



1. Rudolf Steiner, *Light Weaving*, 1911, painting for the Mystery Drama 'The Soul's Probation': the painter Johannes Thomasius struggles to depict something visually that he has experienced emotionally-spiritually.

The Development of Anthroposophic Art Therapy with Particular Reference to the Visual Arts

Elisabeth Körber

Art Therapist

Introduction to the Theme

Anthroposophic art therapy has been around for nearly a century. What are our roots? What defines us? What has changed? What remains?

A group of Association of Anthroposophic Therapeutic Arts (AATA) members followed up on these questions for the 2019 AATA conference, drawing members in to a broad reflection of their practice. I facilitated this process using a flexible design questionnaire. The inquiry was based on the principles of grounded theory to collect observations that would enable us to explore different perspectives, gain more specific insights and, possibly, form a narrative. It consisted of a set of closed and open questions, in anthroposophic and other therapeutic subjects and artistic exploration. The aim was to look into practice in terms of methodologies, therapeutic principles, work situations, needs, training wishes and possible necessary innovation processes related to the findings.¹ With a number of semi-structured interviews I explored the theme further, with particular interest given to the new generation of transpersonal arts counsellors.

I am using the term 'anthroposophic art therapy' (AAT) overall, as a common denominator of the past and its international professional term used by the anthroposophic medical section at the Goetheanum in Switzerland. The historical development is based on a literature review.



2. Rudolf Steiner (1861-1925)
in his studio working on the
Representative of Humanity, 1919.



3. Ita Wegman (1876-1943)



4. Margarethe Hauschka (1896-1980)

Origin of Anthroposophic Art Therapy

Rudolf Steiner was a philosopher, teacher, researcher, educator and artist. He gave numerous lectures about the being of the arts and their spiritual aspects. In 1888, in his very first lecture, he contemplates on what art consists in. It is a bridge to our spiritual home,² he says. Steiner describes how art supports health, its transformative and preventative effects.³ The artist, he outlines, creates ‘according to the same principles as nature’⁴ creates. However the artist goes beyond nature by creating new objects.⁵ In this way, each artistic activity is an expression of our own individual human and spiritual nature in our I. Soul moods are reflected in the colours of paintings.⁶

In sculpture it is our vital forces that flow into the forming and shaping.⁷ This is because our vital, formative forces follow an innate transformative principle: they are involved in both the physical up-building and regeneration as well as in the formation of thoughts, ideas and creativity – thus allowing the human being to be free in mind and spirit.⁸

This becomes a core principle of anthroposophic art therapy. Art helps to raise awareness.⁹ Through art, our spirit, our I, can reflect, develop self-awareness and intentions, create and bring about change.¹⁰ Steiner emphasises the importance of developing lively, imaginative thinking. ‘A connection exists between the impulses inherent in artistic imagination’ and those of ‘supersensible knowledge’, he explains.¹¹ In 1921 he concludes that ‘Only through the artistic understanding of the entire soul can we gain access to the sphere of knowledge’.¹² In the same year he continues with lectures on therapeutic insights.¹³

The year 1921 marks the beginning of anthroposophic art therapy, referring to all art domains: speech, music, singing, sculpture and painting.¹⁴ Steiner worked intensively with many artists and medical doctors in order to establish the anthroposophic therapies. The doctor Ita Wegman, however, was pivotal in this process. She emphasised three basic principles that should always be considered:

- The mastering of the artistic media
- Openness to everything that is connected to illness and possibilities to heal
- Not only an artistic, but also a scientific approach

Following Steiner’s death in 1925, the development of AAT continued, leading to different methodologies and movements. From 1929 onwards, the two doctors Margarethe Hauschka and Ita Wegman developed artistic therapy. In 1960 Siegfried and Rose-Marie Pütz were instrumental in pioneering the professional term ‘Art Therapy’.¹⁵ Both were inspired by the social effects of art, which they understood as the task of their time.¹⁶ Steiner emphasised the social benefit of the arts in overcoming destitution in society. In Waldorf education, art became pedagogically and therapeutically effective. As Michaela Glöckler explains:

Ita Wegman gave Margarethe Hauschka the suggestion to draw art therapy out of the Waldorf school curriculum. This is owing to the fact that every developmental phase also shows a potential clinical picture, when

stagnating in it. Steiner and Wegman further advised Hauschka to base the art therapy training on what they had set up for Eurythmy therapy:¹⁷ to first learn the art itself, then how to teach. Only in a third step would this be transformed into a therapeutic application. For art therapy this however would need researching.¹⁸

Between 1989 and 1998, Michaela Glöckler, chair of the anthroposophic medical section in Dornach at the time, invited different AAT schools to participate in an international research project. Their leading question was, 'What is anthroposophic art therapy?'. The exploration looked at different modalities, shared research efficacies and therapeutic experiences. The results were published,¹⁹ and led to the professional profile now used to integrate all of the arts. The research work has now been continued in the 'International Study Days for Anthroposophic Art Therapy' each year at the Goetheanum in Dornach, Switzerland.

AAT training should be postgraduate training, Michaela Glöckler explains:

Similar to the doctors, for whom conventional medical training is mandatory, Steiner was very clear about a solid conventional base to prevent charlatanism. Being trained in both enables a clearer professional identity: approaches can be compared and enable deeper insights, bringing them to a similar level. It will increase research; gain acknowledgment and competitiveness on the employment market. Study groups... used to be offered by senior practitioners voluntarily.²⁰

5. Vera Taberner (1916-2004)



Development of Anthroposophic Art Therapy in Britain

Rudolf Steiner spent time visiting Britain between 1902 and 1924. In Wales at Penmaenmawr, he felt especially drawn to the ancient Druidic mystery centre. There he gained particular insights, which encouraged him to develop a modern initiation: to enable people to gain spiritual insights and knowledge that could be integrated into the practical aspects of life. While there, Ita Wegman also received new insights, which she included in their work *Fundamentals of Therapy*.²¹ It is reported that Steiner could speak to the British in 'a very direct and lively way, without having to give long introductory build-up. He could plunge into it with quite esoteric material, finding the British particularly receptive.'²²

Vera Taberner became the first fully trained anthroposophic art therapist in Britain. She was a youth worker from a socially deprived background. In 1948 she discovered anthroposophy, which she then studied at Hawkwood College, Stroud. In 1962 she studied art at Emerson College in East Sussex; and in 1966 she went to train with Margarethe Hauschka in Germany. From 1973 she offered part-time training in close collaboration with Hauschka, and with the support of Dr Norbert Glas, a Stroud-based anthroposophic doctor who had attended Steiner's course for young doctors.²³ Vera opened the Fox Elms School in Gloucestershire in 1979 for full-time training. In 1992 she passed the training on to the AATs Marah Evans and Karin Jarman, who renamed it the 'Hibernia School of Artistic Therapy' until its closure in 2010.²⁴



6. Anne Stockton (1910-2012) -
front row on the right hand side

In 1979 Anne Stockton founded a second AAT school, the Tobias School of Art and Therapy in East Grinstead. She also trained with Margarethe Hauschka. 'From the beginning we strove to understand the world of life... as a forming force... to bring art to an expression of the spirit' was an ethos she followed.²⁵ Her interest was to bring in various



7. Hazel Adams and Don Ratcliffe,
Conference in preparation of the
foundation of AAAT (now AATA)

artists and therapists from different schools in order to develop anthroposophic arts for therapeutic and educational application. Today the school teaches Transpersonal Arts for Health, Wellbeing and Therapy in an integrated approach of anthroposophy and psychotherapy.²⁶ The school is now the last remaining one in Britain that is recognised by the medical section at the Goetheanum in Dornach.

In 1987 Gertraud Goodwin founded the Hoathly Hill Sculpture Studio. In Germany she trained at Alanus University and engaged in researching and developing sculpture therapy with Fritz Marburg in Öschelbronn Clinic. Sculpture therapy²⁷ focuses on one particular art. Sculpture with its own language and quality has its own therapeutic essence. Out of deep artistic sensitivity, sculptural experience and therapeutic understanding, therapeutic applications can then develop within the patient encounter. Prerequisite to this is to continue one's own artistic work in order to keep the artistic ability to sense what the patient needs.²⁸

In 1996 a group of anthroposophic visual art therapists formed the first Association of Anthroposophical Art Therapy, the AAAT. In 2003 state regulation processes questioned the anthroposophic art therapy model. The association was then transformed into the Association of Anthroposophic Therapeutic Arts (AATA), which grew to include music, speech, singing and the visual arts.

Metal Colour Light Therapy is now fully established in Britain.²⁹ The therapy originated out of Marianne Altmaier's (Germany, from 2001) inspiration to transform the Goetheanum window art into a therapeutic application. Sunlight streams through the panels, which allows coloured light to emerge, caused by metal oxides in the glass. Together with etched patterns in the glass, it conveys healing qualities.

Now, Current Situation

Contemporary anthroposophic art therapy culture has changed. The survey and interviews revealed that practitioners have diversified in many ways. Across generations AATs have integrated other approaches such as trauma treatment (36 per cent), environmental arts (40 per cent), sand tray (28 per cent) or body-related modalities (56 per cent), e.g. mindfulness, felt sense. Diversity is clearly shown by how many different professional titles they use. This brought up questions of professional identity and the future of the AATA. For therapists who graduated six years ago or less, this is partly a matter of choice. They now register with the British Association for Counselling and Psychotherapy (BACP), though they cannot call themselves Art Therapists. For practitioners before that time the stricture of anthroposophic art therapy by the Health and Care Professions Council (HCPC) meant a forced change.

Recent graduates apply noticeably more counselling skills. In contrast to this, a senior AAT shared how she had been working:

The observations about the patient were much more out of a medical understanding of the human being and phenomenological in nature. What you are seeing in the skin and voice, observing their constitution and finding the art therapeutic relationship to that.

Still, an overall increase of psychodynamic principles across generations was apparent. However, everyone agreed that the artistic process remains essential:

Art is always feeling one's way into what is not yet, sensing what is to be. It is a process of creation that does not repeat what has already been said. Art is a different kind of knowledge. It does not derive from the head, but from the feeling, the whole human being.³⁰



Art is unique to our approach; it is a core aspect of what we have worked out of. It appears that AAT has developed as follows: In 'Art therapy... the patient is treating him/herself, so to speak, by relating to the respective artistic medium',³¹ and 'Art as a therapeutic and healing tool'³² within a secure, containing therapeutic relationship. All understood the three- and fourfold image of the human being as described by Steiner, and universally considered it relevant for the profession.

How does the younger generation relate to anthroposophy? Most people in the past knew anthroposophy prior to their training. Now this has changed. Applicants come from all sorts of different backgrounds. They often discover anthroposophy only in their training at Tobias. The school offers an open attitude to accommodate varied inquiries. One student who met anthroposophy at Tobias described her search as 'spiritual hunger'. She said she can feel this longing around her in society. She explained:



It's only anthroposophy that encompasses so many spiritual aspects of what I've kind of glimpsed of over the years... life is about soul development... how can we bring that knowledge into our awareness so we then help others?

Transpersonal arts offer a choice of options. Some gain a more holistic view of art. They conceptualise the nourishing and healing potential, and gain an enhanced meaning from spirituality. Others connect more deeply with anthroposophy and decide to work with it – though they did express that:

To be an anthroposophic practitioner can be very isolating. If you work in an anthroposophic organisation you would be surrounded with the anthroposophic ethos. But if not it is good to have a place where you can go to and meet like-minded anthroposophic practitioners. You need people to exchange, share and keep your skills and knowledge up.³³

8 - 9. AATA conference 2019, creative exploration of our profession's core values, artwork by some of the members

With less anthroposophic clinical organisations in existence, practitioners have less connection with the anthroposophic medical section. It affects possibilities to train skills and gain experiences in collaboration with anthroposophic doctors and therapists. Some 35 per cent have never worked with anthroposophic doctors; over 90 per cent of all respondents work self-employed part-time. Working in conventional healthcare or social settings was not perceived as a problem.

The increase of individualisation within the profession is unquestionably mirrored in contemporary culture. A Tobias student observed 'people are individualising... maybe it's a good thing that people are... calling themselves what they need to'. Yet she felt 'there needs to be that joined "upness"... to track it back to anthroposophy'. Research and publications were considered essential aspects to a modern anthroposophic approach 'in a language that is going to bridge that divide, to bring that spiritual science in'. Ideas and wishes to engage in research, e.g. case studies, uploaded dissertations or participatory research were mentioned 'to start a dialogue' to show that 'this is good work'.³⁴

10. AATA conference 2019, artistic exploration of the profession (Past), photo by Sisi Burn



Teaching anthroposophy was considered vitally important. Some 46 per cent of all respondents in the survey felt that there is not enough anthroposophic CPD available. Lecturers should 'be experienced in both, anthroposophic and conventional fields, who are open and willing to discuss anthroposophy'.³⁵ The holistic, integrative aspect of anthroposophy needs to come alive:

It is the clarity of thinking combined with the warmth of heart. Anthroposophy is not only about knowledge; it's how you embody it. To ignite a real understanding of what for instance etheric [vital, formative] forces are, to bring it



11. AATA conference 2019,
artistic exploration of the
profession (Present), photo by
Sisi Burn

alive, so that people can recognise it and work from that inner source. Anthroposophy needs to be grounded in the therapist. It is not just a belief. It has to be an inner foundation that carries. It has to do with recognising the essential human nature and evolution. That we place ourselves into a bigger context.³⁶

Some of the younger anthroposophic therapists would like to have a shared identity:

To be part of a recognised body is always good – important that we adhere to standards and principles. The anthroposophic aspects would need the AATA. But it would still be good to have it as a backdrop of a professional body.³⁷

They would like to have a framework that protects anthroposophy:

I would need that competence of someone who is anthroposophically trained and where to find it. I need some sort of regulation that says 'yes this is anthroposophic and this is not'. So the trademark is very important to have the 'AnthroMed'.³⁸

Nonetheless they felt some level of integration was important, too: 'To incorporate a little bit of looseness that says it's integrative and then talk about it'. They felt that anthroposophic circles were at times aloof: 'In the past there was this "we are anthroposophical... people should come and find us if they really feel guided to find us"'. However, now it is felt 'important that we reach out to people'. Continuing personal and professional development is important, but should be rather a lived experience:

I think it would be good for the individual therapist to take responsibility to do inner work, Steiner's subsidiary exercises and various meditations... it would be more potent and powerful if it was a lived experience in the practitioner.³⁹

It appeared that the 'senior' generation expanded and innovated their art therapy identity. However, those who trained now with a broadened curriculum and want to work out of anthroposophy wish to connect to original sources, connect with anthroposophists who can guide them.

12. AATA conference 2019,
Wishes for the Future, photo
by Sisi Burn



What Now? Questions, Future Perspectives

How can we foster awareness about the sources and experiences we have? How can we make them available? Could the more experienced AATs offer support? How can we encourage research? How can AAT thrive today? How can AAT find a balance between preserving skills and knowledge as well as adapting and inspiring new ways? How do we understand the development and mission of our profession? How does the development of AAT resonate in each of us? How can we look into the future from the knowledge of the past and the understanding of the now?

Though this reflection process clarified a lot, it left questions open – questions that might be signposts to the future. AATA members' suggestions, needs and wishes could indicate a necessary direction from which to draw inspiration:

- Collegueship, mutual respect
- Professional status validation, anthroposophic registration body
- Inner path, meditation, self-care/development, own artistic path
- Building bridges with other disciplines and a wider public, using a modern, understandable language
- Research, articles and publications, themed exhibitions
- Referrals from doctors, work opportunities, peaceful therapy space
- Newsletter, regular case studies, (online) forums for exchange, internet presence
- Anthroposophic CPD, study groups, mentoring, access to practical support, i.e. promote work, 'apprenticeship-model' for AAT, support new graduates, lifelong learning

13. Simply Blue, stART
international e.V. emergency aid
for children, Rita Eckart



AATs today need creativity and perseverance to find work. Yet there is so much need in the world – in schools, mental health, social deprivation, refugees... to name just a few. This can be a real dilemma, as those most in need have no money for therapy. Support therefore needs either public funding or charitable engagement. The autonomy of AAT is still restricted in accessing funding directly, unless a doctor or organisation refers them. The newly coined social prescribing can be one route. A promising example is Kairos Rehabilitation,⁴⁰ which offers both, an anthroposophic doctor and therapists. They reach out to people whose treatment options within the NHS have been exhausted, and their success might be opening doors to further funding and other initiatives. A moving example for a non-profit social art project is

'Simply Blue'⁴¹ for the international anthroposophic emergency aid project stART e.V.⁴² It supported traumatised people art therapeutically, seeking inner peace in the 2015 refugee crisis by engaging people from 57 countries to create blue freehand mandalas. Their trauma approach gave central importance to spiritual support inspired by Steiner's subsidiary exercises.

Today there is certainly a more fluid, assimilating way of practising AAT. A changed cultural context requires AATs to find new opportunities in the wider landscape of creative approaches in therapy. It became apparent, however, that both are needed – adaptation and connecting with our roots. Looking ahead, I think, could be to deepen anthroposophy with a critical but lively awareness, as well as engaging in an inward inquiry as a way of knowing. To respond to the need of our time would then keep anthroposophy alive in a non-dogmatic way.

Despite the huge upheavals within the last century, it seems to me that Ita Wegman had shown remarkable foresight in her three basic principles. This is apparent in the art-based approach. Learning about illness and possibilities to heal is an integral aspect of AAT. A scientific approach to explore theory and practice is undoubtedly desired and essential. In particular in terms of research, this seems more important and relevant than ever.

Notes and References

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- 2 Rudolf Steiner (1861–1925), in 1919 in his studio working on the Representative of Humanity; photograph Otto Rietmann. Rudolf Steiner Archiv, Dornach.
- 3 Ita Wegman (1876–1943), <https://aata-uk.org/foundations-of-anthroposophic-therapeutic-arts/>

- 4 Margarethe Hauschka (1896–1980), <https://aata-uk.org/foundations-of-anthroposophic-therapeutic-arts/>
- 5 Vera Taberner (1916–2004), paper print. Kindly provided by John Meletiou.
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- 7 Hazel Adams and Don Ratcliffe, joint work on the Goetheanum upper central motif. Conference in preparation of the foundation of AAAT (now AATA). Kindly provided by Hazel Adams.
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- 10 AATA conference 2019, artistic exploration of the profession (past). Photograph by Sisi Burn.
- 11 AATA conference 2019, artistic exploration of the profession (present). Photograph by Sisi Burn.
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- 13 Simply Blue, stART international e.V. emergency aid for children, Rita Eckart.

Elisabeth Körber discovered anthroposophy in 1980 at a cultural youth centre in Stuttgart, Germany, where she worked and was active in the peace movement. She then trained as a hand weaver and moved to Brazil, where she worked in poverty and rural areas. In 1993 she trained AAT at the university of applied science at Ottersberg in Germany, and moved to England in 2001. Elisabeth is registered with HCPC and the former CAHSC. In her work she has been politically, culturally and socially inspired. She has worked therapeutically with complex and chronic health needs, learning disabilities and acquired brain injuries. Her lifelong interest in anthroposophy consists in both research and bridging over to other disciplines and people.

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info@aata-uk.org