

Eurythmy Therapy Association

**Eurythmy Therapy  
GUIDELINE**

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## **Guideline to the eurythmy therapy method**

### **1 Aims and scope of the Guideline**

The primary aim of the Guideline is to support therapeutic decisions and procedures in the treatment and healing of diseases. It is also intended to serve quality development in the application of eurythmy therapy for diagnosis, prevention (prophylaxis) and follow-up care (rehabilitation). It is intended to provide orientation for the definition of necessary, useful and effective applications in the field of eurythmy therapy.

### **2 Definition and delimitation of eurythmy therapy and its spread in Germany**

Eurythmy therapy was developed in 1921 by Rudolf Steiner, PhD, Ita Wegman, MD, and other physicians to be part of anthroposophical medicine, an approach to medicine which is seen as an integral concept, complementing modern scientific medicine with additional diagnostic enquiries and therapeutic methods.

#### **2.1 Definition**

Eurythmy therapy is a movement therapy specifically addressing the whole human being. It has been developed on the basis of observing the movements in human speech forms. Every vowel and consonant has its own movement form. The movements made by the organs of speech (larynx, breathing, instruments of speech) in the configuring dynamics, sonation and articulation are taken up in a suitable form by the whole human movement organism in eurythmy therapy and made visible, using the whole human form. These body movements are thus a metamorphosis and transformation of the functional speech or sound movement. They relate to physiological processes, especially of the metabolic organs. Movement in eurythmy therapy establishes a connection between external movement and the internal, functional vital processes in the organism. The evolution of movements for each sound can be specified and modified for the human organic sphere. Its action is thus on the somatic and functional level, also including the emotional, psychosocial and cognitive levels. Eurythmy therapy is seen as a medicinal movement principle which is comparable to a medicament.

#### **2.2 Delimitation**

Eurythmy therapy differs from other physical therapies, psychotherapy or creative art therapies in so far as the (sound) movement has a direct effect on the human organization.

#### **2.3 Availability in Germany**

Eurythmy therapy is available in more than 300 health-care, prevention and rehabilitation establishments—hospitals, clinics, sanatoria, hospices, homes for the elderly, social therapy and curative education centres, as well as medical centres, work communities, private practices and for preventative purposes in schools and nursery schools.

### 3 Treatment setting

Eurythmy therapy is given one to one on both an in-patient and an out-patient basis. Sessions usually take 45 minutes (incl. the rest period that follows). The frequency depends on the indication, the patient's age and state of health, and the therapy concept of the centre, ranging from once a day to once a week. A therapy cycle consists in 12 – 15 sessions. Longer treatment may be required with chronic conditions, mental and developmental disorders. Therapy is given in a room offering minimal sensory stimulation and large enough to give the patient freedom of movement in all dimensions.

### 4 Indications, contraindications, side effects

#### 4.1 Indications in general

Acute and chronic stages of disease in different specialist fields

- metabolic and functional disorders
- tumour development
- postural problems and degenerative processes
- sclerosis-type conditions
- subchronic and chronic inflammation

#### 4.2 Indications in particular from the following areas:

I	A00-B99	Specific infectious and parasitic diseases
II	C00-D48	Neoplasms
III	D50-D89	Diseases of the blood and haemopoietic organs and specific disorders involving the immune system
IV	E00-E90	Endocrine, nutritional and metabolic diseases
V	F00-F99	Mental and behavioural disorders
VI	G00-G99	Diseases of the nervous system
VII	H00-H59	Diseases of the eyes and their adnexa
VIII	H60-H95	Diseases of the ear and mastoid
IX	J00-J99	Cardiovascular diseases
X	K00-K93	Respiratory diseases
XI	L00-L99	Dermatological diseases
XII	M00-M99	Diseases of the musculoskeletal system and connective tissue
XIII	N00-N99	Urogenital diseases
XIV	O00-O99	Pregnancy, parturition and post-partum period

From International statistical classifications of diseases and related health problems, 2004 Version (WHO)

#### 4.3 Contraindications

- Contraindications are individual by nature
- Eurythmy therapy is generally not advisable with acute psychoses or febrile states involving high temperatures.

#### 4.4 Side effects

Side effects reported with inappropriate use are

- temporary aggravation of symptoms of the underlying disease (may, however, also occur with proper use)
- marked tiredness
- dizziness
- headache
- tension pain in back or/and arms

## **5 Procedural aspects**

History-taking, diagnosis, setting treatment targets, reflection on process phases

Eurythmy therapy is as a rule given on prescription. The prescribing physician takes the general and disease-specific history, makes the primary diagnosis on conventional medical principles or an extended holistic diagnosis on the principles of anthroposophical medicine. The indication for eurythmy therapy is based on this. A physician qualified to do so will suggest specific eurythmy therapy exercises.

### **5.1 Medical history-taking**

- medical diagnosis
- symptoms and signs and how the patient is coping with the disease
- biographical features, psychosocial environment
- parallel therapies and medication

### **5.2 Eurythmy therapist's diagnosis**

- spontaneous first impression (holistic, intuitive impression of movement at 'pre-therapy level')
- movement analysis
  - a general impression can be based phenomenologically on movement tasks, with individual criteria for observation and systematic evaluation resulting in a movement analysis
- phenomenological levels of observation for eurythmy-therapy movement: physical level, functional level, psychic level, intentional level

## Process study / Movement analysis

### Phenomenological levels of observing eurythmy-therapy movements

Physical, functional, psychic and intentional levels influence one another and interact to different degrees.

Physical level	outer form	<ul style="list-style-type: none"> <li>- symmetry of whole form</li> <li>- relationship between head, trunk and limbs</li> <li>- proportions, height, weight</li> <li>- relationship of the form to space</li> </ul>
Functional level	type constitution internal organs: circulation, glands, hormonal functions, etc., all rhythmical and time processes take shape here	<ul style="list-style-type: none"> <li>- leptosome, pyknic, athletic, asthenic fat, thin, robust, weak, etc.</li> <li>in the evolution of eurythmy-therapy processes, describe:               <ul style="list-style-type: none"> <li>- movement is light / heavy</li> <li>                  distal/proximal</li> <li>                  flowing/halting</li> <li>                  formed out/transient</li> </ul> </li> <li>- movement in relation to space</li> <li>- ability to copy movements</li> <li>- immediate changes in e.g. breathing, facial colour or warmth</li> </ul>
Psychic level	Inner experience: temperament, imitation, ability to respond inwardly, dealing with sympathy and antipathy, own inner sentience in eurythmy-therapy movement	<ul style="list-style-type: none"> <li>In the evolution of the eurythmy-therapy process, describe:               <ul style="list-style-type: none"> <li>- rhythm</li> <li>- definition between inner and outer</li> <li>- tension / relaxation of muscle tone</li> <li>- liveliness of movement</li> </ul> </li> </ul>
Intentional level	Working consciously with the therapeutic movement process and one's own motives	<ul style="list-style-type: none"> <li>- working on the task set</li> <li>- mobilizing powers of configuration</li> <li>- giving impulse to the movement process</li> <li>- self perception and self correction</li> <li>- individualization and identification of the given movement process</li> <li>- memory, continuity, reproducibility of movement</li> <li>- presence, identification of person</li> </ul>

To sum up, the initial diagnosis is based on

- perception of posture, form and constitution
- perception of movement flow in the form and in relation to space
- perception of the patient's subjective condition
- the sum total of one-sided aspects perceived, on resources
- potential for development.

For the diagnostic view of the movement process, describe:

- receptivity, powers of memory
- performing the movements
- power to experience and respond, inclinations, refusals
- relationship between patient and therapist

To consider the diagnostic process, describe:

- aspects of movement typical for the disease and those that are constitutional
- dominances and deficits in movement
- interplay in movement guided in body, soul and intentionality

In eurythmy therapy, diagnosis and therapy are not separate areas.

Intermediate assessments are made

- if there are difficulties or stagnation
- when new abilities are gained
- with steps relevant to the therapy
- to reflect on phases
- to consider progress
- to establish possible contraindications
- to correct the goals of therapy if required

### 5.3 Developing a therapy goal

The goal of a therapy is developed from a summary of the initial diagnostic findings and by observing the process. As therapy continues it is adapted to the individual patient, also considering other aspects, results, consultations and openness to new things. Short, mid-term and long-term goals are identified.

Essentially, the established dysfunction is addressed with a therapeutically one-sided movement impulse. With repeated practice this effects changes at substance level ultimately also at the somatic level. The result is an action at the physical and functional, the psychic and the intentional mind-and-spirit level, improving the patient's state of health and quality of life.

### 5.4 Process-phase review and organization

The situation is reviewed as therapy continues and adapted as required

- dynamics of relationship between patient and therapist
- movement impulse and pace
- ability to differentiate, reactivation of bodily awareness
- responsiveness
- awareness of higher aspects

- gain in ability, strength, opening up of a future

These criteria must be seen in relation to eurythmy-therapy and social processes as well as to the patient's relationship to self.

#### 5.5 Summary of procedural aspects

History, primary diagnosis and medical prescription of eurythmy therapy

Eurythmy-therapy history-taking and initial diagnosis

Developing a therapy goal

Therapeutic use of eurythmy-therapy media (sound gesture, sound sequences, etc.)

Evolution of the process

### **6 Benefit, side effects, costs**

An outcome study on benefit and cost-effectiveness (AMOS) was published in July 2004.

For side effects, see under 4.3.

The recommended fee for an individual 45-minute session (BVHE) is €40.00. (In individual cases the time may range from 5 to 60 minutes, depending on the patient's age and illness.)

## 7 Eurythmy therapy on different indications

Example based on *Heilmittel-Richtlinien* Teil 2 (guidelines for medical measures, part 2): physical therapies

Indications Mental disorders			Medication and other forms of treatment must be taken into account when prescribing eurythmy therapy.		
Diagnosis	Impairment / functional disorders	Key symptoms: impairment of faculties	Goal of eurythmy therapy	Prescription / therapy plan	Medical prescription used as a rule
Anorexia nervosa  I. ICD 10 F 50.0  1) Restrictive A. n.  2) Binge-eating, and  3) purging type (DSM-IV)	Psychosomatic life-threatening compulsive dis- order, partly w. total refusal of food, w. and without vomit- ing (1 & 3)  2) Binge-eating: Phases of uncontrolled eating without vomiting, alternating with anorectic phases.  Onset from pre-puberty to early adulthood. With massive circulatory, metabolic and sleep disorders. Growth may cease. Primary and secondary amenorrhoea. Mostly female patients.	Depression Compulsive idea of being too fat. Compulsive movements. Autoaggressive behaviour. Social isolation, suicidal thoughts.  Loss of self perception as regards their dangerous conditions	Support development of metabolic processes. Support respiration and circulation. Correct chronic constipation. Stimulate rhythmical functions of organs. Warm cold extremities. Strengthening vital energies. Guide from compulsive to rhythmical movements. This helps to feel pleasure in sense of healthy body.	Wide range of rhythm exercises, rod exercises, balance and coordination exercises.  LMSR sequence, the classic meta- bolism one.  I(=EE)AO, big E (A as in later) and with binge-eating also A (as in father) exercise. Soul exercises for purging and binge-eating type. Also eurythmy therapy music exercises (basic)	Exercises vary acc. to type, are put together and evolved individually.  Long-term prescription required.  Recommended frequency for inpatients 5 times a week outpatients once a week

## **8 Standards for the training of eurythmy therapists**

Qualification as a eurythmy therapist is in accord with minimum standards required to ensure efficacy of the method.

- Minimum age on completing eurythmy therapy training: 25 years
- Basic eurythmy training (4 years), period of practical work as a carer, and specialist training in eurythmy therapy (18 months).
- mentored practical professional experience for two years
- annual further training in prescribed courses
- the special qualifications required for the different specialist fields are gained in further and additional training.

## **9 Preparatory and implementation procedure**

The Guideline was submitted to experts on the BVHE admissions board, the extended BVHE Council, the BVHE Advisory Board, physicians of the Anthroposophical Medical Association in Germany, and research centres in Freiburg (Hamre/Kiene) and Berlin (Matthes), to eurythmy therapy training centres and the leadership of the Medical Section at the Goetheanum / School of Spiritual Science, Dornach, Switzerland.

Taking the results of consultation into account, the Guideline was revised and published in the BVHE newsletter (January 2003).

Publication in the specialist organs of anthroposophical medicine will follow.

Literature

10.1 Basics

10.2 Study

10.3 Reports on practice