

INTRODUCTION

It is always possible to start looking with new eyes. The perspectives presented in this book seek to enrich our approach to child observation and child development. These new insights can come by learning to recognize the child as a dynamic being—one who can be understood fully only through incorporating functional, sensory, and spiritual perspectives—for statistical measurements and physical attributes are not enough. This kind of an expanded lens comes through striving to appreciate the child on multiple levels. Such a holistic perspective can, in turn, help to clarify many present-day questions, for it broadens the context of our consideration by encouraging us to focus not only on why a particular behavior is happening but also on the questions “What stands behind this concern?” and “What is the child trying to accomplish with this behavior?” Those questions are the first steps on the pathway that will allow us to develop individualized therapeutic tools and experiences.

Such an expanded lens also allows us to look further back into the past to see what has been the child’s pathway up until now and to help us see where the child needs to be guided in the future. The broader context of before, now, and after teaches us to think not just in problems or diagnoses, but also in living processes. This is possible because there are predictable, archetypal patterns in the way children learn and grow, both in body and spirit.

A wider lens brings new tools, but it also inevitably challenges some of our habits. It forces us to rethink prevalent modern assumptions about pediatric development and learning. This broadly integrative orientation—which acknowledges the child not as a being defined by the physical body, but rather as a being trying to find expression

through the body—requires that we develop a more patient method of observation. We are looking not just to see the surface characteristics of an individual child, but also to see through those characteristics to acknowledge the unique individuality of that child. We have to learn to ask with real interest, “Who are you?” Our second question becomes “How can I help you to best unfold your full capacities?” The focus shifts, placing emphasis not only on current measures of growth and maturation but also on consciously finding future pathways for healthy development.

Here we explore this different way of looking from both pedagogical (educational) and medical orientations, which are, in fact, wonderfully complementary. There is a danger in both fields to understand the child with too limited a view. As an initial example, we can look at how one might use the standardized measures related to different developmental milestones.

These milestones are familiar, abbreviated measures of maturation, such as knowing at what age a child usually crawls (nine months) or how a child generally speaks by age two (using two- to three-word sentences). These milestones provide a set of measures that can be quickly assessed and recorded. Through brief inquiry one receives information about whether a child is meeting the expected milestones or falling behind in one or more developmental areas, such as gross motor, fine motor, speech, and socialization. With time pressures and the push for evermore standardized assessment there is the risk of overreliance on such abbreviated measures. This exemplifies a much broader and increasingly prevalent shift in medical thinking, one that becomes so committed to finding and defining objective facts that it regularly risks confusing those measures with the capacities they are trying to signify. Then an encounter with a child becomes less about really seeing who this child is and more about making sure that the child meets a checklist: “If the checklist items are met, then the job is done.” These brief measures are really only meant to be screening tools, but they become our *de facto* lens if we do not consciously look to see past them.

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This kind of abbreviation extends well beyond just screening measures, however. For that same kind of thinking now also extends into the process of actual diagnosis and treatment. Very often primary emphasis is placed on objectively recognizing and defining the names and qualities of development—healthy or imbalanced—with the belief that this naming will give us greater mastery and control. It is a process that perhaps started with a desire to look deeper, to understand better, but it regularly lands us in a place of black-and-white categorization. As an example: “Does this child have ADHD?” We risk having such an assessment of academic struggle center solely on whether or not a child fits into the diagnostic criteria for attention deficit hyperactivity disorder (ADHD). We may then be better able to name something, but not necessarily any more skilled at knowing what to do with those diagnoses. Certainly the numbers of new diagnoses that have come forward through revisions of the Diagnostic and Statistical Manual of Mental Disorders seem to outpace the number of non-pharmacologic supports we usually offer to children.

At a certain fundamental level, we are in real danger of losing our appreciation of the distinction between content (facts and names) and capacities (processes). Content and capacity are, of course, linked, but we must remember to look past the generalizations and connect back to the living processes and capacities that stand behind them.

The kind of narrowed or hardened thinking that most highly prioritizes statistical measures has now also found its way into many educational models. When this happens, teaching turns to focus almost exclusively on the conveying of content, the teaching of facts. Why would this be a concern? Well, let us look at the good aspects of this kind of learning. Teaching identifiers (names) and abbreviations for complicated processes is certainly an essential part of education. Factual content needs to be included. It helps us to quantify, quickly communicate, and categorize. Factual content also conveniently provides a means for assessing someone’s familiarity with a particular topic, which is what we do with most testing. It gives us

a quick measure for learning. This is where we must be very careful, however—for through so much emphasis on factual content, we increasingly equate measures (tests) with the learning processes that stand behind them. An undue emphasis on facts has created pressures that cause many teachers to decide to “teach to the test”—advocating that if we increase reading scores on standardized exams, we have succeeded in creating more capable and competent learners. A great deal of classroom time then focuses on the content of the test, not on the learning process itself.

Prioritizing measures and abbreviations over more dynamic interaction and experience leads to a short-term and hollow sense of security. Pushed too far, however, it results in a self-deceptive illusion. We believe that we are better and smarter because we diagnose more or test more, but in the process, we are losing connection with the actual health and life we are trying to foster. In an age where information is given such priority and power, there is a growing shift toward accepting virtual abbreviations as true representations and sometimes even preferring them over real experiences. That change is insidious and threatens to deaden our relationship with real life.

Incorporating a more holistic view of the human being helps us to avoid that danger because it constantly challenges us to remember that specific measures are only a snapshot of a process come to rest. The human being is more than a statistically defined set of behavioral characteristics and physical measurements. What then stands behind our physicality? How do we begin to think differently?

One answer, as has already been suggested, is to focus more on capacities. Observing and accurately describing capacities changes our thinking. Working to understand capacities is more complicated than looking at content because it deals with living processes. We find that our descriptive language necessarily shifts from an emphasis on nouns to an emphasis on verbs and adjectives.

How can we judge if someone is capable? We usually turn to a test, to a rote skill that can be learned—like a specific mechanical movement

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(e.g., jumping with two feet off the ground). Jumping to get two feet off the ground is a very specific kind of activity, but does it really adequately help us understand a child's capacity for healthy movement? A living capacity means that we are able to move beyond certain examples and exercise a skill in newly evolving ways. A process develops that stands above any specific application. For example, it is possible when gaining some fluency in a foreign language to have a dream and not be able to recall the language spoken. This is a true experience. People conversed in the dream—that much is remembered—and information was shared, but what was shared exists beyond specific words. In the morning, the content of the dream then has to be translated out of the realm of experience into the vocabulary of a particular language (whichever language seems most appropriate in that moment). It is also a familiar experience that once someone has learned to speak several languages, it becomes easier to acquire new, additional languages. That person's capacity to think and to communicate has become alive in a way that is not dependent on one specific language's vocabulary but can simultaneously find specific expression in many different vocabularies. Then a real capacity for language has been developed.

Some people are born with a particular capacity—be it musical or mathematical, memory, or social—which seemingly exists before any factual content is given to fill it. When someone has this kind of innate capacity, we recognize it because the gift of the skill is far advanced beyond what should have developed out of any specific instruction. It already existed from early in life, it seems, and such children are simply waiting for the right tools to be able to express it. Such innate capacities feel a little mysterious because they seem to have carried that capacity with them into life. But the development of a capacity before it has met any specific application happens on many levels and in all children. Process comes first and then flows down into content and expression we can physically observe.

The reverse flow can be experienced, in which working through a specific set of content helps us strengthen a new capacity. Content then

flows upstream to awaken a new understanding. It develops through repetition and variation, so that in time people reach the point where they know instinctively what to do without having to go through a careful process of analysis. That shows a level of mastery. Within such persons there has now grown a living activity (think of master athletes or poets, counselors, or musicians) so flexible that they can respond directly to what the moment calls for. That upstream path receives a lot of attention—perhaps because we feel that we can control it, but that is actually not the way most development happens. We do not learn to walk by having someone move our feet or learn to speak by doing articulation exercises. Instead, there first emerges an awakened process—the drive to be upright or the drive to communicate—that will then be practiced until it can be physically manifest. Every growing child lives in a world of emerging, burgeoning capacities more universal than any specific content. It is the marvelous process seen in children in all parts of the world and in all cultures. The place where this living capacity originates is in a functional and also spiritual physiology.

Looking to understand this realm of emerging processes brings new possibilities for remedying challenges like aggressive behaviors, learning disabilities, ADHD, and Asperger's syndrome (all of which are examined in this book). To understand how we can work with capacity, we must look at the whole child. In the process we learn about many good, encouraging supports and activities that can be offered.

This book therefore has two primary goals and two ways in which it can be used. The first method is to provide descriptions that awaken and deepen our understanding of capacity and help us see how it relates to the spiritual aspects of the human being. That pathway is presented through the first three sections of the book, which outline vast developmental movements that are best understood through what are described as constitutional polarities. They are explored in depth with the hope that the reader will find in them not just a set of content but also the possibility to really live into them as developmental movements.

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The second way to use this book is to focus on a specific problem—be it bullying, inattention, memory problems, or sensory-seeking behaviors—and then relate that specific behavior or problem back to the constitutional polarities. These symptom sections are inserted throughout the discussions and find heavier emphasis in the later portions of the text. The fourth section brings these two worlds closer together by developing a kind of differential diagnosis for attention and memory challenges. It is natural and necessary to breathe back and forth between the two approaches, between capacity and challenge, for ultimately one cannot be fully understood without the other. Understanding capacities helps us put many different facts of behavior in a broader context, while starting with a specific behavior helps lend practical application and assistance to the children with whom we are working.

At the end of the book are two appendices, which include additional perspectives and tools for approaching these processes from a biographical and then a medical perspective. The practice of anthroposophic medicine and the role of a school doctor lie very close to the pedagogical and therapeutic work of teachers and therapists. Remedy guides are included in order to show how the continuity of anthroposophic insight and observation supports children from many sides, though the actual selection and prescription of constitutional remedies should be done only by trained physicians and other qualified medical providers.