respect, and the realization of one’s potential.

The rhythmic structure of daily work, in the house, school, workshops, garden and small farm create a warm supportive environment that is the foundation of community living. Shared meals, seasonal festivals, plays, birthday celebrations and outings help create bonds of friendships and responsibility. Dedication to provide for the “needs of others” becomes a way of life (1996).

The goal of the founder, Ursula Schmitz, was to create a nurturing living space in which people could contribute to a common living and working environment each according to their own abilities. Ursula established Maison Emmanuel in 1982 on the 35-acre piece of land where she lived. Her own three children were already grown up and she began practically applying her vision by taking care of two villagers with the occasional volunteer. The wish to create such a living environment had come from her experiences of working in a home for handicapped adolescents: “I was frustrated by only being able to

care for these adolescents on a physical level and not on an emotional, creative level. So, I often would take people home with me, but then they passed a law and I was not able to do that anymore. This is the way I began to formulate my vision of the community” (Interview, December 1998). She went on to explain that her inspiration had come from the Camphill community in Pennsylvania, Rudolf Steiner and the pediatrician Karl König²⁴ who founded the first Camphill community in Scotland. These communities recognize the spiritual uniqueness of each human being regardless of disability and religious or racial background. Today there are approximately ninety such communities in nineteen countries, most of them are in the British Isles and Europe although several have been founded in North and South America, Africa and Asia. Maison Emmanuel is modelled after the Camphill Movement. Becoming part of the Camphill Association is a lengthy process and although Ursula had visualized her community along their guidelines from early on, Maison Emmanuel is still only considered a Camphill Initiative²⁵.

The community Maison Emmanuel has grown tremendously since Ursula first conceptualized the idea. The original house on the land, today’s farm house (Maison Emmanuel), is adjacent to the schoolhouse (Maison Elisabeth, built in 1984). There are also four residences that are home to twenty-one villagers (age six to twenty-six) as well as twenty-six co-workers and houseparents and five children of houseparents and the farmers. Farm animals, which include pigs, cows, chickens and sheep, live on the land and the two horses are used for riding therapy. Each “Maison” houses different age groups of villagers, hence there is one house for children (Maison Ellyn, 1995), one for

adolescents (Maison Michäel, 1990) and two for adults (Maison Julia, 1996, Maison Céres, 1992).

Each home also has a staff of “co-workers” and “house parents”. Co-workers are often men (conscientious objectors - age nineteen to twenty-two) coming from Germany for fifteen months fulfilling their social requirements replacing the military service. There are also other men and women co-workers from a variety of countries and with different reasons for wanting to be part of Maison Emmanuel. House-parents²⁶ also vary in age and have been trained to work in different types of social settings, such as hospitals, rehabilitation centres or orphanages. The difference between co-workers and houseparents lies in the length of time they commit to the community for as well as the level and kind of responsibility they carry. In general, one could say that co-workers go to the different workshops with the villagers while houseparents deal more with the organisational aspects²⁷ of their house and villagers. Yet it is sometimes difficult to make that division, because often people take on more than one role. Annette, for example, is the housemother of Maison Julia²⁸. At the same time, she is the art therapist in the pottery studio and she has been working closely with the villager Johanna for two years, as well as being a devoted member of the community.

Most members of Maison Emmanuel live on the land with a few exceptions, such as the secretary, the fund-raiser, the three teachers, the physiotherapist, the painting, theatre and occupational therapists as well as the three medical doctors. One of the doctors, Dr. Gianforte²⁹, comes from Switzerland once a year to treat the villagers according to anthroposophical principles. Dr. Gianforte lives in the Camphill community

“Parceval” in Switzerland, but also travels around the world to visit other communities to serve as their physician. Dr. Ferno³⁰, a homeopathic and biomedical doctor, lives in Montréal. He treats the villagers on a monthly basis or when they are in need of a homeopathic doctor. Closer to home, Dr. Jannis is on call for the needs of the villagers. Aside from regular check ups he also writes the medical certificates that villagers need for summer camp. Many villagers also have other doctors outside the community, such as dentists, occupational therapists and doctors in hospitals.

4.1.2 Membership

The staff at Maison Emmanuel consists of people coming from different parts of Canada, Germany, Australia, Korea, Denmark, Ghana, France, Switzerland, Hungary, Togo, Faeroes Islands and Lithuania. As I talked to some of the co-workers they each told me their reasons for wanting to be part of Maison Emmanuel. For a lot of the younger co-workers it provides the opportunity to work in a social setting, to learn English and French, to travel, and to experience a new country. Thorsten, one of the co-workers explained: “After I finished high school I wanted to experience something totally different, I wanted to be with people, get right in there and make myself useful. It was important for me to do something socially oriented to raise my awareness to what goes on in life” (Interview, October 1998). For others it is a long term commitment to live in a socially conscious and anthroposophical environment. For Mireille, a mother of two children, living in the community has the following importance: “When you have children you realize how important community life is. I went to a Waldorf school and

have been in contact with Anthroposophy all my life, this was just the place to be: a community through which I can live my inner most principles and have my children grow up surrounded by people who support my ideology” (Interview, September 1998).

Anybody can integrate into this way of life if they desire to live in a setting where individuals understand themselves as being part of the whole. Applications for employment are received from people all around the world. Through a process of consultation between Maison Emmanuel and the applicant a decision is made. While there is not a maximum length of stay, there is a minimum of at least one year. This is to prevent a constant changing environment for the villagers and to favour long-term committed co-workers and houseparents.

Villagers are welcomed from any place in the world, but most come from within Canada. In my conversation with Ursula she explained some of the reasons why people become part of Maison Emmanuel. Some, for example, join the community on the initiative of their families. In some cases, for example, children have become teenagers and parents felt that they would be happier in a place with people their own age. Other parents were overwhelmed with the care of their handicapped children and appreciated the more appropriate lifestyle offered at Maison Emmanuel (see also 1996 NFB Film, “A Place in the world”). Other villagers came from foster families, orphanages, or hospitals. Often they had been through all the possibilities the Canadian social system could offer, but for health or behavioural reasons they had to find a new care environment. Maison Emmanuel is closely affiliated with social workers who then recommend a villager to the community. If there is a free space in the community, the villager will move in for several

weeks to test how s/he and the members of Maison Emmanuel adjust to each other.

Following the trial period a decision is made. The social worker who recommended the villager will stay in touch and act as a liaison with the Canadian social system.

4.1.3 Money, Time and Responsibilities

Work at Maison Emmanuel is done on a voluntary basis. The basics, such as food and housing are provided by the community and money³¹ is seldom seen. Yet awareness and necessity of money permeates the ambiance. The community has a distinct approach to it, which is embedded in their ideology of communal life³². Reality of a life outside of the community is present and co-workers receive pocket money of \$ 150 and houseparents as well as experienced co-workers receive \$ 250 per month plus \$ 50 vacation pay each per month, which is paid at the time of the vacation. The monthly money is used in some instances to pay phone bills, gas and mileage on one of the community cars, health insurance in their country of origin, clothes and other things people require that are not necessarily related to communal life. Some adult villagers receive up to \$ 15 per month to spent as they wish, perhaps for chocolate bars, magazines or ice cream. Rob, for example, organizes his money in such a way that he can buy a chocolate bar once a week.

The overall financial structure of the community is organized in the following way: villagers receive money from welfare (approximately \$ 700 per month when over eighteen) and from the Centre de Réadaptation de l'Ouest de Montréal "CDROM" (\$ 1600 minus the amount of the welfare). Financial support from parents is limited to

donations. This money as well as the welfare cheques are collected in the Maison Emmanuel account from which all expenses are paid. Maison Emmanuel is dependent on private donations to cover the deficit. Money received from CDROM and other private donations is used for workshops and physiotherapy.

The overall financial structure and the subsequent division of money within the community is influenced by the expected living standard and personal needs of the members. For example, one homebirth attended by a midwife was paid for by the savings of the parents, while half of the costs associated with the birth of another child was paid for by the community. The first “staff” parents had not thought of asking the community for financial support, but the second “staff” parents had. These differences were also evident in various expectations regarding how much money should be spent on the quality of food, a new car, or house renovations. It is a continuous process to communicate on these issues in order to meet on a common ground and to insure the harmonious functioning of the community.

A day in this community is long and was often described, mainly by co-workers, as being exhausting on an emotional and physical level. Co-workers and houseparents get up at six-thirty in the morning and go to bed late at night. Villagers get up at seven o'clock and go to bed at eight-thirty. Although there is a two hour rest time after lunch and most villagers are in bed relatively early, other responsibilities keep co-workers and houseparents occupied. This can include community meetings, house work or musical activities. Members of the community have to do “house watch” once or twice a week,

which means that they sleep overnight in the living room and have to listen for villagers getting up during the night. At lunch break house watch requires that at least one co-worker or houseparent is present at each house to ensure that the rest hour is being respected. The daily rhythm continues as normal, even if houseparents and co-workers had no rest during the day or night.

All staff has one day off each week and, once a month, a double day. These days are used in many different ways: some enjoy sleeping in; others drive to Montréal to visit friends and family or go to bars, museums or shopping. Leaving and entering the community was a topic that was often discussed by the workers. The strong internal rhythm and little personal time made it difficult to leave. The co-workers Thorsten described how one became part of the daily rhythm and how the familiarity of community members made leaving appear as a break of the natural rhythm of Maison Emmanuel. Leaving the community meant that one had to reserve a car well in advance or organize a lift to the bus station, remember to take money and think about food. All of these daily necessities were usually taken care of in the community. This was mainly the case in days off and does not apply for extended breaks during the work day. This is an example of how the responsibility of daily life is divided among the members of the community and how people rely on each other, which made it difficult to “break” out even on “free” days. Nevertheless all co-workers and house parents seemed to enjoy a break from the daily routine and the demanding lifestyle and looked forward to the summer. July and August

were the months designated for the four weeks of vacation, during which the villagers spent time with their families or went to summer camp.

The core of Maison Emmanuel's life philosophy and the practical functioning, described earlier in the text, were structured around regular meetings of various community members. The board of Maison Emmanuel meets bi-monthly and is responsible for the legal aspects of the community. This board consists of two residential members of the community, parents, the painting therapist, one person from the CDROM, and a president who is a music professor at McGill university. The board is the only administrative body that includes people who are not actively involved in the every day life at Maison Emmanuel. As Annette explained that this board provides the opportunity to receive criticism and new ideas for the development of the community by having its life observed by individuals who do not partake in its daily routine.

The following groups meet on a weekly basis as part of the structured routine of life of the community: 1) the "core group", which is represented by the workshop masters, fund-raiser, teachers, farmers and secretary, discussed finances and what was needed where, when and by whom. 2) The "carrying group" consists of six people who have a long term, some a life long, commitment to Anthroposophy, Maison Emmanuel and the Camphill Movement. The carrying group is closely connected to the fund-raiser, because one of her responsibilities is to represent the community to the public. It is important that the vision of Maison Emmanuel is clear within the carrying group in order for the fund-raiser to be able to present it to the public³³. 3) Seminars for co-workers are

held bi-weekly and lessons include Anthroposophy together with childcare and its practical applications in every day life shared with the villagers. 4) The houseparent meetings included discussions on organizing workshops, the daily schedules of villagers and co-workers and finding out how the other houses function on a daily basis. 5) Houseparents and co-workers also meet once a week to also discuss Anthroposophy - what it means to live in and build a community. These meetings also include the problems of human relations and difficulties that emerge out of working with villagers, with one another and dealing with a heavy schedule. 6) The whole community meets each Monday for the "morning circle", on Thursdays for the musical evening and for the service and walk on Sundays. 7) Maison Julia also has house meetings including the villagers. These meetings are held upon request of Brigitte, which are unique to this house. Finally each co-worker connected with a mentor who has lived in the community for some time. This could be anyone they wished to be closer to in order to discuss questions or problems that arise. These meetings enforce the belief of Maison Emmanuel on the importance of communication on important issues as part of the indispensable element of the functioning of the community.

I was invited to participate in the community, house and co-worker/houseparents meetings as well as some of the seminars. One of the subjects that came up during a community meeting, while Dr. Gianforte was visiting, was the question of sexuality. The co-workers Florian asked for advice on how to deal with the villager's expression of sexuality towards him:

Florian, one of the co-workers: “Villagers approach me and tell me that they like me. Sometimes when they hold my hand it feels too sexual, too close for me. How can I stop it?”

Dr. Gianforte: “Well it depends on what kind of sexuality it is. It is not good to deal with it in a repressive way, not to push them away, that’s not helpful. We have to go through an internal reflection, talk about it with others, have an objective observation. Then usually we discover the truth and realize that it is usually just in the realm of the emotions and not sexuality. It appears that way, because we put limits. Our behaviours have a lot to do with our own attitude to sexuality.”

Florian listened to the advice of Dr. Gianforte with now further response. He had brought up the question of sexuality in another meeting where he was told by a house parent that his reaction had a lot to do with his own perception of sexuality. The meeting continued with the question of another co-worker on how to give homeopathic medication.

Annette and Urs explained to me that for them communication and the exchange of ideas, feelings and experiences was the basis for a community. They felt that it was a refreshing experience to be communicating with so many people on a regular basis. At the same time they acknowledged that one cannot be friends with every single person in the community and that the relationships differ greatly from one another.

Communication was not only encouraged through talking at meetings, but was also present through the structured routine of Maison Emmanuel. This was expressed on a daily, weekly, monthly, yearly and seasonal basis and could be recognized in the following ways: on a daily basis; all meals were at the same time every day, breakfast at eight o’clock, lunch at noon and dinner at six o’clock. All meals included lighting a

candle, saying the Lord's prayer and others and singing songs together. The day's beginning and end were recognized in a morning and evening circle. Weekly markers were: Sunday service, followed by a walk in the surrounding neighbourhood of the whole community, the Monday morning circle, choir on Thursday evenings and the weekly cleaning of each house. Monthly: villagers visited family on one weekend and birthdays were celebrated. Yearly and Seasonal markers were: Carnival, St.- Valentines day, Easter, Jean Baptiste day, Michaelmas, St. Martins day, Halloween, Christmas, New Year's Eve, Pottery exhibitions and summer camp. The conscious organisation of time was to provide a routine for the community and created a feeling of belonging together. Annette pointed out to me that this time structure was vital for villagers, because it became their invisible guideline for life. She elaborated: "that the continuous rhythm is a circle that embraces every member of the community. This form of life provides trust and security."

4.1.4 Maison Julia

During the time I spent at Maison Emmanuel, I lived in Maison Julia which is located on the main street of Val David. The two parts of Maison Emmanuel are 20 minutes apart by car. Inge's reason for having a house in Val David was to integrate the villagers in the wider community and not to live seclusively on the land³⁴. The two story house is the home of three villagers: Rob, Johanna and Brigitte, the co-worker Gražina and later Valerie, the houseparents Annette and Urs as well as their daughter Carinne. Rob, Johanna and Brigitte come from Montréal, Gražina from Lithuania, Valerie from the Faeroe Islands, Annette and Urs from Switzerland, and their daughter from Val David.

The languages spoken in the house are English, French, Swiss German and, while I was there, German. While Gražina was living at Maison Julia we spoke a lot more French because she was just learning to speak English. Later on it was mainly English, although Brigitte is bilingual and enjoys speaking French. Annette and Urs speak dialects of Swiss German with each other and with Carinne, which I could not understand and this provided the opportunity for a lot of laughter. Yet nobody was ever excluded³⁵ and there was a general effort to speak a language that all present persons could understand.

When I came to the community I did not know how and where I would find my place, but due to my interest in pottery and the need for a helping hand at Maison Julia I became part of their house. I took on the role of a new co-worker and I gave a helping hand wherever needed, which included spending time with Johanna, Brigitte, Rob, washing dishes, cooking and running to the store: a little bit of everything that was needed to run a household with seven people. My main focus was on Johanna and the afternoons that we would spend in the pottery studio. I was taken on by Annette as an apprentice, which gave me the opportunity to learn from her the way she made use of therapeutic modelling and ceramics.

The first month I spent at Maison Julia, Gražina was the co-worker, then in October she wanted to transfer to Maison Ellyn in order to be able to work with children. This situation gave me the opportunity to experience the various reactions to changes in the daily routine at Maison Julia. The same must have occurred when I moved in, yet because I was new I was not able to recognize the effects it had on everybody. Gražina had been working closely with Brigitte and it was a noticeable adjustment for her as she

did not like the idea that Gražina was leaving. Brigitte is twenty-seven years old, mentally and physically handicapped. The term “mentally and physically handicapped” is used at Maison Emmanuel with no hesitation, because part of the community’s philosophy to view individual’s as they are. Each person is included in a way of life that does not judge an individuals abilities as negative. Brigitte uses a wheelchair although with the help of a person or a walker she is able to take a few steps at a time. This meant that Lina’s replacement, Valerie, had to learn how to lift Brigitte into bed or the tub, which requires close physical contact. They had to develop a trust between them in order to spend so much time together, one being there to help the other. Brigitte showed signs of adjustment by being sickly, moody and asking for things differently than she had previously. She tested Valerie to see how much she could get away with by asking her for help with tasks she had previously managed on her own . The interesting challenge in living and working with villagers was that one had to recognize their physical and mental limits and use that knowledge to help them grow, to try harder and not to feel sorry for them. Brigitte and Valerie had to work out by themselves, over time, how they would work and live together.

Annette, the housemother, had been working intensely with the villager, Johanna, for three years and being close to Annette meant also being close to Johanna. In all my time at Maison Julia, Johanna provided me with the biggest challenge and required that I gave up my own “inner rhythm” to become part of the community which in turn helped me to understand her better. Johanna had been diagnosed as schizophrenic as well as with

bipolar mood disorder, which meant that she went from giggling continually to crying uncontrollably. Her mood swings included swearing, hitting herself and others, and throwing things. My immediate reaction included wanting to counteract aggression with aggression and fear, but I learnt from Annette that this was not a constructive way to react. I realized over time that I needed to not interpret this as aggression and react the way she expected me to, but to react with compassion, love and humour. This required that I be well-balanced and stable. For example, when she felt my confidence, she was able to go beyond her pattern of negativity and could accept a positive environment. Setting an example with positive emotions and being stable was to become the basis for working in this therapeutic community. This was the ideal that the members of Maison Emmanuel aimed for, yet every day provided new challenges, added to the individual characters of individuals. Regular meetings and having a mentor are there to help people deal with the fluctuations of daily life.

4.1.5 Daily Tempo at Maison Julia

Annette, Urs, Gražina/Valerie and I met each morning in the living room at seven o'clock to form a circle standing around a large candle. Peacefully we would read a saying by Rudolf Steiner into the new morning. Steiner had composed these sayings in a book which addressed each week of the year. These sayings reflect the season and its characteristics and would be read in French and German; or later, when Valerie joined us, the English translation was read instead of French. Following this reflective moment we would discuss the responsibilities each member of Maison Emmanuel had that particular

day. This included things such as who would be cooking lunch, who would be driving whom, where, at what time, and who was to participate in which workshop. Although the general plan and rhythm for these activities were known in advance, the specifics were discussed each day. Annette mentioned that this was important, because she wanted everybody to live for the day as much as possible and not think too much about what had been and what would be. Following this short talk Annette and Urs played the flute to wake up Rob, Johanna and Brigitte, while Gražina/Valerie and I made breakfast. After the musical wake-up Gražina/Valerie helped Brigitte get dressed and go to the bathroom. Annette or Urs took care of Carinne and everybody kept an eye on Rob and Johanna. Johanna had a hard time getting up in the morning and Rob enjoyed the privacy of his room, so he would be up, but not come out to join us. Once Rob was dressed he set the table and Johanna would get oil and copper cream to massage her feet. This helped her to feel her body and become more aware of it.

Once the table was set and everybody dressed, we met again around the candle in the living room and said a poem together, played music, sang songs and, before closing, held hands in a circle and wished each other a good morning. By that time it was approximately eight o'clock and we started breakfast. This consisted of porridge, fruit salad, yoghurt, coffee and herbal tea. Before we started eating, Johanna would light the candle and Rob would begin saying a prayer or singing a song in which the elements and the food were thanked for. Then we held hands in a circle again to wish each other a 'Bon Appetit' after which Gražina/Valerie served each person food and then we began eating together. The mood at the table was calm, yet there was also a lot of joking and laughing

and the manner of talking to each other was courteous. At the end of the meal it was Belinda's job to fold the place mats and John's to clear plates. We collected ourselves one more time in which we gave thanks for the meal in the form of a prayer and finally Johanna put out the candle. Everybody helped to clear the table - Rob dried the dishes, Johanna wiped the table and swept the floor and Brigitte put away the place mats. I alternated with Gražina/Valerie on washing or drying the dishes. Annette and Urs perhaps put in a load of laundry, made phone calls, cleaned up, organized meetings or got Carinne ready for the day. After cleaning the kitchen we got ready to leave the house on time. One helped Brigitte get dressed, while others put the ramps on the van for her. Sometimes Urs drove, at times it was Annette or me (Gražina/Valerie did not drive because they were not 25 years old and therefore were not insured to drive a van carrying villagers³⁶).

From this point on, each day would be different and we left the rhythm of Maison Julia to enter the rhythm of the community. The villagers attended the following: school for the children and college for the adults; woodworking, cooking, farming, candle making, estate work, painting, weaving, theatre, choir, horse back riding, Eurythmy and pottery. School or college was mandatory and was held on some mornings. Workshops were given throughout the remaining days. Villagers, co-workers, houseparents and doctors together would decide on which workshop would be best for each of the villagers. All workshops were at Maison Emmanuel, except pottery which was across the street from Maison Julia (in downtown Val David). Rob, Johanna and Brigitte went to college once a week, participated in pottery and the theatre workshop as well as painting therapy, choir and Eurythmy. Rob also went shopping once a week in a nearby supermarket where

the community shopped for groceries and other necessities, which were then re-sold in their store. Johanna enjoyed cooking and baking, as well as weaving, estate work and horse back riding. Brigitte loved the candle dipping workshop the most. During my time at Maison Emanuel I focussed on pottery, but also participated in the cooking, college, theatre, Eurythmy, painting, estate work, farming and candle dipping.

Lunch was at noon, and in which ever house one had helped prepare the main warm meal of the day, one would eat. An effort was made to invite other people from the community to create a feeling of belonging together. All houses had the same basic way of sharing a meal, such as lighting a candle and saying a prayer or singing a song and then holding hands in a circle to wish each other “Bon Appetit” and at the end of the meal the same in reverse order concluding with a poem of thanks. I noticed that once the candle was lit, people became quiet and once collected they then sang or spoke together. Although there were similarities among the houses, each one was different in decoration and the poems and prayers that were chosen. Finally it was the people themselves who created the atmosphere and made each house unique.

After lunch we would work together to clean up the kitchen and then enjoy the rest time. Villagers went to their rooms to sleep or to enjoy time to themselves, to read, draw or listen to music. Co-workers and houseparents were free to do as they wished, except when they had house watch. I cherished this time, especially at the beginning; since it gave me the opportunity to write and collect my thoughts. Otherwise the daily rhythm had such a continuous flow that I rarely had time to myself.

At two-thirty in the afternoon the pottery started, which was an hour earlier than all the other work-shops. Annette believed that for the adults partaking in the pottery it would not be good to have a rest hour of 2 to 2 ½ hours, but instead to use the time creatively. It was apparent to me that the villagers who were potters were filled with energy and that it would have been counter productive to encourage them to be passive for such a long time. This was confirmed by my observations since times I had seen Johanna sit around and her physical energy would build up and she would get self-destructive by hitting herself and others. The pottery studio provided a place for her to express her energy in a positive way. Villagers came by car from Maison Emmanuel and every member of Maison Julia (except Urs) walked across the street to the pottery studio. The studio was owned by Nori Mishima³⁷, a well known ceramicist in Québec and Japan, who rented out the space to Maison Emmanuel. The pottery studio used by the villagers was one of two studios on his land, the other was used by him and his wife. The studio in which we worked was in a small house, big enough for eight wheels, a machine to flatten the clay, two large working tables and shelves for storage and presentation of finished work. A lot of sun shone in through the windows that made up one entire wall of the studio. This studio also housed the yearly exhibitions Maison Emmanuel held in order to present their work to the public. The pottery team consisted of seven villagers, including Rob, Johanna and Brigitte and four co-workers. The pottery teacher and houseparent Annette held therapeutic modelling sessions from Monday till Wednesday; while on Thursday she attended the houseparents meeting and on Friday she had her day off. Annette holds a degree in curative education. She had worked for five years in foster

homes for children with special needs before studying therapeutic modelling in Switzerland. When she came to Canada three years ago, she took the opportunity to design therapeutic and artistic concepts in clay modelling for the villagers at Maison Emmanuel. Her ideas were enthusiastically accepted and, during my field work experience, she presented the driving force in the studio. Her two days away from the studio gave her the time to pursue her organisational commitment to the community. This gave everybody else the opportunity to work in a different group dynamic and stay flexible to a variety of routines. Annette explained to me how important the two elements change and continuity were at Maison Emmanuel and that the interchange between the two was encouraged. At the same time many co-workers expressed how they felt that the strict daily routine left them now time for themselves. In meetings they often explained how this rigid schedule exhausted them and some co-workers have left the community because of this.

Work at the pottery studio finished around five thirty and we then went home for dinner. It was nice for everybody at Maison Julia to be home across the street from the studio and not use a car. It provided the time to sit in the living room together; at times Johanna and I knitted, Brigitte enjoyed talking about the day's events, and Rob would read comics. Annette had pointed out to me that the time together in the living room was to calm down from the work at the pottery studio before dinner. She had also suggested to listen to the news on the radio in order for the members of Maison Julia to be aware of what happens in the world. Dinner was at six o'clock and was encompassed by the same rituals as breakfast and lunch. We usually ate soup, salad, bread, cheese, peanut butter

and jam with juice or herbal tea. Meals were simple and did not vary much. Each person had their specialty that they would cook or contribute to the common meal.

We closed the meal together and then cleaned up the kitchen. Each evening of the week was spent in several ways: Monday nights we stayed home, perhaps Annette or Urs had a meeting; Tuesday was community meeting; Thursday choir, followed by the house meetings, and on Friday evening was bell choir, followed by Maison Julia's house meeting with the villagers. Time not spent in meetings was filled with flute lessons for Johanna on Mondays, with pottery lessons for co-workers on Wednesdays, or otherwise we baked a cake, wrote letters, knitted or listened to music.

Bedtime for villagers was eight-thirty which was preceded by the closing circle. We all gathered in the living room around the candle, sang together and said the Lord's prayer in English and French. By holding hands we wished each other a good night and the day had come to a close. After the closing circle Brigitte went straight to bed, except twice a week where she took a bath before the closing circle. Rob and Johanna took their showers after the closing and went straight to bed after. The time Rob took his showers was when he could get aggressive towards himself. This would manifest itself by him cutting his eyebrows or hair or he would bang his head against the wall until he had a big blue bump on his forehead. This was in contrast to how he appeared during the day where Rob appeared to be reserved and only aware of his own inner world. Annette explained to me how he turns his frustration in certain situation towards himself, such as not being able to visit his sister as he had hoped for. Another way Rob would express his unhappiness was to wet his pants. After these situations occurred Annette would talk to

Rob about them. She also tried to teach him ways he could express, in situations possible, his wishes early enough to prevent a disappointment. This included that Rob would phone his sister to let her know that he wanted to come for a visit.

4.1.6 Symbolic Images

Annette repeatedly pointed out to me that although pottery and its artistic and therapeutic elements have their place in the healing process, I should realize that the entire day was filled with therapeutic elements. This was aside from specific therapeutic modelling and ceramics. One of these components was the strict daily routine that occurred with little change from day to day. Annette explained how this routine was to establish a confidence in the villagers and to provide a daily routine that held as few surprises as possible.

The integration of therapeutic elements began with the first coming together in the morning, when the co-workers and houseparents met in a circle around a candle to read a saying by Rudolf Steiner. One morning, after we had greeted each other, Annette and Urs explained the significance of the “morning circle” to me as it represented a belonging together and the candle represented the light of life. The sayings were written by Rudolf Steiner to express the weekly changes in nature and according to Annette this kind of reflection on nature “acted as a mirror for humans to recognize possible influences of nature’s changes on the individual” (June 1998). Her husband Urs explained that these sayings “provide a guideline for humans to understand themselves on a more conscious level and be connected to their surroundings” (June 1998). Consciously reading the

saying by Steiner confirmed the anthroposophic belief that the individual is a microcosm and nature is the macrocosm.

Villagers were woken up by the music of flutes which Urs and Annette played (in other houses this would be by singing or other instruments). The playing of instruments was “to wake them to a higher level of consciousness with the use of the high tones of the flute” (Annette, June 1998). The musical greeting of the day was followed by the creation of another circle, this time including all the members of Maison Julia. The reciting of a poem and singing of a song was to evoke the feeling of belonging and greeting each day together. Villagers also had specific responsibilities in order to support them in their individual challenges. Annette, for example, encouraged Johanna to play the flute. This exercise encouraged Johanna to follow the notes of a melody, which gave her support to experience continuation through music. It also encouraged her to enjoy and finish something nondestructive, something she had difficulty with. Rob was autistic and lived in his own imaginary world which made it difficult for him to make contact with others. Therefore, he had to give the beat with the triangle or the tamborine, which required him to give the leading rhythm in order for the group to be able to follow. For Rob to be in the first position meant being aware of himself as part of a group. Brigitte liked to sing and often was the only one, because all others were playing instruments. This gave her the opportunity to do one of the things she did the best, memorizing rhymes. It also helped her to stay focussed and not get lost in chatter.

During breakfast time, as well as lunch and dinner, specific chores were deliberately assigned to each villager and their abilities. Rob had to set the table, which

meant that he had to count each morning who was going to be there. The number of people changed only when somebody had a day off or when guests were staying at Maison Julia, yet Rob had to count every morning to know the exact number of people. All three of them had to check the table before we started eating to make sure that everything they wanted was at the table. This was to ensure that nobody had to get up in the middle of the meal, as well as encourage them to think a step ahead in what was important to them. Rob was the one who started with the singing or praying at the table, again as a leader. Johanna was responsible for pouring the tea or orange juice for everybody. When Gražina/Valerie had served the food, the plate was not handed across the table, but passed along each one in the circle until it reached its place. This was the same for passing everything else at the table in order to include everybody at the table and reinforce the feeling of being part of a larger group.

At the table and in other situations, Johanna often hit herself and others. If this became too severe and disruptive, she had to leave and go for a walk or go to her room. It was difficult to watch her hurt herself and to feel such aggression in the room. She usually knew herself when it became too much and went to her room or for a walk outside on her own, knowing that it would help her to collect herself. This put her in a situation where she had to make the decision of whether to continue being part of the group which she liked, or be by herself. This meant that she had to stop being self-destructive and allow herself to experience continuous positive emotions in situations she enjoyed. Different situations throughout the day would provide her with the opportunity to learn not to be self-destructive and enjoy what she was doing.

Meals were closed by everybody and Johanna would put out the candle. Then we would pass all our plates to Rob and the place mats to Brigitte who had to lay them on top of each other. This helped her to make use of her hands as much as possible. It was also difficult for her to concentrate and finish a chore without being distracted and talking about something else. In the evenings, Brigitte was in her Orthopodium at the sink to rinse the dishes. This allowed her to stand up with support and make use of different muscles in her body. Julia's job was to wipe the table and sweep the floor because she used to be shy and nervous around others. This task gave her the opportunity to be around others and she would have to ask to get to the garbage or for somebody to move so she could clean the floor.

After breakfast we left to go to the Monday morning circle, college or the workshops. Each one of them was to act out and experience what I described as being John's, Julia's or Belinda's challenges in the earlier paragraphs. By extending the therapies and medical treatments of the villagers to awareness of every day situations, the community hoped to reach the individual on as many levels as possible - reflecting the goal of Anthroposophy.

The remainder of the day continued to be structured around balancing being part of a group on one hand and working independently on the other. Each villager, co-worker and houseparent was integrated according to their abilities and the challenges they had to meet. Everybody was asked to contribute what they could in order to live up to the common goal. This philosophy is perhaps summed up by Rudolf Steiner's brief statement:

The healing social life is only found when in the mirror of each human soul the whole community finds its reflection, and when in the community the strength of each one is living (Steiner, 1966:2)

4.2 Friedrich-Husemann hospital

4.2.1 Hospital Chronicle

The Friedrich Husemann hospital for psychiatry and neurology is located in the south-western part of Germany in the Black Forest in a valley east of the city Freiburg. The hospital was founded in 1930 by Dr. Friedrich Husemann (1887-1959) and his wife Wilhelmina Căcilia Husemann (1891-1966). The hospital's philosophy is based on Anthroposophy which was initiated when Dr. Husemann met Dr. Rudolf Steiner in 1910 when Husemann was 23 years old. Dr. Husemann found in Dr. Steiner a teacher who provided answers to his questions on spirituality and the cognitive processes of the human mind. After one semester in theology, Dr. Husemann changed to biomedicine and graduated in 1912 from the University of Marburg. In the following years, he studied psychiatry and in 1920 took the first courses offered at the Goetheanum in anthroposophical medicine, taught by Steiner. He became an active member of the Anthroposophical Society and in the fall of the same year presented the paper *Psychiatric questions discussed from an anthroposophical perspective*. Dr. Husemann continued to work in psychiatric hospitals, gave papers internationally and was among the doctors who initiated the first anthroposophical hospital in Stuttgart³⁸ in 1922. In his autobiography, Dr. Husemann discussed the treatment of patients and the dominant perception of mental health care in Germany in the 1920's and 30's. He described it as nihilistic, especially

within the realm of therapies. He thought that patients were being over medicated and that their states were perceived as incurable and helpless. This attitude was partly due to the perception that patients with mental illnesses were referred to as “crazy”[verrückt]. At the same time an increasing interest in Tiefenpsychologie (in-depth psychology) and the development of psychoanalysis by Freud became popular. However, Dr. Husemann thought of these trends as destructive, providing a materialist perception of human kind focussing only on human desires and not beyond.³⁹ Based on Steiner’s notion of human beings Dr. Husemann developed a three-fold program of therapy⁴⁰ for mental illnesses: 1) medication for the physical part of the body 2) art therapy for the soul/spirit and 3) psychotherapy recognising the individual. This three-fold therapy included Dr. Husemann’s concern for scientific expertise that included artistic imagination as well as the desire for truth, spiritual recognition and understanding. These developments led him to open his own Sanatorium near Freiburg in 1925 with capacity for twenty patients. Unsatisfied with the relatively limited possibilities of his Sanatorium, he opened the hospital five years later, at the age of forty-two. This allowed him to work on a larger scale.

Friedrich Husemann’s wife, Wilhelmina Cäcilia Husemann who had been pursuing an artistic career until she changed to working as a curative Eurythmiser⁴¹, shared her husband’s interest in Anthroposophy and medicine. She had also studied Anthroposophy and took Steiner’s courses in Eurythmy at the Goetheanum at the same time that her husband was enrolled in the medical seminars. Eurythmy is an art of movement created by Steiner based on language and on tone and has been described as

“visible speech and song”. It is composed of gestures, each gesture having a precise meaning like a consonant or vowel, tone or interval, which it portrays. Just as each sound of a language or each tone in music offers a great variety of nuances according to the context, so has the corresponding gesture in Eurythmy an equal variety of expressions. Wilhelmina Cäcilia Husemann gave Eurythmy its important place among the other therapies offered at the hospital. She is also remembered for her life long commitment to enriching the cultural and creative lives of patients and staff members.

4.2.2 Physical environment

In the late 20th century, Dr. Husemann’s philosophy and the influence of Anthroposophy remain influential in the hospital in the form of its medicine, therapies, architecture and social structure. At the time of purchase, the hospital grounds included two houses, Villa and Forsthaus built in 1909, the farm Maierhof Wiesneck, the Wirtschaftsgebäude (economic building, 1906), and a small turbine building for electricity. These buildings still exist today and have been renovated and extended since then respecting anthroposophical concepts of architecture. Today, there are five houses with apartments and rooms for the staff including doctors, apprentices, nurses, therapists and their families. There is also a kindergarten for children of the staff ages three to six. Staff members who wish to live off the hospital grounds reside in the nearby towns or villages.

Art therapies were held in several buildings, while therapeutic modelling, ceramics and painting had their own studios as did wood-working. Other therapies

included music, weaving, Sprachgestaltung⁴² (creative speech), curative Eurythmy, gardening, farming and cooking. The Wirtschaftsgebäude housed the kitchen for the entire hospital and two dining rooms, one for patients and one for the staff. Nearby was the small old age home and the farm⁴³ with cows, chickens, pigs and horses. The garden and farm were run according to bio-dynamic principles that Rudolf Steiner had outlined during his time. There was also an independently run store⁴⁴ on the hospital grounds that sold: books by and on Steiner and on Anthroposophy, poetry, philosophy, art, history, jewellery, gem stones, paint, paper, post cards, chocolate, granola bars, coffee, tea, Kleenex, soap and toothbrushes. This store was a popular place for many and shopping there was a welcomed pastime for patients who enjoyed buying “treats” for themselves. The Raphael house provided rooms for music therapy as well as a stage for the weekly cultural performances (concerts, talks, plays, Eurythmy) put on by hospital staff and guest speakers. These Sunday performances have been a tradition for the last 70 years and the stage hosts many other events throughout the year. The Michael and Johannes houses include the five wards (103 beds) for the patients and the administrative offices.

Walking paths connected all of the buildings and a main road leads through the centre of the hospital grounds. This road was big enough for cars, yet it was only used when people arrived at the hospital or in case of an emergency. There were parking lots to both sides of the hospital for visitors and staff members. This main road was also one that connected two neighbouring parts of Buchenbach and allowed the general public to pass through. The open concept of the road made the hospital part of the region and gave access for cyclists and hikers. The hospital grounds in general gave ample opportunity to

reflect while sitting on benches where one was surrounded by flowers, plants and beautiful trees. One section of the grounds was dedicated to a small waterfall which led to a pond with lily pads and numerous dragon flies. In front of the Johannes house was an Aurora, a fourteen pillar rondel, modelled in Greek classical style to provide a space for walking and reflecting⁴⁵.

On the ground floor of the Michael house one could find the reception area, the offices of the three physicians in charge and the psychologist⁴⁶. On the second and third floor were the wards, Station Palmer and Station Noll. Each floor had twenty-three beds for men and women, each room accommodating two to three. There were common washrooms and bathrooms, a room for treatments (aroma therapy wraps and oil-dispersion⁴⁷ baths), the doctor's office, room for the nurses and a patient lounge. The wards were described to me by the doctors and therapists as too small and not giving enough privacy to the patients. Both wards were open concept, which allowed the patients to come and go as they wished. All meals were taken in the dining room in the Wirtschaftgebäude which was a three minute walk from the Michael house.

The Johannes house included the wards Oberstock, Mittelstock, Unterstock and the maintenance office and laundry facilities in the basement. Each ward held about sixteen beds for men and women, one to two people per room. There were also common washrooms and bathrooms, a room for treatments (again, aroma therapy wraps and oil-dispersion baths), the doctor's office, a room for the nurses and a patients lounge. In addition these wards had a dining area, a kitchen and a washing machine. Most meals were brought to the wards from the central kitchen, but it was also part of therapy for

some patients to cook on Saturday night. Their own kitchen gave them the opportunity to prepare coffee or tea. Patients were also responsible for cleaning and tidying their own rooms and washing their personal laundry. The wards were open during the day; closed at night when they can be only reached by calling the night watch man. The structures and rhythm of the wards were similar, yet they were relatively independent of each other. The character of each ward was a reflection of the people that worked there as well as its patients.

Part of the Johannes house was the geschlossene Frauenabteilung (closed women's ward), which was in a separate tract of the building with its own, fenced off 85m² garden for security. It had eleven beds with one to two women per room. This ward only had the patients' rooms, a central patient lounge and a nurse's room that overlooked the entire ward with the doctor's office just outside the main entrance. The ward was closed at all times as were all windows and, due to possibility of suicide, no sharp objects were allowed. The movement in and out of the ward was highly supervised and two nurses were present at all times. If patients wished to leave they had to be accompanied by a nurse or doctor. All their meals were brought to them from the central kitchen three times a day.

4.2.3 Time & Responsibilities

Usually patients came to the Friedrich Husemann hospital voluntarily, at times encouraged by a family member. There have, however, been cases of people being referred to the hospital by court order. The beds of the hospital were always full and there

was a waiting list of many months⁴⁸. The cost of a patient's stay at the hospital was covered for a specific time frame by the public health insurance. This length of time was established prior to the patient's arrival by their doctor. The decision was influenced by the patient's personal situation (family or work obligations and finances) and the availability of beds and therapies. Patients generally stayed at the hospital anywhere between fourteen days and fourteen months. Others took longer to be released, sometimes, up to eighteen months. People coming to the hospital for treatment were from a variety of social backgrounds, including mothers, accountants, entrepreneurs, photographers, carpenters, academics, therapists, teachers, butchers and doctors. Their reasons varied widely, including severe depression, psychosis, neurosis, paranoia, change in life situation (marriage, retirement, death, living alone), and being mentally challenged or in danger of committing suicide.

A patient's main responsibility was to keep his or her therapy time schedule and to become part of the hospital community for the duration of their stay. The type of therapy suited for a patient was initially decided by the doctors. If at any point during the therapy a patient, therapist or doctor had doubts as to its benefit, changes were made accordingly. These could include a new approach within the same therapy or require that the patient began a new type of therapy. Depending on the therapy there were anywhere from eight (e.g. pottery) to sixteen (e.g. music) patients in one group. These groups also changed when new people joined or others left. Patients came together in therapies according to their needs and not based on which ward they stayed. Other responsibilities and contributions of patients were determined by the wards, such as cooking on Saturday

evenings, taking care of plants, doing laundry, some light cleaning or participating in musical evenings. In their spare time patients go for walks, sing in the weekly choir or receive visits from family members. The amount of spare time and time spent on therapies depended on the individual.

A ward may be “open” and “closed”, however the general goal is to create a balance between discipline and freedom. The wards Noll and Palmer are open, which means that patients could come and go as they wished within the boundaries of the premises, i.e. without having to tell anybody. The wards Oberstock, Mittelstock and Unterstock were open wards during the day and closed at night. Although they were considered open, the doors were locked at all times and patients had to ask a nurse to unlock the door and tell where they were going. At the beginning of the stay at the hospital, patients went for walks in groups of two to three accompanied by a nurse. Later on in the treatment patients could go for walks by themselves if they wished. During the day, smoking was permitted outside only. During the night, patients were allowed to smoke in one particular washroom on their floor.

Meals were served either in the ward or in the dining room at 8:15 am, 12:15 pm and 6:15 pm. While this might be a usual imparting rhythm, at the hospital the meal time was one of the main markers that gave each day the same particular rhythm. Patients or staff members had the choice between vegetarian or meat dishes for which many ingredients were produced at the hospital garden and farm.

The day came to an end when the wards closed for the night at nine o'clock and silence requested as of nine-thirty pm. Patients were allowed to read in bed after silent

time, but importance was given to calmness on the ward for those that wished to sleep. Staff members lived the same daily rhythm as the patients with some difference occurring due to shifts. If staff members did not wish to go home during rest hour, they could stay and sleep in rooms that were provided for that purpose.

There was some movement between the wards depending on the availability and the need of the patient. Of the three wards in one wing of the Johannes house, the rules in Unterstock were most strictly enforced. If a patient needed more emphasis on working therapy (cooking, farming or gardening) she or he moved to the Oberstock. The Mittelstock concentrated on rehabilitation and patients stayed there until they left the hospital. Women that left the Frauenabteilung moved to the Mittelstock and it was usually on this ward that patients stayed for longer periods. Noll and Palmer did not have any exchange with the other wards, because they had patients with psychological rather than neurological disorders. Movement and placement was also determined by the availability of beds, the therapies and the length of stay of the patient.

Patients often came to the Friedrich Husemann hospital from other institutions or hospitals. Caroline explained in great detail how this raised the problem of adjusting different approaches of therapy or medication to the one offered at this particular hospital. She said that importance was given to social awareness and integration of each patient into the hospital community. As described earlier, it had been important to Dr. Husemann to address the physical, spiritual and individual needs of each patient and this remains the philosophy of the hospital today. These needs vary from person to person and demand of staff members dedication and flexibility. Caroline had pointed out repeatedly how often

patients were strongly effected by psychopharmarca and that it was challenging to integrate the psychopharmaca and change to anthroposophic medicine within a relatively short period of time. This challenge provided the hospital staff with one of the biggest problems and affected the patient's therapy in many ways. Caroline explained how that effected therapeutic modelling, where the sense of touch is primarily used. If patients were on too much medication, they were often numb in their hands and fingers.

Difficulties also lay in the time certain therapy required, such as in therapeutic modelling where the time needed for completing the process was dependent on the patient's inner ability and willingness. Outside circumstances did not always allow for the required time a patient needed to go as far in a therapy as necessary for them.

Part of the challenge of the therapy at the hospital lay in patients leaving it. The social and communal aspects of life at the hospital did not always find a continuation after. Social services at the hospital tried to discover together with patients, doctors and therapists what aspects within the patient's former social environment might have contributed to or triggered their illnesses. Once these had been identified, social services helped the patient, if necessary, to find a new or temporary living arrangement, begin a new phase of education or find work. The hospital put an emphasis on teaching patients life skills that allowed them to cope with new circumstances past their stay at the hospital. This is imbedded in the basic philosophy of the hospital which recognizes illnesses as a stage in a person's life and therefore cares about the continuation of the healing process beyond the space and time boundaries of the hospitals. This is an important part of the healing process withing Anthroposophic medicine.

In order to provide care for the patients there were three physicians in chief, 20 doctors, one psychologist, 15 art therapists, and 180 staff members employed at the hospital. Doctors, nurses and the psychologist had a biomedical background in addition to a specialized education in anthroposophical medicine. Art therapists can either be trained by studying in a school that offers training in all art therapies or in a specialized anthroposophic school. In both cases students are required to then work for an additional two years at an anthroposophical institution as an apprentice, if they choose this specialization.

The pottery studio was run by two full-time art therapists and two apprentices. Winfried Jenseits had learnt therapeutic sculpting and ceramics by first being the apprentice of the founder of the pottery studio Harold Headhigh⁴⁹ and later working at his side for fifteen years. Caroline Arruda had studied fine arts for three years in France after which she returned to Germany for her studies in art therapy. Before she started working at the hospital she gained experience by teaching in Paris at an anthroposophic school influenced by Margarethe Hauschka for five years and in the anthroposophic art therapy school in Blaubeuren, for two years. When I met her, she had been working at the Friedrich Husemann hospital for the previous three years. Alexandra Hausner was in her first year of anthroposophical training and Sybille was in her second year of school fulfilling requirements for a one month apprenticeship. During my stay at the hospital I was adopted in the role of an apprentice.

Communication was a vital aspect of life at the hospital. Patients met with doctors, doctors with therapists and in turn with patients. Weekly or bi-weekly meetings

brought together doctors with doctors, and therapists with therapists as well as nurses and other staff members. Different sections of the hospital, such as wards or administration, also consulted together. These meetings were taken seriously and the exchange of ideas, suggestions and problems was considered the main feedback system for a functioning hospital. It was also important for the community to come together not only for work, but for some of their spare time and everybody was expected to contribute⁵⁰. Each morning some of the staff members (about 22) got together in the morning circle and greeted the day together by singing and reciting a poem. On Sundays, the community met in the main hall for artistic performances or presentations. People of the Glaubensgemeinschaft⁵¹ (congregation) came together to celebrate and discuss the religious aspects of Anthroposophy. Outside of the hospital grounds, people from the pottery and painting studios got together on a weekly basis to go for dinner, a pub night or to go to movies or theatre performances. The whole hospital community also celebrated seasonal events together, such as Christmas, Carnival, Easter, Pfingsten and the Michaelmas on the 29th of September⁵².

4.2.4 Daily tempo

Although I lived on the premises, it was impossible for me to take part in all aspects of life at the hospital and my daily rhythm revolved around the pottery studio. When I first arrived at the hospital it was a late Thursday afternoon and I was greeted by Mr. Kunz, the music therapist who had been my contact person.⁵³ Before arriving at the hospital I only knew that I had a room at the hospital rented for a month, but I did not

know the size of the hospital or where or how I would find my place. Mr. Kunz showed me my room in the Zedernhaus , suggested that I begin my “official” stay by being present the next day at the morning circle at eight o’ clock and then he rushed off. I unpacked, walked around the hospital grounds and discovered that I had missed the dining room hours for the day. I had originally expected to fully become part of the hospital, but I had to find my own way for the midday break, evenings and week-ends.

My main concern at that point was food and for the first few days I ate at the dining room. Breakfast included tea, coffee, milk, breads, jams, müsli and cheese. It was served between seven and nine o’clock in the morning. I discovered the hard way that I had to put down my name on a list in the morning in order to have the reservation for a lunch serving between twelve o’clock and one-thirty. Lunch was the main meal of the day and it included soup, salad and the main course (either vegetarian or meat). I skipped lunch that day, but made sure I was on the list for the next day. Dinner was between six and seven o’clock and included breads, salad, cheese and cold cuts. In order to be allowed to help myself to food I had to buy a Essensmarke (food coupon) for each meal at a vending machine at the entrance of the Wirtschaftsgebäude. Needless to say, the first day I did some running around to find change for the machine in order to be able to buy a coupon. The vending machine had different price categories; one for staff members and one for guests. With the coupon in hand I then would enter the dining room and put it in a glass jar near the buffet and the person serving the food would write down my name. The atmosphere in the dining room was friendly. People recognized me as new to the community and some introduced themselves and showed interest in my reason for being

at the hospital. The windows were big and each table had a table cloth and flowers on it, but no particular pre-eating rituals were held.

The first day I arrived at seven o'clock in the morning for my breakfast and ate alone. I later realized that most people have breakfast after the morning circle at eight-fifteen, before they start work. Lunch was the busiest time and dinners again calm. The meals were expensive and after a few days I decided to cook for myself in the communal kitchen on my floor. I would call one of the gardeners in the morning and order vegetables, which I then was able to pick up at noon. The rest of my food I bought in a small supermarket in the centre of Buchenbach to where I would catch a ride with one of my work colleagues from time to time. Eating in the small communal kitchen gave me the opportunity to meet with other staff members, mostly short term apprentices like me.

On my floor there were eight other rooms, two common bathrooms and the kitchen. This kitchen also had a phone which received phone calls for all people on the first and second floor. Whoever was closest to the phone would answer it and then knock on the person's door. In order to be able to make phone calls one had to arrange the right to a phone line by obtaining a special code at the reception desk. This code allowed me to make phone calls within Europe, but not to Canada. To call overseas I had to buy a phone card and go to a public phone booth that was located on the hospital grounds. As I met people on my floor I discovered that my room was the only one with a sink and all other rooms were just big enough to hold a bed, closet and small desk for writing. Located on the ground floor of the same building is the anthroposophical library (which I could never go to because their opening hours conflicted with my working hours), a room for some of

the weekly meetings and the store. In my spare time, I would walk to the train station Hinterzarten to go to Freiburg which was ½ hour away or go up into the mountains of the Black Forest for hiking.

My daily rhythm consisted of getting up at seven o'clock to have breakfast and then at eight o'clock I would participate in the morning circle at the Raphael house. The first time I took part, Dr. Schneck, one of the physicians in charge, asked me to introduce myself to everybody present. This circle provided the space for people joining or leaving the hospital community to introduce themselves as well as to share other news or announcements. It was also an opportunity to connect with people that one would not see during the daily routine, and it gave me the chance to ask people to interview them or others coming towards me offering their help. Participation was not mandatory and any of the staff members could become part of it. Each week one person would recite a poem that they had chosen (e.g. Nelly Sachs, Albert Steffen) and somebody else would have picked a song that we would then sing for a week. In my first week, we sang a Hebrew song that was taught to the circle by a Eurythmist who was visiting for several weeks from another anthroposophical hospital in Jerusalem. In the other weeks, we sang in Dutch, English and German. At the end we held hands in a circle and wished each other a "good morning". Two other people from the art therapy building were part of the morning circle and at around eight-fifteen we walked together to the studio.

The art studio was a two story building with pottery on the ground floor and painting on the first. The pottery studio consisted of five rooms: a small meeting room for the therapists, two rooms with kilns, one room with space for storage and glazing and a

room for working at a wheel with a huge shelves holding examples of work. The room that patients worked in also had huge shelves with many sample works, a wheel and four working tables, providing the space for two patients each and two chairs on the side for therapists. The entire studio had many windows, some as high as three metres. All tables were situated in front of windows, some of them facing the pasture. The working environment was generally calm, allowing people concentrate on their work.

The therapists and I started the morning by sharing a cup of coffee or tea. In the next hour Caroline and Alexandra discussed special events of the day, as well as individual patients that came in the morning and their progress. At times doctors would offer their opinion⁵⁴ on patients (one at a time). Their descriptions provided insight into the patient's daily life. The morning hour also gave us the opportunity to discuss questions about Anthroposophy, art or therapeutic modelling.

At nine-thirty, the first group of patients arrived for their forty-five minute to one hour session. Patients from Noll or Palmer arrived individually, while patients from Unterstock, Mittelstock or Oberstock were accompanied to and from the therapy sessions by a nurse. There were some situations in which patients would come and go by themselves if they had demonstrated reliability and integration into the hospital a group with a nurse (who remained present during the session) and returned the same way. The patients of the other wards took part in the therapy sessions according to their time schedule and not as a closed group. During my time at the hospital one of the patients of the women's ward had just attempted suicide, and upon the recommendation of her doctor, Alexandra went to the ward to work with her there. In the pottery studio, this was

an exception rather than the rule; however the painting therapist worked with patients on their ward more frequently. Some patients also were able to take clay with them to work in their spare time, provided it had been approved by the doctor and staff of their ward. If a patient did not show up for their therapy session, Alexandra or Caroline called the ward within ten minutes to find out why they were not present. Time schedules were arranged between the therapists and a nurse on the ward, if a patient did not agree she asked for the appropriate changes.

A therapy session began by patients coming in, putting on an apron, taking their work, some clay and finding a place to sit at one of the tables. The studio was clean and clearly arranged. This was an important element of the therapy. Alexandra explained that patients gained a sense of security entering an environment that was clearly arranged and similar each time. During the therapy sessions Caroline and Alexandra worked with specific patients, whom they had agreed upon before, although both of them remained aware of all the patients in the room. They sat from time to time beside their patients and gave them feedback on their progress or recommendations on what to work on next. This was done either verbally or with hands-on demonstration. It was important for them to find a balance between giving guidance, while at the same time not overtaking the work of the patients. In between working with individuals they went back to the therapists' room to write down information, get feedback from each other or let the patients work on their own. The door of the therapists' room was closed most of the time and provided a visible and auditory division to the rest of the studio. One of the apprentices of the Frauenabteilung, Michael, lived on the same floor as me. We met on a regular basis in the

kitchen to chat. He told me how patients had mentioned to him how strange they feel when the therapists return to their room and speak behind closed doors. The apprentice contemplated the negative effect this “closed door” and visible barrier this door represented. He also pointed out to me that the doors would not always be closed and how the patients would hear the comments the therapists made about the patients. Among the patients there was little talking and if there was, it was done quietly in order not to disturb the others. After a session was over, the patients put away their work and aprons, cleaned the table and maybe discussed their experience with one of the therapists. If patients needed to be picked up, one of the therapists would phone the ward and tell them that the session was over. Until the next group arrived Caroline or Alexandra marked down in a book what a patient had done that day and discuss if anything uncommon had happened. This log book was divided into the following sections: date, activity, how patients engaged with their work and the therapists comments. I was struck by the constant self-reflection the therapists went through, individually, in the group and indirectly with the patients. Caroline and Alexandra explained to me how important it is to be in balance within oneself and the group of therapists in order to be able to work with psychiatric patients. This was necessary to provide good guidance throughout the therapy process for the patients.

At eleven o'clock the second group of patients arrived for their therapy session which lasted until just before noon. At twelve o'clock everybody went for their lunch hour which finished at three o'clock. During these three hours I was able to do a lot of writing and to spend time walking on the hospital grounds. At the beginning I also slept a

lot during my breaks, because I found the work in the pottery studio demanding and draining. The work was intense, not necessarily because there was much action, but it was rather individualistic. I did not deal with patients directly, but became part of each group that came by creating my own projects. During this time I learnt what Caroline or Alexandra had suggested to me: I started out with the platonic bodies, continued with two vases and ended with the metamorphose series of a bear (details are described in the pottery section). I barely managed to finish my work within the time I was at the hospital and would have liked to stay longer. The other therapists felt that three hours for lunch was too long and that at times it broke the working rhythm, which made it difficult to return. Again I was happy about the long break, because everything at the hospital was new to me and I had the opportunity to explore other things in between the morning and afternoon sessions.

Aside from working in the pottery studio I also participated in music therapy four times and Eurythmy three times a week. Mr. Kunz did not introduce me to the group of patients in music therapy (as had been the case in pottery), but I received a warm welcome from patients who recognized me from the pottery studio. The patient choir on Thursday evenings was less intimate as patients interacted less with each other. The Eurythmy group consisted of five people of the hospital staff which was preparing a performance for the Michaeli fest. The Eurythmists was kind enough to let me participate for a few weeks although I would not be present for the performance.

We returned to the studio at three o'clock with patients arriving at four o'clock. During this hour Caroline and Alexandra discussed the patients coming for the afternoon

or another doctor came to talk about patients on her ward. This time was also used to have meetings concerning the pottery studio, to give each other feedback or discuss the progress of the apprentices⁵⁵. Depending on the afternoon, there were either one or two groups. The time that Caroline or Alexandra did not spend with patients or in meetings, they worked on their own projects. This was important in order to keep a balance between the therapy and personal experience in working with clay. Both were sculpting while I was there, one a bust of a man and the other a skull. At the end of the day we made sure the studio was clean and put up the chairs for the cleaning crew. On Wednesday afternoons there was no pottery, because the therapists had their meeting. Instead, we worked on Saturday mornings from eight-fifteen until noon. This time schedule ensured that at least one therapy was available for the patients from Monday to Saturday, while Sunday was reserved for cultural events. This way the patients were taken care over the entire week.

At the end of the day, I would return to the communal kitchen to make myself some dinner and talk to the other people. Not all the rooms at the Zedernhaus were taken and it was a rather calm time. This changed at the beginning of September when people came back from their summer holidays. On some of the evenings people, from the art therapy group would get together for dinner or a movie. Most of my evenings were spent writing, talking to others on my floor and going for long hikes. It was important to get a break of some kind from the hospital in order to be able to return to work with a relaxed mind the next morning.

4.3 The Pottery Studios:

The pottery studios at both Maison Emmanuel and the Friedrich Husemann hospital follow a therapeutic process that is based on Anthroposophy. Influenced by the therapist's personal experiences of therapeutic modelling and ceramics, the therapy itself as well as the structural surroundings of the communities, holds a slightly different focus in each studio. At Maison Emmanuel villagers created vases, plates, cups and had "free creation" time, meaning that villagers were able to form out of clay anything they wished. During one of the pottery sessions in October, Annette reflected in the middle of the work and said to me: "Everybody is so happy these days. I think that is because they are all involved in a continuous process of making vases. This gives them room for their own interpretation. It is a wonderful atmosphere. Everybody is so focussed." The Friedrich-Husemann hospital was a more structured environment and patients modelled platonic bodies, vases or the metamorphosis of animals. Alexandra explained to me how "the nature of problems of the psychiatric patients calls more for the platonic bodies, to give structure to their lives and emotions" (Interview, September 1998).

Aspects of the therapeutic process are not only imbedded in shaping particular objects, but in the complete process of creating a piece, firing, glazing and firing again. Before starting out on a particular project the clay needed to be wedged. For this, one has to take a certain amount of clay, stand in front of the table, one leg in front of the other and, using the whole body, wedge for about ten minutes. "This wakes up the body, it gets it moving and you can feel it all over" (Annette, May 1998). Annette explained to me how this movement increases the circulation throughout the body and thus connects its

different parts. It is also important that no air pockets are allowed inside, because they will explode during firing. This not only destroys one's own work, but that of others "and that would not be fair, we have to make sure of that" (Annette, May 1998). Next, it is important to conceptualize the piece one wishes to create, because as Caroline put it: "out of nothing will come nothing." During the work process one has to, at times, focus on detail or back away from the work to observe the overall shape. This means that walls should not become too thin, to avoid cracking, nor too thick otherwise they would not be able to carry their own weight. In general it can be said that while working one has to be focussed and balanced in order to be able to shape the clay. As Alexandra explained, any emotion one shows or the internal disposition one has, "is immediately reflected in one's piece of work, eg. too aggressive, the piece will not be able to hold its shape, too soft, it will not hold any shape - it is as if one works in front of a mirror." Before starting the modelling of a particular piece the clay is shaped into a ball with both hands in one's lap. The ball, as the basic shape found in nature, is considered to have a grounding effect. Caroline explained that the ball also connects through its form "the person with his or her inner most self," drawing attention away from the head into the hands and groin area. From this point a particular project is started.

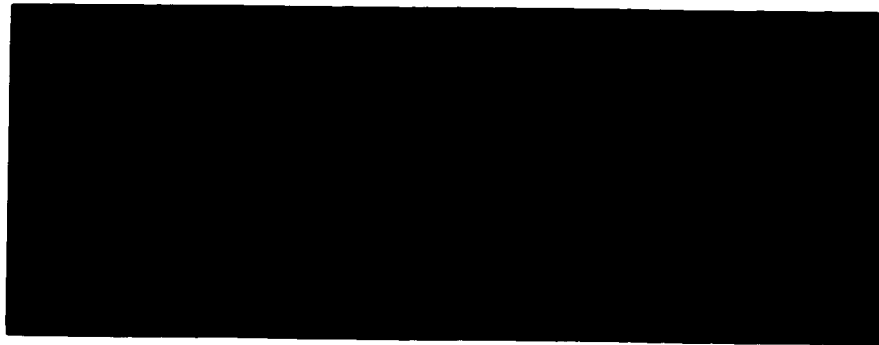


Figure 4: Collection of vases, August 1998.

Vases at both Maison Emmanuel and at the Friedrich Husemann hospital were modelled in all shapes and sizes (30-80 cm tall & 20-40 cm wide) and included some with wide centre parts closing to the top or starting with a slim body opening upwards. Many shapes suggested to patients or villagers were modelled according to vases of the Greek period, which according to Steiner represents an era of perfectly modelled, physical representation. Vases are considered by Steiner as vessels that carry a feminine element due to their shape and ability to hold a substance. To create a vase, one forms the initial ball into a flat circle which will act as the bottom. Coils are then formed and added in a circular motion. At this point it is important to make sure that all coils have a similar size and are connected well to one another. Annette described to me how “Johanna has trouble with that, she rolls them and rolls them and at the end they are dry and brittle. It’s important for her to go on to the next step, for her to add them to model the vase” (June, 1998). In modelling the vases the technique is provided, but patients and villagers have

the choice of shape and size. Embedded in this creation is a continuum through the circular upward building motion. It is this upward building motion, for example, that helps Johanna to maintain the momentum of an ongoing work process. Due to schizophrenic tendencies and a bi-polar mood disorder she has difficulty staying focussed as well as withholding the urge to destroy her work.

Annette told me that “her destructive periods are far less now compared to when she began. She now enjoys modelling clay to such an extent that she applies small coils on the outside of the vases for decoration” (October 1998). At the hospital the making of vases was recommended to patients

“who had difficulty holding on to things, such as thoughts, information or material objects”(Alexandra, August 1998). In this setting patients were also challenged by building vases of a larger size than they had imagined themselves. Through the exercise of the vase they were asked to go beyond what they had thought they were capable of, as Caroline explained, “growing into a new dimension.” This also required that the patient worked on details, such as the opening of the vase, but then be also able to take a step back to observe from a distance the complete work. The modelling of vases was not, however, recommended for people who easily got stuck in moods or thought processes,



Figure 5: Johanna’s vase, June 1998.

such as depression. As an alternative they would be asked to create the platonic bodies or the metamorphosis of animals.



Figure 6: Platonic bodies, September 1998.

Platonic bodies are defined by Steiner as six geometrical and clearly structured bodies, going from a ball to the forms of a *Tetraeder*, an *Oktaeder*, an *Ikosaeder*, a *Dodekaeder* and a *Hexaeder*. Caroline expressed how each one is different in size, because “their size depends on a person’s pair of hands, because platonic bodies are constructed without the aid of tools” (September 1998). Mainly, one has to be able to feel and see when a platonic body has reached a balanced shape and little room is left for interpretation. This process is not one of individual creation but rather of replication. By going through a series of transformations of the platonic bodies the patient experiences how one form holds many others, yet how on the other hand each one has a specific structure. The

platonic bodies are part of the therapy program at the Friedrich Husemann hospital and are recommended for patients with severe depression, hallucinations or delusions. This exercise focusses on the sense of touch, creating a connection with “one’s own geometry” (Caroline, August 1998). Through this exercise one is able to recognize one’s own connection to the space surrounding, teaches a way of “relating”. On a larger scale it

reconnects one to the structure of the cosmos by reconstructing it on a small scale within each platonic body. This structure is then “transferred” (in Steiner’s way of understanding), reflecting the concept of the microcosm and macrocosm. Another aspect of the platonic bodies is to create confidence in change, symbolized by each form carrying the others. This provides the possibility to understand that change is a continuum and not a disconnection from the former situation. As Caroline explained to me “creating one platonic body means becoming clear about boundaries and then to be able to “destroy” that form in order to move on to the next. It allows one to practice on a small scale the emotions of accepting and letting go. This can cause a moment of insecurity - going from a clear structure to chaos - to then experience the creation of a new form out of the old” (August 1998).

The metamorphosis of an animal is also modelled in order to experience transformations and is “even more challenging”, according to Alexandra. In creating a particular animal one has to be able to recognize its inherent characteristics and movement. At the Friedrich Husemann hospital, patients had the choice between modelling a bear, lamb or bull. The patient would either identify with the animal or by modelling it, wish to explore their central characteristics: the bear symbolizes strength, the lamb softness and the bull stamina to pull or push things, as Caroline says. The objective of creating a metamorphosis of an animal is to experience the development of life itself. Compared to the platonic bodies it is an “alive form” that can be recognized and related back to nature. As in the other exercises, the patient starts with a ball, considered an archetype of the forms present in nature. Out of the ball an egg is modelled.

“This is a difficult step”, Caroline said “because of its shape and rocking motion - the egg is considered creating a connection between the earth and the sky.” The next step, the germ, is also challenging. The germ holds opposition within the convex/concave form and requires that one develop a delicate feel of its details. During the next three to four steps the patient slowly has to tease out the developing forms of the animal. The end piece is the animal through which one has to be able to recognize the overall interplay of muscles and the general disposition, whether strength, softness or stamina. It is also important that all limbs of the animal are



Figure 7: Metamorphosis of a bear, September 1998.

interconnected and that it is well proportioned. “It is a challenging project and not many patients feel qualified enough to take it on” (Caroline). The platonic bodies and metamorphosis of animals require patience and can require that one particular step be repeated several times. Often the clay dries out and one has to start over with a fresh piece of clay.

At Maison Emmanuel, Annette also engages the villagers in group therapy. This kind of therapy raises awareness of the villagers of group being part of a group dynamics. At the same time, when their final works are displayed, the villagers self-confidence is raised. Annette pointed out to me repeatedly that: “self-confidence is central to our work

at Maison Emmanuel. Villagers need to feel that they are part of a working process, creating something that is useful, but then it is like that for all of us.” Villagers assembled ceramics such as plates, cups, casseroles and bowls. Each member in such a project, whether plates, cups, casseroles or bowls, was required to contribute one step in the working process. This could be wedging the clay, flattening the appropriate amount, cutting out and assembling the parts, decorating or glazing. Who does what is decided based on an individual’s capabilities. Brigitte, for example, is not able to flatten the clay, because it is done with a machine and she only has full use of one hand. Instead, she enjoys assembling the pieces and decorating them with the help of a co-worker. The entire process presents a rhythm whereby each member of the group is connected by the work. It raises the awareness of one’s responsibilities with respect to the other members of the group, because successful completion depends on each member of the group. A certain number of the pieces are used by the community as daily household items, but most of them are sold in exhibitions in Val David or Montreal. In addition to the vases and dishes, villagers at Maison Emmanuel at times are given the opportunity to create something original of their own. Only a small number feel comfortable with this situation, however; most prefer to continue with the usual forms.

Caroline had told me throughout my stay that “it is important that the force comes from within the clay and not from the outside. Your work will never feel complete if you are not in it...you experiencing the piece is vital in bringing these pieces alive and through this awareness you understand, your body understands even if you are not aware of it.”

5. Conclusion

In this thesis, I present an ethnographic study of the life worlds of three art therapists working in therapeutic modelling and ceramics in two anthroposophic communities. In order to capture the individual experiences, I record narratives of Annette Argauer working at Maison Emmanuel in Québec, and of Caroline Arruda and Alexandra Hausner at the Friedrich Husemann hospital in Germany. All three therapists emphasized that their own experience with therapeutic modelling and ceramics is intimately intertwined with the therapeutic process. This embodied knowledge enabled the therapists to individually negotiate each patient or villager relationship. Throughout the research, it also became apparent that the therapeutic process was not limited to the time in the studio, but extended into the routine of daily life.

The therapists Annette, Caroline and Alexandra elaborated on how developments in their own lives are intimately connected to therapeutic modelling and ceramics. Alexandra explained that “where I am now has a lot to do with what I brought with me in life experiences”. Talking about the therapy, she stated how it would not have been enough for her to specialize in anthroposophic therapy by “just tak[ing] a course [...] or read[ing] a bit.” Instead, she chose to “really experience [this form of therapy] within herself, her own body.” Only then she felt content and confident to work with patients in therapeutic settings. Wilhelm Dilthey referred to this form of experience as *Erlebnis*, meaning that one needed to have “lived through” a situation in order to have experienced and understood it.

Personal experience constitutes a form of embodied knowledge that enables the therapists to negotiate individual relationships with each patient or villager. Caroline expressed how much she appreciated “not just having several clay forms to work with”, but that each patient-therapist relationship required a unique form of working together during the therapy process. Alexandra described her role during the therapy process as functioning as a “frame”. In this role, she provides guidance to patients while they experience working with clay and dealing with the unfoldings. This individualistic element of the therapy process necessitates that Alexandra deals differently with each patient. Not only do the therapists have to be flexible, but, says Annette, they also have to “find the exercises which are right for the patient and [...] see how they take an effect.” This supports what Robert Desjarlais refers to as “knowledge being embodied through the visceral experience of cultural actors rather than articulated through concrete philosophical tenets.”

This individualistic approach is also in keeping with Desjarlais’ concept of “the aesthetics of daily life” and the way in which individuals engage in what Kapferer describes as the “little performances of everyday life”. During my stay at Maison Emmanuel, I experienced a strict daily routine that involved all members of the community. Annette repeatedly pointed out to me that “although pottery and its artistic and therapeutic elements have their place in the healing process, you have to realize that the entire day is filled with these elements.” Both Maison Emmanuel and the Friedrich Husemann hospital implemented a daily routine that captures what René Devisch calls “a rhythm and a vitalizing resonance in and between the body, family, and life-world.”

In his analysis of the healing ritual among the Yolmo people, Robert Desjarlais focuses on the body. Desjarlais considers the body to be at the centre of the healing rites providing “the primary means of giving form and meaning to experience”. Although Desjarlais’ approach to analysing the healing ritual provides some theoretical framework for therapeutic modelling and ceramics, it also limits the analysis. By only focussing on the body it does not encompass include Rudolf Steiner’s fuller perception of a human being. A human being in anthroposophic cosmology is comprised of body, soul and spirit on which the forms of art therapy, such as therapeutic modelling and ceramics, are based.

It is also important to highlight that this thesis presents five therapists of which two of them, Rudolf Steiner and Ita Wegman, worked in the 1920’s on “the expansion of medicine”. Through their intimate experience in their own lives, Rudolf Steiner and Ita Wegman were in a position both to critique and appreciate biomedicine. This discussion of medical discourses is expanded with the contemporary therapists Annette Argauer, Caroline Arruda and Alexandra Hausner. These three therapists presented their experience and knowledge of therapeutic modelling and ceramics in narrative form. By merging historical accounts with contemporary narratives I wish to show how individuals influence the forming of medicine and its therapies over time. The discussion of the therapists on experience and knowledge therefore highlights that medicine is an ever changing process. This ethnography of anthroposophic therapeutic experience and knowledge highlights that within biomedicine an internal critique has long been present. In fact the presence of these discourses show that it is culturally conceptualized and intrinsic part of biomedicine.

Endnotes

1. All names used throughout the thesis are pseudonyms.
2. The definition of community was differently lived at Maison Emmanuel and at the Friedrich Husemann hospital, but both were guided by Anthroposophy. In the Laurentians the structure was similar to a family and considered a long or even life-long living arrangement, especially for the villagers. In Germany patients stayed for a designated time and were given “tools” through some of the treatments that were to help with emotional difficulties.
3. The term villager describes mentally and physically handicapped children or adults living in Camphill, a community founded by Karl König, integrating aspects of Steiner’s philosophy. The members of the Camphill community of this ethnography uses the term handicapped with no hesitation or negative connotation. It is therefore used throughout this thesis.
4. The School of Spiritual Science and the Anthroposophical Societies’ main seat is in Dornach, Switzerland. There are subsidiaries in 45 countries with between one and eleven individual representatives. Prior to 1923 there was no designated centre of Anthroposophy, yet after the 1st Goetheanum had burnt down, people gathered around Steiner and offered him to structure Anthroposophy internationally.
5. Original text in German by Rudolf Steiner: “...die in die *Idee* übersetzte Natur der Pflanze selbst ist, die in unserem Geiste ebenso lebt, wie im Objekt; man bemerkt auch, daß man sich einen Organismus bis in die kleinsten Teile hinein belebt, wenn man ihn nicht als toten, abgeschlossenen Gegenstand, sondern als sich Entwickelendes, Werdendes....”
6. Original text in German by Rudolf Steiner: “Die geistige Schauung nimmt den Geist wahr wie die Sinne die Natur; aber sie steht mit dem Denken der geistigen Wahrnehmung nicht ferne, wie das gewöhnliche Bewußtsein mit *seinem* Denken der Sinneswahrnehmung, sondern sie denkt, indem sie das Geistige erlebt, und sie erlebt, indem sie die erwachte Geistigkeit im Menschen zum Denken bringt.
7. Original text in German by Rudolf Steiner: “...das Wiederfinden der durch die Seele erlebten Geistes-Inhalte in der wahrgenommenen Welt” and “...die wahre Wirklichkeit nicht geistig in sich erleben und sie deshalb auch in der wahr genommenen Welt nicht wiederfinden könne.”
8. Original text in German by Rudolf Steiner: “Mit den Mitteln des Hellsehers kann man drei Hauptstufen dieser Menschheitsentwicklung verfolgen, welche durchlaufen worden sind, bevor die Bildung der Erde erfolgt ist und dieser Weltkörper der Schauplatz jener Entwicklung geworden ist. Man hat es also gegenwärtig mit der vierten Stufe im großen Weltenlebens des Menschen zu tun [...]. Der Mensch war vorhanden, bevor es

eine Erde gegeben hat. Doch darf man sich nicht vorstellen [...], daß er etwa vorher auf anderen Planeten gelebt habe und in einem gewissen Zeitpunkte auf die Erde gewandert sei. Diese Erde selbst hat sich vielmehr mit dem Menschen entwickelt.”

9. Steiner’s definition is as follows: “by the word ‘body’ is denoted that which gives any kind of being ‘shape’ or ‘form’. The term ‘body’ must not be confused with a bodily form perceptible to the physical senses. Used in the sense implied in this book the term ‘body’ can also be applied to such forms as soul and spirit may assume” (1970:28).

10. Original text in German by Rudolf Steiner: “Das Schicksal setzt sich zusammen aus zwei Tatsachengestaltungen, die im Menschenleben zu einer Einheit zusammenwachsen. Die eine entströmt dem Drange der Seele von innen heraus: die andere tritt von der Aussenwelt her an den Menschen heran.”

11. Original text in German by Rudolf Steiner: “Gerade die Art und Weise, wie man sich in der Mathematik, in der Geometrie verhält, wird in der Anthroposophie zum Muster genommen, nur daß dann nicht speziell Eigenschaften entwickelt werden wie in der Geometrie, sondern daß allgemein-menschliche, jedes menschliche Herz und jeden Menschensinn berührende Fähigkeiten entwickelt werden.”

12. The Goetheanum I & II reflects Steiner’s understanding of metamorphosis and its subsequent expression of “life forms” in architecture. Steiner designed and build the Goetheanum to provide a structure that would appropriately house his theatre pieces.

13. Rudolf Steiner was christened on the 27th of February 1861, which is officially considered his birthday.

14. Rudolf Steiner held many medical consultations, yet he did not applied his suggestions practically on patients. This part was done by Ita Wegman and many other doctors, who worked on Steiner’s side. Steiner said: “Ich möchte niemals eingreifen selbstverständlich in irgendeiner Weise in irgendeine praktische Heilung, wie ich das nie getan habe. Das bleibt den praktizierenden Ärzten überlassen” (Steiner cited in Carlgren, 1965:40).

15. Another person that had a profound impact on Steiner was the herbalist Felix Koguzki, whom he had met on his daily train rides to Vienna while he still lived with his parents. With his expert knowledge of the plant kingdom and nature in general, Felix Koguzki was able to teach Steiner a side of nature that he felt connected to, but had not been able to communicate with somebody about it.

16. When Steiner talked about “dead” and “living” materials, he refereed to the way it is being conceptualize - the former describing an object disconnected from its surrounding, the latter being perceived in its complete development as part of an environment.

17. Rudolf Steiner tutored the youngest son for many years developing a special education program for him that allowed the child to follow and learn at his own abilities. He devised a learning program that integrated the mental-spiritual and the physical - a connection Steiner had been contemplating from early on. The child improved greatly and was later able to attend highschool.
18. Theosophy - a philosophy founded in 1875 by Helena Petrovna Blavatsky (1831-1891). She was taught by Tibetan teachers ancient knowledge and introduced knowledge of eastern religions to the west - including the ideas of karma and reincarnation. The Theosophical Society in America describes Theosophy: "...as an ancient wisdom that knew - and continues to know - deep and vast knowledge about ourselves, our purpose in life, nature, the universe, the highest god-like principles, and man's long pre-history on this earth. Theosophy is the portion of that ancient knowledge brought to us by H.P. Blavatsky toward the end of the 19th century, as taught to her by her Teachers in Tibet." At the end of the 19th century many people in Europe searched for a more spiritual oriented life than one that was rooted in materialism. Oriental-Indian occult teachings were the most popular and answered the quest for more spirituality (Nikolai Berdjajew cited in Wehr, 1994:62).
19. During her studies Ita Wegman most likely encountered the strong controversies that surrounded the different methods of therapeutic gymnastics. On one side there was the more traditional approach using orthopaedic tools through which they attempted to heal the ailing joints. On the other hand was the Swedish approach that made use of the patient's own natural body movements in its specific exercises. Slowly Swedish gymnastic and massage was excepted as a valuable therapy.
20. This medication has long been know to have helped in cases of cancer, Ita Wegman had been searching for a new way of extraction and conservation. She worked on several medications with the chemist Dr. Oskar Schmiedel including medication for migraines, where it was important not to cover the symptoms, but deal with the root of the problem (J.Emanuel Zeylmans, 1990:90)
21. This added piece of land gave the hospital the also the opportunity to have its own milk supply as well as a vegetable garden. Ita Wegman had already planted a herb garden at the hospital. The farmhouse today is Sonnenhof, the home for mentally and physically handicapped children. In its structure it is similar to the Camphill movement, yet the employees do not live in a family type setting with the children, but in their own homes in the nearby community.
22. Original text in German by Ita Wegman: "Die Anwendungen verstehen sich nicht als alternative Medizin, sondern als eine Erweiterung zu der mit wissenschaftlichen Methoden der Gegenwart arbeitenden Medizin."
23. Annette' curiosity in Canada came from the fact that her husband Urs was born in Canada. Urs went to the Waldorf School in Toronto and after went to study anthroposophically oriented architecture in Switzerland. Annette was interested in

learning about the country her husband had up in and therefore decided to work in Canada. Annette herself had only learnt about Anthroposophy only during her studies of curative education.

24. The Austrian pediatrician and educator Karl König(1902-1966) founded the first Camphill community in Scotland in 1939. He fled the Nazi invasion of Austria and settled in Aberdeen, Scotland with a group of young physicians, artists and caregivers. Dr. König and his colleagues were inspired by Anthroposophy and the teaching of Rudolf Steiner. Camphill was established in North America in 1959. Today, Camphill in North America consists of ten independent communities that are home to over 800 people. The ten communities live and work on over 2.500 acres of land, which is cared for utilizing organic and biodynamic methods. In Canada there is one official Camphill community in Ontario. There are two Camphill initiatives, one in British Columbia and one in Québec - Maison Emmanuel.

25. Maison Emmanuel is not yet a full member of the Camphill Association of North America They are in the final stages of being accepted. Once Maison Emmanuel will be part of the Association, the community will be internationally recognized as providing a living environment according to the principles of Karl König and Rudolf Steiner.

26. Houseparents do not have to consist of a man and a woman or do they have to be married. Experience showed that Maison Michaël did not like the idea of having house parents and decided not to have this division of responsibilities. They opted to work as a team based on everybody contributing equal in the type of responsibility. Maison Julia is the only house in the community where the conventional definition of parents applies - a married couple with a child.

27. This responsibility includes knowing all the governmental information about the villagers, making doctors appointments that are outside of the community, talking to parents or other family members, working out the schedule of the villagers as well as making sure that everybody in the house harmonizes on an organizational level.

28. Maison Julia is named after Johanna, one of the villagers that lives in this house. It was donated by her mother to the community and she asked that it be called by her daughter's name.

29. Dr. Gianforte was visiting for three days in June and had meetings all day long. During these meetings each villager was presented by his or her houseparents and co-worker. It was remarkable to me how he remembered each villager in great detail and combined his knowledge with that of the co-worker and houseparent. He then made suggestions on medication, dosage, nutrition and lifestyle. Dr. Gianforte is seventy years old and travels with his wife Margarethe who was present at all meetings and made many suggestions. Margarethe is a curative Eurythmist who works with him and teaches at their Camphill home in Switzerland.

30. Dr. Ferno is at times not able to treat the villagers, because homeopathic medicine is not recognized in Québec. Ursula and Urs explained to me that his practice has been closed by the Québec government, because he made use of homeopathic medicine, which has not yet been recognized legally in this province. Dr. Ferno is actively involved in the legal battles to have homeopathy recognized in Québec.
31. I never came in contact with money during my time at Maison Emmanuel, except when I needed to buy a bus ticket to go back to Montréal. The following needs and pleasures were covered: food, roof over my head, theater performances, musical events, books from the library of the community, clay and glazes for the pottery studio. Of course I also had to accept that I did not always like the food that was on the table and I realized that I only stayed for a limited time. Yet the idea behind the community is to fulfill all the basic needs for its members.
32. Urs explained to me that the social structure is designed in such a way that money should not influence the quality of life and education a child or adults lives. This is one pillar of the three-fold social order that Karl König developed as part of the Camphill Movement, initiated by Rudolf Steiner. The other two pillars are the law and free thinking. The symbology reflects parts of the body and actions, such as finances are associated with the limbs, the digestive system and willingness, law with the rhythmic system of the body, such as breathing or the pulse and feeling, free thinking with the nervous system and thinking.
33. In this context “public” refers to anybody outside of the community that is linked to them by finances or would have otherwise some direct input to Maison Emmanuel. I was part of one discussion in which the fund-raiser suggested that people should dress better to improve their image to the outside world. This was countered by statements such as the work being practical, freedom of dressing style and living life on the land.
34. In the spring of 1999 Maison Emmanuel is starting to build a bakery beside Maison Julia. It will also be a new home for four villagers, houseparents and co-workers. This will fulfil their wish and provide an opportunity to partake in the village community of Val David.
35. The community made it one of its principles to speak either English or French in order for everybody to feel included. It is quietly frowned upon if people speak in their mother tongue while somebody is present who does not speak it.
36. During my time at Maison Emmanuel many co-workers complained about the fact that they were not able to drive the cars or vans with villagers. This law was changed shortly after I had left the community and co-workers are now allowed to drive the community cars as of age 21.
37. Nori Mishima not only rents out the space to Maison Emmanuel, but has become a teacher to the pottery group. He gives villagers feedback on their working techniques with clay and glazing and how to use the kiln in the most efficient way. His wife, Marie-

André, is also a ceramicist and while I was there she showed us how to do Raku, a ancient form of burning glazed objects outside in a specially prepared kiln. Nori's main support has been in dealing with the villagers on an artistic level and believing in their creativity. Villagers partake each year in the "Thousand and One Pots" exhibition in Val David, which has taken place on his property for the last ten years.

38. Today there are 11 anthroposophical hospitals in Germany, three in Switzerland and one each in England, Holland, Sweden and Brasil. Aside from the hospitals are numerous Sanatoriums and individual doctors practising in their private offices.

39. Dr. Husemann believed that this therapy touched the human being from all aspects in the healing process (physical, spiritual and individual). The initial ideas for this therapy had come from within psychiatry and were referred to as Psychosynthetic therapy. It was the Zürich school of psychiatry and C.G. Jung in particular that developed ideas for this therapy. They thought it necessary to develop a therapy that countered the Freudian analysis rooted in human's desires.

40. Dr. Husemann's therapy is described as not having a particular technique or method, but being a therapy that expresses consciousness and awareness of the world and human beings [geistdurchdrungenen Welt- und Menschenbildes]. This meant having a close relationship to the patient with an honest interest and passion, being of un-predigest objectivity, treating them with the utmost respect and recognition of their personality and experiences, and respecting their freedom.

41. There are three forms of Eurythmy: pedagogic, artistic and curative. Eurythmy means "harmonious rhythm." The rhythmical system of the human organism mediates between the nervous system and the metabolism. Curative Eurythmy can affect a profound change in situations where the human organism tends in the direction of imbalance and illness. It invites the rhythmical system to restore harmony to the organism. Specific sound gestures are chosen and practised in sequence. The gestures are intensified and repeated in order to stimulate specific organic functions. Some of the exercises exert an influence upon the nervous system; others can regulate functions of the digestive tract. Vowel exercises work directly upon the rhythmical processes as well, but by way of the metabolic systems.

42. Creative speech [Sprachgestaltung] provides the training for awareness in speech, realizing its impact and the meaning of single words and phrases. Sprachgestaltung is closely connected to Eurythmy where words and form are combined for artistic expression.

43. The products of the farm and the garden were used in the kitchen and sold to staff members. In the summer the flowers were popular and everybody enjoyed buying them, including the patients.

44. This store was owned and run by a person who was not part of the hospital, but a man who believed in anthroposophic products. The prices were high, but the next store was in the centre of Buchenbach which was a 20 minute walking distance from the

hospital and was closed during our lunch break.

45. The 14 pillars came from the anthroposophical society in Stuttgart where they had been the main structure of the festive hall. Rudolf Steiner had built them between 1907 and 1913 after travelling in Sicily. Visiting the temple of Agrigent made him realize their importance and how arrangement of the pillars might aid the philosopher in thinking. In 1938 they were supposed to be destroyed, because Anthroposophy was forbidden during the Nazi regime. Dr. Husemann rescued them from destruction and rebuilt them at his hospital.

46. Ms. Frank has only been working at the hospital for two years and is the first psychologist to do so. Her position was created upon the request of patients to have psychotherapy, hence more opportunity to talk with somebody.

47. Oil-dispersion baths are given to patients on a regular basis and are a main part of the overall therapy. Aroma therapy oils are put in a specifically designed glass container to which the hose of the bathtub can be attached. The mechanism of the glass container breaks up the aroma oils in such a way that it mixes with the water that is passing through. The water has to be exactly two or three degrees below the persons body temperature. The goal of the therapy is to have the body raise its temperature and through that enhance the absorption of the aroma oils.

48. Treatment at the Friedrich Husemann hospital is in great demand and in order to meet this demand the hospital have plans to expand. The hospital has approved plans to expand for a new patients building as well as a new complex that will accommodate all the therapies.

49. Harold Headhigh had come to the Friedrich Husemann hospital at the age of 23 and stayed for 40 years building the section of art therapy for therapeutic modelling. The story goes that he discovered his love for pottery after hiking in Spain. On one of his hikes he got a sun stroke and found refuge in a nearby pottery studio. After working with the clay his pain was gone. This ignited his interest in the therapeutic aspects of clay. Harold Hüttig now works as a professor at the art therapy school in Blaubeuren.

50. The contribution to the life of the hospital from a communal aspect can be challenging. Often therapists are tired from the intensive work, yet it is required of them to partake in events outside their working hours. This can include Sunday performances in the main hall or yearly celebrations.

51. On my first day at the Friedrich Husemann hospital I met a Spanish man in the dining room who was studying to be a priest at the Goetheanum and was visiting for several weeks. He told me that in 1920's protestant and catholic priests had approached Rudolf Steiner to ask him to form a new religion. They formed the Glaubensgemeinschaft, which emphasis on the active participation of individuals and not just believing in the words of a priest.

52. The Michaeli celebrates the legend in which the angel Michael had a fight with a dragon. Rudolf Steiner saw in the angle Michael the symbolic relationship between himself and humankind and therefore the common task of dealing with today's difficulties (Caroline, August 1998).

53. I had pulled several addresses of anthroposophic hospitals in Germany from the Internet and send an "introduction package" of myself to four of them. This package included a CV, statement of purpose and a short, yet detailed description of why I wanted to spent time at an anthroposophic hospital. After not hearing from any of them I contacted each one of them by phone. Mr. Kunz took interest in my work and introduced me to the therapist community who then agreed to my coming. Mr. Kunz continually supported me during my stay and made sure that I "found" what I was looking for.

54. Winfried told me that he preferred to meet with doctors after he had worked himself with the patients in order to form his own opinion of them through the therapeutic modelling and ceramics and not be influenced by medical labelling.

55. After two weeks of being at the pottery studio Alexandra and Caroline suggested that we reevaluate Sybille's and my work and discuss other issues concerning teamwork. They mentioned how important it is to keep communication open to make sure that the work being done is on a deep level. Otherwise, Caroline said, work becomes superficial and everybody closes up and communication is interrupted (as is the learning process). Winfried at that point mentioned that the exchange of experience is vital too. If one tries to solve and think about the experiences in art therapy themselves one day it will change into an illness. By not communicating the information and experiences others (having an open exchange about it, verbalizing it) one will never truly express oneself artistically - it was therefore important for Sybille and me to voice what we felt, because it also meant being part of a team.

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