

# Documentation

in

# Eurythmy Therapy Practice

Guidelines, 2008



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## Contents:

### 1. General Points of View

- 1.1 Structure and Application of the Guidelines for Eurythmy Therapy Documentation
- 1.2 Purpose and Intention of Documentation
- 1.3 Interpretation and Evaluation of Perceptions

### 2. Aspects of Methodology

- 1.4 First Impressions
- 1.5 Formation of Movement and Sounds
- 1.6 Complete Diagnostic Picture
- 1.7 Therapeutic Aims
- 1.8 Therapy Plan
- 1.9 Change in the Patient's Quality of Movement Compared with its State at the Beginning of Eurythmy Therapy
- 1.10 Course of the Therapy
- 1.11 Course of the Illness
- 1.12 Concluding Assessment

### 3. Guidelines for Eurythmy Therapy Practice *(Nine working papers)*

- 3.1 Patient Registration Form
- 3.2 Documentation Guidelines
- 3.3 Treatment Record
- 3.4 Doctor's Prescription Form
- 3.5 Patient Questionnaire

## 1. General Points of View

These guidelines for documenting eurythmy therapy are intended as working and training material for eurythmy therapists who are interested in taking hold of the whole question of documentation in the field of eurythmy therapy.

Demands for quality assurance and for proof of efficacy are increasing in the field of complementary medicine. Regulatory bodies increasingly require reports on and documentation of the therapeutic process.

Getting to know and using the documentation presented here is one possible way of meeting the various demands from without (professional recognition, research, authorities, health insurance).

It is also helpful for individual research into methodology and contributes toward an improvement in the quality of therapeutic activity.

**Note: the relevant regulations on data protection apply to all personal data.**

### 1.1. Structure and Application of the Guidelines for Eurythmy Therapy Documentation

To start with, there are general questions about the patient and any relevant circumstances.

*See Form 3.1 (Patient Registration Form)*

The questions that have to do with the course of treatment are conceived in such a way that eurythmy therapy's fundamental emphasis on process stands in the foreground.

*See Form 3.2 (Documentation Guidelines)*

In order to be able to create documentation at the end of a course of therapy, it is recommended that a regular record of the treatment be kept. This could show which exercises were undertaken, any essential points arising during them, and what has changed over the course of the treatment.

*See Form 3.3 (Treatment Record, pages 1-5)*

The activity of documentation includes collaboration with other professionals, whether these be doctors, therapists, teachers or curative educators.

*See Form 3.4 (Doctor's Prescription Form)*

The patient may take an active part in the process of evaluation.

*See Form 3.5 (Patient Questionnaire)*

Note: where a written questionnaire is not an appropriate means of evaluation, this may take the form of a conversation at the end of the course of therapy which is then written up by the eurythmy therapist.

## 1.2. Purpose and Intention of Documentation

Within a therapeutic setting, judgments (making diagnoses of movement) and decisions (choosing and justifying the therapeutic procedure) have to be made.

The therapist needs to be able to reflect on and document their work in an adequate way, in addition to the eurythmy therapy activity itself.

Documentation requires a readiness for ongoing cognitive involvement with the working process and provides the basis for forming an overview of, analysing and evaluating a course of therapy.

These deepened and intensified insights enable the therapist more finely to judge the current state of the patient and more accurately to recognise changes in it. This professionalisation of the way of working enables new substance to be created for eurythmy therapy's ongoing development.

## 1.3. Interpretation and Evaluation of Perceptions

An important precondition for this is an exact knowledge of one's own method of working.

This involves the eurythmy therapist's acquiring the capacity for a systematic grasp of the most differentiated qualities of movement, in addition to knowledge of the eurythmy therapy exercises and their application.

Whoever works through these steps consciously in their thinking will be able to refine and intensify their capacity for perception and develop their ability to form concepts for this activity of documentation.

## 2. Aspects of Methodology

### 2.1. First Impressions

The universal psychological phenomenon that an intuitive element plays into one's first meeting with a new thing or person, and that it holds true during all subsequent meetings, can be used consciously as an aid to finding the right therapeutic approach.

In the first place, particular attention is paid in the review to this moment in order to know exactly what was perceived through different senses, and what resonated as a result in our own soul. Through a conscious, concentrated, open approach to the moment of the first meeting; through a faculty of concentration deepened by repeated practice; through a scientific precision in observation and self-observation; through broadly inclusive anthropological concepts and a continual meditative deepening of them, the potential of this moment as a source of knowledge and insight can be intensified *ad infinitum* and can contribute to finding the right therapy quickly and surely.

The same conditions apply here as for a spiritual training. Every new encounter, for instance at the beginning of a therapy session, can be consciously used as a fresh opportunity for gaining an intuitive impression of the patient.

Of course, the first impression may also be misleading, and should therefore be augmented and if necessary corrected through a careful sifting of the results of one's observations.

## 2.2. Formation of Movement and Sounds

The perceptions which the therapist arrives at in the course of this process are manifold and extremely complex. In order to become aware of one's own capacity for and activity in perception, the following steps should be completed:

first, one should become aware of the movement picture in its totality. The documentation guidelines provide the following headings: build, posture, how movement is formed and the formation of the sounds.

The following can be focussed on as areas of perception: how the patient sits, stands and walks, how they are in respect of forming eurythmy therapy sounds and so on.

In a second step, the first perception is differentiated and refined. In this phase, the focus is on analysing the whole picture and becoming aware of its individual components.

One should always identify the point of view from which one is undertaking the observation and analysis.

A further differentiation in observation of the patient's movement should be undertaken:

- quality of movement: the activity of the etheric-physical forces in relation to the I and the astral body;
- dynamic of movement: the activity of the astral forces in relation to the working of the forces of the I and the etheric-physical forces;
- directing of movement: the activity of the I in relation to that of the astral, etheric and physical.

It is necessary to come to some basic thoughts about what the forming of the movement and of the sound reveals; and also from what point of view they are being observed and interpreted.

In order to lead over into a therapeutic process, the eurythmy therapist needs to come to a diagnostic judgment of the way in which the eurythmy therapy movement and the sounds are formed. The judgment may be supported by perceptible criteria such as the quality, dynamic and directing of the movement.

It is important that the essence of the sound be taken hold of as an artistic, sounding archetype. Only in this way can the sound, as eurythmy therapy modifies it to an effective therapeutic instrument, achieve its full reality and power.

One could also take the approach of threefolding as a possible diagnostic tool, whether from a functional or a pedagogical perspective, all within a spiritual anthropological context.

## 2.3. Complete Diagnostic Picture

Out of all the individual findings that are gathered, only a selection can be documented. This selection results from the particular interests and capacities of the therapist on the one hand, and from the anthropological, therapeutic and scientific questions arising from a particular field of activity on the other (for instance psychomotoric development in children, restrictions of movement caused by orthopaedic and neurological conditions, changes in movement brought on as a result of medicinal side effects in psychiatry and so on). One can use validated, standardised survey record forms to compare cohorts of patients scientifically.

In individual cases it is important to note the essential (i.e. most obvious) points, to gather them into a complete picture, and then to reveal the forces at work in it. In this way Rudolf Steiner's anthropological approach (two-, three- and fourfold division, constitutional types and clinical pictures) and the sound-gestures themselves can provide the framework for the perception of typical complexes of symptoms. The indications of the doctor treating the patient and the observations of the therapist come together here and can fructify and strengthen each other, providing a definite point of departure for a rational treatment of the original causes which led to the symptoms of illness. The therapeutic aim derives from a clearly understood picture of the aetiology of the pathological condition. Conversely, the initial conception has to be tested in the therapeutic process and proven fruitful or, if not, must continually be modified as a result of any difficulties which may arise. It is not unusual for the therapeutic work to uncover layer upon layer of complexes of symptoms and their original causes, which require treatment; in this way the diagnosis is gradually broadened and substantially deepened.

## **2.4. Therapeutic Aims**

Alongside the doctor's diagnosis, the patient's own assessment of himself, and the therapist's assessment, which takes into account all the known relevant factors, this step in the process contains forces which have the power to shape the future. In this step one records the improvement one is aiming for in relation to the patient's disposition to illness and what one may justifiably expect can be achieved. This is all postulated on the "therapeutic idea" which is based on the previous steps in this process and which should remain valid in those which follow.

## **2.5. Therapyplan**

This part is again divided into two steps: in the first step, the exercises which will be applied are briefly described. In the second, an explanation is given of what effect one is hoping to achieve thereby.

## **2.6. Change in the Patient's Quality of Movement Compared with its State at the Beginning of Eurythmy Therapy**

In this step, the important point is to observe changes in how the patient moves; one should note what qualitative influences the different exercises have had on the whole process.

## **2.7. Course of the Therapy**

Under this heading, the different phases of the therapy should be recorded and commented on: its beginning, how it unfolds and proceeds, and its conclusion. In this way, one gains an overview of the whole process and can form a judgment of it; progress is highlighted and crises described, as well as any corrections to the therapeutic procedure.

## 2.8. Course of the Illness

A change or improvement in the characteristics of the patient's movement is the first evidence of eurythmy therapy's pedagogical or health-promoting efficacy.

As proof of therapeutic efficacy, one needs at the same time to document at least one parameter which is typical for the illness in question.

Alongside objective medical criteria such as measurable data, the patient's capabilities, and indications of their need for medication, one may include their own descriptions of their symptoms, those given by the doctors involved in the treatment, by other therapists and by teachers, parents or carers, insofar as these have been adequately documented (at the beginning, possibly during and again at the conclusion of treatment).

## 2.9. Concluding Assessment

The last stage is a critical evaluation which examines, on the one hand, the question as to how much and to what degree other factors (for instance medication, other therapies, changes in the patient's biography or social circumstances, or processes of healing and development which would have happened anyway) could have contributed to the success of the therapy; and, on the other hand, whether the result of the therapy could have been intensified through a different, more effectively targeted procedure or by the inclusion of other measures.

From a scientific point of view, efficacy in any particular case is proved if typical potentials for error (so-called "bias") can be excluded and where a correlation can be shown between the elements of eurythmy therapy treatment, the treatment sessions or courses of treatment, and an improvement in the symptoms beyond what would be expected during the natural course of an illness. One can now judge whether the therapeutic idea adopted in the first place was appropriate and whether it was applied fruitfully in the therapeutic process.

Critical evaluation of the course of therapy provides a new foundation for prognosis and further therapeutic recommendations, in individual cases and in general; and at the same time also a deepened insight into the quality of one's own therapeutic work.



### 3.2. Documentation Guidelines (5 pages)

1. Initial impression (Indications by the eurythmy therapist)

2. Patient's description of the problem/their expectations/what they wish to achieve through the therapy (indications given by the patient)

3. Diagnosis/indications on the therapeutic aims/suggestions for eurythmy therapy (indications by the doctor, taken from the doctor's prescription form)

4. Whole movement picture (qualitative state of the patient's movement in eurythmy therapy)
4.1. Build
4.2. Posture
4.3. Movement; forming of sounds
4.3.1. Quality of movement
4.3.2. Dynamic of movement
4.3.3. Directing of movement/capacity to come to a real forming of sounds

### Diagnosis and Choosing the Therapy

4.4. What is manifesting from a threefold perspective?


5. Overall diagnostic picture


6. Therapeutic aims


7. Therapyplan


7.1. What are the exercises aiming to achieve?


**Review**

8. Change in the patient's quality of movement compared with its state at the beginning of eurythmy therapy
8.1. Build
8.2. Posture
8.3. Movement; forming the sounds
8.3.1. Quality of movement
8.3.2. Dynamic of movement
8.3.3. Directing of movement/capacity to come to a real forming of sounds

9. Course of the therapy

10. Course of the illness

11. Evaluation
11.1. Correlation between therapeutic measures, changes in the movement, and the course of the illness
11.2. Scientific evaluation; evidence; possible bias

### 3.3. Treatment Record

Patient:

Date: Time:

Exercises: Observations:

Remarks:

Date: Time:

Exercises: Observations:

Remarks:

Date: Time:

Exercises: Observations:

Remarks:

### 3.4. Doctor's Prescription Form

#### Prescription for Eurythmy

Patient:
Date of birth:
Address:
Tel:

Diagnosis:
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Indications on therapeutic aims Short term:
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Long term:
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Suggestions as to how to proceed with eurythmy therapy:
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Prescribing doctor:	Signature:
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Date:
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Name/address of eurythmy therapist
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### 3.5. Patient Questionnaire

#### Questionnaire on Eurythmy Therapy

*Thank you for your co-operation; information will be treated in confidence.*

Treatment from		to
Number of therapy sessions:		
Female:	Male:	Age:

1. What was your experience of the eurythmy therapy?

2. Were you able to practice on your own?

3. At the beginning of this course of treatment my experience of the eurythmy therapy exercises was as follows:

4. At the end of this course of treatment my experience of the eurythmy therapy exercises was as follows:

5. Did anything change in me through the eurythmy therapy? Was there a change in my condition? If so, in what way?

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