

TRIUNE

NEWSLETTER FOR SHAPING A NEW FORM OF UNIVERSITY

- ❖ The cultivation of a living, imaginative thinking as the fundamental aim in teaching and research – the inseparability of science and art.
- ❖ Goethean-style phenomenology as orientation in relation to all faculties; awakening the eye of the spirit.
- ❖ The university as the expression and practice of the threefold social life.

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CONTENTS OF THIS ISSUE

Page 1, An interview with Dr. Melissa Greer, *Anthroposophic Medical Training and Medical Practice*.

Page 4, Katrina Bramstedt, *The Use of Visual Arts as a Window to Diagnosing Medical Pathologies*.

Page 6, Arthur Zajonc, *Attending to Interconnection in Medical Training*.

Page 7, Rudolf Steiner, *The Future Medical Faculty and the Luke Gospel*.

Page 8, Rudolf Steiner, *University Medical Study and the Will to Heal*.

Page 10, **LINKS AND INITIATIVES, MISSION STATEMENT OF THE NEWSLETTER**

ANTHROPOSOPHIC MEDICAL TRAINING AND MEDICAL PRACTICE

An interview with Dr. Melissa Greer

TRIUNE: Is an anthroposophical medical training best taken before, during or after conventional university medical studies?

Dr Melissa Greer: Training in anthroposophic medicine (AM) is open to medical students, residents and physicians. One would not be able to take it before their conventional university medicine training has begun. Doing that wouldn't help so much, as AM is meant to be "an extension of medicine", as described in the first chapter of the "Fundamentals of Therapy". This is the only book co-authored by Dr. Ita Wegman

and Rudolf Steiner. It is a good chapter to read as an overview of AM. In fact our whole clinic community, including patients, is taking it on as a focus of reading this year. You can read it online.¹

I began my official AM training in my fifth year of medical school and that worked well for me. However, already in my third year of medical school as I was beginning clinical rotations, I did my first elective rotation with Michael Evans in Stroud (UK). I had the fortune of experiencing the Park Atwood clinic also during that time. It was a wonderful working-together of doctors, nurses and therapists. The nurses took me under their wings and had me experience many of the external applications which left a life-long

¹https://rsarchive.org/Books/GA027/English/RSP1983/GA027_c01.html

impression on me. To this day I consider external applications a primary area of interest. In my family medicine practice I regularly prescribe yarrow liver compresses, kidney, chest and footbath ginger applications, metal ointments, etc. A good resource for this is Monika Fingado's Handbook from the Ita Wegman Clinic as well the online Vademecum (with English translation available).²

TRIUNE: What are some of the best ways to integrate these two studies?

Dr. Melissa Greer: Of course, conventional medicine is part of AM so when studying that there is already overlap. Conventional training is one-sided so that is where the problem is when studying it alone. One learns the disease processes well in a conventional training and that is vital to understand. With AM, one matures this way of looking to see what is called an "illness" as actually being part of healing processes.

When I was in medical school, I made space to read anthroposophy every day; it was a light for me in the otherwise intense and intellectual training. As for practicing physicians, Steiner gave the advice to make drawings for each patient. We would have a much richer conventional medical approach worldwide if just this practice was taught to students in every medical school. We could also do better in the AM trainings to work with this more. For me, this has been helpful to get myself out of the "checklist" way of keeping track what's happening for the patient and instead to hold an overall picture.

I have also found that working with Paul Jaerschky's "Life Pictures" book has been helpful alongside the drawings as an inspiration to understand what is really happening with the

² <https://www.pflege-vademecum.de/substanzen.php>

four sheaths in illnesses and in the particular remedies chosen for a person.³ I have a study group of colleagues now that I lead through these cases. All participants are required to draw. It can be frustrating at first for people not used to working in this way but it quickly becomes fruitful. These practices can open the whole soul and one can really make new discoveries in working in this way.

TRIUNE: How, in your experience, is it possible to develop the will-to-heal in your medical studies?

Dr. Melissa Greer: Most medical students start school naturally with a will to heal. What happens is that by the time most young doctors are through with their training they have to heal themselves from the one-sided learning! And then they either may or may not find the will to heal again. It is a hard fact of this time. So one often begins wide-eyed as a medical student wanting to help others. There is a seed will to heal that needs to be unfolded. But, of course, that's different from the time of clinical practice when you're working with actual patients one-on-one. Then the will to heal has its true chance to blossom. Steiner gave a verse for doctors to work with in the fourth lecture of his Course for Young Doctors.⁴ He says that, if you read it as the pious do - in a dedicated way - and make it inwardly living, it helps to develop a young doctor's soul for this work.⁵

³ The physical body, the etheric or life body, the astral body or soul, the ego.

⁴ "Christmas Course", January 1924, GA 316.

⁵ You healing Spirits,
You unite
With Sulfur's blessing
In the ethereal fragrance;

You come to life
In upward springing Mercury
Dewdrop

I have found there's nothing like being a general practitioner and taking care of people through their lives to ignite this will to heal. That must be balanced with never trying to go against one's karma, but there's always something one can do to try to help. Being dedicated to that helping is the will to heal. The imagination that I have of this is that no matter what we do, no matter how small, it helps the person in this life, after death or in the next life in some way which we don't get to see right now. I feel the truth of that and that gives strength to my work.

There is a Rumi quote which has an Islamic mystical origin that I find is related to this. "Not one atom on the Path of Goodness is ever lost." You see, even the atom coming from its reductionist philosophy is redeemed eventually. If that can be redeemed, just think of how much more will our efforts to help one another – in medicine or not – find its way through eternity.

Of growing
And becoming.

You make your halting place
In the Earth Salt
Which nourishes the root
In the soil.

This is what the soul receives in looking out into the universe around. The human being answers:

I will unite
The Knowledge of my Soul
With Fire of the flower's fragrance;

I will bestir
The Life of my Soul
On the glistening drop of leafy morning;

I will make strong
The Being of my Soul
With the all hardening Salt
Whereby the Earth with loving care
Nurtures the root.

TRIUNE: What ways have you discovered of coming to finer perceptions of disease conditions and how does this assist the healing process?

Dr. Melissa Greer: Of course, being an anthroposophic physician comes out of one's whole being. Who I am as a person in this work is part of that. That's different in conventional medicine where it's often believed that a separation exists between who one is and one's occupation as a physician. So in observing a patient, as a doctor I have to bring my whole self. I try to do that. It's a discipline of getting rid of the busyness of life. Feeling the sacredness of the threshold of the door while walking into the room is a helpful practice. Being completely still and open in those first minutes of an appointment together and taking in the person are also necessary. I find that hard at times when I feel the pressure of time, then I want to get right to the point! But I learned on this path that Mars has a role but Venus is needed more at the beginning. Unless there is an emergency of course then Mars in decision and action is needed!

So, that openness and space for quiet interest has to be practiced. Being open to listening to what the patient is experiencing and how they are describing that is part of forming a new organ for the doctor. A new organ has to be formed in each encounter. It's not enough that you rely on your own organs already developed! There has to be a freshness in the listening, and then out of forming that organ, a vessel to receive something new is also formed. As all organs are vessels, so are the organs needed in medical encounters. And you work with that over and over again as a doctor.

In general medicine it's always new, you never see the same thing twice, because even if the same disease comes to the same person, it's at a different time of life and under different

circumstances. Also important is to understand what the patient's goal is for him/herself. It's not always what we might assume it would be. Not everybody wants their illness to go away. Some people want to just experience it differently.

So it's important in the perception of illness that, first, a doctor is well prepared and has done the necessary study, that one has taken in the concepts that have made an impression on the soul. But then all of that has to be let go for periods of time. It's uncomfortable. I think it's the hardest thing for young doctors to be in that state of discomfort, of not knowing. Their whole conventional training has told them how to know and follow algorithms, etc. Then you come to the answer and know what to do sometimes even before going in to see the patient!

But that discomfort is kind of like a doorway that we all have to go through if something real is taking place. It is a Raphael path of being with someone on a healing journey. One has to find how much one does not actually know and be humble before it. In the case of deeper illnesses, if we know from the beginning what the answer is and we just feel confident automatically, we're likely wrong. Maybe "right" by conventional thinking but not really doing the "good" that is possible for a soul on the healing path. ≈

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<https://www.carahmedicalarts.org/>



THE USE OF VISUAL ARTS AS A WINDOW TO DIAGNOSING MEDICAL PATHOLOGIES

Katrina Bramstedt

Observation is a key step preceding diagnosis, prognostication, and treatment. Careful patient observation is a skill that is learned but rarely explicitly taught. Furthermore, proper clinical observation requires more than a glance; it requires attention to detail. In medical school, the art of learning to look can be taught using the medical humanities and especially visual arts such as paintings and film. Research shows that such training improves not only observation skills but also teamwork, listening skills, and reflective and analytical thinking.

Overall, the use of visual arts in medical school curricula can build visual literacy: the capacity to identify and analyse facial features, emotions, and general bodily presentations, including contextual features such as clothing, hair, and body art. With the ability to formulate and convey a detailed "picture" of the patient, clinicians can integrate aesthetic and clinical knowledge, helping facilitate the diagnosing of medical pathologies.

Observation skills are required for the practice of medicine, yet they are rarely formally taught in medical school curricula. Observation means careful looking and it is sometimes assumed to have happened when, perhaps, it has not. Derived from the Latin word *observare* ("watch over, note, heed, look to, attend to, guard, regard, comply with"), clinical observation requires more than a casual glance; it requires deft integration of visual information. "Visual literacy" is a kind of aesthetic reasoning informed by careful observation that can help generate meaning, based on the images viewed.

Notably, there is no accepted system to teach visual literacy to physicians-in-training. However, use of visual art forms, such as paintings and film, has been integrated into curricula at several medical schools.⁶

Humans are not machines, yet it is easy for medical students, especially those in their preclinical years, to view the body as simply a collection of parts. As students begin to work with simulated patients (actors) and real patients, they discover other elements that are critical to whole-person care—namely, emotional, psychological, and spiritual aspects. Although physical presentation is an obvious component of observation, emotions can also be interpreted from facial expressions and body language, and these, together with contextual features such as clothing, hair (dirty, clean, uncombed, finely coiffed) and body art, create a “picture” of the patient and his or her humanness.

Visual literacy can inform clinicians about things the patient is not directly telling them that might be relevant to a diagnosis or to good communication. For example, patients who are unable to communicate their symptoms due to their clinical state (e.g., coma, intoxication, or

hepatic encephalopathy) may display swollen features or erythema. Some patients withhold information from their clinicians due to embarrassment, fear, and the desire to avoid confrontation, which might be evident from the presence of perspiration, pallor, or body language. By exploring a patient’s facial expressions, emotions, body language, and contextual features, clinicians can glean nonverbal cues to support how they care for a patient.

The ability to clearly capture and document what is observed is also an aid to teamwork and collegiality. Clinical team members (including nurses and allied health staff) should be able to read a chart note and envision a “picture” of the patient, as medicine is a multidisciplinary effort.

Additionally, a thorough picture of the patient can aid clinical investigators who subsequently review charts during the course of research. As early as the 1800s, the value of such documentation was noted by physician Louis Martinet when he stated: “The report of a case should be like the copy of a picture.... the observer should still express its real character”.⁷ ≈

Excerpt from Katrina Bramstedt, “The Use of Visual Arts as a Window to Diagnosing Medical

“Samuel Hahnemann’s (1755-1843) [first] main contribution was to see that “disease” comes to expression in the totality of symptoms. We cannot reach the reality of a disease by our current chemical and physical studies which only grasp the corpse of the living, for the living reality, he maintained, is expressed in the symptoms. Here disease is obviously understood as an “Idea” in the Goethean sense and Imagination is called for to grasp the Idea manifesting in the symptoms”.

Ralph Twentyman, *Medicine, Mythology and Spirituality: Recollecting the Past and Willing the Future*, Sophia Books, 2004, p.42.

⁶ Including the medical humanities program at Bond University School of Medicine in Queensland, Australia, developed in 2014.

⁷ Martinet L. *Manual of Pathology*, 4th ed. Quain J, trans. London, England: Simpkin, Marshall, & Co; 1835:20.

Pathologies” in *AMA J Ethics*. 2016;18(8), pp.843-854 (American Medical Association, Journal of Ethics: Illuminating the Art of Medicine). Click link:

<https://journalofethics.ama-assn.org/article/use-visual-arts-window-diagnosing-medical-pathologies/2016-08>

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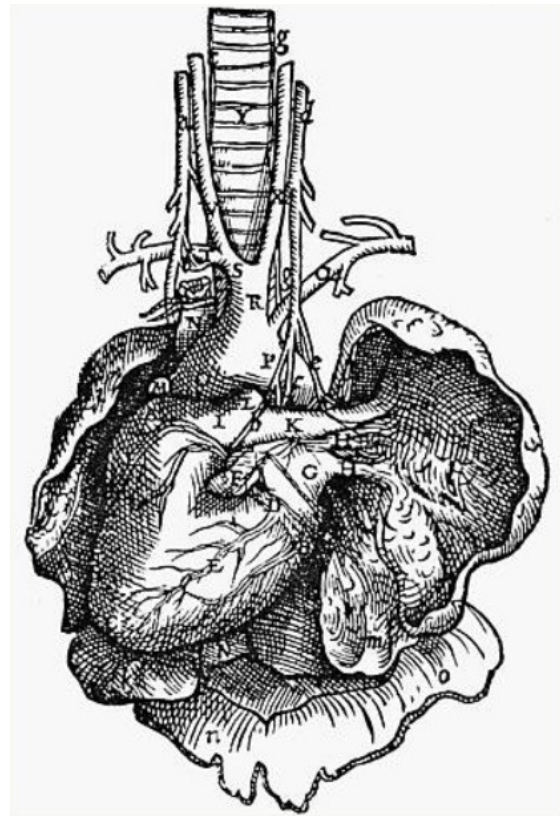
ATTENDING TO INTERCONNECTION IN MEDICAL TRAINING

Arthur Zajonc

How does one see a painting whole? Or the human mind? Or an ecosystem? Or for that matter, the educational project itself? We are well schooled in “seeing them” into parts – into brushstrokes, neurons, and molecules – or seeing the university apart into departments, disciplines, and specialisations. What kind of attentiveness will enable us to see a true whole? What is the pedagogy for beholding interconnectedness as a primary reality and not a derived one? What are the implications of a deep experience of interconnection for knowing, teaching, learning and life?



For an example of the benefits of the relational and integrative view of reality, consider health care and medical education. In the United States, our approach to medicine has increasingly become a reductive science married to a for-profit economic model that is fast approaching collapse. The questions of the quality of the care for the whole person and the education of the whole physician seldom rise to the top of the agenda. Instead, cost analyses and technique pervade the system and threaten to



Versalius, *The Human Heart*, engraving, 1543.

overwhelm the idealistic motives that draw most medical and nursing students to the profession. At every step care for those who are ill and suffering is made increasingly difficult by a system at odds with itself. I hardly need describe the dangers of a truncated biomedical model that sees the human being purely as a collection of organs, bloods levels and test results. Good medical education and health care does not require such a view; in fact, it seems obvious that a fully integrative view is called for.

For several years I taught an interdisciplinary course that studied, among other topics, the human body in art and science. We worked equally with the anatomical drawings of Leonardo da Vinci and the scientific study of the heart by Andreas Versalius and William Harvey. The capstone experience was a trip to the anatomy lab of the University of Massachusetts Medical School in Worcester, which was run by the remarkable teacher and anatomist Sandy Marks. When Marks first began teaching,

anatomy classes had historically been taught as a grisly, even macabre, boot-camp experience. Early on he noted that some of his best students were dropping out of medical school as a result. His own sensibilities, as well as conversations with students in his class, led him to a total overhaul of the gross anatomy class.

Now the first day of class begins with readings and conversations about death. For many students the cadaver they will dissect is their first direct encounter with mortality. It often raises fears and memories of those they have lost. Marks makes time and space for these recollections and feelings. He then introduces the students to their “first patient”. No longer taken from the state’s unclaimed dead, each body has been donated to the medical school, some coming with personal letters or poems expressing the wishes of the deceased. He read one to us: “May that life force that ran in me shine forth once more and pass to you the knowledge and the power that help sustain the miracle of life”. In this class each medical student takes the body apart layer by layer, learning its miracles, but now it is done with respect and ever mindful of the gift. At the conclusion of the class, relatives of the deceased are invited to a closing ceremony in the medical school courtyard at which the students express in words, music, and poetry their deep gratitude for the gift of the body they studied.



Our day at the anatomy lab recapitulated in miniature the medical school experience, from the meeting with death and dissection to the conversations about loss and love. It was an amazing and moving experience for our Amherst College students, one they never forgot. They experienced a profoundly ethical form of education in which knowing and caring were united. ≈

Excerpted from P.J. Palmer & A. Zajonc, *The Heart of Higher Education: A Call to Renewal: Transforming the Academy through Collegial Conversations* (Chapter 4), Jossey-Bass, San Francisco, 2010. Arthur Zajonc was emeritus professor of physics at Amherst College. He has been visiting research scientist at the École Normale Supérieure in Paris, the Max Planck Institute for Quantum Optics, and the universities of Rochester, and Hannover. He is the author of several books, including *Catching the Light: The Entwined History of Light and Mind*. He served as the General Secretary of the Anthroposophical Society in America from January 2012 to June 2015.



THE FUTURE MEDICAL FACULTY AND THE LUKE GOSPEL

Rudolf Steiner

b

We must turn our attention to that centre of spiritual culture which was at its prime when, in Europe, a kind of primitive spiritual life was prevailing under Charlemagne. Over in Asia there was flourishing the spiritual culture centres around Harun al Raschid (766–809 AD). Many of the wise men of those days—including many physicians—were at his court. It was a time, as you will notice, when Christianity had already been working for some centuries.

Christianity itself appears in the world as something that can only be understood slowly and by degrees and, for an external, though not for an inner point of view, it is very strange that the deeper sides of Christianity have, in reality, not been fathomed at all by human beings. Christianity came into the world as an objective fact and the receptive faculties of men were not strong enough to develop the real essence of it in all directions. The objective consequences,



Giovanni Lanfranco, *Saint Luke Healing the Dropsical Child*, 1625.

therefore, are that Christianity is everywhere living in the sub-consciousness but that for three or four centuries it has been completely ruined by man. Human beings ruined Christianity through their intellect.

As well as this there are the terribly dilettante institutions that have been set up in recent times at universities. Originally there were four traditional faculties, namely: philosophy, theology, jurisprudence, and medicine. The rest that have been added have been based on utter unenlightenment and misunderstanding. Faculties for such subjects as political science, national economy and the like, originated from thoughts which no longer knew anything at all of the essentials.

What has not been understood at all is that, to begin with, four men were sent out by Christ to proclaim Christianity: Matthew, the theologian; Mark, the jurist; Luke, the physician; and John, the philosopher. This fact, which has very deep roots in the spiritual life (things at present are only in germ and have yet to blossom and bear fruit), is also connected with the realisation that the texts of the four Gospels cannot completely tally because the one is written from the standpoint of the theologian, the other from the standpoint of the philosopher, a third from the standpoint of the jurist, and a fourth from the

standpoint of the physician. This must be thoroughly understood.

And because it has not been understood, because the Luke Gospel has not yet been accepted as a guide for the inner will-to-healing, there is no truly Christian will-to-healing in modern thought. There is, instead, the attitude that has crept into spiritual culture through Arabism which has gripped Christianity like a pair of forceps.≈

Rudolf Steiner, from *Course for Young Doctors*, 23th April, 1924, GA 316, Lecture IV.



UNIVERSITY MEDICAL STUDY AND THE WILL TO HEAL

Rudolf Steiner

The true kind of medical studies would never lead anyone to desire knowledge of conditions of disease or processes of healing without at the same time having the will to heal. Such a thing would never arise out of true medical studies. It arises because of the way medical studies are arranged today. It must be admitted on the one side that by far the greatest part of what the medical student has to learn today in his various courses has nothing fundamentally to do with healing as such as therefore burdens the mind with all kinds of impossible things. In modern medical training it is more or less the same as it would be to make a sculptor, let us say, learn first of all about the scientific properties of marble and wood with which, in reality, he is not concerned. A great

deal of what is contained in the medical textbooks today or is done in clinics has little to do with medicine in the real sense.

The moment you pass on from the physical description to the etheric body [the life body], most of the things in the medical textbooks lose their significance because the moment you come to the etheric body the organs present quite a different aspect. When you pass from the physical to the etheric body, intellectual knowledge alone will get you nowhere. You will learn much more if you learn how to sculpture, if you learn the hand grip, the feeling for space that is needed by the sculptor.

So far as knowledge of the astral body is concerned, you learn far more when you can apply the laws of music. From music you learn an enormous amount about the forming of the human organism, how this process of formation develops out of the astral body. Inasmuch as the human being is organised for movement, for activity, he is built up, in reality, like a musical scale. Here (back of the shoulders) begins the tonic; then it passes over into the second, then into the third in the lower arms, where there are two bones because there are two thirds. This brings you to truths quite different from those which are considered nowadays to pertain to a real knowledge of the human being and quite a different course of teaching would really be necessary for one who is approaching medicine in the true sense.

The modern form of teaching has arisen from the fact that therapy has become nihilistic. Not only in the Viennese school of medicine has this been the case, but everywhere it is the same. Among the professors and lecturers who represent the various scientific faculties there have, at least, been serious minds who, in spite of all their shortsightedness, were, at any rate, scientific. At all events a certain earnestness was present.

But when one comes to those who lecture about remedies, the earnestness ceases. The lecturer himself has no fundamental belief in what he is lecturing about. The earnestness stops at the point where the therapy begins.

From where, then, is the will to heal to proceed? It must proceed from a course of medical studies such as I outlined [previously, when] I spoke of what the sequence of [such] studies should be.⁸ That, of course, is very different from the things that go on today and do not lead to a real art of medicine. In most cases, the practitioner has to learn things by dint of great effort when he has left his medical school. This is often not an altogether easy matter because the things he has learned are not only useless but actually harmful to him. He cannot see the real process of disease because all sorts of things are memorised in his head and he cannot see the process of disease in its reality. That is the one side.

In the spiritual sense [a graduate physician has] to be something more. The best way to attain that would be to say: Leave all medical studies alone, there is no true medical faculty today where you can study medicine in the real sense In the radical sense, that is what one would say. But where would you be then? The world would reject you, would not recognise you as physicians. The only course open to the young physician is to go through the whole thing and then be healed by what he can learn of medicine [but the methods indicated by Steiner]. With all the repugnance that you may feel, you must take the orthodox and regular course of study. There is no other alternative; it is absolutely necessary. That is the other side of the picture.

People like magnetic healers and amateurs who dabble in medicine abuse the university schools, but that is no use at all. Those who know how

⁸ See lectures, Christmas 2023, GA 316.

things are and who are led by experience to real understanding—they will be the true pioneers of reasonable medical study. This should be your endeavour: to awaken public opinion about the state of affairs.



When one is an intelligent person today and becomes a physician, having passed through the university, one can, of course, criticise orthodox medicine. One has passed through the whole thing and knows what one lacks. But this knowledge can become effective only when one has got something to put in its place. Only then can it be effective. This, of course, is the other side. And so you must not take what I am saying here in the sense that I have any desire to hold back young physicians from completing their study. Bad as it may be, it is still necessary today to eat the bitter apple. When it is possible to speak on the platform of things which ought not to be—then and only then will there be a gradual improvement.



What is it that has arisen by the side of scientific medicine which, after all, still towers above anything that has been achieved by the medicine of amateurs? I know that laymen have made progress. But it amounts to nothing. The valve in a steam engine was invented by a small boy one day when he was bored. One could not say of

him that he was really capable of constructing engines because he invented the valve. Those who abuse scientific medicine today are really not justified in abusing it for they are talking about something of which they have no knowledge. What we have to achieve is not to mix up anthroposophical conceptions in medicine with what is already in existence. If in doing so we succeed in showing that we are sincere and serious, then great progress will have been achieved.~

Rudolf Steiner, *Course for Young Doctors*,
Lecture II, 22nd April, 1924,
GA 316.

LINKS AND INITIATIVES

This space is reserved for news, relevant links and outlines of initiatives.

Please send any information to be included here.

AUSTRALIA

INDUS UNIVERSITY PROJECT

The Indus Project is a pioneering tertiary educational initiative feasibility-researched for Western Australia. The educational dimension of the campus (the “faculty”) is not any kind of corporation or legal association which pays salaries. Tuition is paid for through gift capital.

Go to:

<https://www.educationforsocialrenewalfoundation.com/>

MISSION STATEMENT OF THE NEWLETTER

To help develop an international community of people together striving to shape a new kind of university. To share insights and information which will help to develop the content, methods and organisational principles of this kind of university

BACKGROUND – ON THE EVOLUTION OF THE UNIVERSITY

The university, since its inception in the medieval people, has become a central organ of the cultural and spiritual life of society. It has been called a “little city”, a melting pot for new ways of thinking and for shaping the world creatively.

All knowledge in the medieval university was unified by faith in a transcendent God. During the time of Renaissance humanism, and later in the early-modern Kantian and Humboldtian universities, the human rational faculty became seen as the unifying power. The university came to be thought of as a centre for universal knowledge. The modern university can better be called a “multi-versity”; faith in God or the rational striving toward the universality of knowledge is not its central concern. It is essentially materialistic in outlook, serving mainly practical ends through its teaching and research.

SHAPING A NEW FORM OF UNIVERSITY

This means stepping toward a future in which the university is completely free of the state – financially, in terms of course content, and in relation to the awarding of degrees. This freedom is the responsibility and duty of this central organ of the cultural-spiritual sphere of the threefold social organism; it is already recognised in academic freedom. Ways this freedom can be further achieved can be discussed and advanced through this newsletter.

Following the indications of Rudolf Steiner, the aim of lower and higher schooling is not to educate but to awaken – to help awaken the modern human being to the spirit, the spirit working in the human being itself. What can be achieved at the tertiary level will fructify the whole field of education into the future.

Thus we can state boldly: the aim of the new university is to help open the “eye of the spirit” to the working of creative spirit in all forms of nature and the human world. In every faculty, in every aspect of teaching and researching, the task will be to advance human life towards an understanding of the world as a manifestation of spirit.

For this reason the orientation of the new university is fundamentally phenomenological. This is the method which is taught, guided and inspired by what others have perceived in this way. Modern individuals need to learn to see for themselves.

Seeing is grounded in physical perception, in what appears to us in the world (phenomenon literally means – “what appears”). But physical appearance hides what is invisible and essential. When teaching and researching focuses one-sidedly on the physical we have everything technical, the approach which considers what is “real” as only observable, empirical phenomena. Academic thinking then becomes highly materialistic and objective. However, when teaching and learning reaches through what appears to us physically, it rises to the artistic through a “knowing of the heart”. In the works of the later Heidegger and the later Merleau-Ponty we have the vision of the invisible within the visible. We find that “more appears than appears to appear”.* The appearance hides the innate idea (*eidōs*) which may nevertheless come to presence through the pathway of phenomenology; this innate idea Plato equated with *ekphanestaton* (“what properly shows itself as the most radiant of all is the beautiful”).

The new university is focused on a highly practical, applied phenomenology, on all the phenomena which come within the scope of the different faculties. Different minerals and soil

forms; plants and animals; the forms and structures of the human body and human consciousness; the different stages in the growth of children, their different soul gestures and temperaments; all the disease and health appearances; social forms and social processes – and so on. For this advanced practical phenomenology, we look mainly to the indications of German philosopher and artist Rudolf Steiner, who in turn drew greatly on the artistic phenomenological natural science of the poet Johann von Goethe.

Editor

* R. Bernasconi, "The Good and the Beautiful" in *Phenomenology in Practice and Theory*, Martinus Nijhoff Publishers, Dordrecht, 1985, pp.179-184.