Montessori Magnifier

MONTESSORI AUSTRALIA

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LUCETTE VAN SOMEREN BOYD

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Lucette is mother of 4 adults who attended Montessori and is an AMI 3-6 diploma holder with a great passion for Inclusive education. She has degrees in Early Childhood Education, post graduate diplomas in Child and Family Health nursing and Bereavement Counselling, a Masters degree in Special Education with particular interests in ASD and literacy and also completed her training in Germany as a Montessori Therapist in 2025 . She has lectured on 3 continents.

Lucette has had extensive experience working with children who have Special Needs in inclusive environments advocating the use of Montessori therapy as well as the integration of multi-sensory synthetic phonics using Orton- Gillingham, Spalding and Lindamood techniques. Lucette is a Brain Gym consultant and practitioner and uses these and other movement based modalities such as yoga and Extra Lesson with many children.

MONTESSORI THERAPY, SOCIAL PAEDIATRICS AND THE CURATIVE VISION OF EDUCATION

Scientific Foundations of Montessori Pedagogy

Montessori education is widely recognised as a pedagogical approach characterised by independence, self-directed learning and carefully prepared environments. However, the historical origins of the Montessori method lie not primarily in schooling but in medicine, psychiatry and developmental science. The work of Dr Maria Montessori, one of the first female physicians in Italy, emerged from her clinical observation of children with developmental differences and from her efforts to understand child development through scientific investigation.

Dr Montessori's early work was strongly influenced by the research of the French physicians Jean-Marc-Gaspard Itard and Édouard Séguin. Both men were pioneers of medical pedagogy and attempted to understand how structured sensory and motor experiences could support children who had previously been regarded as incapable of learning. Séguin in particular developed a systematic method of physiological education based on exercises designed to refine perception, coordination and attention (Séguin, 1866).

Dr Montessori studied Séguin's writings carefully during her medical studies and later translated them into Italian. Her work at the Orthophrenic School in Rome demonstrated that children who had previously been considered "ineducable" could make significant developmental progress when provided with structured materials, purposeful activity and environments that respected their developmental needs. These experiences directly influenced the materials and principles that later appeared in the Casa dei Bambini in Rome in 1907 (Montessori, 1912).

From the beginning, therefore, Montessori education was rooted in what Dr Montessori described as a scientific pedagogy. Observation of the child, experimentation with materials and the preparation of environments designed to support natural developmental processes formed the methodological basis of her work.

Humanitarian Experience and the Curative Vision of Education

Alongside these scientific foundations, Dr Montessori's thinking was also shaped by humanitarian experiences with children living in poverty and with children affected by disaster and social upheaval. One event that had a profound impact on Italian society was the Messina earthquake of 1908, one of the most devastating natural disasters in European history. As many as 120,000 people were killed leaving countless orphans. Historical records indicate that some of these children were later relocated to Rome where educational environments organised according to Montessori principles were prepared for their care and education.

One such environment was established at a convent in Via Giusti in Rome. Approximately sixty children who had survived the earthquake were welcomed into a classroom organised according to Montessori principles. Montessori educators prepared the environment using the materials and methods developed by Dr Montessori, and she later visited and observed the children working there.

Observers reported that children who had previously appeared distressed or disorganised gradually became calmer and more focused when working with Montessori materials within an orderly and respectful environment. Concentration, purposeful activity and social stability began to emerge among children who had experienced severe disruption. These observations strengthened Dr Montessori's conviction that the prepared environment could have a restorative influence on children whose development had been disturbed by trauma or instability.

During the First World War Dr Montessori encountered further examples of children whose lives had been disrupted by conflict and displacement. She worked with organisations supporting refugee children from France and Belgium and observed the psychological consequences of war for young people who had lost homes, stability and security. These experiences reinforced her conviction that education must address not only intellectual development but also the emotional reconstruction of the child (Montessori, 1949).Dr Montessori later described the psychological effects of war and social upheaval on children using the phrase "mental wounds," disturbances that may not be visible in the same way as physical injuries but which nonetheless affect development and emotional equilibrium.
Within this broader humanitarian context Dr Montessori initiated an initiative known as the White Cross. The White Cross was conceived as a movement dedicated to protecting and supporting children whose lives had been disrupted by war, poverty or illness. Dr Montessori believed that the principles underlying her educational method could contribute not only to intellectual development but also to the restoration of inner equilibrium and human dignity.

From this perspective two interconnected strands can be recognised within the Montessori tradition. One strand is educational and concerns the normal developmental unfolding of the child within the prepared environment - Montessori Education. The second strand is restorative or therapeutic and recognises that some children require additional support because their development has been disrupted by disability, illness, trauma or social adversity - Montessori Therapy. The later development of Montessori Therapy can therefore be understood as an extension of insights that were already present within Dr Maria Montessori's broader humanitarian and scientific vision.

The Munich Development and the Emergence f Montessori Therapy

While these philosophical foundations were established by Dr Maria Montessori, the modern interdisciplinary development of Montessori Therapy occurred several decades later in Germany through the field of social paediatrics.

A central figure in this development was the German paediatrician Dr Theodor Hellbrügge. As Dr Montessori used the Montessori Method to help children during and after WWI Dr Hellbrugge helped children using the Montessori Method after WWII. Dr Hellbrügge was one of the founders of social paediatrics and established the Kinderzentrum München, an interdisciplinary centre where paediatricians, psychologists, therapists and educators collaborated in supporting children with developmental challenges. From here he worked with many war orphans and children with injuries of body and mind using Montessori philosophy in a curative way. He also placed these children within families using this social rehabilitation.

Later in 1968 Dr Hellbrügge founded Aktion Sonnenschein in Munich, an innovative integrative Montessori school where children with and without disabilities could learn together. The design of these institutions reflected the philosophy of social paediatrics. The Montessori school and the medical centre were physically connected through interlinking corridors and doors so that children attending Montessori classrooms could easily access therapeutic or medical services when necessary.

During this period close collaboration developed between Dr Hellbrügge and Mario Montessori, the son of Dr Maria Montessori. When Mario Montessori was President of Association Montessori Internationale Dr Theodore Hellbrugge was vice-president. Their collaboration helped create a dialogue between Montessori education and developmental medicine that culminated in the International Montessori Congress held in Munich in 1977. The proceedings of this congress were later published in the volume Die Montessori-Pädagogik und das behinderte Kind, documenting discussions between educators, physicians and therapists concerning the application of Montessori principles in supporting children with developmental differences (Hellbrügge and Montessori, 1977). Within the interdisciplinary environment of the Kinderzentrum München practitioners began exploring how Montessori materials could be used therapeutically to support children experiencing neurological, sensory and developmental challenges. One of the pioneers of this work was Lore Anderlik, who worked closely with Dr Hellbrügge and played a central role in developing the therapeutic application of Montessori principles.

Lori Anderlik later directed Montessori Therapy training programmes and helped articulate how Montessori materials could support the integration of movement, perception, concentration and independence within therapeutic contexts. Another important contributor to this work was Professor Dr Hubertus von Voss, who further developed the theoretical framework connecting Montessori pedagogy with developmental medicine and rehabilitation science. Through the work of these pioneers the field now known as Montessori Therapy gradually emerged.

Definition and Structure of Montessori Therapy

Montessori Therapy can be described as a multidimensional, developmental therapy, grounded in the scientific pedagogy of Dr Montessori, and informed by interdisciplinary knowledge from medicine, psychology and education. Within the Montessori Berufsverband in Germany it is described as a multidimensional, functional, complex therapy, addressing the bio-psycho-social model of development.

Within this framework the therapist observes the child carefully in order to understand the individual developmental profile of the child and to identify areas where support may be beneficial. Therapeutic work is structured through purposeful activity using Montessori materials that allow the child to experience success, develop concentration and gradually strengthen coordination, perception and self-regulation.

The therapy is grounded not only in the prepared environment but also in the concept of the prepared adult. The Montessori therapist is typically a highly trained university qualified pedagogue who has attained a Montessori diploma and who also possesses training or experience in a related therapeutic or medical field such as nursing, psychology, social work or behavioural therapy. This interdisciplinary preparation enables the therapist to observe, counsel families, collaborate with other professionals and support the child within a wider developmental context.

Montessori Therapy therefore differs from classroom pedagogy in that it is rooted in a therapeutic relationship that includes the child, the family and the wider support network. The therapy is most effective when parents or caregivers are actively involved and are able to continue aspects of developmental support within the home environment.

Contemporary Practice and Areas of Work for Montessori Therapists

Although Montessori Therapy originated in Germany, practitioners are now working in a growing number of countries including Germany, Austria, Switzerland, Italy, The Netherlands, Belgium, Denmark, Slovenia, Ukraine, Georgia, Norway, The United Kingdom, The United States, Canada, Australia, South Korea, Hong Kong, Taiwan and India.
Montessori therapists work in a wide variety of professional environments. These include social paediatric centres, inclusive schools and kindergartens, independent therapeutic practices, rehabilitation clinics, paediatric hospitals, psychiatric facilities, hospice settings, institutions for people with disabilities and geriatric care facilities.

In many of these contexts Montessori therapists work as part of interdisciplinary teams alongside paediatricians, psychologists, occupational therapists, physiotherapists and speech therapists. This collaboration reflects the original model developed by Dr Hellbrügge within the field of social paediatrics, where education, medicine and psychology were integrated in order to address the needs of the whole child.

A Continuum of Care for Children

Viewed historically, Montessori Therapy represents the convergence of several important traditions. From Itard and Séguin it inherits the idea that structured sensory and motor experiences can support developmental growth. From Dr Maria Montessori it inherits the scientific observation of the child, the prepared environment and the belief that purposeful activity supports independence and dignity. From Dr Hellbrügge and the field of social paediatrics it inherits an interdisciplinary understanding of development that integrates medicine, psychology and education.
At the same time the humanitarian experiences of Dr Maria Montessori remind us that developmental vulnerability is not limited to medical diagnosis. Children may require additional support for many reasons including illness, disability, trauma, displacement or social disruption. Montessori Therapy therefore represents not simply a specialised therapeutic method but part of a broader tradition that seeks to understand and support the whole child within the complex realities of human development.

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