



Der Merkurstab

Journal of Anthroposophic Medicine

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2008

English Issue

Anthroposophical aspects to psychotherapy for depression

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Original title: Anthroposophische Aspekte zur Psychotherapie. Der Merkurstab 2006; 395-402. English by A. R. Meuss, FCIL, MTA

Anthroposophical aspects to psychotherapy for depression

■ Abstract

Referring to proven elements of psychotherapy for depression, the author seeks to establish connections with the anthroposophical view of the human being to broaden and deepen understanding of the psychotherapy process. A brief outline of healthy inner life and the signs and symptoms of depression is followed by details of general psychotherapeutic measures. No claim is made for completeness, and the approach is entirely personal. The aim is to encourage further research and development.

■ Keywords

Depression
Anthroposophical psychotherapy
Developing a therapeutic relationship
Law of Education
Foundation Stone

Outline of a healthy inner life

A healthy inner life evolves in the sphere where bodily processes interact, with the spiritual extending into this. Conscious awareness and especially self awareness arises at the point where the spiritual lights up in a human inner life which evolves from refined bodily processes. Having this specific constitution, human beings are able to build a bridge between world spirit coagulated into matter and become perceptible to the senses in the natural world on the one hand, and the spirit world which can light up in the content of their thoughts. They can individualize world thoughts, the danger being that they then believe them to be their own. This error, that thoughts are “intellectual property” makes us issue patents, for instance. Ultimately we human beings do not create our own thoughts. We merely let potentially thinkable thoughts from the spiritual world come alight in the conscious mind.

World powers also become active in the human being via thinking fired by metabolic processes. If we do not succeed in damping these powers down so far that we can govern the forming of thoughts ourselves, there is a danger of being flooded with thought-forming processes that are not guided by the I. This autonomous life of thought then produces “abscesses” in the organism of the soul, to use the words of Paracelsus (1). This is evident, for instance, in the brooding autonomous thoughts of depression, which patients can scarcely master of their own will. Patients then no longer think on their own initiative but “are thought”, as it were. If the paralysing power, i.e. the tendency to “establish” things in the mind, is too great, on the other hand, thought processes grow dry and rigid. In depression this may show itself as thinking activity freezing up altogether. A narrow ridge thus lies between associative, overflowing thinking with its sub form of thoughts that go round and round and cannot be controlled on the one hand, and paralysis of thought life on the other, leaving no room for new thoughts to arise. Essentially it is remarkable that most people are able to walk this narrow ridge in relative security.

Let us move on from this look at thought life to another, meditative way of gaining insight into depression,

using the “power of light – might of gravity” meditation from the *Course for Young Doctors* (2).

Meditation

See in your soul
 Power of light
 Feel in your body
 Might of gravity
 In power of light
 Spirit-I shines out
 In Might of gravity
 Spirit of God is strong
 Yet
 Power of light
 Must not
 Take hold of
 Might of gravity
 Nor must
 Might of gravity
 Penetrate
 Power of light
 For if power of light
 Takes hold of that might
 And might of gravity
 Enters into that power,
 Soul and body
 Astray in the world
 Unite
 In corruption.

One possible connection between this meditation and depression may be described as follows. The inner life unfolds where the etheric powers we use in our thinking are in the field of tension between body-bound and free of the body. If being bound to the body predominates and we have “might of gravity”, thinking fades and the powers continue to be bound up in the processes of configuring the body and its organs. If etheric powers are increasingly released, or indeed, “unleashed”, as Steiner put it, they are no longer used to develop organs but to develop thought forms (3). There is then a danger that the etheric powers “fizz out” like sparks from a sparkler. In that case, the development of thoughts is no longer held and guided by powers of I-nature, and powers alien to the I can influence the process instead. This can go as far as the development of delusions. Here “power of light” predominates, tearing the powers away from their body-bound state and into the sphere of conscious awareness, “burning them up”, as it were.

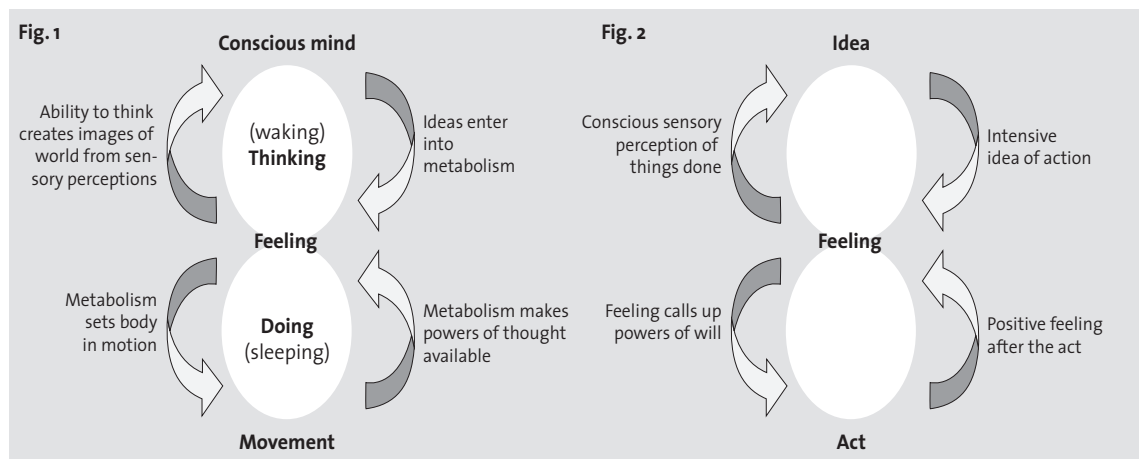
The above problems will increase to the degree to which the “threshold situation” which is so frequently referred to in the anthroposophical world causes the etheric powers to come more free in their development process, something which is happening for the whole of humanity. We can only solve them by training the I to act effectively in the soul. As anthroposophical physicians and psychotherapists we are challenged here to provide genuine answers and show ways that lead to fundamental healing.

The human being as a bridge between worlds of spirit and matter

Let us try and go a bit deeper. Foods and sensory stimuli act on human beings from outside and need to be “digested”. Uptake into the metabolic organism needs to be in the right dosage and under control. Both foods and sensory stimuli have to go through a “zero point” in the process, after which they are built up again under the guidance of the I and integrated in us according to our own body’s “architectural design”. With food intake, this zero point is reached due to enzymatic processes largely breaking down the foods created according to foreign principles and separating them into “anonymous” individual constituents. With sensory perceptions, the complex percept is reduced to its physical constituents (light wave, sound wave, pressure stimulus, etc.) due to the way in which our sense organs are built, and only allowed to pass directly through the “gates of the senses” in this form, then to be given new life by the blood powers acting on the nerve, so that, mediated by the brain, the soul can enter into the experience. This “filtration” or screening of direct experience of the complex powers active in the world around us creates the illusion of an inner life that has its own boundaries.

Physically, the boundary must be actively maintained through the processes of the immune system. When we take in a substance which does not fit in with our bodily organization we react to this with intolerance or even allergy. This is the equivalent of an “antipathy” response in the psyche. If we take in too much food, the risk is that we are too full and conscious awareness is dulled. Analogous to this, sensory impressions must be digested and integrated in our soul or thought organism. Thinking things through, we create a cohesive image of the world. The complex inner process of entering into the life around us is “established”, as it were, in thought forms, and this gives stability and clarity. In the body we create our organs out of the blood process; in soul and spirit we create conscious, differentiated, cohesive thought content from the experiences gained in life. This thought content makes up our “image of the world”, that is, a thought organism. Its clarity and delimitation give us a feeling of security and being in control. Too many sensory stimuli can lead to an inner feeling of antipathy, irritability, distaste. We are then inclined to reject further impressions or thoughts, insisting on our existing image of the world with its established limits. The inner life also fluctuates between being open or receptive and establishing limits and form to maintain selfhood (4).

Our ability to understand the world, i.e. integrate sensory perceptions in a cohesive image, gives us a feeling of coherence (5). If the thoughts created are true to the Logos, they connect us with our spiritual origin, give us support in the spiritual world because we see the connections. Having such insight, the human being is connected with the spiritual world just as the material human being is connected with the physical world around him. Living in a body we have physical identity; developing spiritual insight we have an identity in soul and spir-



it in us, inner certainty as human beings who gain insight and understanding. In this sense, insight can make us “see the light”, power of light can take effect in us in the appropriate sense.

Let us consider these processes in more detail. At the boundary to the outside world a physical impression first arises in our physical nature. This material impression is given life in us by our individualized etheric powers, and set in motion. It can then make its appearance as a movement impulse at the “lower edge” of our inner life, a stirring of the will. When we hear music, this may make us tap a foot with the beat. In this case the sensory impression made by the music has moved the foot, bypassing the conscious mind, i.e. acted on our will processes. A bit closer to the lower edge of conscious inner life, the sensory impression may trigger emotions, desires or drives. These, too, may remain unconscious and in some instances be noticed by others around us rather than ourselves. This applies for example to the tense state of patients with hyperkinetic syndrome or manic patients which is experienced more by others than by the individual himself.

Feeling arises when our power of attention meets these impulses. This, too, we feel is “given”, i.e. we feel “moved” and inclined to act accordingly. The above-mentioned thinking activity which establishes things may be used to reduce this state of being caught up in the movement to a calm idea. This gives rise to thought forms, initially of image type and episodic at the level of the hippocampus in the limbic system, and then abstract in speech terms at the cortical level. A conscious image of the world then arises at the level of explicit speech. Creating these stable thought forms out of the process of sharing in the experience corresponds to bone developing out of the blood process at the physical level. The thought forms and osteogenesis have crystallized out of the flowing blood and life experience respectively (Fig. 1).

For sound thought development it is important for the “light of the spirit”, i.e. the Logos, to shine into thinking activity with sufficient strength. Otherwise thoughts are distorted and misunderstanding of the kind referred to by Georg Kuehlewind arises (6). If the outside influence in our feeling cannot be reduced to a form that is in accord with the Logos, thinking gains unconscious emo-

tive quality and is distorted. This “emotive thinking” is, for instance, characteristic of depressive thinking. Repetition of these distorted thinking processes leads to a stable, self-perpetuating rigid form. In synergetics, one speaks of an attractor developing a life of its own which organizes the thinking (7). In an analogous image, the “light of the spirit” must influence the forming of thoughts just as sunlight does the development of bone, unless we want to have distorted thoughts or the malformed bones seen with rickets. In the words of the *Foundation Stone Meditation* (8), entering into a movement in our feelings must be reduced to calm thought in thinking activity, so that the world thoughts of the spirit may shine out in our thinking. Then world’s spirit light can guide us to acting out of a free will (and not be the tool of a will alien to our I). For we do not live and learn merely in order to understand the world, but also so that we may work in the world and the eternal goals of gods may be brought to realization through us on the physical earth. It is not enough then merely to think the good, we must also do it. For this, the thought or idea must come to be at home again in the moving human being. This means that we have to descend from our “ivory tower” where we are so close to the eternal “starry heavens of insight” and enter into the constriction and compulsions of our metabolic “cowshed”, for there humanity comes into its own (to use a rather drastic image).

The way in which thoughts can take hold of metabolism can be experienced by doing the following exercise. First think of a lemon. Let the thought come alive by visualizing a real lemon. Now imagine biting into it. If the image is strong enough, a sensation will arise, and there may be a movement impulse where you shudder inwardly. Letting the thought come alive is enough to set us in motion inwardly. In depression, this process of thought entering into metabolism has been uncoupled (Fig. 2).

Aspects of soul in depression

Depression is experienced as coming to a halt, frozen, in the middle where we feel ourselves (I feel me). People lose interest in the world around them, are no longer able to move inwardly with the stream of life. They feel themselves to be in a sphere of glass, or walled in. Thinking be-

comes negative, going round and round like an automaton. Feeling colours the thinking and can no longer be put in its place as the power of thought is no longer guided by the I. Thoughts can no longer be taken to calmness and clarity. They become clouded and are no longer as clear as a rock crystal. Feelings of impotence, heaviness, stagnation arise in the soul. Confidence is lost in one's powers of development, in finding a way into the future. The feeling is one of marking time. "Clumps" of feeling develop as the life of feeling is not fully penetrated—rigid forms representing emotive thoughts that can no longer be resolved by logical thinking and integrated in an image of the world that is in accord with the Logos. This is also why these emotive thought forms cannot be forgotten. Patients cannot let go of them and go to sleep at night, and during the day they cannot get going and do things. This means that the healthy, deeper connection with physical activity is also blocked. They can no longer "clear the decks" and take pleasure in achievement.

General psychotherapeutic possibilities

In acute mental states, therapists can calm the patients' inner life from outside, as shown in the Law of Education (9). The therapist's I influences the patient's inner life. The therapist acts as an auxiliary I in the therapeutic relationship. This power is only borrowed, however. The patient's inner restlessness will return as soon as the period where the relationship applies comes to an end. The aim of therapy must therefore be to empower the patient's I to the point where he can calm and control himself. Here we see a fundamental difference between medical and the psychotherapeutic relationships (Table 1). It is legitimate for a physician to act on the patient's soul in a paternalistic, directive way; the psychotherapist's influence must empower the patient's I. For this, he must create a therapeutic space where the patient's I can become effective. The therapist creates and protects that space but does not fill it, does not determine its content. This calls for the spirit self being present to a degree in the therapist. He must hold back his own astral impulses and yet be present, consciously but selflessly so. This can only be achieved with intensive self knowledge and self therapy, ultimately by self education taking the path of inner development (10). William Miller, the well-known American psychotherapist with Buddhist leanings speaks of an *agape* quality in connection with this (11). Metaphorically speaking, it is the therapist's task to be a brother to the patient, producing an excess of I-powers by involving the spirit self, and lending this to the patient, encouraging him, and thus going with him to the source from which the patient may then draw strength for himself again. In the terms of the course in pastoral medicine (12), this source ultimately is the power of the Christ. It can shine into our I, selflessly and overcoming egoity. In this sense, the core element in a therapist's inner training would be to connect again with the power of the Christ and be a vehicle through which this can act (Table 1).

Table 1: Treatment models

Medical	Therapeutisch
Expert active / Patient passive	Patient increasingly does more for himself („training“)
Dependency	Autonomy
Action from outside	Own activity
Standards of treatment	Individual treatment
Procedural certainty	Question of trust
Prognosis relatively certain	Prognosis variable
Paternalistic	Based on contract
Custodial	Partnership

In the children's Sunday service of the Christian Community, the words used to express this relationship are: "The spirit which is active in our thinking and our doing."

Remarkably, no reference is made here to feeling. Why not? Among other things because the adversary powers influence our feeling without our being aware of this, unless we make a special effort. On the other hand we cannot directly influence our feelings. Our feeling follows our thoughts or actions. Clear thinking resolves feeling into understanding by making the connection with the spiritual. Then power of light is active in us, and the power of the Christ influences feeling. Resolute action that we intently go along with inwardly makes us forget personal feelings. We connect with the world in the sense of a healthy might of gravity. Feeling must therefore have I-nature and be connected with either thinking or doing. If it goes its own way and becomes "self-feeling", power of light and might of gravity "unite in corruption". Among other things, this gives rise to the symptoms of depression.

Suggestions for actual therapeutic measures

Let me repeat once more that the first and central step in antidepressant psychotherapy is to develop a *therapeutic relationship* where the Christ may enter into the human relationship through the therapist. In the relationship, the powers of the patient's soul must then be guided towards healthy activity, healthy feeling for others, and healthy thinking. The necessary metabolic powers must be available to provide a basis, so that the inner life may have an adequate material basis. This is the object of medical treatment and will not be discussed in detail here. It may be said, however, that more recent investigations in neurobiology have shown that antidepressants can stimulate linkages between nerve cells and even the development of new nerve cells (13). We may interpret this to mean that *antidepressants* trigger regenerative processes in the body. They must thus be acting in some way on etheric or generative powers. The action is not individual, however, but must be taken up by the I, making nerves and cell structures serve the purposes of the I. This is the subject of a psychotherapeutic paper. For psychotherapy also leads to permanent changes in the structures of the brain (14). If this does

Table 2

PLAN FOR THE DAY Date:..... Name:

Time	Planned activity	Observation	Actual activity	Effect	Learning experience

Summing up the day:

not happen, antidepressant medication on its own shows about 50 % of relapses within a year (15). From this point of view, antidepressants can support psychotherapy, and one must consider if the combination may not be meaningful.

Taking hold of thinking

Psychotherapy influences the patient’s thinking activities through dialogue. This can be conducted by *analysing* the patient’s *thinking processes* together, with the therapist initially making his own I-power available as a model, as shown above. The patient’s tendency to think in an unreflected, self-centred way meets with the therapist’s demand that he should look on his own thoughts as if they were those of a stranger, that is, to some extent look on them from outside. This may be initiated, for instance, by asking: “What would a wise person say with regard to this thought?” Surprisingly, patients given such direction are able to perceive the irrational nature of their own thoughts. They must then be asked if they really want to think this illogical or untruthful thought in this way, or if they want to develop a thought that is in accord with the Logos. Sometimes one must then give them some help in the actual situation. Another way of freeing oneself from emotive, robot-like thinking is “projection in time”, asking: “What will you be saying about this thought in a week (or a year)?” Distance in space and movement in time both help to create inner distance from the thoughts one is producing, and thus an “attitude to the world which has I-nature”, as Paul von der Heide calls it (16).

Once the work done together has confronted illogical, emotive thoughts with rational thoughts that are in accord with the Logos, a second step can be taken to practise speaking these true thoughts into the soul again and again as the day goes on, creating an *inner dialogue*. This can give the I “a place and a voice” in the soul. The condition is that patients consider the stirrings in their own soul carefully again and again as the day goes on, from a distance and with kindness, and without judging them. Quite the contrary—everything must first of all be accepted as given, though one need not necessarily adopt it. The art lies in considering the life in one’s feeling solely as feeling and not as substantially true. (“A

feeling is just a feeling.”) The patient needs to understand that he *has* feelings, but *is* not those feelings. Accepting the given is significant, however, for rejection always creates inner tension, inner discord. The discord will in turn call up negative powers of soul. *Acceptance* or recognition of *the given* is thus an important intermediate step in leaving behind the negative mood. It is, however, important to keep inner experience separate from one’s actions. Feelings must not govern one’s actions, for the actions must be guided from the level of thought. To recognize the given may certainly cause a degree of pain. This pain has an objective insight quality that is in distinct contrast to the dull pain of depressive feeling. This pain, with its I-nature, can be the starting point for appropriate action, whereas depressive feeling tends to paralyse. Thus the pain may, for instance, give rise to the impulse to look after oneself better the next day. The next step is therefore a *plan for the next day* which is made calmly. Such planning makes it possible to incorporate thoughts as to one’s aims into one’s plan of action. Planning should be such that any big step is broken up into a number of smaller steps. This is important, for patients can count the achievement of even small steps as successes. The achievement of such partial goals should be linked with small *rewards* given to oneself which are also part of the plan for the day. As a rule, depressive patients in particular will fail to give themselves these rewards because they consider the achievement of partial steps to be “a matter of course”. Yet the reward must be felt if it is to lead to an emotional learning experience which in turn can provide motivation for the will processes. What has been done must feel really good. This positive feeling should be noted in one’s diary (*table 2*).

In the early stage of therapy it may be helpful to guide the patient towards concentrated inner movement between perceptiveness and reflectiveness by using a form (*table 2*). The day is first planned at the level of rational thought (column 1). The actual feelings which arise as the day goes on must then be carefully noted (column 2: Observation). One then returns to the level of conscious reflection on self, critically assessing what kind of action would be the best response at this point (column 3: Action to be taken). Once the action has been taken, it is necessary to see what kind of feeling actually follows this (column 4: Effect). Something well meant need not necessarily be found to be such. Next comes a return to the level of self reflection, with a critical look at learning experiences made (column 5: Learning experience). The whole may look like this: The patient planned to go for a walk in the morning. Observation shows that it is raining and he now does not feel like going. He decides to put on a raincoat and go out after all. He observes that the puddles show beautiful mirror images. His learning experience is that a walk in the rain does have its charm if one is properly dressed. A help in this is to give oneself positive thoughts all the time or repeatedly so, or to follow what one is doing attentively and with positive interest (e.g. “you’re walking along this

path now, you see the flower, there's a car parked, a man is walking along there"). Thus attentively going along with what one is doing can protect against autonomous depressive, emotive thoughts taking over. For as long as we are deliberately thinking positive or neutral thoughts, no power of thought is left over for brooding, since powers of thought can be used only once to form a thought. When thoughts are developed under the guidance of the I, no power is left available for thoughts not guided by the I. We are helped in this by the fact that the "operative" store in the conscious mind can always only have one concentrated thought at a time, just as on the material plane only one object can occupy a space at a time. This limited capacity of functioning memory thus proves a blessing and should be systematically used in therapy. Apart from the above-mentioned objective, kind thoughts, patients may also address themselves in encouraging tones or use prayer like this, for example: "You'll do it, just keep going; every step you take will take you a bit closer to the goal." or "Give me the strength, dear Lord, to achieve this task". The formulas may be repeated, as with a prayer wheel, and as practised with the *Prayer from the Heart* in the tradition of the Orthodox Church (18). Full details may be found in the book *Wege aus der Angst* (in German) (19).

It is certainly helpful to repeat certain actions in a regular rhythm in a planned day. Setting one's own rhythm for actions relieves one of the effort of having to make a decision each time. In this sense, rhythm takes the place of effort. This is particularly effective when learning experience then shows it to be good to continue with the repeated action. Once patients have practised moving inwardly between entering into feelings and self-reflection, doing so from a distance and with kindness on the other hand, it will be possible to change to writing up one's *diary* and planning the next day only at the end of each day. The diary should, however, only include positive learning experiences and no negative views. Anything written down in conscious awareness tends to be engraved more firmly in memory. Since we want to engrave positive memories, we should also only write down positive memories. If, for example, a task has not been completed, it is advisable not to write down what has not been achieved, but rather which partial steps have been successfully taken. Such a positive diary may also be drawn upon for encouragement in later depressive situations.

Stimulating activity in the will

Patients need to be encouraged to make constructive use of and act on any small ripple of energy or drive that arises, with or without medication. One must act to have an effect, and this can be consciously perceived and then provide motivation. It is, however, important to take loving note of anything done. *Motivation depends wholly on perceived results*. Choose actions, therefore, which are small enough that they can be successfully completed with the available energy. Actions that cannot be carried through take away motivation. This is why planning the

day, as described above, is particularly important. Carefully weighed-up activities planned for the day should be carried out with no ifs and buts, irrespective of how one feels at the moment. One may not feel motivated to go to the theatre, sport or work as planned, but should do everything possible at least to try and do it. As we say, "the appetite comes with the eating", and there is a chance that changing sensory stimuli created in the activity will also trigger other forms of living experience. If the positive experience is registered as a conscious learning experience (column 5 in the day's plan), this can correct depressive emotive thoughts to such effect that one trusts in common sense rather than emotive thoughts distorted by depression. Activity can thus influence feeling; the activated metabolic powers set the frozen soul forms in motion. A practical therapeutic measure would be to set the organism in motion with eurythmy exercises, for example. From the psychotherapeutic point of view it is important that patients then "secure" the experience by consciously following it in thought, which makes it available to conscious memory. A brief enlivening effect will not be remembered later on unless it has been consciously registered. As part of planning the day or writing a diary it is therefore important to make a point of specifically registering positive experiences so that they may lead to new learning experiences. These learning experiences can then be taken into account in planning the day, contributing to patients being able to motivate themselves more easily the next time and actually implement the planned activity. Such self instruction may, for example, be: "You can see from your diary that the last time you went to a concert, you also did not feel like it at first. But you did feel good after all, having gone to the concert. So let's go again this time, and see what happens."

Guiding self-centred to shared feelings

As described, the feelings of someone with depression are self-centred, and connection with the environment through empathy is lost. Acting under the guidance of thought should result in conditions being created for new experiences in one's doing. Beyond this, attention may turn directly to *experience of bodily processes*. This is possible with external applications such as rhythmic or Pressel massage or with oil baths. An external principle which does not have I-nature is then acting on the patient, but conscious attention to the bodily processes affected does cause the I to be active. This takes feeling back to the body's periphery again and thus also to the outside world (the body is individualized outside world). It initiates healthy relations to the environment. Painting and modelling therapy also encourage creative relationships to the world around one. Art work should include intervals when one follows the process inwardly, helping patients to have a conscious learning experience. Making such a connection with the activity enlivens the life of feeling. Another possible step is to do nature study or drawing from nature so that one is recreating the outward forms with one's own etheric

powers. For this, attention must move wholly towards the object perceived, "going to sleep into it", as it were. We can, for instance, inwardly recreate a tree trunk's power to be upright, or the developmental movement of a leaf as it turns towards the light of the sun. The creation of an empty space in a flower, and the pouring forth of scent can also be inwardly recreated just as much as the way in which a root clenches in the soil to get a firm hold. Conscious perception of odours or tastes also helps to develop an attentive relationship, marveling, to the world around us. For some patients it is enlivening to close their eyes and listen into the space around them for any sounds they can perceive. With this exercise, one should develop an intensive feeling for the way in which powers of soul feel their way out into the surroundings.

Summary

People with depression characteristically tend to be self-centred, losing their connection with the world around them. Anything which leads from feeling "me" to perception of the world will therefore prove therapeutic, for the life-giving powers of worlds and of the Christ are active in the world around us. It is possible to open up to the world in three ways—entering into experience of the natural processes in one's own body, entering into experience of the natural processes in the natural world around us, and entering into experience of the powers of spirit in our thinking. In this sense, psychotherapy is a form of "adult education", equipping patients with actual skills in making the connection again with the healing powers in the world around them. The first step serves to convey this to the patients and thus motivate them to be actively involved. The second step requires actual practice of the skills, for insight alone will not change the inner life. To have good things, we just must do them.

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Literatur

- 1 Wolfram E, Paracelsus. Die okkulten Ursachen der Krankheiten. Dornach: Verlag am Goetheanum, 1991
- 2 Steiner R. Course for Young Doctors. Tr. rev. G. F. Karnow. Spring Valley: Mercury Press 1994
- 3 Steiner R. The Karma of Untruthfulness. Vol. 2. Tr. J. Collis. London: Rudolf Steiner Press 1992
- 4 Steiner R. A Psychology of Body, Soul and Spirit. Tr. M. Spock. Hudson: Anthroposophic Press 1999.
- 5 Antonovsky A. Salutogenese. Zur Entmystifizierung der Gesundheit. DGV Tübingen, 1997
- 6 Kühlewind, G. Aufmerksamkeit und Hingabe – die Wissenschaft des Ich. Stuttgart: Freies Geistesleben, 1998
- 7 Haken H. Principles of brain functioning. A synergetic approach to brain, activity and cognition. Berlin: Springer 1996
- 8 Steiner R. The Christmas Conference. Tr. J. Collis. Hudson: Anthroposophic Press 1990
- 9 Steiner R. Education for Special Needs. Rev. tr. London: Rudolf Steiner Press 1998
- 10 Klünker WU. Selbsterkenntnis, Selbstentwicklung – Zur psychotherapeutischen Dimension der Anthroposophie: Verlag Freies Geistesleben: Edition Hardenberg, 1997
- 11 Miller W. Rediscovering fire: small interventions, large effects. Psychol Addict Behav. 2000; 14 (1): 6–18
- 12 Steiner R. Pastoral Medicine. Tr. G. Hahn. Hudson: Anthroposophic Press 1987. Reprinted as Broken Vessels
- 13 Malberg J. E, Eisch A. J, Nestler E. J, Duman R. S. Chronic antidepressant treatment increases neurogenesis in adult rat hippocampus. J Neurosci, 20 (24) 2000: 9104–9110
- 14 Furmark T, Tillfors M, Martensdottir I, Fischer H, Pissiotta A, Langstrom, et al. Common changes in cerebral blood flow in patients with social phobia treated with citalopram or cognitive-behavioral therapy. Arch Gen Psychiatry 2002; 59 (5): 425–433.
- 15 Elkin I. The NIMH treatment of depression collaborative research program: Where we began and where we are. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of Psychotherapy on Behavior Change. 4. ed. New York: Wiley. 1994: 114–139
- 16 von der Heide P. Therapie mit geistig-seelischen Mitteln – Kunsttherapie, Psychotherapie, Psychosomatik. Dornach/Schweiz: Verlag am Goetheanum. 1997
- 17 Roediger E. Achtsamkeit, der „innere Zeuge“ und die Schemamodifikation – Aus der Arbeit einer psychosomatischen Akutstation. In Heidenreich T, Michalak J. (Eds.). Achtsamkeit und Akzeptanz in der Psychotherapie. Tübingen: DGV Verlag, 2004: 671–698
- 18 Aufrichtige Erzählungen eines russischen Pilgers. Freiburg, Basel, Wien: Herder Spektrum. 1974
- 19 Roediger E. Wege aus der Angst. Stuttgart: Freies Geistesleben und Urachhaus, 2005