

Moving with Soul: Supporting Movement Development in the Early Years

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Significant research has been done on the importance of movement for the development and learning of children. Sally Goddard Blythe's work on brain development and the understanding / treatment of retained reflexes in the movement patterns of children with learning difficulties should be mentioned here (Goddard, 2002 and Goddard Blythe, 2004). Audrey McAllen, who was a Steiner teacher, created "The Extra Lesson" remedial program, which is partly based on movement therapy and is used in many Steiner schools around the world as learning support for children at school age (McAllen, 2004).

Last but not least, mention should be made of Karl König, an anthroposophical medical doctor and embryologist. He contributed to the understanding of the spiritual dimension of disturbances in the realm of movement. He was the founder of the worldwide Camphill Movement in the service of disabled human beings. Like Audrey McAllen's work, so is his work deeply rooted in the understanding of the human being given by Rudolf Steiner. König points to the archetypal gestures behind the ways in which human beings approach the world. In discovering and understanding these archetypal gestures König then developed treatment of disturbances for disabled children and adults. For me these archetypal images of the incarnation process involving body, soul and spirit became the key with which to unlock the secret of movement development in young children in general and I have used it for what follows here.

The development of movement in the young child

Karl König has given three images for the purpose of understanding the incarnation process. They provide a good foundation for the understanding of the first three years of life. These images relate to developing a relationship to the spatial dimensions of earth existence, to making judgments related to the earth environment, and to the development of thinking and I-consciousness. Movement is essential to all three. It is not confined to movement of the body alone, but also is an inner process that finds expression in one's ways of feeling and thinking.

Uprightness and the incarnation into the earth realm

In *The Child's Changing Consciousness*, incarnation is described by Rudolf Steiner as the process of finding one's place in the world, of becoming conscious of and at home within three-dimensional

space, the vertical or frontal plane, the horizontal plane, and the sagittal plane (Steiner, 1988, lecture 2). For the young child the frontal plane arises fully when the upright, vertical posture of the human being is achieved, in which the standing human being is able to have different experiences of the front space and of the back space. The child experiences the space in front quite comfortably, as the eyes can see what is there. The back space causes slight uneasiness in young children. While the front is explored through all forms of moving forward, movement into the back space is undertaken cautiously or not at all, because for moving backwards one has to rely on the sense of hearing and therefore it remains the most unknown. However, eventually the child will learn to have trust in moving backwards. If the child does not succeed in finding a balance between both the front and the back space, insecurity and a fearful attitude towards life can develop.

In the process of incarnation many steps are already taken in the womb when the embryo and then the fetus practice elements of what will finally be visible in the complex posture of uprightness. Incarnation is described by Rudolf Steiner as a process of the spirit human being descending and taking abode in the material substance of the body. It is a process of contraction, leading from the vast expanses of the cosmos into the tiny body of an unborn child. Some of the primary reflexes, which are already present in the womb, are wonderful images of the incarnation process, of moving from the expanses of the cosmos into the contraction of the small space of a body. The withdrawal reflex, which is activated when the fetus is touched, leads to the fetus curling up in a gesture of contraction. The Moro reflex, on the contrary, which is activated when support under the head is withdrawn in holding the baby in supine position, is an image of expansion, when both arms are moving sideways and outward in a gesture of openness.

The tonic labyrinthine reflex expresses contraction in bending forward and expansion in bending backward. The symmetrical tonic neck reflex expresses expansion in the wonderful upward stretch of head and arms while the lower body is crouching, contracting. Vice versa, when the legs are extended and the bottom lifted up (expansion) the head is lowered towards the ground and the arms are bent (contraction), conveying an image of reverence.

Primary reflexes supersede each other in sequence within the healthy development of movement and are steps towards coming into uprightness. These unconscious, instinctive gestures are gradually





replaced with willed, conscious movement. Yet on the level of the soul, they will remain as the archetypal gestures of contraction and expansion, of withdrawal and openness, of devotion and surrender and as reactive gestures within the psychological repertoire of the individual. They are gestures of the incarnating ego filled with a bodily religious mood. For more on this amazing sequence of primitive, transitional, and postural reflexes, see Sally Goddard's book, *Reflexes, Learning, and Behaviour* (2002), chapters 1 and 2.

Goddard's research into the phenomena of "retained reflexes" and her therapeutic approach are based on the hypothesis that all children go through the same sequential pattern of primitive reflexes. While these reflexes have an important role at a certain point of development, they would become a hindrance for the healthy development of the postural reflexes and the mastery of willed movement if they were to be retained beyond their time.

Goddard designed a developmental movement program with the aim of helping to overcome these retained reflexes. In this therapeutic movement program, the sequence of reflexes is repeated through exercises in the order in which they are normally occurring with the expected outcome that these exercises would lead to the disappearance of these retained reflexes, as would have happened under normal developmental circumstances. Many therapists working in Steiner/Waldorf education have integrated these repetitions of the sequence of primary reflexes, called "floor exercises", into the Extra Lesson remedial program for school-aged children and sometimes also into the movement program for kindergarten children. However, Audrey McAllen herself states that such remedial/therapeutic work should only be done with children older than seven years in order to allow the etheric forces the full seven-year period of early childhood for the completion of the development of the physical body and its organs (see McAllen, "Birth to Seven Years", in Willby, 1998).

Through her work with learning difficulties of children, Goddard has made some important discoveries about the superior role of the sense of balance and the vestibular system for the prevention and therapy of learning difficulties. As the sense of balance is part of the brain stem, it is fundamental for any movement development leading to free deliberate movement. Therefore, in her therapeutic program Goddard emphasizes the stimulation of the vestibular system, hearing, and balance, and she was able to produce evidence that musical therapeutic programs clearly benefit children with

movement disturbances and resulting learning difficulties (Goddard Blythe, 2004).

In 2004 a former co-worker of Goddard, Wibke Bein-Wierzbinski, published a PhD research thesis (available at www.paepki.de) in which she proved the therapeutic success of a movement therapy that did not repeat the sequence of primary reflexes, but was based on specific movements that according to her findings play a key role in normal movement development. She questions programs based on the theory of repeating all stages of primitive reflexes and suggests that a child may have overcome the primitive reflexes initially anyway, but at a later time and possibly under stress may have returned to primitive reflex patterns. Based on her research she suggests that all primitive reflexes may be present in an inactive state within the human being and that they can “flare up” under certain circumstances.

Bein-Wierzbinski proposes that rather than repeating the sequence of primitive reflexes in therapeutic programs, only certain key developmental movements should be practiced in order to avoid reinforcing patterns that do not belong to those healthy movements, which hold a key position in achieving uprightness.

She points out that there is a critical age at around four to six months for these key movements. If they are mastered, they will set the child on the track of subsequent normal development. Bein-Wierzbinski suggests that these particular movements should be practiced and strengthened through therapy.

They are described as follows:

- First, the full body stretch as occurring naturally between four to six months of age. The back is straight, and legs and arms are straight as well. The head and the body are supported by the hands and by the legs from the hips downward.
- Second, a movement with the opposite quality to the full body stretch: bringing both feet to the mouth with the help of the hands. The entire body is curved.

Both movements together convey the image of an expansion–contraction movement sequence. Bein-Wierzbinski was able to show that if these two movements are performed correctly and frequently, then the process of becoming upright proceeds normally.

Bein-Wierzbinski confirmed through her research the validity of a movement therapy program that has been developed by Doris Bartel of Germany. It is based on certain key movements and the avoidance of a repetition of reflexes and is called “Rota therapy.”

Rota therapy focuses on achieving free rotational movements of the spine. The critical step for the development of free deliberate movement is seen in the shift of initiating a rotational movement from the head to the area of the lower spine and hips, resulting in a rotational movement that makes the head free and independent from the movement of the rest of the body. Bartel interprets retained reflexes as being caused by a disturbance in the regulation of movement in the central nervous system, which leads to an increased muscle tone and therefore to a limitation in the range of movement that is possible for the child. In her therapeutic approach Bartel uses rotational exercises in all three dimensions of space. She could show through her patients’ histories that these exercises lead to a change in the central regulation of the muscle tone and in consequence to a normal movement development.

A set of movements is used which is based on variations of turning sideways and rolling over, as they naturally occur in movement sequences of children in the first year of life: crawling, rotation, sitting, rotation to change direction, crawling in new direction, rotation, sitting, and so on. According to experiences with Rota therapy, the practice of rotation will lead to the alleviation of a whole range of developmental and learning disturbances. Rota therapy is mainly done through enabling parents to practice movements regularly at home in consultation with the therapist. Currently there are movement therapists working with Rota therapy in Germany and Austria.

Ingrid Ruhrmann of Hamburg combines treatments derived from anthroposophical therapies with



Rota therapy for children who display retained reflexes among various disturbances (see Ruhrmann's article "Examples for Remedial Support," in Glöckler, 2006). She uses anthroposophical therapies to strengthen the etheric forces of the child, for example through water applications, nutrition, and rhythm and in addition she uses the approach of Rota therapy for retained reflexes. It is worth noting that Rota therapy for younger children can be given with the child sitting on the mother's lap. Thus, the child experiences these exercises in the warmth and closeness of the mother-child relationship. Only the older child will practice the movements on the floor. Existing reflex patterns are diagnosed but are not part of the movement patterns of the therapy as they are seen as hindrances to normal development.

Ruhrmann suggests the following indicators for normal development:

At age two-and-a-half the child should have achieved the following milestones:

- Upright posture, the child is able to stand still (balance)
- Free head rotation without causing either arms or legs to move
- The head does not tip to the front nor is the neck extended towards the back
- The arms swing freely while walking
- Movement is intentional
- The hands can be brought together at the vertical midline at will
- The hands move freely in the horizontal plane, above and below the horizontal midline (butterfly)
- The speed and force of movement can be varied at will and adapted to different situations
- The center of gravity and the rotation point of the spine is in the hip area
- The face is relaxed while moving, which means that the child does not spend extra effort in maintaining posture and balance
- Uprightness and the ability to use control and balance in moving one's body form the foundation for all further differentiation and refinement of movement, such as one wishes

to achieve with children through the workin morning circle time. If uprightness and balance are not yet achieved, the child will still be absorbed in gaining control over basic movements of the body and will have difficulties in imitating the gestures of the teacher and in confidently moving within all spatial dimensions.

Author's Note:

This scope of this brief article is not enough to give a full picture of Rota Therapy. There is a very informative article on the website of Doris Bartel called "Grundlagen" ("Foundations"). This article is now available in English translation at www.rota-therapie.de. Bartel has also published a book with the title "Der gesunde Dreh" ("The healthy turn"), which contains an overview of developmental disturbances, the principles, aims and areas of application of Rota therapy, as well as case histories. The actual exercises are not described, as these need to be individually adjusted to the specific situation of a child and can only be given by a trained therapist. The book was published in 2009.



Web Resources:

www.rota-therapie.de; www.paepki.de

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