

MOBILE AND SLUGGISH CHILDREN

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In 1924, Rudolf Steiner presented the three children's polarities to mostly young coworkers giving hands-on social care to special-needs children. These polarities, described in *Education for Special Needs*, are so elegant and present so much potential. I am very grateful for the exciting dialog that others have contributed in recent ATHENA newsletters.

Some years ago, I was trying to understand these six children's types, with the idea of working with them with Waldorf faculties. I had studied them years earlier as a trainee at Beaver Run/Camphill, at the time finding them nearly incomprehensible. In 2006 while attending a conference in Dornach I was electrified to hear, as if in answer to a wish, Dr. Martin Niemeijer from Holland describe research at the Louis Bolk (anthroposophic research) Institute on these polarities. He and Erik Baars had made a start towards re-christening the six types with more modern, yet appropriate names. They had researched what key characteristics teachers and care workers of special needs children could agree on for each type; and they had taken steps towards creating a diagnostic and research tool for the typology. Their research is described in German and Dutch, but not, I believe, in English. (1)

I could not, unfortunately, persuade my friendly Waldorf faculty to immediately plunge into this exciting research in their spare time! But reviewing Drs. Niemeijer and Baars' work was fruitful. It led me to their source in Walter Holtzapfel's ideas about the three polarities. And this work of Holtzapfel's took my breath away, because it made sense of Steiner's six children's types in such a way that they can be grasped, conceptually, as a whole.

In *Children with a Difference* (2) Holtzapfel views each of the pairs—sulfur-rich and -poor; hysteric and epileptic; and feebleminded and maniacal—as representing both a “point-like” and a “peripheric” manifestation, each polarity finding its meaning within one of the three regions of the threefold human being. So, sulfur-rich and -poor pertain to children's memory. Are they plagued by recurring thoughts they can't get rid of? Or do memories get lost in their sulfurous metabolism? Steiner asks us to look at *hair color* to reveal these characteristics: with the unique literalness of his Goethean style, he asks us to look at their *heads* for diagnostic clues! This polarity pertains to the head-pole. More precisely, these children exemplify how the metabolic—in which memories find their resting and digesting-place—*serves* the nerve-sense pole. These children are *too formed* (sulfur-poor)--more pointlike, more centralized-- or *too dissolved* (sulfur-rich), more peripheral.

Hysteric and epileptic: these ways of being pertain to how we breathe in and out of the world each day. As Adam Blanning has beautifully described in these pages, these polarities show us how we enter into the world each day and interact with it. Do we feel people even at a distance because we are too in the periphery, too open (hysteric)? Or do we only feel ourselves, but long to get out of this confinement and into the world—are we too closed-up, congested (epileptic)? In these children, the dynamics of the rhythmical system, of breathing, dominate. These two conditions exemplify *expansion and contraction*.

The third polarity—unfortunately for modern use, designated as feebleminded and maniacal-- is described by Steiner in all of two pages at the end of the fifth lecture in *Education for Special Needs*. A child is described who is asked, “take a few steps forward,” and nothing happens! He does not move. (How many first-grade teachers have a child like this in their morning movement circle?) He hears the words, but “the legs do not want to receive it.”

Steiner describes a child whose physical body is too hardened, such that his legs “do not want to receive thoughts.” He describes how this child's upper members, especially the astral body or soul-body—that which moves us—cannot work with a living body tied to a dense, inflexible physical. Even if the I-organization, the astral body, and the etheric work all together, hand-in-glove, as they should (3), this child's thoughts do not translate into moving his feet! He experiences the world as all too rigid, too difficult. But children take the world as it comes. So he may not look discouraged—not for a long time. He may just not go into action, when we ask him to do something!

We could call this child “*heavy*” or “*sluggish*.” While Steiner used the term “schwachsinnig” which has been translated “feeble-minded,” his description suggests that his or her mind is not actually feeble, at least not at the outset—it’s his legs that don’t want to respond to what he has in mind. They resist activation from his intention.

Baars and Niemeijer’s special education workers described these children as heavy (head in hands), with a paucity of movement. What movement they have is sluggish (Steiner describes letting his/her hands and feet “hang about anyhow.”) Their feet drag, their gait is heavy. They may be round. Do they have low muscle tone (unable to respond properly to their will)? Or high muscle tone (Steiner describes physical density)? Because they are constantly meeting the resistance of their limbs, these children may seem inattentive to questions or requests, poorly aware of their surroundings. Such a child could well meet criteria for ADD of the non-hyperactive type. S/he might compensate by playing sedentary games indoors, watching TV, being drawn to the virtual world in which limb movement is nearly irrelevant. Over time, does s/he become dull, moody, or even depressed? S/he is not very good in sports, and might well be teased or at least overlooked by the others.

The treatment Steiner recommends for this child is eurythmy therapy: R, L, S, I. The goal is “to bring mobility into his metabolism and limbs system” so as to “stimulate his whole spiritual nature.” Is the sequence to bring the astral body into lively movement (R) –then to transmit this movement to the life-body (L)—and bring that movement and flow right into the hardened physical (S)? Then the whole personality can step out easily, joyfully! (I). We should be able to assess progress in hows/ he moves an I over time.

What other therapies might be helpful? What if such a child practiced walking on stilts, in which one’s limbs really are wooden? This would be a like-meets-like therapy. (Appropriate for older children who can balance on stilts.) After this, walking seems easy. (There is also the child’s game in which one holds the other's arm at its side, to resistance; after releasing, the arm feels wonderfully light.)

The opposite therapeutic gesture would involve experiencing movement *without* so much effort: skis or a bicycle (or a skateboard at the right age), might come as a huge relief to a child experiencing the weight of physicality. Perhaps swimming—to feel himself buoyant—would be helpful.

The second child, the opposite of the “sluggish” one, Steiner describes as “perpetually wanting to run about...perpetually moving his fingers, catching hold of everything, kicking out in all directions.” Sometimes his activity takes on a mechanical quality. Sometimes he becomes “violent,” i.e. defiant. This description has much in common with the ADHD picture of the hyperactive variant. The core problem is that the physical body cannot provide adequate ballast.

Niemeijer and Baars' coworkers described these children as delicate, lightly built; having a fast metabolism, high muscle tone, difficulty falling asleep, hyperactive, walking on their toes, overreacting to stimulus, and easily distracted.

The therapy Steiner suggests for these children, whom I would like to term “mobile” “hypermobile,” or “light,” is the eurythmy therapy sequence, M N B P A U. So they begin with warming inwardly; move to the N in which they develop appropriate antipathy or distance. N, B and P come into form, followed by A (balancing the astral body, the source of movement; enlarging their inner space; connecting them with their backspace), and U (standing still). This sequence begins in movement with M and N and then moves into forming, and, finally, in the U, into a stillness which reaches deeply down into form and upwards into their most meaningful, pre-earthly intentions. So this child who cannot carry out anything consistently, is brought through this sequence to the U and a deeper connection with him/herself.

Also important for this child would be strengthening home rhythms; enough afternoon vigorous outdoor play, and enough time to settle at night. The nervous-making, attention-shortening effect of media must be avoided for the sake of this child's health. The adults working with this child can hold the concept that s/he is not defiant by nature. Rather, s/he is being blown here and there by his/her astral body, whose etheric cannot give it fluidity, and whose I-organization is holding on like a sailor with a flapping mainsail that's lost its tether.

With both the “sluggish” and “mobile” or “light” children, Steiner tells us “it is... most important that we should always include in our field of observation what a child does with his legs—and also with his fingers”. Then we can see how symptoms manifesting in the limbs “can be observed in all activities.” With sulfur-poor and sulfur-rich children we are asked to look at their *heads*. With these (mobile and sluggish) children we must observe their *limbs* and then, qualitatively, how mental activities proceed. In other words, this polarity is about the metabolic-limb system. Specifically, how are the limbs as carriers of the spirit? Do they serve the nerve-sense system—perception and thinking--well or poorly in carrying out the child's will?

This is the polarity of *stillness and movement*. Stillness is too point-like; movement too peripheral.

In summary, in the three therapeutic polarities Steiner shows us three ways we can be too centralized or too peripheral: formed/dissolved; contracted/expanded; still/mobile. In the first

polarity we see how the metabolism serves the functions of the head; in the second, we meet the archetypal contraction and expansion of the incarnation process characteristic of the rhythmical system; and in the third, we see how the limbs themselves can serve our will. At the heart of *Education for Special Needs* is the meditation on point and circle. This great theme of contraction and expansion is played out artistically in all three polarities. The “maniacal” or mobile child and the “feeble-minded” or sluggish child – though Steiner describes each one in just a few paragraphs--are essential to understanding and helping them all.

In each of the polarities, ordinary school children and of course we ourselves can be found to live at one pole or another, to a greater or lesser extent. The therapies help to balance these extremes. Can we always live in the calm middle, in the point of the fulcrum? Not at all! Holtzapfel reminds us that what is healthy is not to be in the middle, but to be able to move from one side to the other. We can all be on one side or another at different times. The key thing is to be able to move a bit one way or another, to breathe.

(1) *Bild-gestaltende Diagnostik der kindlichen Konstitution: Die Entwicklung eines Meßinstruments*
Martin Niemeijer & Erik Baars Louis Bolk Instituut roughly translated: “*Picture-gestalt diagnosis of the child’s constitution: development of an assessment (“measuring”) instrument.*”

Informal, unofficial translation from their introduction: “*Until now, there is no scientific basis for the applications in constitutional pictures in special education. Therefore the research department of the Special Education Association decided in 2002 together with the Louis Bolk Institute to change this. The goal was to develop a tool to make it possible to establish to what extent constitutional pictures are present in children. This should first and foremost be an instrument for diagnostic purposes. In addition, it should also be used for the evaluation of the effect of treatment on children with developmental problems and disorders. The pre-requisite was that this tool should meet the scientific norms in regards to validity, reliability, and response to change. And last but not least, the design of the tool had to allow for the preservation of the distinctiveness of anthroposophic pictures and anthroposophic typology.*”

(2) Holtzapfel, Walter *Children with a Difference* (Lantern Press 1995). Especially see Chapter XIII. *Children with a Difference* is the translation of the second part of Holtzapfel’s *Seelenpflege-beduerftige Kinder*, the first half of which was published in English in 1977 as *Children’s Destinies*.

(3) Steiner, R. *The Invisible Man Within Us* (Mercury Press)