

Intentional Community as a continuing response to the Holocaust – The life of Peter Bergel and the Camphill Communities.

Alan Potter, Camphill Community, Botton Village.¹

Peter Bergel was born into a wealthy Jewish family in Frankfurt-am –Main in February 1929. He was a healthy child with dark hair, brown eyes and a good constitution. His father Ralph was a prominent lawyer and Erna his mother was devoted to her only son. At home all was well until Peter contracted encephalitis, aged three in 1932. His recovery was partial, leaving him with brain damage which was to severely limit his continuing intellectual, social and language development. Beyond the home, all was far from well. In 1935 Ralph was interned and later released to work for the state. In 1937, Erna was so concerned that she gave Ralph an ultimatum either to apply for exit visas or she would take Peter and walk to the frontier and meet what fate would bring her. Ralph acquiesced and they fled to Holland with two cousins. Peter's life was under a growing threat from a state which considered him to be racially impure and also hereditarily ill.²

In order to outline why this was so, I refer to refer to some of the growing number of texts available in English to firstly show the development of the underlying public and state perceptions of people with a learning disability in the German historical context which led to the state euthanasia program and then to the so-called 'Final Solution'. Secondly how certain tenets arising from the historical context were manipulated through official state policy and legislation to facilitate the killing of people with a learning disability. Thirdly, how a resistance to this policy found some expression in the Intentional Community movement, specifically in the model of the Campill Communities founded in 1939 in Scotland. Fourthly to look at some aspects of contemporary attitudes which are informed by this historical inferno and influence working together **with** and working **for** people with a learning disability today?

The development of State sponsored genocide in 1930s Germany.

Adolf Hitler wrote in 1925:

'The National Socialist world-view will be elevated into state policy. This world-view does not in any way believe in equality of races, rather it recognises in their diversity and superior and inferior value and feels duty bound through this recognition, in accordance with the eternal will, which guides the universe, to further the victory of the best and the strongest, and to demand the subjugation of the weak. This honours principally the aristocratic fundamental thought of nature and believes in the validity of this law for every single creature. It does not only see the different value of the races, but also the different value of individual people.'³

1¹ The Camphill community movement establishes and maintains about 100 intentional communities internationally together with people with a learning disability.

2² Peter was known personally by the author for 24 years.

3³ Benz (2007) p. 259-60.

These sentiments were published in a prepared context which was widely disseminated in Europe already before WW1. The thoughts of Charles Darwin (1809-1882) and of Frances Galton (1822-1911) had been manipulated and 'dumbed down' for mass consumption. Galton had coined the phrase 'Eugenics' which in Germany had come to mean 'racial hygiene', which led to a debate about removing hereditary illnesses from the national breeding stock. By 1914 the German Institute for Racial Hygiene had 350 members, mostly university academics. Views on elite races and individuals and conversely on those who are considered inferior were regularly debated. The war brought economic shortages and austerity which greatly changed the treatment of people with a learning disability in German asylums through a social devaluing and severe rationing of food. For example at the Berlin-Buch asylum calorie intake decreased from 2,695 in 1914 to 1,987 in 1918. Mortality rates in these institutions rose from 5.5% to 30% by 1918 reflecting 140,000 deaths in these four years.⁴ The asylums contracted to save money and make beds available for military casualties. People with disabilities were popularly seen as economic burdens and because they were increasingly on the streets, their sometimes inappropriate behaviour was considered anti-social and became criminalised. Defeat in the war brought a shift in generational influence from the young to the old in the Weimar republic. Increased general poverty influenced a desire to be rid of the burden of the weak and a sinister term was introduced into the debate – 'life unworthy of life'. In 1920 two university professors (a lawyer and a psychiatrist), Karl Binding and Alfred Hoche published 'Permission for the Destruction of Life Unworthy of Life'.⁵ They called for the killing of people with disabilities whom they saw as 'incurable idiots' without their own will or sense for life. This small book greatly influenced the German medical profession and was to become a basis for later National Socialist policy.

Through increased visibility in public and subsequent censuring of behaviour seen as anti-social and hence criminalisation, pressures mounted for social control measures to be strengthened resulting in a marked increase in the asylum population. By 1929 the 1918 figure for asylum psychiatric patients had almost doubled. Economic hardship resulting from the depression worsened the situation as families could no longer afford home care and gave up their relatives to state institutional care. Mostert (2002) describes this as the tipping point when 'the seeds of genocide were sown among professionals and ordinary German citizens alike'. He writes,

The juxtaposition of severe economic constraints, crowded asylums, the attachment of levels of economic viability to human worth, and the sense that people with disabilities formed a burdensome and often criminal element in society all significantly added fuel to ethical debates concerning euthanasia and sterilisation. By the late 1930s, there was open discussion among many asylum administrators about actually killing inmates.⁶

Changing public attitudes as a pre-requisite to genocide.

Alongside this changing perception there was an evolving change in attitudes to euthanasia. Traditionally meaning a voluntary request for death, this changed to allow a physician the

⁴ Ibid. p. 260

⁵ Ibid.

⁶ Mostert (2002) p. 158.

right to alleviate suffering, so that a person could voluntarily request death to relieve their suffering and a physician had the responsibility to assist their death (Procter, 1988).⁷ At the end of the 19th century two further aspects were added. Voluntariness was extended to allow other parties to request the right to die. The economic cost of the high care needs of the dying and of asylum patients was considered too high a burden for families, carers and for society. Analogy was drawn to the practice of relieving the suffering of animals through a pain-free mercy killing. Public and professional opinion shifted from voluntary euthanasia to involuntary killing of life unworthy of life. Binding and Hoche wrote,

Their life is absolutely pointless, but they do not regard it as being unbearable. They are a terrible, heavy burden upon their relatives and society as a whole. Their death would not create even the smallest gap – except perhaps in the feelings of their mothers or loyal nurses.⁸

Hoche argued that as there was a dearth of scholarly work on medical ethics, there was no consensus on what was medically 'ethical', hence instruction on medical ethics must be conducted informally. Everything in medicine was relative and 'not to be regarded as something which remains the same for eternity.' He described 'full incurable idiots as mentally dead, human husks,' who had 'no capacity for suffering' and who were 'on an intellectual level which we encounter only way down in the animal kingdom' and further 'where there is no suffering there can be no pity'⁹ Furthermore Hoche maintained he contacted every asylum in Germany to work out the average annual cost of 'RM 1,300 for the care of each idiot' Hoche maintained, that twenty to thirty idiots each with a life expectancy of fifty years represented a massive capital in the form of foodstuffs, clothing and heating, which is subtracted from the national product for entirely unproductive purposes.' To maintain his case Hoche considers the state to be an organic whole, and that any part of the social 'body' that was useless or 'harmful' should be immediately removed.¹⁰

Michael Mostert (2002) proposes a series of six 'Genocidal Markers of Disability' as determining the real world fate of "useless eaters".¹¹ These are in summary:

1. Darwinism and the Biology of Determinism. Charles Darwin had established the prominence of the biological sciences in the 19th century, focused on the inequalities within all living species. He maintained that only the most able would survive as genetic progenitors, safeguarding the future health and survival of the species. This was applied to human beings as Social Darwinism, and was widely accepted in Germany.
2. Eugenics. Described as 'the science of the improvement of the human race by better breeding', by Charles Davenport. Mendel's laws of hereditary physiological traits also governed social traits. This led to research on the transmission of social traits

⁷ Ibid.

⁸ Ibid. p. 159..

⁹ Evans (2007), P. 92.

¹⁰ Benz (2007), pp. 260-1.

¹¹ Mostert (2002), pp. 158-66.

and to the classification of the human worth of societies, groups and individuals, which gave rise to legislation and sterilisation programs in several countries in Europe and the USA. Hereditary degeneracy was seen as the root cause for such social problems as alcoholism, prostitution, feeble-mindedness, and even poverty, unemployment and chronic illness.(Friedlander, 1995)¹²

3. Forces Prevention of Disability. Social Darwinism and Eugenics were established popular and scientific concepts when the Nazis came to power in 1933. Six months after election a sterilisation law was enacted entitled the *Law for the Prevention of Genetically Diseased Offspring*, decreeing sterilisation for persons characterised by a wide range of disabilities. Health courts, comprising of a judge and two doctors were set up. In all in excess of 390,000 'hereditary sick' people were sterilised between 1934 and 1936 in Germany. In 1933 the Nazis enacted also the *Law against Dangerous Criminals*, which criminalised the inappropriate social behaviour that characterised many people with disabilities. The infamous Nuremberg Laws of 1935 also proscribed the marriage of persons with a disability. As early as 1929 Hitler indicated that if Germany had a million births annually and removed 700,000 of its weakest people it would become a stronger nation.¹³
4. Disability Propagandised as Life Unworthy of Life. Over the next three years books and films were used to fundamentally change both public and official feelings of benevolence towards people with disabilities. The film *Das Erbe (The Inheritance, 1935)* showed the medical, social and economic consequences of disability in a pseudoscientific way. A 1937 film *Opfer der Vergangenheit (The Victim of the Past)* proposed compulsory sterilisation as the solution. Magazine, posters and newspapers carried features comparing the economic productivity and burden of able vis-a-vis disabled people [Illustration 1]. By the late 1930s the state was receiving requests for mercy killing from the German public. Disability was now widely accepted as a legitimate ground for murder.

¹² Ibid.

¹³ Burleigh (1991), p. 142



Illustration 1. Propaganda poster of the Race Politics Department of the NSDAP (Nazi Party).¹⁴

5. Disability as Justification for Individual and State-Sanctioned Murder. Public cases requesting euthanasia broke the taboo of official killing of disabled people. The Knauer child was severely disabled. The father went directly to Hitler after doctors refused his request, who sent his personal physician to Leipzig with instructions that should the child be severely disabled, to instruct attending physicians, in the name of the state, to carry out euthanasia. A junior doctor administered a lethal injection, while the nurses were on their break. Hitler assured that any arising legal prosecutions would be quashed in his name. After this case Hitler formally established a state-sanctioned program to kill children with physical and mental disabilities.¹⁵
6. Disability as State-Sanctioned Homicidal Policy. A front organisation was established in May 1939 ironically named the Committee for the Scientific Treatment of Severe, Genetically Determined Illnesses. In August it demanded a census from all midwives and physicians who delivered infants with congenital disabilities to register these children, up to age three, and the nature of their disability for scientific research. They were paid for every referral. These referrals were sorted, on the basis of the returned forms, at the Health Ministry in Berlin into survivors, observation cases and treatment (extermination) cases (Lifton, 1986).¹⁶ Further state front organisations were set up. The Community Foundation for the Care of Asylums set up and operated the killing centres, while the Community Patients Transport Service Ltd. brought inmates from the institutions to the killing centres. The program was under the control of physicians. Hitler declaring that "he could do without lawyers, engineers and builders, but not without National Socialist doctors for a day or even an hour. For what good is

¹⁴Institut fuer Zeitgeschichte (1999), p. 405.

¹⁵Burleigh (1991), p 142.

¹⁶ Mostert (2002), p 165.

our struggle if the health of our people is in danger?"¹⁷ By 1945, it is estimated that three quarters of a million people with disability were murdered .¹⁸

Peter Bergel and the Camphill community movement.

By 1937, Ralph Berger as a prominent lawyer would have been aware of the several laws and ordinances which would threaten his son Peter's wellbeing and possibly his life. He had already been arrested by the Gestapo in 1935 and released as he was a valuable asset as a lawyer. He worked for the state from 1935 to 1937. The Bergels were a liberal Jewish family. They spoke German and were culturally German in their values. Karl Koenig describes how this was the case with many German Jewish families.ⁱ At the Holocaust Museum in Jerusalem an entire exhibit room is devoted to this fact. Erna was acutely aware of the danger to Peter and in 1937 put her ultimatum to Ralph. "Either you apply for exit visas or I will take Peter and walk to the frontier and meet what fate awaits us". They fled initially to the Netherlands where they applied for leave to enter the USA. Ralph, Erna and two cousins were granted visas. Peter was refused on grounds of disability. Ralph knew of an eminent paediatrician who had some success with learning disabled children while a superintendent of a home in Silesia and later in Vienna. He wrote to Dr Karl Koenig who had emigrated from Vienna to Scotland with a group of young co-workers. Ralph asked Koenig to take Peter on and to 'cure' him. He intended to return from New York later and collect Peter from Scotland when he was healed.¹⁹

Peter joined Karl Koenig at Kirkton House near Aberdeen in April 1939. His arrival and its resulting atmosphere among the fledgling group of co-workers, is described by Anke Weihs:

'No one should think that because of our associations in Vienna, we were a close-knit, rational group of people choosing the way we wanted to go. Rather – some kind of spiritual suction drew us up and buffeted us about, shredding our little bits of accustomed ways of life leading us time and again into our own inner darkness within the gathering darkness of the world outside. ... For Dr. König there was no fumbling or skipping lightly towards an ideal. ... There is a long way to go before learning to love the other who shows one a truth about oneself and before gaining sufficient respect and tact to show the other a truth about himself, but these things were *basic* for what was to come. ... On the 10th of May, just about six weeks after our move into Kirkton House, the first handicapped child and with him, our chosen vocation advanced to meet us. It was a dramatic encounter. ... Peter (Bergel), barely able to speak, incessantly restless, his mind bent obsessionally on looking for cigarette cartons, was a disconcerting new element in our lives and collectively, we faced the enigma of his existence with an overwhelming sense of impotence. ... While still at Kirkton House, we had our first talks about 'community'. Dr. König worked on a constitution for a community which, however, was more directed towards Curative Education and community with the handicapped.²⁰

¹⁷ Ibid..

¹⁸ Evans (2007), p. 85.

¹⁹ Potter (2012).

This diverse young group of intellectuals gathered around Koenig included two medical students, a teacher, a nurse, a dancer, a painter and a mother. They had constituted a youth group which met regularly in Vienna with Koenig to concern themselves with whether they could save something of the classical middle European cultural impulse in the state directed chaos and destruction they saw around them. Koenig had been inspired in his medical and educational work by the Austrian Christian philosopher, Rudolf Steiner. He drew on Steiner's work in shaping the intentional community model of care which was to become Camphill.



Peter Bergel in Frankfurt in 1937 and in Botton Village in 2005.

An initial description of a Camphill Community was outlined in a 1938 letter to the government of the Irish Republic.²¹ Koenig describes his eight years of experience as a medical director of Pilgramshain Institute for the disabled in Silesia, Germany. He writes:

These abnormal children are nor ill patients but-such that have lost their path..... What has been done so far in society for the blind should be extended to all abnormal people.... to those who are blind in their thinking or willing, who are slow or lame, to the epileptic and the shaking, to the deaf and the dumb. They all deserve that they would find a community in which they would be able to live and to take up the tasks and the work which is within their abilities..... They are inferior only within ordinary society but not within their own context. In that context they complement one another like the blind and lame and they form in their togetherness a whole and adequate community.²²

He goes on to describe the farm as a foundation with a dairy herd, tillage, gardens and orchards. All should begin small and grow with the community. Any deficiency in the abilities of the workers should be made up by planned intensive farming methods. His experience has shown that people with disability can learn a skill if it is limited in time and complexity

²⁰ Jensen, Christoph (2012).

²¹ Koenig (1938).

²² Ibid, p. 2.

and once learned has an unshakable steadiness and firmness. Workshops would be needed to service the farm. A forge, a joiner and a wheelwright would be included; however these should confine themselves to the immediate need of the whole settlement and not engage in intensive production for outside orders. Alongside production there would be training. At first the institute would be only for children and would require a home school. The admissions policy would not require a fixed fee, rather the fee would be linked to the income of the family placing the child. The state should be allowed to place poorer children for a reduced fee. Whatever the fee all children should be given similar care. A non denominational Christian faith is to be a religious basis, yet with a free creed. Daily routine of the home would be strictly ordered, with meals eaten in common without disrupting the work life. Common social and cultural spaces would be provided. Aspiring permanent co-workers wishing to join are to develop an inner attitude of striving and preparedness to sacrifice in a Christian sense, to equip them daily for their task.

There is a juxtaposition of extremes when one compares Koenig's intentions in 1938 with those of Victor Brack, director of the T-4 child euthanasia program. Brack calmly defended himself as a doctor at his trial in Nuremberg, explaining, 'Just as the soul belongs in the helping hands of the priest, so the body belongs in the helping hands of the physician. Only so can the sick person be assisted. In that case.... it is his [the doctor's] duty to free the person from his unworthy condition, so – I might even say – from his prison'.²³

Koenig's answer was life together with the disabled, in 'finding each other in context so as to form a whole and adequate community'. He articulated this further in two lectures²⁴ and in correspondence with Professor Werner Catel,²⁵ a director of the T-4 program and in an essay at the end of his life,²⁶ how he intended to free a person with a disability from their societal and physical prison as a path to social renewal.

Economic capacity and financial austerity were contributing factors to the human devaluing of people with a learning disability in the early twentieth century. They supported the cultural exclusion and austerity of relationships which evolved as a necessary background for the implementation of the sterilisation and euthanasia programs. This led to a stepping away humanly from people with a disability, whereas intentional community requires a stepping towards the other. 'The provision of rights is not a guarantee of securing them.'²⁷ Stepping towards requires an embodied practice of real relationships.

On March 14th 1962 Koenig gave a lecture entitled *Euthanasia as a Challenge to Society Today*²⁸. He challenges Catel's recent book and agrees with Erhardt that in reference to a law (Life unworthy of Life):

23^{*} Evans (2004, 2007), p. 146.

24^{*} Koenig (2009)

25^{*} Koenig (1960)

26^{*} Koenig (2010)

27^{*} Reinders (2002), p.4.

28^{*} Koenig (2009)

But even the most constitutional procedure could not resolve the deeply questionable 'selection,' the problem of judging about the unworthiness of life in an individual case. The old as well as new supporters of 'limited euthanasia' *both make the critical mistake of regarding the worthiness of life as a fact which can be empirically-scientifically defined.*²⁹

The T-4 program was halted because enough courageous and sensible people, including churchmen, generated the required moral outrage in a debate which was seen in Germany as being between a scientific Nationalism and Christianity. This provided the balance. Koenig continues that today this debate no longer happens as both of the above have been consumed by our affluent and all pervading mass society. Overpopulation and industrial overproduction of unwanted goods further reinforce this and through extreme centralisation and concentration fragment our human scale and social life. The balances have broken down, be it in cultural boundaries, in sustainable population or in balancing supply and demand and our social wholeness has been lost. However he points out that in the last decades two counter-balances have arisen. 'One is the old people, who cannot die because they are somehow kept alive. The other is children, teenagers and young adults who cannot enter fully into society or into economy today.'³⁰ These two groups are the focus of the debate on limited euthanasia, on life unworthy of economic support. They are the greatest burdens on the benefit system and on the schooling and health services. The view that some are 'lives unworthy of life (of economic support)' is being promoted by government policy and implemented by outsourcing to a foreign based multi-national corporation. In a sense this can be seen in the work capacity assessments for People with a disability being carried out in the state's name by the ATOS Corporation. An MP tweeted on the 4th of September 2012 from a public meeting in Westminster with the Health Secretary, that 'The Atos system is causing immense suffering & killing people'. Yet it is just doing what government policy instructs and funds, which is to remove a targeted number of disabled people from benefit support.³¹

Koenig proposed an alternative of 'positive euthanasia',³² by which he meant a healing education and community as a support in life, through taking these two counter-balances, the elderly and the disabled as community building seeds for the renewal of our ill mass society. However this must be organised, yet love cannot be legislated into being or contracted. It can only be freely associated.

'In the old, in the ill, the psychotic, the frail, the disabled ones there is one thing we can experience, and that is the nature of the human being. We need to learn to look at it in wonder. It needs to kindle compassion in us, and wonder and compassion need to create the conscience that will lead us to the formation of a new community... And positive euthanasia is a healing impulse, and this healing impulse is a profound

²⁹ Ibid, p. 197.

³⁰ Koenig (2009), p. 204

³¹ Williams (2012)

³² Koenig (2009), p. 203.

impulse which cannot be represented by an individual doctor, but only by a community of healers who want to represent it.³³

The essential character of the Camphill model of intentional community.

In 1965 Karl Koenig described the social organism as being like a womb.³⁴ This he referred to as the third essential of Camphill. The task of this womb is to sociologically give birth to individuals within its sheaths. There are four sheaths – the family, the street or village, the folk or nation and all of humanity. They are archetypal. He said they are the forces of the four individual human embryonic sheaths metamorphosed into a social womb. They are available for all and allow a higher spiritual being to dwell within them. These sheaths however can only be maintained if actively, commonly and morally carried by a sufficient number of committed people. This development socially is frequently disturbed for people with an intellectual disability.

At the level of family, one helpful image for me comes from the Camphill Village Conferences of 1962.³⁵ He tells about these figures in society who balance and regulate the opposites of our learning and working lives. The people he mentions are the judge, the soldier and the mother. The mother can be thought of as the great (yet humble) humaniser of life. The mother's life forces are deeply bound to the child. She upholds the sheath in which the child develops, but now outside the womb, in the world. She builds up the rhythms of warmth in time together/time alone; the rhythms of breath, of time in the day; and those of nourishment for body and soul. This mother's mantle builds the foundation of trust upon which the 'self' of the child later develops. In upholding this sheath, the mother is greatly helped by the three great spiritual forces of head, of heart and of deed.³⁶ That is; wonder for the child, a loving accompaniment or compassion and an awake and moral devotion to the child's needs or conscience.

Koenig tells us how this fundamental sheath is often weak for the person with a learning disability. This can be because of ill-health, parental rejection, guilt or ambivalence and from sibling disharmony among other things. The remedy he proposes for this is the 'house community' as a social sheath, which can slowly heal the deep anxieties of a damaged childhood sheath. Upholding the sheath of the house community can also be greatly assisted by these spiritual forces. Wonder can ever renew the over familiar, compassion can loosen a tired heart from cynicism and conscience can waken a will that is indifferent. On a personal note, none of this is easy to practice, ask anyone who is longer in Camphill, yet one can experience that there are moments when in just 'being' with one's family, however extended, when the heart can sense something of humanity, of these three archetypal spiritual forces is present and accompanies us like a little communion with a greater reality. These are for me, the moments in the daily life, of finding the way to recharge and begin anew. Since relationships in a community are both individually and communally experienced, these are also moments of experiencing the social organism of the community.

³³ Koenig (2009), p.206.

³⁴ Koenig (2010)

³⁵ Koenig (2009b) p.220.

³⁶ Steiner (1912)

Koenig continues that it is out of the family sheath that we are born into the next level of social sheath, that of the village, the street or town district. This is the 89,700 potential and real individual relationships of a village of 300 inhabitants (each person relates to 299 others X 300 = 89,700). Other carriers are added to the mother and father: the teacher, doctor and priest, the worker, artist and thinker, the merchant and the banker. These vocations embrace much of what carries the village life organism. The schoolchild grows confident in their socialisation out from the foundation of trust in the home. These carrying figures also provide models and heroes for the child to love and emulate. They in turn, have an inner task of developing 'Leitbilder' or faithful leading images for what the child, teenager or young adult can become. As before these are built, shaped and maintained from our 'wonder, compassion and conscience'. In the Camphill village, these leading images strive to uphold the development and maintaining of the character of the person with a learning disability.

This village socialisation allows a further birth into the third sheath, the national society or folk-soul. This is delineated by cultural boundaries of common meaning, of history, language, philosophy, religion, education, politics, legal code, economic activity and spirituality. In normal development this third sheath carries the developing teenager and young adult. They socialise into their society at first through identifying with groups of peers; clubs, gangs, friends, social network sites. There follows a trying on of different ways of being, different masks of identity, in a process of finding what is closer to the unfolding individual self. This possibility for the person with a learning disability, of social growth into society is a challenge to the cultural life of a Camphill village. It requires a delicate accompanying and fostering of the free unfolding of the individual as a co-carrying member of society. Again these three spiritual forces are called into play. Formally it is the work of education, of plays, lectures and films, of cultural outings, of celebrating spirit in a way which resonates, of the festivals and the winter and summer schooling courses, and informally the changing relationships through life's highs and lows, and changing life and work experiences. Swinton demonstrates the importance of informal embodied practice as distinct from conceptually based values.³⁷ He gives the example of a person with a learning disability answering the question: 'What is spirituality?'

'So I mean it is not only in church and things like that [that we encounter spirituality] but when you meet another human being.... when you meet another person, you're not just meeting a whole load of skin and bones and flesh and blood but you meet something and that something must be something spiritual.'³⁸

Dr. Koenig's first 'essential' of community life is striving to recognise that each and every member of humanity has a spark of the divine spirit. The second is that as a healing educator with children or an accompanying social educator with adults with special needs,

³⁷ Swinton (2011), pp.56-81.

³⁸ Ibid, p. 63.

we will encounter how the other person's divine spark is cloaked with layers or masks.³⁹ These include everything from our gender, nationality, and temperament to our football club, fashion taste and hobbies. 'Wonder' is again our teacher. We meet the other through these cloaks and have to deal with our reactions in order to come through to a real meeting, through our growing 'compassion'. This challenges us to inner growth and development in our unfolding relationship to all of humanity. This sum of humanity is the fourth sociological sheath. It begins to work biographically in young adulthood and grows beyond one's society to all of humanity. This is the realm of the individual relationship to the archetypically human, to the spirit of divine Love, or in Koenig's terms to the Christ. In Village life we foster this sheath formally with the religious life of services, bible evenings, retreats, birthday reviews, and village College meetings and informally with embodied loving practice or friendship. These events call a higher moral offering from us, a receiving of and giving to each other, with the aim of deepening our 'conscience' to serve what brings goodness to humanity.

These sheath carriers of the social organism – mother and father in the family; teacher, priest, doctor, work-master, farmer etc., in village life; accompanying, supporting and guiding adult in the cultural, social/legal and economic life of the folk-soul or national society; and fellow pilgrim in the fourth sheath of the sum of humanity, these can be seen as the sociological placenta of the individual's social development. In the Camphill model, this placenta around the developing person with a learning disability is primarily led by and is significantly comprised of the sum of the engagement of the co-worker body in the community, as mother, teacher, friend/mentor and fellow pilgrim (one could modestly say 'aspiring Christian'). This brings a mutual social dynamic into being, and is sometimes experienced as 'peace' by visitors to our community.

In the flow of village life these sheath carrying dynamics interweave in a constant musical song. Like the placenta it is peripheral and mysterious. It relates to wholeness and it is synthetic, striving for completeness, and doesn't lend itself to being reduced analytically to a series of mechanical systems or behavioural events. Such systems do have a complimentary place, which is also necessary as an enabling shell within which the social sheaths can be cultivated through our community building activity.

The shell and the sheath – enabling intentional community for people with learning disability.

Hans Reinders, professor of Ethical Aspects of Care and Support based on Anthroposophy at the Free University of Amsterdam points to this relationship between the shell and the sheath in his paper: *The Good Life for Citizens with a Learning Disability*.⁴⁰ Core values, such as citizenship, self-determinism and choice have brought improvements like independent living, employment and educational gains, self-advocacy, artistic expression, etc. This rights approach is based on improved public morality, which regulates public space for relationships between our institutional roles; ie as care workers, service users, parents,

³⁹ Koenig (2010)

⁴⁰ Reinders (2002)

etc. This alone is not enough. We also need to be able to take part in other people's lives and be accepted and appreciated by them. Community living is not a place or a location, it is an experience of relationships, of sharing life with other people. We have to transform legal formal relationship into informal civic friendships and pursuing shared ideals. This is our private morality. Plato and Aristotle held that: 'The good life for human beings is a life shared with friends'.

Reinders quotes a U.S. parent: 'My son has all the rights the Americans with Disabilities Act could possibly give him, but he still does not have a friend'.⁴¹ Public moral values are not enough in helping a person with learning disabilities to find a good life. Inclusion in the institutional roles of citizenship brings social and cultural gains, but does not secure them. Developing relationships of friendship requires us to each personally build a moral culture, which needs – 'decent people as well as decent laws'.⁴² In the end friendship matters rather more than citizenship and this is the relevance of the Camphill model.

Peter Bergel was able to experience a positive euthanasia, a continuing series of sociological births in his life, into his family, then into a Camphill community family aged nine, into a Camphill school at 16, then into an adult intentional community at 26 as a 'villager'⁴³, then slowly gained confidence in the village to become a devoted and appreciated companion, gardener, weaver and house-help. Peter the first child of the Camphill movement stumbled into Kirkton House, their temporary location before Camphill House near Aberdeen, rather like a Kaspar Hauser.⁴⁴ He was completely vulnerable, abandoned, frightened, easily overloaded and requiring others to reach out to him. Doctor Koenig's empathy reached him and Peter in turn trained others to accept him with a smile. In Peter something was saved and gathered of the Middle-European culture and spirit, of its social art, music, fashion, humour and work ethic. This was not only that he imparted it, but that, to be well, he required it to be appreciated by the others around him. In his way he was able to face his death aged 82 without any apprehension, so much so was his sense of death as a birth that he shared unsentimentally with a young friend that he wanted to become a farmer in heaven.⁴⁵

One could look in Britain today for markers of disability, perhaps not so obviously for genocide but rather patterns of dehumanisation which were a prerequisite for genocide in the 1930s. These can be viewed as being beyond the general austerity conditions operating at present. A review of evidence could examine the lineage of Economic Determinism from

41^{*} Ibid.

42^{*} Ibid.

43 The term 'villager' refers to people with a disability living in a Camphill village. Although some prefer 'resident', it is still used with pride by many residents, as it tacitly acknowledges the obvious differences of relationship with the co-workers, and that it is their village by being the focus for the model in the context of the sheaths.

44^{*} Kaspar Hauser appeared in Nuremberg in 1828 aged 16. He was unable to speak but a few words. With time and education his story of enforced disability was revealed by a leading judge, Anselm von Feuerbach.

45^{*} Potter (2012)

Social Darwinism, of social stagnation and exclusion out of Eugenics; forced prevention of disability and aggressive promotion of foetus testing for Down's syndrome,⁴⁶ and isolation through suppression of real relationships with carers through risk-adverse safeguarding policies and contact-adverse professional standards⁴⁷; disability propaganda and discrimination through the benefit's scroungers debate^{48 49}; State sanctioned murder and promotion of abortion for foetuses with hereditary syndromes as an ongoing pursuit of eugenics⁵⁰; mercy killing as unspoken state-sanctioned policy as in the case of Dr Leonard Arthur in 1981⁵¹.

To conclude, in this 50th anniversary year of Karl Koenig's course on Village Community Building, Camphill communities are challenged from within and without, to rediscover the jewel of the Life-Sharing Intentional Community model as a living social organism. When this is working it provides a network of real and informal friendships on a foundation of informed civic responsibility. Building these real civic friendships translates in Koenig's model into developing and carrying the sociological sheaths, into seeking a real relationship sheath in a decent civic shell. To maintain this will need ongoing and authentic evaluation of our willingness to mutually take part in each other's lives as well as recognition that a risk adverse bureaucracy endangers just this. Alongside this a strengthening of our learning must follow so as to continue to bring the practices of the Camphill model, which this course outlines, into a renewing and sustainable culture. Rights based regulation has redefined the Villager from being a 'brother or sister' to being the, cushioned yet isolated, sole beneficiary of our charity form. Can a person be separated out from their ongoing sociological development in their social community any more than a developing child from its family? How can the continuing carrying of the social sheaths as a vital and integrated organism be fostered and recognised, that all may benefit, and hence find the protection of decent laws to sustain it?

46^{*} Blitz (2011).

47^{*} Birrel (2012)

48^{*} Williams (2012).

49^{*} Gentleman (2012)

50^{*} Blitz (2011).

51^{*} Ibid.

Bibliography.

Benz, Wolfgang ; Graml, Hermann und Weiss, Hermann (2007) *Enzyklopaedie des National Socialismus*. Muenchen. Deutscher Taschenbuch Verlag.

Blitz, Nick (2011). *Vendetta against Down's Syndrome*. In *Point and Circle*. Summer 2011. Stourbridge.

Burleigh, Michael and Wippermann, Wolfgang (1991, 1993) *The Racial State: Germany 1933 – 1945*. Cambridge. Cambridge University Press.

Evans, Susanne E. (2007). *Hitler's Forgotten Victims – The Holocaust and the Disabled*. Stroud, Gloucestershire, Tempus Publishing.

Gentleman, Amelia (2012, 8th September). *Beyond the Bubble – Life is not so rosy outside the Games*. Guardian newspaper. London.

Institut fuer Zeitgeschichte. (2008) *Die Toedliche Utopie*. Muenchen. Documentation Obersalzberg.

Jensen, Christoph (2012). *The Enigma of a Community Builder- Peter Bergel*. Stourbridge. *The Camphill Correspondance*, July/August.

Koenig, Karl (1938). Detailed Plan for the Development of a Curative Institute in the South of Ireland sent in 1938 to the Irish Government. Aberdeen, Karl Koenig Archive, privately published (no date).

Koenig, Karl. (1964) *The Destiny of the Jews*. Three lectures, Karl Koenig Archive, Aberdeen; privately published (no date).

Koenig, Karl (1962). *Das Problem der Euthanasie – Ein Wort zu Catels unseiligem Buch*. In *Die Drei* 1963 Heft 5. Stuttgart.

Koenig, Karl (1960, 6th November). Letter to Professor Werner Catel. Aberdeen, Karl Koenig Archive, unpublished.

Koenig, Karl (2009), *Euthanasia as a Challenge to Society Today*. In Koenig, Karl (2009) *The Child with Special Needs*. Edinburgh, Floris Books.

Koenig, Karl (2010) *The Three Essentials of Camphill*. In Bang, Jan Martin(ed), *Camphill*. Edinburgh, Floris Books.

Koenig, Karl (2009b), *Seeds for Social Renewal – The Camphill Villages Conferences*. Edinburgh, Floris Books.

Mostert, Mark P. (2002). *Useless Eaters: Disability as Genocidal Marker in Nazi Germany*. In *Journal of Special Education*.pp.155-68. PRO-ED Inc.

Potter, Alan (2012, 4th August) *Peter Bergel – Obituary*. London. Guardian Newspaper.

Potter, Alan (2012). *Reflections on the Third Essential of Camphill*. Stourbridge. *The Camphill Correspondence* .May/June.

Reinders, J.H. (2002). The Good Life for Citizens with a Learning Disability. Prof. J.H.Reinders. *Journal of Intellect Disability Research* 46:187-90. 2002.

Swinton, John & Falconer, Aileen (2011), *Sensing the Extraordinary in the Ordinary*. In Jackson, Robin (ed) (2011) *Discovering Camphill – New Perspectives, Research and Developments*. Edinburgh, Floris Books.

Steiner, Rudolf (!912). *The Mission of the Earth - Wonder, Compassion and Conscience, the Christ Impulse*. 14.05.1912. Berlin.

Williams, Zoe (2012, 6th September). *Atos is doing a good job – as the government's flakcatcher*. London. Guardian Newspaper

Further Reading.

Sereny, Gitta (2000) *The German Trauma – Experiences and Reflections 1938 – 2000*. London, Penguin Press.

Cohen, Danny M. (2011) *Overlapping Triangles- Teaching the interdependency of Holocaust Victimhoods*. In *The Holocaust in History and Memory*. Vol. 4 pp.41-60.

