



ATHENA

Association for Therapeutic Eurythmy in North America

SPRING 2013



CHILD DEVELOPMENT

An Earth Song

*It's an earth song, –
And I've been waiting long for an earth song.
It's a spring song,
And I've been waiting long for a spring song.
Strong as the shoots of a new plant
Strong as the bursting of new buds
Strong as the coming of the first child from its mother's womb.
It's an earth song, –
A body-song,
A spring song, –
I have been waiting long for this spring song.
Langston Hughes*



“Our great task is to develop free human beings
who are able to give meaning and direction to their lives.
Imagination, a sense of truth and a feeling of responsibility
– those three forces are the very nerve of education.”
Rudolf Steiner

“Play is so important to optimal child development that it has been recognized by
the United Nations High Commission for Human Rights as a right of every child.”
www.consciousparentingguide.com

ATHENA

THE ATHENA BOARD MEMBERS

2011-2012

Mary Ruud, President
8127 W. Keefe Avenue
Milwaukee, WI 53222
414 915 7968
mhruud@aol.com

Mary Brian, Vice-President
105 Toronto Street
Barrie, Ontario, Canada L4N 1V1
705 999 1874
marybrian7@gmail.com

Barbara Bresette-Mills, Recording Secretary/AAMTA
11001 Burnt Oak Drive
Austin, TX 78737
512 301 1778
bjbres@gmail.com

Andrea Marquardt-Preiss, Membership/Corresponding Secretary
14020 37th Ave NE
Seattle, WA 98125
andrea.preiss@hotmail.de

Susan Walsh, Treasurer
5613 First Street South
Arlington, VA 22204
lottawalsh@earthlink.net

Maria Walker-Ebersole, IKAM Representative
46 Center Street
East Aurora, NY 14052
716 655 6625
mwalkerebersole@hotmail.com

Susann Herb-Eddy, AWSNA Representative
25525 Ormond Rd.
Southfield, MI 48033
248 376 1154
susanneddy@detroitwaldorf.org

Christi Pierce, Member-at-Large
P.O. Box 136
Stockbridge, MA 01262
413 298 7086
christipierce7@gmail.com

Dale Robinson, Member-at-Large
1962 Asilomar Drive
Oakland, CA 94611
510 339 2769
dale1022@sbcglobal.net

TABLE OF CONTENTS

Announcements, Articles, Reviews, and Reports	Page
Letter from the President, <i>Mary Ruud</i>	4
Letter from Secretary, <i>Andrea Marquardt-Preiss</i>	4
Letter from the Editor, <i>Maria Ver Eecke</i>	4
Child Development, A Research Paper <i>Melody Van Hoose</i>	5
Moving with Soul: Supporting Movement Development in the Early Years, <i>Renate Long-Breipohl</i>	12
Experiences in Eurythmy Therapy, <i>Kristin Hawkins</i>	18
Calendar of Events	21

ATHENA Annual General Meeting
Aurora Waldorf School, East Aurora, NY
August 11, 2013
www.therapeuticeurythmy.org
www.forumhe-medsektion.net

Front Cover: Eurythmy Unveiled: Understanding a Subject
Unique to Waldorf Education; www.gbrss.org

Back Cover: Photos found online and from a book by
Wilma Ellersiek, author of *Gestures Games*

ATHENA NEWSLETTER

Please send contributions to:

Maria Ver Eecke,
34 Margetts Road, Chestnut Ridge, NY 10977
editor@eana.org

Deadlines: March 1 and Nov. 1

Although welcomed,
the viewpoints expressed in the
ATHENA Newsletter are not necessarily
those of the publisher.

LETTER FROM THE PRESIDENT

*The light of the sun is flooding the realms of space;
The song of birds resounds through fields of air;
The tender plants spring forth from Mother Earth,
And human souls rise up with grateful hearts
To the spirits of the World.*

Rudolf Steiner

Dear Members,

Some of us are still waiting for the glorious springtime. We know since Easter, the Soul Calendar verses are turning us from inward to looking out into the sunlight world, warming our feeling and enlightening our thinking. As we enter the busy spring season with so much work to do, let us keep in touch.

ATHENA has been working to finalizing our AnthroMed status. We are one of the first organizations to complete the process. We are proud that we will be recognized by this International Service mark that will bring new awareness to our profession.

ATHENA has hosted several smaller research based conferences and meetings this spring. The theme is child development, particularly what therapeutic eurythmy has to offer to children with developmental needs.

This brings up the important need for fund-raising, especially for our “Children-in-Need” Fund. Establishing this fund would allow therapeutic eurythmists to serve children, and adults as well, both in and out of Waldorf schools. This fund is growing slowly. Please consider speaking to anyone who would like to support our work or refer names to the ATHENA Board members.

As colleagues, we are always inspired to hear about members work, their ideas, their research, case studies and responses to their work from those with whom they work. We learn so much from each other. The newsletter is always open to questions from members and feel free to email questions to one another as well. We are each other’s support.

Out international organization, the Eurythmy Forum Network, www.forumhe-medsektion.net our international communication network, also offers publications valuable to our work and it is good to check in regularly.

The ATHENA Board members are planning a retreat for August 9-11, at the Aurora Waldorf School, East Aurora, NY. The Annual General Meeting will take place on August 11 after the retreat. Please let us know your needs, wishes and ideas

Mary Ruud
ATHENA President

www.therapeuticeurythmy.org
www.forumhe-medsektion.net

LETTER FROM THE SECRETARY

Dear ATHENA Members,

Hope this finds you all well. Spring is (almost) in the air, and we are approaching the regional conferences of ATHENA. This year, we will focus on “Developmental Issues of the Child”.

All of us, who are working with children, face riddles and new situations with children all the time. These conferences provide the space to deepen our understanding of the challenges the developing child might present to us and how eurythmy therapy can support the children in their development.

Doctors, teachers and educational support teachers are welcome to join the conferences. Please, pass this information on to your colleagues in the schools.

Warm regards,
Andrea Marquardt-Preiss
Corresponding Secretary of ATHENA

LETTER FROM THE EDITOR

Dear Members,

This spring issue is dedicated to Child Development. The research paper from Melody Van Hoose was written during her studies at the Therapeutic Eurythmy Training of Great Britain in 2009. Thank you to Melody for submitting it for publication.

Mary Ruud has discovered the work of Renate Long-Breipohl. Her article, “Moving with Soul: Supporting Movement Development in the Early Years” (Parts 1 and 2) appears in this issue and may be downloaded from The Online Waldorf Library at www.waldorflibrary.org. Another article by Dr. Long-Breipohl may be found in *The Journey of the “I” into Life: A Final Destination or a Path Toward Freedom?* by Louise deForest, published by WECAN.

In the article “Experiences in Eurythmy Therapy”, Kristin Hawkins shares her memories as a Waldorf student, then training with Daffy Niederhauser in Dornach and Linda Nunhofer in England, and working with two doctors at the Rudolf Steiner Fellowship Community and in two Waldorf schools in New York. Thank you, Kristin!

Mary Brian reports on the workshop in Canada, which you may find in the Calendar of Events. Please consider writing about the workshop you attend! It is on-going work for all of us to document our therapeutic eurythmy work in the ATHENA Newsletter. We look forward to hearing from you!

Best wishes,
Maria Ver Eecke

ATHENA Annual General Meeting
Aurora Waldorf School, East Aurora, NY
August 11, 2013

CHILD DEVELOPMENT**MELODY VAN HOOSE***Research Paper, February 2009*

A child is born and from being a completely dependent being, in time it achieves independence. In the child we see the groundwork upon which this unfolding and independence in life becomes possible. Just as when building a house, there is an order in which you build, the same is true when building a body. You build the forms for the foundation and then you pour it. You build the walls before you put on the roof. So in the body, you need to overcome gravity and stand upright before doing pirouettes. You need to master holding a pencil before writing poetry. One step builds upon the other. What happens though when one stage isn't completed, and yet it is time to move on to the next? There is an optimal time for each stage, when the conditions are just right. Does what is not transformed to the next stage become a hindrance and slow down further development? What are indicators of this incomplete development, and what tools do we have to complete it? In house building one would have to rip out the walls if one found a fault, if one did the dry walling before one put in the electrical. In the human being, thankfully this is not the case. We have the capacity to call in the builders and architects of the body through eurythmy. We can call on the creative force of the cosmos, and if we conduct ourselves rightly, remold and reshape the imperfection in us and doing so, give humanity the chance to evolve further on the basic ground of a sound body.

The first tasks we have as growing children are those of experiencing the boundary between ourselves and the world. This includes feeling the parameters of this inside world, our body, orientating to this world, and orientating to the outside world, to the dimensions of space and its forces of gravity. This process can be seen in the development of the four lower senses; the sense of touch, life, self-movement, and balance.

The sense of touch is a basic necessity in differentiating I and World. I press onto the world and again and again feel myself, feel my boundary. This is a dull, first experience of I. At the same time I feel something not me, something I didn't create. If these touch experiences are with things of rich texture and variety, like wood, silk, and wool, and not plastic, plastic, and plastic, these tactile interactions can inspire awe and reverence in the feeling soul. This sense is first seen in the womb as early as one week in the embryo's growth. The first reflexive response to touch is to recoil, to move

away. This soon changes to moving towards. (Kodiak, 2008). Many children nowadays are either hyper or hyposensitive to touch. Some dislike being touched and some can't get enough, or don't feel how hard they are touching others. In eurythmy this sense can be strengthened by providing a tactile experience and a boundary experience. This can be done by holding balls or rods while doing exercises, rolling the rod up and down the arms, body geography games, finger dexterity exercises, and sounds like 'U' with arms or hands touching, giving the basic experience of form, or 'E' the sound of archetypal meeting and confrontation, of worlds pressing onto each other. 'O' too provides this experience of boundary as well as 'B'. This is my body, this is where I end and the world begins.

There is an abundance of activity happening within this boundary of the body. The sense of life is the mirror of calm that grows over these life functions in the body. If all is harmonious in the unconscious bodily functions, we feel well. If something is amiss, we then notice a part of the body we usually are unconscious of. Our stomach aches or our toe hurts. If we were always feeling our bodily functions, we would be overwhelmed with impressions. As a baby though, we do experience these functions. Hunger, abdominal distress, and satiety are all pervading. In time, this lessens, and consciousness begins a life separate from this. How is this sense established in the young child? This is best encouraged by rhythmical repetition of daily activities and surrounding the child with not too many impressions at once, especially not too many food impressions. Breast milk is simple food and appropriate for the baby, before having to reckon with the foreignness of other substances (Konig 1999). It is like training wheels for the digestion.

Many children who present symptoms of underdeveloped lower senses also have food allergies or intolerances and eczema, indicating the balance of the life processes is off. Children who have had several courses of antibiotics and high sugar diets may have compromised digestion and need support in eurythmy through metabolic consonants such as the allergy sequence (TSRMA). This sequence is a beautiful harmonizing of the three soul forces in a way that gives full exercise to right/ left symmetry (T, M, R) and crossing (S), independence in above and below (the jumps for the consonants: X legs, O legs and kibbitz step), full circulating front/ back/ above/ below movement (R), and a harmonizing lifting of man to his higher nature in A. Right/ left movement is an expression

of thinking, pictured in the crossing network of the brain, above/ below movement of feeling, seen in the rise and fall of the rhythmic breathing between head and limbs, and front/ back movement of willing, of creating from the spiritual into the physical, from the unseen to the seen.

Life unfolds in time, and a sense of time and growth, first inwardly experienced, allows one to see life outwardly unfold. If one's outer surroundings are over-stimulating, and one must be on constant reaction mode to them, beholding is sidelined for survival. This can be seen in states of stress, where the sympathetic nerve activity is at the fore. This is the state described as fight or flight reactions. Symptoms of this state are dilated pupils, easily distracted, hypersensitive, and cold hands and feet. Here, the blood is withdrawing into the larger muscles of the arms and legs and away from the extremities and the organs of digestion (Johnson 2006). One is functioning in survival mode and the subtleties of life are overridden.

In the first seven years of a child's life they imitate everything around them, the people and the environment. Ideally there would be nothing in a child's environment they could not touch and embrace. If they are surrounded by love and freedom, they will grow into beings capable of love and freedom. If they are surrounded by machines, what will they become? These days, more likely than not, the child lives in an environment full of technology. Rudolf Steiner indicated that as adults we constantly sleep into our surroundings. In this sleep our supersensible bodies unite with the machines and engines around us and are taken through a destructive process of inharmonious repetitive movements. We as adults must develop the strength of soul to have an inner life despite these hindrances (Steiner 1914). Children are still forming their very physical body though, and doing so by imitating their environment. In interacting with machines the child has to relate to sub-earthly forces, the antithesis of life forces. This makes it all the more necessary to balance this destruction with beauty, truth, and goodness in the inner morality of the adults around them, coupled with plentiful experiences of nature and its etheric rhythms, otherwise the life sense can become severely disturbed. Eurythmically, 'L' is a picture of the remedy, and one of the hardest sounds for children to do who are in this over-stimulated, mechanized situation. This slow rhythmical unfolding truly is a picture of life and can calm them and lead them into a feeling for themselves and the unfolding

of the world around them. All eurythmy is of help in strengthening this sense, as its realm is life.

One is reaching for a balance between poles. The opposite state can occur too, a more hyposensitive state from neglect and under-stimulation. This can be seen particularly when working with children who spent their early years in orphanages, where this nurturing was absent. Brain size has been shown to decrease 20-30 percent if a child is not touched, played with, or talked to (Healy 1990). For optimal life sense development, a child needs a rhythmical, stress-free, living environment full of the right balance of touch, warmth, and nourishing foods.

As I assume leadership of my body, I need to know what all the parts are, how they work, and where they are. I feel not only the boundary of my body and its inner functioning's, but also where my body is in relationship to itself. I develop this by moving all its parts. Babies spend hours doing this, playing with their hands and feet, turning over, and crawling. This develops not only fine and gross motor skills, but also an inward sense, the sense of movement or self-movement, also called the proprioceptive system. It gives us a sense of our own position and movement. Are we moving or at rest? Can we feel ourselves when at rest? This inner sense system relays information about muscle position and tension, activity of joints and equilibrium from pressure receptors in the tendons, joints and musculature. When it is well developed one can stand or sit quietly and not be constantly wiggling or sitting on ones legs to feel oneself. One can also identify with one's eyes closed which fingers are being touched, and can feel letters and numbers drawn on one's back, as these tasks not only involve touch but also sensing shape and form, and where on the body it is happening. If a child cannot feel where they are, they must stay in constant movement and often receive the label of hyperactive. They also may have trouble going to sleep because they can't feel the security of their body. This sense is developed in eurythmy by all of the movements and especially pressure sensitive activities like jumps which intensify the feeling of oneself in the body. Doing exercises holding rods or balls, finger dexterity exercises, body geography games and exercises where limbs touch are important too. We have to feel the body and take it through all possibilities of movement, in bodily terms, all potential possibilities of freedom.

Studies in neurology clearly show that movement develops the nervous system. What you do with your

limbs affects your mind. Not just what you think, but the structure itself. Through moving, the child is building the nerve sense system, our earthly vehicle for cognition. We are born with almost our full component of nerve cells and neurons; they are just not organized yet. It is our task to do this, and we do it by moving. Moving activates the neural wiring throughout the body and stimulates dendrite growth and branching. As neurons are used over and over, a fatty-protein covering called myelin grows over the axons. Myelin, the white matter of the brain, increases the speed of nerve impulse transmission and insulates and protects the nerve. When we first learn something it is slow going. The more practice, the more myelin, the faster the processing (Hannaford 1995). By age four the core (action) and limbic (feeling) parts of the brain are 80 percent myelinated and work is shifted to the neocortex (thinking brain) (Johnson 1999). The base memory patterns are 90% acquired within the first five years of life in which we attach all future learning. (Hannaford 1995). In other words, we are busy as a young child building and organizing our nervous system and physical body, and only later are our life forces freed for learning and thinking. Steiner spoke about this from many perspectives, one being that the four lower senses transform into the four higher cognitive senses of thought, word, hearing, and ego.

I have been busily moving with a purpose, inwardly organizing myself, and outwardly orientating to space, orientating to the world all around me, and defying it by overcoming its forces of gravity. This is the task of the sense of balance. Beginning in the womb, we make a relationship to gravity. We know which way is up, and which is down, and through our mothers movements, we get a sense of direction and speed (Ayers, 1979). When we are born gravity is much stronger. I have to come to terms with this gravity. First we are full of primarily uncoordinated movements. We lie on our back and play with our limbs. Eventually we pick our heads up out of gravity and turn from side to side. We creep and then crawl, and in time stand up and walk. There is a sequenced progression from seeming chaos to coordination. Not all of these early movements are random though. Some are very typical and happen in all babies alike. These are the primitive reflexes that help train our movements. Many coordinate with the planes of space helping us find balance. Usually they transform into adult postural reflexes, but they can get “stuck”. Their retention can indicate that the balance and movement senses are not yet fully developed.

In the inner ear we have three semi circular canals, each orientated to a plane of space, right/ left, front/ back, and above/ below. With these we navigate in motion and stillness. The most advanced level of balance is static balance. It is much easier for a child to hop around on one foot than to stand still on one foot. Hyperactivity and ADD may be two labels which actually mean an underdeveloped balance (vestibular) and movement (proprioceptive) sense. Hyperactive children who are allowed to spin for 30 seconds in either direction show increased attention span for up to 30 minutes afterwards, suggesting that they need only vestibular stimulation to get their brain in gear (Goddard), rather than medication. Eurhythmia can offer this vestibular stimulation in myriads of ways. The acts of inscribing a circle, figure eight, or spiral in space all offer this stimulation. The vowels U and I also offer archetypal experiences of balance in the static form (U) and moving form (I). This inner security of balance physically experienced becomes the feeling of equilibrium in the soul. As the surroundings change about me, I remain the same. I become the center of space, I become an ego. A point connected on all sides to the periphery.

The sense of sight is intimately connected with the sense of movement and balance. We would only see color and not shape and form if this connection wasn't there. Less than 10% of processing occurs through the eye, most of it is done in the brain, making the image into a 3D experience. 80% of nerve endings in the muscles are connected directly via proprioception (movement) and the vestibular (balance) system with cranial nerves to and from the eyes. Inadequate movement development can result in vision disturbances. The things we see do not make good sense unless our brain knows where the earth is, and whether the head and body are in motion (Ayers 1979).

Let us now take a closer look at the primitive reflexes. A baby is born with survival movements. Even in the womb as early as a few weeks a baby makes predictable movements in response to certain stimuli. It will withdraw from startling sounds or movements. Another survival movement helps it twist and crawl down the birthing canal. When the nipple is presented for nursing, it latches on. If its palm is touched, it clasps. Primitive reflexes are the forms and scaffolding given to a baby as support until they master movement on their own. These reflexes help survival, hand-eye coordination, balance, and spatial orientation. They help

us find middle between the planes of space and develop into postural reflexes that help us keep upright, with our head always on top. They mostly build one upon the other, each laying a foundation for the next, eventually allowing for independent movements in the subconscious so the conscious mind is free for thinking. The reflexes can return in later life with accidents, trauma, and certain diseases such as Alzheimer's and multiple sclerosis. If primitive reflexes ideally are transformed in babyhood, what happened or failed to happen when the reflexes persist and don't transform?

Common practice in raising children used to allow for movement. Children had time to play and had meaningful tasks engaging them in a full range of movements. Less and less do children have this kind of environment and play. They are stiller and stiller, being entertained passively, or engaged in repetitive, mechanical movements. Even baby movements are restricted by the carriers, bouncers and walkers we put them in. Often a baby is left sitting vertical in a contraction long before they have developed the muscle strength to pull themselves into this position on their own. If truly one movement milestone builds upon another, whole sequences of development are being skipped, and it's no wonder primitive reflexes are retained and things like crawling are skipped. Our culture pushes early standing, walking, learning, nearly early everything. Natural development has a different timeline full of rhythmical repetition.

There are other factors affecting movement development, one being birth trauma. The squeeze through the birth canal is an incredibly demanding process. Vaginal delivery allows the baby's body to feel pressure, helping develop the sense of touch and movement. If it is an especially short or long birth there is danger of under or over compression of the head bones, causing nerve pathway blockages. C-section births have their own complications of a lack of compression and the use of vacuum suction (suction forceps). Even if suction wasn't used, the head can still get compressed from the pressure of the hand pulling the baby out. Cranial Osteopathy is gentle therapy appropriate for these situations, and can work well in conjunction with eurythmy therapy. Other causes that are linked to reflex retainment are fetal distress, birthing drugs, drug or alcohol abuse, at risk pregnancies, infant illnesses, and extreme stress or illness in the mother (Brown 1999).

If we take these retained reflexes as indicators of

development, we have diagnostic tools which help open up the window into the mystery of each child and show how and where to offer help. If we can free up these movement patterns, the body can put its forces into the current task of development, and not be expending itself on past projects. They can be looked at and treated as problems unto themselves, but this is only treating the symptom. What are they indicating? I propose they are indications of work still to be done on the four lower senses. They show us how far a child has grown out into space, into a perception of their body, and how they balance in the dimensions of up/down, right/left, and front/ back. They show us how sensitive to touch or outer stimulus we are. They can indicate to us how well a child has built his house, his body, in the early years of his life. Has he taken all the scaffolding off the building, or is he retaining some of the early helps, the primitive reflexes, he was given? Before we pull the scaffolding off, we should make sure that the structure underneath is sound. We should strengthen the whole human being, physical, etheric, astral, and ego, and through this work, the lower senses will be strengthened and the reflexes will transform. This is the inestimable value of eurythmy. It is a therapeutic tool that addresses all these parts of the human being, and does so in a way that at the same time orients man into the center of space. If you look at different eurythmy exercises built into them are above/below movements, right/ left, and front/back movements. For example the curative L has right left mirroring, upper and lower independence with the jumps and front and back sculpting, all with the grace, power, and transformation of L. There are mainstream exercises developed for releasing retained reflexes that have these components, except they are missing the etheric, soul movement from which health actually comes.

It is helpful to know the gesture of the reflexes and address any retainment as one is doing eurythmy. This can be done by developing specific exercises, modifying how one does an existing exercise, or seeing what is already geniusly built in to the eurythmy gestures themselves and finding the appropriate one. Testing for the reflexes can be helpful in assessing a child, both in the beginning of treatment and as an assessment of progress made. One can see what dimensions of space a child is struggling with. Are they uncomfortable in their backspace or unpenetrated in their legs and feet? Are arm movements independent from head movements? Are arm movements independent from leg movements? The reflexes give a window into these relationships. If the

reflexes have released and integrated, the child is taking strides in incarnation. They have overcome a conditioned movement with a movement acquired by their own effort of will; they have made it their own. Yet this is done enveloped with imagination and story as in all eurythmy so the reflex is unconsciously assimilated, as it would be in normal development, simply through repetitive play. Otherwise, splinter skills can be made, where one deals with the movement by consciously thinking about how to do it, thereby compartmentalizing it, instead of thoroughly transforming it into the unconscious will.

The Moro reflex is a response to any loud sounds, sudden movements, or touch. All limbs are extended for a moment, and then they all come together in flexion and the baby cries. It is as if the child is overcome by a sense of surprise, and wonder. It begins 2-3 months after conception and usually will transform between 6 and 12 months after birth. A picture of the reflex and the remedy in eurythmy is the 'A' veneration ('AH') exercise. The arms are outstretched in receiving and then pull back in release, surprise, and wonder. The movement is then gently released into the backspace, and the doer is left standing calm and centered. This last part is quite important, for it metamorphoses the reflex gesture into another gesture, rather than only imitating the reflex. The basic pedagogical approach in all teaching is to go to where a person is and from there lead them over to the new. Therefore, one goes into a reflex like gesture and leads it over into a meaningful movement, rather than endlessly repeating the reflex to wear it off. The latter has nothing of the gesture of transformation, but more of on/ off. If one combines the 'AH' with 'HA', so one does 'HAAH', this is effective, as well as expansion and contraction, playing catch with beanbags, rolling balls on the floor to each others outstretched legs in 'A' and 'U', and rolling a rod up and down the arms from palms to the neck. This reflex has a strong relationship to the sense of touch.

The tonic labyrinthine reflex (TLR) asserts itself when the head is not supported and the head falls in front of or behind the spine. When the head falls behind the spine, the arms and legs flop back into extension in the backspace. When the head comes into the front space, the limbs go into flexion, into the front space. This reflex appears before birth and is overcome in stages between 2 ½ to three years. Here we have movement helping us with front and back space. This transforms into reflexes that help control upright head posture and the balance of flexion and extension in muscles. All 'R's are helpful, as one addresses all planes of space in 'R', circulating

through them rhythmically. Rhythmic 'R' is particularly appropriate because the head is involved coming into the front space, and mimicking the reflex in the flexion of all muscles. Exercises involving the head such as doing rhythms with the neck between the front and backspace could help, as well as general strengthening of the backspace. Strengthening of the sense of balance will help too, as this reflex is tied up with this vestibular functioning. Here all 'U's and particularly, Rocking 'U's from heel to toe are effective, raising arms in a touching 'U' above when on the toes, and arms below like a keel when on the heels. Using the arms in this way is directly opposite to the reflex gesture. One can add catching and dropping a beanbag to this 'U' exercise. 'Hope U' can also help.

The asymmetrical tonic neck reflex (ATNR) appears around four months after conception and should be transformed by the movements of crawling, beginning around six months after birth. When the head is turned to one side, the limbs on that side are stretched and the limbs on the opposite side are flexed. This helps with moving down the birth canal, rolling over, and hand-eye coordination, although it can cause eye tracking problems later if retained, when the eyes don't converge and cross over the midline. It can also disrupt handwriting. Here we are dealing with the right and left planes of space. Cross lateral activities like Dexterity 'E' and 'S' are appropriate. One as well can address the situation with neck exercises like performing the anapest rhythm with the neck from side to side. One could even add a counter rhythm in the legs or arms. If one had a group, then one could pass rods around the circle, looking where you receive, not where you give. Doing 'EI' from side to side over the midline is a great help, and can be intensified by having the head go opposite, as long as it stays gliding. 'B' can be a help as well, especially with one arm behind and the leg added, always with a moment of uprightness and looking out, like an 'I' in between each 'B' as one switches from side to side. The sevenfold rod exercise with the head doing a countermovement works too. All symmetrical movements also will help as it teaches the limbs to work with each other and not the head. 'I' can help too, in the big vowel fashion and pointing I's.

The symmetrical tonic neck reflex (STNR) appears for a short period after birth, disappears, and then appears again at six months and persists to around 9- 11 months after birth. It has to do with movement above and below, triggered by front back position of the head.

When the head is bent forward, the arms bend and the legs extend. When the head is bent back, the arms extend and the legs bend. 'R' again will be helpful, especially a deep metabolic 'R' where the knees bend. Anapest with the head in a front/ back manner will help, especially with stepping the rhythm in the feet too. Movements where above and below are independent will help, including all the consonants with jumps, and exercises like monkey legs where the legs swing back and forth as the arms point independently above. Sidekick stepping, first holding hands and then with 'M' addresses above/ below, front/ back, and right/ left all at once.

The Palmar reflex is seen when a child grasps onto an object when the palm of the hand is stimulated. This is associated with poor manual dexterity when retained and can be addressed by the myriad of finger dexterity and rod exercises that have been developed, and by doing sounds in the fingers, both vowels and consonants.

The spinal gallant reflex is seen when you stroke down the spine or tickle the side, that side will crouch away from the stimulus or the pelvis will tilt, especially in the lumbar region. The child is hypersensitive to touch there and may have a hard time sitting still, concentrating, and may contribute to bedwetting issues. This involves the right and left sides as well the sense of touch. This could be addressed with a low 'M' and 'L' around the waist, 'B', and harmonious eights around the waist with a copper ball.

There are further considerations in child development which provide markers in progress, namely, the horizontal midline barrier and the vertical midline barrier. Until around age 4, a child reaches down to the ground in a very specific way as to not violate the horizontal midline barrier. They will not bend their trunk, but will keep it upright and only bend their legs. What is up stays up and what is down stays down. Overflow movements are also seen where the hands will mimic the legs. For example, when walking on the insides of the feet, the hands will curl up away from the body. Any movements where the upper and lower body are moving separately are helpful such as the consonants with jumps, especially 'L' and 'T' with X-legs. Movements crossing over the waist like rhythmic 'R', migraine 'B' and 'B' with the arms and leg, possibly 'D' with jumps, low 'M's and a gliding 'U' from below to above while bending the knees help. Sidekicks while holding hands, leading into 'M' with the arms is effective here too. General foot dexterity exercises will help such as rolling a copper ball

between the feet while walking, or walking on all sides of the feet. When child walks on the insides of their feet, they can hold your hands or onto a rod, palms up to counter the reflex. With older children concentration exercises where upper and lower bodies are moving at different tempos or in different ways are effective.

Until around age five to six, a child will not easily cross the vertical midline barrier. If an object they desire is on the opposite side of their body of their dominate hand, they will pick it up with the non-dominate hand and pass it over to their dominate hand. This makes the child use both hands, stimulating the corresponding areas in the brain having to do with movement, hearing, sight, and speech thereby developing both sides of the brain. This is why it is important for young children not to play sports. As a youngster, you are a symmetrical being. Sports are mostly all asymmetrical activities, and bring one-sidedness too early. When it is time for the two sides of the body to cross, dexterity 'E' is a great help for this integration, as are Love 'E' and all other 'E's. Also 'EI', 'S', 'B', and moving forms on the floor such as a five pointed star or figure eight, where you are crossing over the midline of the form.

These crossing movements activate the development of the corpus callosum, the crossing network in the brain. The two sides of the body are beginning to work with one another now. Arms, legs, eyes (binocular vision), and ears (binaural hearing), are no longer developing separately. This process of integration and specialization normally completes between eight and twelve years of age. Both hemispheres and all four lobes of the brain are now activated (Hannaford 1995). The child is now ready to read. Before this, any reading a child does is with sight memory from only the right side of the brain. Cross lateral skipping is a sign that this foundation for reading is mature.

Over the past year, I have been working with children in therapeutic eurythmy and testing many of them at the beginning of their eurythmy block for signs of retained reflexes. These children were referred for eurythmy for various reasons; the majority for difficulties in school, several with ADHD labels. Out of this group, by far the most common retainment was the asymmetrical tonic neck reflex (ATNR), with almost half tested showing retainment. The tonic labyrinthine reflex (TLR) was present in many, as well as the symmetrical tonic neck reflex (STNR), the spinal gallant, the Moro, and the vertical and horizontal midline barriers. Often there would be more than one retainment in the same

child, the most common combination being the ATNR and the Spinal Gallant. From the experience of the doctor I worked with, 90% of the children she sees with ADD or learning difficulties have retained ATNR, vertical and horizontal midline barriers. Perhaps a better label for ADD would be sensory and spatial integration disorder.

What is the mystery of three-dimensional space? We are born and have to orientate to it in a way no animal has to. Baby animals are up on their feet within minutes of birth. It takes us nearly a year. We repeat over and over the same movements as if we were learning scales on an instrument. Only after years do we create our music. Our teachers in these early years of life are the primitive reflexes, teaching us in a cause and effect way, balanced movement. This movement in turn develops the lower senses, the foundation of our earthly house, our body. The lower senses have been described as the training for the physical body through touch, the etheric body through life, the astral body through movement and the ego through balance. Thus we can look at the primitive reflexes as training wheels for the ego, astral, and physical, via balance, movement, and touch. The primitive reflexes are thus tools which help us orientate to our body and to space, in time overcoming gravity and standing upright, allowing us to begin to function as human beings on earth, beings uniquely upright, and capable of freedom.

Bibliography

Ayers, Jean. *Sensory integration and the child*, 1979 WPS.

Brown, Kathy. "Retained reflexes in Children and Adults." Kathy Brown 1999.

Eikenboom, Joep. *Fundamentals of the Extra Lesson*. 2007 Fair Oaks, CA: RSCP.

Goddard, Sally. *A Teachers Window into the Child's Mind*. Oregon: Fern Ridge Press.

Hannaford, Carla. *Smart Moves-Why Learning is Not All in Your Head*. 1995 Virginia: Great Ocean Publishers.

Healy, Jane. *Endangered Minds: Why Children don't Think and What We Can Do about It*. 1990 New York: Simon and Schuster.

Johnson, Susan, MD, FAAP. "Healing our Children with Attentional, Emotional, and Learning Challenges." 2006.

Johnson, Susan, MD, FAAP. "Strangers in our Homes: TV and Our Children's Minds." 1999.

Kodiak, Eve. "Peter Pan, Infant Reflexes, and the Sense of Touch." Lilipoh, winter 2008, p. 40.

Konig, Karl. *A Living Physiology*. 1999 Trustees of the Karl Konig Archive.

Majorek, Magdalena. *Retained Reflex Lectures*. 2008 Stroud, England.

McAllen, Audrey. *Extra Lesson*.

McAllen, Audrey. *Reading Children's Drawings*. 2004 Fair Oaks, CA: RSCP.

Willby, Mary Ellen, editor. *Learning Difficulties-A Guide for Teachers*. 1999 Fair Oaks, CA: RSCP.

Schoorel, Edmond. *The First Seven Years*. 2004 Fair Oaks, CA RSCP.

Steiner, Rudolf. *Art in the Light of Mystery Wisdom*, Lecture 1. December 28, 1914 Dornach, Switzerland.

Steiner, Rudolf. *The Study of Man*, Lecture 8, 8/28, 1919 Stuttgart, Germany.

Steiner, Rudolf. *Man as a Being of Sense and Perception*. 7/22- 7/24, 1921.

Van Der Berg, Maria. *Child Development Lectures*. 2007 Stroud, England.

SYMPTOMS OF SPECIFIC RETAINED PRIMITIVE REFLEXES

Following is a list of human primitive reflexes, and the symptoms following lack of integration:

Moro Reflex

Constant state of fight or flight. High level of arousal. Over-reactions to stimulation. Anxiety.

Easily distracted by unimportant stimuli. Aggressive, over-reactive, difficulty relaxing.

Due to continued exposure to stress hormones immune system will be under stress.

Palmar and Plantar reflexes

Interferes with refined finger grip.

Accessory movements (particularly the tongue) when concentrating.

Adverse effects on fine motor control, speech, and articulation.

Asymmetrical Tonic Neck Reflex (ATNR)

Uncoordinated, unbalanced.

Reading problems – loss of the visual image at the midline (tracking problems)

Tight grip on pen, messy writing.

Difficulty crossing the midline.

Spinal Galant Reflex

Difficulty sitting still. Ticklish. Restless.

Poor short-term memory and concentration.

Posture and gait problems.

Tonic Labyrinthine Reflex

Flexion: floppy child OR Extension: rigid child

Symmetrical Tonic Neck Reflex

Poor posture, particularly when writing (arms collapse as neck flexes forward).

History of not crawling.

**MOVING WITH SOUL:
SUPPORTING MOVEMENT DEVELOPMENT
IN THE EARLY YEARS (PART ONE)**

RENATE LONG-BREIPOHL

This article is an extended version of a lecture given at the National Early Childhood Conference at Ringwood Waldorf School in England on October 17, 2009, published in Gateways, Issue #60. Part Two follows.

RESEARCH

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 (König, 1989). 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 uprightiness. 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 uprightiness. 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 Ph.D. 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 work in 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.rotatherapie.de. Bartel has also published a book with the title *Der gesunde Dreh* ("The Healthy Turn," not yet available in English), 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.

References

- Glöckler, Michaela, ed. *Education—Health for Life* (Dornach, Switzerland: Kolisko Conferences Publications, 2006).
- Goddard, Sally. *Reflexes, Learning and Behavior* (Oregon: Fern Ridge Press, 2002).
- Goddard Blythe, Sally. *The Well Balanced Child: Movement and early learning* (Stroud, UK: Hawthorn Press, 2004).
- König, Karl. *Being Human* (New York: Anthroposophic Press, 1989).
- McAllen, Audrey. *The Extra Lesson: Movement, Drawing, and Painting Exercises to Help Children with Difficulties in Writing, Reading, and Arithmetic* (Fair Oaks, CA: Rudolf Steiner College Press, sixth edition, 2004).
- Steiner, Rudolf. *The Spiritual Guidance of the Individual and of Humanity*. (New York: Anthroposophic Press, 1992).
- _____. *The Foundations of Human Experience*. (New York: Anthroposophic Press, 1996).
- _____. *The Essentials of Education* (London: Rudolf Steiner Press, 1982).
- _____. *The Child's Changing Consciousness* (London: Rudolf Steiner Press, 1988).
- _____. *Soul Economy and Waldorf Education* (London: Rudolf Steiner Press, 1986).

Web Resources:

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

MOVING WITH SOUL, PART 2

WRITTEN BY RENATE LONG-BREIPOHL

From Gateways Fall/Winter 2011, Issue #61

Self-directed movement for the child under three

The development of movement, speech, and thinking in the first three years of life is guided and protected by spiritual beings. Yet there is a role for the human being as a model as well. Without experiencing upright human beings the child will not learn to be upright; without the unconscious will to be upright and walk, the model would be of no avail. Both have to come together. In the early years the child seems to be guided "from inside" and seems to intuitively "know" what he needs to do: an endless practice of the most varied movement combinations. Rudolf Steiner advises us to leave the child undisturbed and "uninstructed" at this early stage of development. The child educates himself. (See *Soul Economy and Waldorf Education*, Lecture 7, and *The Spiritual Guidance of the Individual and Humanity*, Lecture 1.) The undisturbed exploration of movement "from the inside out" is the precondition for the development of a sense of freedom in the human being.

The situation changes around the age of three. At this time in the child's development, when the foundations for thinking have been laid and I-consciousness stirs, Rudolf

Steiner recommends eurythmy as being of great benefit for children. The child has reached a level of development where he not only unconsciously absorbs what lives in the environment but also is eager to follow an adult, who guides a movement sequence.

I would like to stress that in the work with children under three there is no need for a formal movement program as we practice it in the work with children aged three to six in Steiner/Waldorf kindergartens or preschools. Whenever one experiences circles in play groups for toddlers, the circle seems to be more directed towards the mothers' experiences and learning while the child is "taken along."

In a group situation with children under three, be it in childcare or in toddler groups, the play area is the space for free movement and the child's play time is the movement program. The space however needs to be carefully prepared with the possibilities for climbing, for exploring different heights and ways to get up and down. It is a space for practicing differentiated, child-initiated movement.

The adult accompanies the child's "movement work" with warmth, love and reverence and as much as possible, without interference. Steiner warns that adults should not impose their will on the young child under three, as this may damage the development of the child's will.

The research of Sally Goddard Blythe on the importance of vestibular stimulation in the very early years should be taken seriously in the work with young children. Mothers have always intuitively stimulated the baby's vestibular system through cradling movements. Later the child is rocked on the lap to the rhythms of nursery rhymes. Once the child has achieved the upright position, the child delights in being rocked more vigorously backward and forward, sideways or up and down in a see-saw motion. Swinging up and down or being whirled around will stimulate the organ of balance as well. As of the third year of life the child will find pleasure in rolling in the grass, in jumping and sliding, sitting on a swing, or turning and spinning in the upright position. Many of the traditional outdoor games contain vestibular stimulation. It seems that being outdoors for a certain part of the day is conducive for self-directed, exploratory movement of the young child. The outdoor environment also seems very suited for an individualized rhythm of times of activity and play, balanced by times of rest. The age of up to three years is the prime time for children to become confident in their bodies and to develop a healthy sense of self. It is of course understood that self-directed movement has a place in the child's play throughout the time of early childhood.

I would like to acknowledge at this point the work of Helle Heckmann, Denmark, who has pioneered the outdoor kindergarten in Steiner early education and has documented in publications and video presentations the importance of self-directed movement for the healthy development of children. See the reference list for some of her work.

Guided movement with children from age three to seven

As of the age of three the child displays an increased natural desire to participate in group activities. The child is filled with interest in what happens around her, enjoys experiencing social situations, and imitates out of a natural devotion and trust in the goodness of the world.

Kindergarten teachers work with this natural desire. Rudolf Steiner indicates that adults imprint their way of doing things into the still malleable physical organs of the child by way of imitation. Hence he places such importance on the quality of the gestures performed by adults in the presence of young children. These gestures enter into the physical body of the child more deeply than the spoken word or singing.

One can observe various stages in the process of imitating movements: from the purely inward moving which may show itself only in the facial expression, to the small occasional hand movement and then to movement which involves the whole body of the child.

The impulse to move lives much stronger in children than in adults. It is a natural expression of the strength of their will forces and their healthy etheric forces. Yet while the child is active in movement, the consciousness of the child is still dreamy. Healthy young children are not yet self-conscious of the quality of their own movement. The three-to-four-year-old child naturally has no desire for self-expression, but moves out of sympathy for his surroundings. Therefore his movement is not self-centered, but has a devotional quality. By participating in guided movement the element of devotion and sympathy can be strengthened in the children and can counteract the tendency towards an early awakening of self-consciousness. When the child becomes self-conscious about his movements, it often weakens the natural vitality and the will forces of the child. A self-critical element comes in: "I can't do it."

Kindergarten eurythmy, as well as the daily morning circle based on imitation, leads the child away from self-feeling towards an interest in and a feeling for what lives in the surroundings. This can be achieved by working with the feeling quality of language, of vowels and consonants, and with the rhythm and the musical quality of words and sentences.

Today there is an increased interest in research about working with children through speech, following on from the working with movement as described previously. In his article "Ringtime as Pedagogical Opportunity" Stephen Spitalny has presented some initial thoughts on this. In early childhood movement education the conscious use of the sounds and rhythms of language is still to be developed.

Wilma Ellersiek has done pioneering work in this field. Her work is a wonderful example for supporting the development of the ability to discriminate in the child, which Karl König has described in connection with the movement of the hands and the development of feeling. (See Part One of this article.) Ellersiek's hand gesture games carry the cultural impulse of refining speech and movement, of becoming

sensitive for the subtle variations in rhythm and tone of speech in unity with appropriate movements of arms and hands. Thus movement and speech become helpers in developing the fine aspects of humanness, in “moving with soul,” which the child may not be able to achieve otherwise. The child can develop a strong will and confidence through self-directed movement, but the thinking and feeling, which refine willed movement and bring it into relationship with archetypal forms of nature and of human action, have to be brought to the child through the example of the adult and through imitation.

In addition, the hand gesture games are a help for incarnation into the body as described in Part One as well. Many hand gesture games are based on the practice of expansion and contraction and will be a help for the incarnation of the ego into the body. Eurythmy, in its educational and curative form, has always worked with the harmonizing and balancing quality of the archetypal movements of expansion and contraction. In the educational work expansion and contraction movements can be practiced by a variety of games based on the opening and closing movement of the hand. Later on the whole body can be involved with movements such as curling up and stretching high, or with moving between the center and periphery. Wilma Ellersiek’s hand games are a wonderful help for working with the young child towards a harmonious interplay between these two poles of human existence.

Archetypal movements and their relevance in movement with children

There are movement patterns which express in image form the process of incarnation. They are “archetypal” in that they evoke the experience of the essence or primal quality of an object, process or being in the human soul. All “expansion and contraction” movements are archetypal, and so is the experience of breathing in and breathing out. In spatial dimensions they appear as the polarities of above-below, front-back and right-left and evoke very different sensations within the soul. In early childhood the most important archetypal experiences are those that relate to the front space and the space of above and below.

In supporting the exploration of the front space the kindergarten teacher can work with different ways and paces of walking, running, skipping and coming to a standstill. The occasional step into the backspace may be added to encourage the child’s use of his senses of balance and hearing.

In working with the modes of in-breathing (tension) and out-breathing (releasing) and the polarity of contraction-expansion there are manifold images, which lend themselves to express this polarity, such as opening-closing (performed with hands or as a group in a circle), going out-coming in (flying birds), lifting-pressing (the different walking of fairies or giants), jumping up and down (connecting with the earth gravity), sleeping - waking, growing-withering, hiding-reappearing. These experiences must be brought to the child

by the teacher in such a way that they speak to the soul.

One can discover archetypal gestures in all realms of nature, the seasons, the weather, the plant world, and the animal world. In the realm of the human being one can work with the gestures of care and love for other human beings, plants and animals.

It is one of the great benefits of guided movement that one can bring the rhythmical element back into the movement patterns of a child. Children of today do not find their way easily into rhythmical, lively movement. Modern life has lost the rhythmical quality and children are surrounded by mechanically generated movements. They are drawn into imitating mechanical movements and quite easily fall into repetitive, lifeless movement patterns themselves. Through guided movement and through images which speak to the child’s soul, it is possible to invite back natural liveliness into the movement of children.

Movement as activity of the human soul and spirit

Steiner describes movement as a will process, which involves all four members of the human being before becoming visible as action. Movement originates as intention in the I, yet often this intention is hidden to the moving human being and therefore overlooked in explanations of what causes movement. Steiner states that the I cannot convey the intention to move to the limbs directly, even though the I is to be regarded as the final “mover.” He continues that movement appears first as inner movement through the activity of the astral and etheric bodies, which are the “transmitters” of movement into the body. Through the astral body the intention of the I will take on the quality of interest, which is a quality of the soul, physically represented in the nervous system. Through the activity of the etheric body intention and interest receive the quality of life, physically represented in the watery processes of the entire body and the limbs so that life-filled movement can arise. In the act of becoming outer visible movement, the intention of the I is fulfilled and will as a process of inner and then outer movement comes to completion (Steiner, *Study of Man*, Lecture 4).

When searching for an understanding of movement in the young child one needs to take into account all these four aspects of the process of movement: the activity of the I, astral, etheric and physical bodies. In mainstream psychology this is not recognized. (Sally Goddard-Blythe describes the superior role which music can play in alleviating learning difficulties, but she does not make the link to music as a soul experience, or to the spiritual dimension of movement. See *The Well Balanced Child*, Chapters 5 and 6, on music and the overcoming of learning difficulties.) The discovery of physical movement being preceded by the movement of the soul is Steiner’s contribution to a spiritual psychology of movement. “It is significant that we must work on ourselves to develop from beings that cannot walk into ones that walk upright ... In human beings... it is the soul that establishes the

relationship to space and shapes the organization,” he says in *The Spiritual Guidance of the Individual and Humanity* (p. 6).

However, it is possible to merely move physically without participation of the cooperation of the soul-spiritual members of the human being with the etheric body. Then movement takes on a lifeless, mechanical character. In Lecture 6 in *Curative Eurythmy*, Rudolf Steiner indicates that the etheric body cannot participate in movement which is derived entirely out of the physical body. Then the movement of the etheric body does not occur and thus is not able to accompany physical movement. This will have serious consequences because the normal human condition of the etheric body mediating between the soul-spiritual human being and the physical organization is then disrupted.

Kindergarten teachers can strive to guard the child against this tendency towards mechanical movement by imbuing their own movements with soul and life so that the children are able to absorb these qualities through imitation into their inner experience of movement.

In Chapter 1 of *Being Human*, Karl König compares the activity of moving with performing music. He uses the image of the I being a musician who plays on the instrument of the body. Movement is the music that arises in this process. This picture of the musician describes the soul-spiritual quality of movement well and is a key to the understanding of the mystery of movement. It is the soul and spirit in the human being who moves the limbs and thus enables the individual signature of a human being to be imprinted onto the body. It is a task and a challenge at the same time to learn to recognize this individual signature in the movement of children.

In his lectures to teachers, Rudolf Steiner also characterizes the soul experience of moving as musical. Here he speaks about not the preconditions of movement but of the consequences of movement for the soul. He indicates that the soul belongs to the realm of stillness and does not experience physical movement directly, but rather reflects movement as “tone” in the soul. Steiner states that it is the lawful cosmic movement that creates the most harmonious experience for the soul.

What is “cosmic movement”? The rhythms and forms of the movements of the stars and of the etheric realm of the earth, which are expressed in gestures and movements in order to let archetypal cosmic qualities be experienced by the human soul.

Our purpose is to imitate, to absorb the movement of the world into ourselves through our limbs. What do we do then? We dance. ...All true dancing has arisen from imitating in the limbs the movement carried out by the planets, by other heavenly bodies or by the earth itself. [The head rests and the soul, being related to the head, must participate in the movements while at rest.] It begins to reflect from within the dancing movement of the limbs. When the limbs execute irregular movements, the soul begins to mumble.

When the limbs perform regular movements, it begins

to whisper. When the limbs carry out the harmonious cosmic movements of the universe, the soul even begins to sing. Thus the outward dancing movement is changed into song and into music within. (*Study of Man*, p. 144).

References

Goddard Blythe, Sally. *The Well Balanced Child: Movement and early learning* (Stroud, UK: Hawthorn Press, 2004).

König, Karl. *Being Human* (New York: Anthroposophic Press, 1989).

Spitalny, Stephen. “Ringtime as pedagogical opportunity - some thoughts.” *Gateways* 30, 1996.

Steiner, Rudolf. *Therapeutic Eurythmy* (London: Rudolf Steiner Press, 1983).

_____. *Soul Economy and Waldorf Education* (London: Rudolf Steiner Press, 1986).

_____. *The Spiritual Guidance of the Individual and of Humanity*. (New York: Anthroposophic Press, 1992).

_____. *Study of Man*. (London: Rudolf Steiner Press, 1966).

Renate Long-Breipohl holds a doctorate in theology and a B.Ed. in Early Childhood Education. She teaches and lectures widely in Australia and internationally and has taught and mentored in Waldorf training courses in Hong Kong, China, the Philippines, and Thailand. From 1991 to 2009, she was on the Council of the International Association for Steiner/Waldorf Early Childhood Education, representing Australia and helping to organize training in South East Asia. She is author of Supporting Self-directed Play in Steiner/Waldorf Early Childhood Education (WECAN) and Under the Stars: Foundations of Steiner Early Childhood Education: Collected Essays (Hawthorn House).

Daisy Time

See, the grass is full of stars,
Fallen in their brightness;
Hearts they have of shining gold,
Rays of shining whiteness.

Buttercups have honeyed hearts,
Bees they love the clover,
But I love the daisies' dance
All the meadow over.

Blow, O blow, you happy winds,
Singing summer's praises,
Up the field and down the field
A-dancing with the daisies.

Marjorie Pickthall (1883–1922)

“The Little Daisy” by Wilma Ellersiek (Ballymena in spring with a 21-month-old child) may be viewed on YouTube at <https://www.youtube.com/watch?v=uStdeC8QUQk>.

EXPERIENCES WITH EURYTHMY THERAPY

The following is an attempt to give, in chronological order, my experiences with eurythmy therapy.

My first experience with the therapeutic aspect of eurythmy was as a patient. While in the seventh grade, I had become somewhat nearsighted and needed glasses to read from the blackboard. Since I attended the Waldorf School in Amsterdam in the Netherlands, I was assigned to receive therapeutic eurythmy exercises. When I recall those lessons now, after sixty-six years, I remember how struck I was then, as a twelve-year old, by the fact that the mood during those lessons was a very serious one. I believe that contributed to my doing my very best to copy the sounds from the teacher as precisely as I could. This had a surprising effect, namely, that after a relatively short period of time, my eyes improved so that I was able to read without glasses. While in college, I again needed glasses for a short while. But essentially I managed without glasses for more than forty years after the initial treatment. I now wear glasses again, this time graduated lenses, because my vision has weakened, a common occurrence beginning with middle age. Daniella Armstrong, the former teacher of the eye eurythmy courses, could not recommend any exercises for this condition. We can understand why this is the case when we realize that both farsighted and nearsighted aspects of sight are affected at the same time. [I presented my own case here only because it was my introduction to therapeutic eurythmy.]

While I did curative exercises in the intervening years for my own health, I did not become active in therapeutic eurythmy until I began my training in Dornach in 1978. There was no therapeutic eurythmy training in the US at that time and we all commuted to Europe to become qualified.

I had the good fortune to be in the last course that Daffy Niederhauser taught. I was still raising our three children and hoped that I would be allowed to come only once a year. Friends in Dornach had told me that Daffy was very strict and would never allow such an arrangement. Yes, Daffy was strict during the lessons, but she also was very understanding of my life situation and gave me permission to come only once a year. At the end of the course, she suggested that I begin working with patients with hygienic exercises. Daffy had a habit while teaching of diverging from the lesson and talking with us at great length about all kinds of interesting people, Dornach history and of course the application of the therapeutic sounds. During these conversations, we were expected to stand; no leaning against the wall or sitting was permitted. Her motto was that a therapeutic eurythmist must first of all learn to stand. When presenting new exercises, she would mostly have us do the exercises first and then draw our attention to what we had experienced. This required much sensitivity and listening from us. I think that was the most important thing she taught us.

When Daffy retired before the course was completed, I was able to continue my training in England. The therapeutic eurythmy training there was under the guidance of Linda Nunhofer. Her husband was a doctor and gave the medical lectures. I had admired Linda when she was still performing because her speech eurythmy sounds were so beautifully formed. We now had the privilege of having the basic therapeutic sounds introduced to us by Linda in what I can only call their archaic purity. We would then practice their applications with other therapeutic eurythmists.

I continued to travel to England once a year, even after I received my diploma. There were many interesting courses given that broadened my knowledge in the curative field. Lea van der Pals, for instance, came to give her curative tone eurythmy course. I knew Lea from Dornach, where she had allowed me to observe her classes in the Eurythmy School; I also had experienced her teaching at Eurythmy Conferences. Then she was always the great Lea van der Pals of Dornach. It goes without saying that she was a wonderful eurythmist and teacher.

Lea came to England after her retirement; she had now taken off her great mantle of responsibility. She had more personal contact with the students, and she even ate some of her meals with us and seemed to enjoy her conversations with us. One of the memorable conversations I had with her concerned the imprinting of the curative sounds into the etheric. At that time one felt that the curative eurythmic movements were often getting uncomfortably close to gymnastics. Some of us experimented with adding character to the sounds. Because Rudolf Steiner referred to the character of the sounds also as muscle tension, there was a great effort made to flex muscles, which leads to sounds becoming too physical. This was a concern of mine. Lea's advice was, "It must always remain eurythmy, also in therapeutic eurythmy". [For more details on this subject, see my article on forming the character in speech eurythmy, in the Eurythmy Association Newsletter, Vol. 56, Summer 2003.]

In the fall of 1978, after I returned from Dornach, I began spending initially two days each week at the Fellowship Community. I learned to take vitals, help patients, and in general became acquainted with the senior age group. I also joined ANTHA (Anthroposophical Therapy and Hygiene Association). ANTHA meets once a month and I attended most of these meetings for the next twenty four years. Ruth Finser was the therapeutic eurythmist at the Fellowship at that time; when she and her husband retired to Cape Cod, I was invited to take on the therapeutic eurythmy work there.

Kari van Oordt, who taught at the Spring Valley Eurythmy School in its early days, had advised me, when I began teaching, that it was important to know what phase of life one's students were in, so that one could adjust the presentation of the material to a given age group. In a place such as the Fellowship, even though it serves the elderly, there are amazing age differences. Some people retire early and can

still be quite active, while with some life forces are ebbing. The eldest person in my classes was in her nineties. For the group lessons, I divided the members into three groups. The first group, the ambulatory ones, could still move about, walk simple forms and many times still liked to have challenges, if they were tailored to their abilities. As individuals age, everything becomes slower, and one is inclined to do everything slower, which is the right impulse. However, I discovered that one cannot do three-part walking slowly, because the members will lose their balance. I always kept a circle of chairs around the periphery of the room, so that we could do some part of the lesson sitting down. The members were grateful to have a respite, during which they could, for instance, do slow three part walking in place, two or three steps forward and back. They felt secure, and one could lead their consciousness to penetrate into their feet.

The second group, the sit-down group, would consist of persons who tire easily and are no longer able to stand due to balance issues, but can still do absolutely wonderful eurythmy sitting down. Working with patients where there is a gradual loosening of the members requires a totally different approach from working with children. My goal always was, by working in a peaceful and hygienic way, to create an atmosphere in which the elderly could feel secure and unhurried (etheric). One can use beautiful music and poetry in the lesson to stimulate the feeling life (astral), and create form (ego) through working with U, for instance. In the eighth lecture of *Therapeutic Eurythmy*, we can read what Rudolf Steiner said about our therapy: "It is after all an inward kneading through of the whole organism, which is connected with working in the etheric, astral and ego organism..."

The third group we used to call the wheelchair group. Perhaps a better name would be the Threshold Group because it consisted of patients who were already living a large part of the time at the threshold. It is therefore not unusual to find members asleep. Initially I directed my eurythmy to those who were awake. I always felt that the awake ones received the eurythmy not only for themselves, but also on behalf of those who could no longer do so. As the years passed however, and the consciousness of more members withdrew, I felt it necessary to expand my movements to include them in the periphery to which they now had withdrawn.

I also worked with children at the Rudolf Steiner School in New York City. The environment was very friendly towards eurythmy. Nancy Root told me recently that we owed this to Henry and Christy Barnes, founding teachers, who believed in the importance of eurythmy and speech formation. In their day at Steiner, the teachers all did eurythmy regularly, and Sophia Walsh would give them individual speech lessons. This positive atmosphere towards eurythmy was still very strong when I was there in the eighties. It was a wonderful environment in which to work.

As a student in a Waldorf school, I had been taken out of many lessons in progress to do my therapeutic exercises.

Because of these sometimes lengthy absences from class, I suffered gaps in my education. When I became a therapist, therefore, I was always very careful to create, in conjunction with the main lesson teachers, a schedule for the children that would create a minimum amount of disruption.

Working with children can be enormous fun. Don't be surprised though when quite a few lively boys are sent your way. Often, there is nothing really wrong with them. I suspect that their temperament and the long days, even in a Waldorf school, make them antsy. Steiner suggested that such children should be given a small task, such as sending the child with a note to a colleague for instance. With these children an awful lot of notes would have to be written. I think, instead of notes, teachers send this type of child to us. If we are observant, the children themselves sometimes give us a clue how to be of help. One such wonderful boy walked into my room one day, took hold of the small children's chair and challenged me: "I bet you don't believe I can jump over this chair." Of course I worried that he might hurt himself but I coolly replied, "Why don't you show me". He did, with room to spare, so I said, "Let me see that again"... "and again"... "and again". This became our routine: he would begin the lesson by first jumping over the chair until he became a little tired, after which he did his exercises. Another time one of these little rascals simply expressed what a lot of boys in the Waldorf schools unfortunately feel: "I just want you to know, Mrs. Hawkins, that I don't dislike you, I just don't like Eurythmy". How perceptive to know the difference and state it so clearly. I really appreciated that. Of course it is very easy for me to be fond of these children with a lot of spark, because I only had to deal with them for a short time twice a week. The heroes here are of course their class teachers.

Together with the therapeutic work at the Fellowship Community, the performing work with Eurythmy Spring Valley, which I was then still a part of, plus the many hours lost in commuting, I eventually had to step back from working at Steiner School in Manhattan. There were just not enough hours in the week in which to fit it all.



Kristin Hawkins

After I left the Rudolf Steiner School, I was invited to do the therapeutic work at the Green Meadow School in Spring Valley. Since time constraints prevented my joining the faculty, it was arranged that I would come, on a freelance basis, to help with just a few of their students. What I naively thought would be a few weeks or even months turned into two and a half years before GMWS found a permanent eurythmist.

Besides the children and the elderly, there were quite a number of individual patients, who also needed eurythmy therapy. Most were in their middle years, and I found it refreshing to work with this age group. It was especially with this group, where one can take enough time for the last part of the exercise, the listening part, that I became aware of the real importance of this phase. During the listening phase of the exercise, we can observe two very different events happening: what takes place during the listening phase after the consonants is quite different from what takes place during the listening phase after the vowels. Our readers may wish to explore this last part of the exercises and its ramifications, if they are not doing so already. Not further describing experiences with this part of the exercises stems only from the desire to have our readers be free to make their own experiences instead of imposing mine on them.

In conclusion I would like to express my gratitude to the two doctors I worked with most and who taught me so much, Dr. Paul Scharff and Dr. Gerald Karnow. Each of their approaches was quite different. When I first started working as a complete novice, Paul would surprisingly not say very much about the patient he was entrusting to me, but he would give me a prescription of the sounds with which he wanted me to work. These often were quite long and took time to work through. But working through such a prescription was a lesson in how Paul understood the patient. Over the years, as I became more experienced, I would see the patient first, usually a couple of times, then Paul and I would have a short meeting to discuss diagnoses and treatment responsibility, which gradually passed to me. Gerald was the school physician during my years at Steiner School and was very generous with his time. His first question always was about what I had observed when I saw the children. He felt that it was not only important to have the doctor's observation and diagnoses, but the eurythmist's as well. He emphasized the importance of trusting my own observations. This led to our working together from both the medical and eurythmic side.

After I retired at the end of 2002, my husband and I moved to Hillsdale, near Harlemville, in Columbia County, NY. This more rural setting provides the opportunity to participate in an active cultural and anthroposophical life.

*Kristin S. Hawkins
Hillsdale, NY*

THE TREE OF HEAVEN

The peace of flowers. Heaven like a tree grows
In silence; has no voice
Till they come and perch in the branches, images of words
From two worlds, birds and angels,
Inhabitants of mute leaves, lovers of the plant's rapt blindness.

Heaven, simple like a seed, from its minute beginning
Rooted in flesh and blood, instinct with death and pain
Grows complex, manifold; grows great with living,
With green and blossom and bough, sky-covering
With world, where nothing was, until heaven's spring.
Pattern of tree and man, unfold within me—
Branch where the veins run, quicken at the heart,
Be felt in every nerve, and fruitful at the breast,
Vine, pattern of Christ, interior quiet,
Quicken this barrenness, flower in my desert!

Kathleen Raine

Books

*Gesture Games for Autumn and Winter:
Hand Gesture, Song and Movement Games for
Children in Kindergarten and the Lower Grades*
by Wilma Ellersiek

Gesture Games for Spring & Summer
by Wilma Ellersiek and Lyn and K. Willwerth

*Supporting Self-directed Play in Steiner/Waldorf Early
Childhood Education (WECAN) and
Under the Stars: Foundations of Steiner Early Childhood
Education: Collected Essays (Hawthorn House)*
by Renate Long-Breipohl

*The Journey of the "I" into Life:
A Final Destination or a Path Toward Freedom? (WECAN)*
Louise deForest

Available at <http://www.amazon.com/Gesture-Games>



ATHENA

Calendar of Events

SENSORY –MOTOR DEVELOPMENT AND
INTEGRATION OF PRIMITIVE
REFLEXES IN THE CHILD'S FIRST YEAR
EXPLORATORY WORKING GROUP
SUNDAY, APRIL 7, 2013

9:30 am - 4:30 pm

NATURA MEDICAL ARTS CENTRE

105 Toronto Street, Barrie, Ontario

9:30-10:45 INTRODUCTIONS

Followed by Talk and Slide Presentation by Christine Runge,
"Sensory-Motor Development in the Child's First Year"

10:45-11:15 Short Break

11:15-11:55 EURYTHMY: Maria Helms

12:00-13:00 "PRIMITIVE REFLEXES:

What they are. Some examples of difficulties children have
if the primitive reflexes are not properly integrated."

Mary Brian

13:00-14:00 Lunch (very simple: soup and bread)

14:00-14:30 Clear-up. Walk. Quiet time.

14:30-15:45 DISCUSSION (Sharing):

Please bring questions/observations/short case studies about
"challenging" children whose behaviour you feel relates to
the theme.

15:45-16:00 Pulling it together.

16:00-16:30 CLOSING COMMENTS: Observations,
questions, suggestions.

A \$15 contribution will be asked for, to pay for
lunch and a small donation to the Natura Therapy Fund for
use of the space.

Please contact:

Mary Brian at 705-726-8100, marybrian7@gmail.com,
or Christine Runge at 705-424-2176.

On 7 April, 2013, twelve therapists/teachers/doctor
met for the day at Natura Medical Arts Centre in Barrie,
Ontario, to explore "Sensory-Motor Development and
Integration of Primary Reflexes in the Child's First Year."
There was much enthusiasm! Christine Runge gave a slide
presentation of movement milestones in the child's first year,
Mary Brian talked about the primitive reflexes and described
difficulties encountered when these are not properly
integrated, and Maria Helms refreshed us with group
eurythmy where we experienced coming from cosmic realms
to birth, as well as our senses of touch, balance, and
movement. One of the main topics in our discussion group
was how the proportion of young children needing help has
dramatically increased over the past few years. To give a baby
the opportunity to move and progress naturally through all its
inborn movement stages is vitally important, as is perceiving
what is needed therapeutically when stages have not been
fully developed or missed.

Mary Brian

ATHENA West Coast Regional Conference

Meeting the Challenge Of Developmental Issues
with Therapeutic Eurythmy

Emerson Hall at Rudolf Steiner College

Fair Oaks, CA

April 26-27, 2013

How do developmental issues manifest themselves and how
can they be addressed through eurythmy therapy? What do
eurythmy therapists and other medical professionals need to
know and do to work effectively, responsibly and
professionally in the field of developmental medical therapy?
This mini-conference is intended as a collaborative research
between medical professionals and eurythmy therapists to
address these issues through therapeutic eurythmy exercises.

- Working through mid-line barriers,
- establishing bi-lateral integration pathways
- sensory-motor integration
- right and left brain integration
- boundary and touch sensitivity issues
- balance issues
- proprioceptive issues
- self-movement issues
- eye tracking and convergence.

Presenters:

Susan Johnson MD has a private practice in Behavioral and
Developmental Pediatrics in Colfax, CA. She is also a
certified Waldorf Teacher with an additional year of training in
sensory integration and remedial support (Extra Lesson).
Susan lectures, writes articles and has a website at www.YouAndYourChildsHealth.org.

Adam Blanning MD works in Denver, Colorado as an
anthroposophic doctor, and school doctor for three Waldorf
schools. He teaches in the annual doctors' training course as
well as therapeutic courses for early childhood educators,
actively mentors other physicians, and lectures regularly on
child development and the childhood constitutional polarities.

IPMT, USA

Rudolf Steinerf Steiner College

Fair Oaks, California

April 27-May 4, 2013

Presenters: *Ricardo Bartelme, Adam Blanning, Ursula
Flatters, David Gershan, Philip Incao, Steven Johnson, Alicia
Landman, Lynn Madsen, and Glenda Monasch*

For further information or registration:

Alicia Landman-Reiner, MD

paamdrscourse@anthroposophy.org

ATHENA

ATHENA East Coast Regional Workshop Understanding Sensory, Visual, and Perceptual Motor Development in Mainstream Language and How It Corresponds to Therapeutic Eurythmy Saturday, April 27, 2013

8:30-5:00

Waldorf School of Baltimore
4801 Tamarind Road, Baltimore, MD 21209

Presenters: *Joye Newman* is a perceptual motor therapist and founder of the Kids Moving Company. She is co-author (with Carol Kranowitz, author of *The Out-of-Sync Child*) of the best selling book *Growing an In-Sync Child: Simple, Fun Activities to Help Every Child Develop, Learn, and Grow* (2010) and the popular *In-Sync Activity Cards* (2012). Joye's website is www.insynchild.com.

Virginia Efta and Susan Walsh will lead the group in classic therapeutic exercises and Joye will share her observations about what these work upon in our children. All therapeutic eurythmists can take part in these exercises. Class teachers and Remedial teachers are encouraged to participate!

Joye Newman will present information on child development covering early infant reflexes and how these may be retained in later childhood and the grades. She will discuss what is seen in the classroom in behavior, posture, movement and how it can be met by activities that can be led by the teacher or therapist. Topics covered include:

- Sensory integration
- Midline crossing issues
- Bilateral integration
- Balance issues
- Boundary and touch sensitivity
- Proprioception issues

We are excited to open this workshop to others than therapeutic eurythmists. This information can form the basis from which therapeutic eurythmists and teachers can speak to each other. It can also support the instructor in how s/he communicates the challenges of the children to the parents.

* * * * *

*spring mood
at the goetheanum
with young people
from all over the world*

*a loving encounter
at heart
to discover therapeutic
skills actively*

*fashioning
anthroposophical medicine
at present
together*

Enlightening the Heart, an International Conference on Anthroposophic Medicine for Young People in Therapeutic Training and Professionals Whitsun 18-25 May, 2013

A conference of the International Young Medics Forum of the Medical Section at the Goetheanum in cooperation with the Initiative for Scholarships in Anthroposophical Medicine Dear Eurythmy Therapists,

What would happen, if a group of young people, consisting of physicians, therapists, nurses and students of the most diverse places of the world came together for one week? Once more we would like to invite you to a conference to which already over 200 people from 20 different countries and 12 professions around health and healing will take part (as at the end of March 2013). It will be about themes around Anthroposophy, interdisciplinary cooperation and last, but not least, what a specific profession's schooling path could look like. In the centre is the theme of the human heart. This will be a unique conference, that has never been there before. Thanks to many donations a minimal conference fee will be possible, which will possibly include accommodation and food.

About the programme: Starting with a little sequence of art in the morning there will be an adjoining lecture held by Dr. Armin Husemann with the theme, "The wholistic study of the human heart" ("Die Menschenkunde des Herzens"). This theme will run through the entire week and will be built upon every day. After a break there will be profession-specific courses. For eurythmy therapy the following courses will be offered: The four kinds of the etheric / Norman Kingeter and Daniel Thiel; Work on questions out of professional daily work / Dr. Sabine Sebastian and Swantje Harlan; Classic Eurythmy Therapy Exercises / Hana Giteva and Christof Garbers; Movementdiagnosis / Dr. Wilurg Keller-Roth and Anja Maierhans; Tone Eurythmy Therapy / Shaina Stoehr and Adalheidur Johanna Olafsdottir. The courses will be held as much as possible close to the practical work experience.

In the afternoon there will be small, mixed groups for patient study, where diagnosis and therapy will be worked out together. In the evenings we will deal with the meditations of the "Gestalt", to which belong the "IAO", the "Halleluia", "I think speech" etc. We want to practise them together and share our experiences with them. The evenings will be lead by young participants or people from the preparation group.

Even if it is not possible for you to participate in the conference (there is also the possibility to only partake for three days), we want to ask you to help us spread the word, so that many people, who are interested in the future of these professions and inspired for their expansion through Anthroposophic Medicine, can hear about it.

Information and application:

<http://www.enlightening-the-heart.org/>

With warm regards from the preparation team,
Christof Garbers and Johannes Weinzirl



Drawing by a four-year-old child, Lola Jane

