The Waldorf Approach to Attention Related Disorders

A Creative Way to Understand and Help Children with Difficult Behavior

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A WALDORF STUDY INTO ATTENTION RELATED DISORDERS

"What is that Waldorf Schools are doing that seems so effective in helping children with Attention Deficit Hyperactivity Disorder [1](ADHD)?" Many involved in Waldorf education have heard questions like this from Health professionals eager to refer families. Why is it that as the problem of ADHD or what can be called Attention Related Disorders (ARD) increases so to does Waldorf Education's reputation for being able to reach and teach children with challenging behavior?

A research project exploring the issue of ARD/ADHD in Waldorf Education now underway. The research team is Kim Payne, Arthur Zajonc and Martha Hadley. The project is being sponsored by the Anthroposophical Society of North America in partnership with the Alliance for Childhood, The Waldorf Education Research Institute, and The Hawthorn Foundation.

It is now well established that Attention Deficit/Hyperactivity Disorder affects approximately 3-5% of school-age children.[2] Many believe that the real figures are much higher and estimates vary widely from 3 to 11 percent or more[3]. In every classroom there may be at least one child struggling to cope with simply being there, let alone learning and flourishing. How to deal with the very difficult, unpredictable and often-disruptive behavior brought on by ARD/ADHD challenges the teacher, parent and classmates alike. Awareness of this disorder has led to research programs and publications aimed at teachers, parents and therapists. Most of these feature two approaches. First, they provide some sound, helpful advice for responding to the problem in a practical manner. However most, support the use of stimulants such as Methylphenidate (Ritalin).

There is growing and widespread concern regarding the safety, long-term side effects and over prescription of Ritalin. In 1997 over five million people, mostly children, in the United States were prescribed Ritalin, and this is a rise of 700% since 1990[4]. The DEA predicts that by 2000, 15 percent - eight million people-will be using Ritalin.

Moreover, at the 1998 Consensus Conference on ADHD of the National Institutes of Health (NIH) one of the stated conclusions was that "there is no evidence that treatment [Ritalin and behavioral therapy] improves academic achievement or long-term outcomes."[5]. Such considerations raise significant doubts about current treatment strategies. Yet prescription of Ritalin, the so called 'zombie drug' continues to skyrocket.

Much of the current research and publications focuses on the biomedical aspects of this disorder and its treatment. Possible environmental, medical and social factors are viewed as peripheral by many leading figures in the field. It may be that a partially effective methodology arises out of a partial understanding. Among the many questions that need to be asked are: Why is it that ARD/ADHD is on the increase? Is it connected in some way to environmental / sociological changes? Is it a

reflection of a changing human consciousness? One often hears it said that our civilization is speeding up, that the rate of change is accelerating and that we are standing at a threshold. Is it a coincidence that ARD appear at just this time? What might this phenomenon be saying to us as a society? If we view drug use as a social metaphor as Malcolm Gladwell does in his article, "Running from Ritalin,"[6] we see an alignment between the nineteen sixties and Valium and the Pill, then the seventies and marijuana, cocaine in the eighties and Prozac in the early nineties. "Today, of course, the drug that comes to symbolize our particular predicament is Ritalin," comments Gladwell.

In *Ritalin Nation* psychologist Richard DeGrandpre[7] argues that ARD/ADHD and Ritalin are the inevitable by-products of a culture-wide addiction to speed. In the Hyperactivity Hoax[8] Sydney Walker points to hyperactivity and Ritalin use as "…symptoms of modern life, rather than symptoms of a modern disease." Dr Lawrence Diller[9] in his book *Running on Ritalin* maintains that the escalating use of Ritalin "reveals something about the kind of society we are at the turn of the millennium."

Many teachers, therapists and parents who have worked with the current recommendations on the treatment of ARD/ADHD are now deepening this work with a more intuitive, artistic approach. Many are seeking noninvasive, naturally based remedies. Teachers and therapists are using art, music, movement, drama, imaginative storytelling and game playing. Therapeutic approaches that take into account the major thresholds of the individualization process appear to offer promise, suggesting that one important way to understand ARD/ADHD might be in terms of acceleration or delay in child development. Traditional behavior-modification techniques are also beginning to be adapted, broadened, deepened and generally questioned.

However, still many doctors are feeling they are being "held hostage" by schools and parents demanding a quick fix to the problem. Parents feel under pressure to give their child a head start in a society they see as increasingly competitive, or have little time to spend with their children due to the pace of their own lives. Meanwhile an increasing demand for academic achievement has led schools to introduce academics earlier in the life of the child, to dramatically cut artistic and movement-based classes throughout the curriculum, and to increase testing, resulting in more and more pressure for the student. It is not unusual to hear accounts such as a mother relating a situation of a little league baseball coach demanding that her 10-year-old son be put on Ritalin in order to improve his catching ability.

People who are challenged by Attention Related Disorders and those who work in the field are anxious to share their experiences, as we all struggle to understand and provide a safe nurturing environment for the children who experience Attention Related Disorders. Some professionals are seeking collaboration with others in aligned fields. Parents are seeking a greater participation and co-operation with schools and therapists. But research is critical if the various approaches that are being tried are to be brought together in a systematic and reproducible way.

The Need for Evidence

For Waldorf teachers, it is not at all uncommon to receive positive reports from educational and child psychologists on the progress of their students with difficulties, including ARD/ADHD.[10] When psychologists ask what methods are being used to bring about the improvement, the teachers' answers are usually anecdotal. Nevertheless, the informal evidence of success is compelling, and a reputation for positive outcomes is widespread within the wider educational and therapeutic community. What is missing is a systematic study that documents

methods of diagnosis, interventions, measures used to determine outcome, conceptual framework, and the roles of teachers, parents, and therapists.

Since its inception in Stuttgart in 1919 the Waldorf movement has grown to include over 1000 Waldorf schools and kindergartens, making it the world's largest independent school movement. The broad-based nature of the Waldorf curriculum appears to make it well suited to the ARD/ADHD child. Certain features of the pedagogy in particular seem to address the needs of these children.

It is generally recognized that a busy environment aggravates ARD/ADHD behavior. In her recent book, ADHD Resource Specialist Sandra Rief [11] talks of ADHD children having "visual processing problems," and makes a strong case for "reducing visual clutter." Significantly, during the kindergarten phase a creative "homelike" environment surrounds the children in a Waldorf school. Importance is placed on maintaining low-sensory impact by using gentle lighting, diffuse color schemes, cloth veils hung to soften ceilings and corners. The teachers feel they are bringing the children into an atmosphere where "the children are active, not the surroundings".[12] ARD/ADHD children experience difficulty in sustaining goal-directed activity. The well-known educator James Dobson stresses the importance of cultivating the capacity for self-motivation and control. He writes, "My point is that the will is malleable. It can and should be molded and polished--not to make a robot of a child for our own selfish purposes, but to give him the ability to control his own impulses and exercise self-discipline later in life."[13] In a Waldorf school the children are encouraged to develop "creative will," which parallels what contemporary mainstream educators call goal-directed behavior. This is achieved through a variety of methods that include the class teacher leading the children each morning through a series of exercises that call on "rhythmical activity and work involving the will"[14] such as skipping, stamping and clapping games or activities that require "moving in time to rhythmically spoken words."[15]

ARD/ADHD children suffer from what psychologists term an impaired "response inhibition."[16] Waldorf kindergarten educators feel that children who show signs of over-stimulation or hyperactivity are calmed by a combination of guided activities, designed to support learning through imitation rather than instruction. For example, children join the teacher in tasks relating to daily work such as baking, gardening and simple crafts. A strong emphasis is also placed on developing the imagination, for example through storytelling, painting, imaginative play and circle games. Waldorf early year's educators feel that conventional academic studies at before the age of seven bring about "an early awakeness" in the very young.[17]

ARD/ADHD children are often impaired in their ability to develop internal speech in the service of self-regulation and goal-directed behavior.[18] They also cannot "initiate and maintain friendships, [and tend to show] inattentive and impulsive behaviors disrupting their social performances." Waldorf kindergarten teachers place importance on what is termed creative play, a social dynamic in which they have received training and which is given a substantial amount of time during the child's day. Teachers note that children who show signs of ARD/ADHD find this activity challenging and are significantly helped as they learn to control their impulsiveness through peer reaction and teacher guidance.

The organization of behavior across time function is often difficult for ARD/ADHD children.[19] Waldorf kindergarten and elementary school teachers feel that rhythm plays an important part in building a predictable and secure environment and is of particular benefit to ARD/ADHD children.[20] This rhythm is achieved on a daily and weekly level by structured activities that are regularly repeated. The rhythms of the year are also emphasized, through the celebration of seasonal festivals.

The Central Role of the Class Teacher

In Waldorf schools the class teacher plays a long-term and central role in the child's development. The main teacher remains with the child throughout the elementary grades from seven up to the age of fourteen. This continuity seems to be especially beneficial to the ARD/ADHD child. It leads to a close and stable relationship between teacher and child, and allows the class teacher to help the children develop self-regulating behaviors.

On the basis of conventional research, Goldstein and Ingersoll recommend a pedagogical situation where instruction is given and action is required directly by the children with little gap between points of performance and desired behavior.[21] In the Waldorf classroom follow-up and accountability are inherent in the close relationship between teacher and child. While the approach is 'child centered' it is also 'teacher focused' with strong emphasis placed on the teachers pivotal role without significant use of textbooks or computers.

The central role of the class teacher extends also to special education, in that much of the structure usually provided by the special education unit, therapist or psychologist within a public school is subsumed to some extent into the class teacher's role. The class teacher takes advice from various professionals but remains the primary source of academic, social, and behavioral structure. The place of the class teacher in special education is of interest in light of recent criticism of the cognitive-based approach to ARD/ADHD, in which treatment takes place outside of the classroom environment. Howard Abikoff, M.D., one of the original proponents of this approach, said that "the results [were] very discouraging" and "did not reduce the children's need for stimulant medication, nor did it result in improved classroom behavior or gains in academic productivity or achievement, [and] social behavior was similarly unaffected..."[22] This accords with Professor Barkley's finding that interventions given away from the point of performance, in this case the classroom, are "less effective for ADHD."

It is clear that there is a trend away from a reductionist, specialized approach to ARD/ADHD that sees the prescription of stimulants (namely Ritalin) as the central if not the only therapy, or that requires the child to spend significant time away from normal classroom activity.
The 1997 Individuals with Disability Education Act calls for greater classroom integration and intervention, and Section 504 of the act has been used to require the development of plans for general education accommodation.[23] While it is just being explored in public education, Waldorf schools have been using this integrated approach for nearly eighty years.

A fascinating study into childhood allergies undertaken by Dr. Jackie Swartz in collaboration with the world-renowned Institute for Environmental Medicine in Stockholm, revealed that children in Waldorf schools have fewer allergies than those attending public schools.[24] The startling results have been attributed to what is seen as an 'anthroposophical lifestyle' including education and home environment or what in the study were called "Steiner Units". Do parallels exist in the long term effects of Waldorf education and in particular in with ARD?

The Framework for This Study

In the November 1998 Consensus Conference hosted by the National Institutes of Health (NIH) the panel chair, Dr. David Kupfer, stated, "There is no consistency in treatment, diagnosis or follow up for children with ADHD. It is a major public health problem." He went on to say, "These children are subjected to a fragmented treatment system.." Later in the report from the conference it states, "The panel emphasized the importance of co-operation between practitioners and educators in diagnosing and treating children with ADHD".[25] Waldorf Schools have an established practice of active involvement by a physician and therapy team who are familiar with the curriculum, and who interact with parents, children, therapists and teachers.

Common sense and contemporary research is suggesting that no one approach - be it physical, cognitive, behavioral, emotional - is sufficient in itself to treat ARD/ADHD. As the physician Larry Silver writes, "The treatment of ADHD must involve several approaches, including individual and family education, individual and family counseling, the use of appropriate medications…Such a multimodal approach is needed because children and adolescents with ADHD have multiple areas of difficulty. To help your daughter or son you must understand how the ADHD impacts on her or him in every aspect of life."[26] The importance of a phenomenological and holistic method finds a strong resonance in the pedagogy of Rudolf Steiner (1861-1925) the philosopher, scientist and social thinker who was the founder of Waldorf education. Waldorf pedagogy is based on a comprehensive image of the growing child. As Steiner wrote, "Life as a whole is a unity, and we must not only consider the child but the whole of life; we must look at the whole human being."[27]

While a significant amount of general research has been undertaken, there are still relatively few books or articles on ARD/ADHD that specifically address the school environment and in particular the role of creating a holistic, creative approach.[28] In the Waldorf movement, virtually no research exists documenting in detail its approach or success, despite the fact that Waldorf schools have developed over many decades a reputation for positively dealing with this problem. The proposed project would remedy this need. The study would aim to improve understanding of the therapies that seems to be so effective for ARD/ADHD children in Waldorf schools and to find a common language that can be used in Waldorf education and the wider educational community in which so much work on ARD/ADHD issues is currently underway.

The complex nature and integrated form of the interventions used to treat ARD/ADHD children in Waldorf schools present a challenge in designing a survey instrument. A phenomenological based study that adopts a descriptive methodology will be used. The study will not attempt to prove a theory but rather will allow a hypothesis to emerge out of the study itself. The study will need to identify the methods of diagnosis, the range of interventions, and the measures of outcomes. Once these have been determined, the aim would be to further strengthen those features of the pedagogy that have so positive an impact on children with ARD/ADHD.

Research Proposal

Phases One

Research Methodology

1. Initial In-Depth Qualitative Interview

Clarifying the Picture

To provide full coverage of the subject and phenomena, and to ensure the understanding and participation of the respondents, this descriptive research begins with qualitative in-depth interviews with selected practitioners.

Guidelines

Initial qualitative interviews with therapists, doctors, master teachers and Waldorf leaders who are most familiar with ARD will be undertaken. Guidelines will identify key question areas. These can be shaped to the expertise of individual respondents, but will assure that each interview covers major topics. Results from these interviews will be used to formulate relevant questions in language that will be understood by survey respondents, as to formulate initial ideas about current practices, which can then be surveyed in a larger sample.

2. The Questionnaire

The Survey

The survey method will use both a questionnaire and interview. Key areas of questioning will include the presence of ARD/ADHD students, best practices in class and in individual work, and concepts used to describe and guide this work. The questionnaire should be completed within 30 minutes.

The questionnaire will be flexible in its approach, asking both closed and open-ended questions. This will allow for clear analyses of statistical trends while also accommodating free comment and anecdotal experience.

The Sample

Target participants will be working primarily in Waldorf Schools, and will include teachers (approximately 250 targeted respondents), school counselors (10-15), and therapists and doctors active within the school setting (20). Also included will be clinics/therapy centers and parent organizations. The survey will be conducted across a wide range of cultural and socio-economic groups and will include rural, inner city and suburban settings. Size of schools will range from the small playgroup/kindergarten to the larger K-12 schools of 450-plus students.

Analysis

Analysis will be quantitative and qualitative in order to provide both the description of frequencies and the characterization of language and problem-solving that is provided through open-ended questions.

3. The Symposium

An international conference will be convened for invited individuals who are actively engaged in working with ARD. The survey findings will be presented and discussed. Speakers who have made a significant contribution in furthering research and innovative approaches will present their current thoughts and case studies. These speakers will be drawn from a variety of backgrounds including medical, therapeutic, educational and parenting backgrounds. Their presentations may be recorded and form a part of a later publication.

Upon the completion of the symposium the first phase of the research project will concluded.

Phase Two

The second phase of the project will involve evaluation of interviews, survey and the symposium. Out of this process an overall approach to working with ARD will be drafted. Pilot programs in schools and therapeutic/medical practices will be launched. Pilot participants will be asked to keep on-going evaluation records and will be supervised and monitored by the research team.

The findings of the pilot will now be re-evaluated. The pilot participants will be asked to attend an evaluation conference to share their observations and recommendations. A redesigned draft of the program will be circulated to teachers and practitioners with long experience in the field. Their comments will be gathered.

Phase Three

It is anticipated that a publication giving a clear theoretical framework as well as a comprehensive picture of ARD and its relationship to spiritual/philosophical, soul/psychological, and physical development, will be made available. The research results will be given practical expression in the form of a resource kit that will detail a noninvasive, creative, in-depth approach to ARD, one that has at its core the picture of the incarnating child. A range of parenting, therapist and teacher training programs are planned

The Research Faculty:

Kim Payne is an educator, counselor, educational consultant and adult educator. He is the Co-Director of the Michael Institute of Spatial Dynamics/Bothmer Gymnastics and the Eastern European Institute of Spatial Dynamics/Bothmer Gymnastics. He was the Director of "The

Challenge of Adolescence" UK, an in-service training program for teachers, parents and therapists. His areas of descriptive research, program implementation and management have included addiction and addiction intervention strategies in education, therapeutic play and movement in child development, and whole-school community programs to overcome bullying and teasing in schools. He has implemented these programs in many schools throughout the world. He is the author of the book *The Games Children Play*, published by Hawthorn Press (1996).

Arthur Zajonc, Ph.D., is a professor of physics at Amherst College and has been a visiting professor and research scientist at the Ecole Superieure in Paris, the Max Planck Institute for Quantum Optics, and the universities of Rochester, Innsbruck, and Hannover. He is General Secretary of the Anthroposophical Society in America, President of the Lindisfarne Association, and a consultant to the Fetzer Institute. He is a founding member of the Kira Institute, an institute that explores the interface between science, values and spirituality. He served as Scientific Coordinator for the sixth Mind and Life Dialogue with His Holiness the Dalai Lama on "The New Physics and Cosmology" in Dharamsala. Arthur Zajonc is the author of *Catching the Light: The Entwined History of Light and Mind* (Oxford University Press, 1995) and co-author of *The Quantum Challenge: Modern Research on the Foundations of Quantum Mechanics* (Jones and Bartlett, 1997).

Martha Hadley has combined work in applied, descriptive research and consulting with the study and practice of psychotherapy and psychoanalysis. Her research work began with training as a developmental psychologist and has extended to the comparative study of atypical thought process (Rockefeller University), the evaluation of training and intervention in publicly funded day care centers (Brooklyn College), strategy research in the public sector for politicians and corporations (KRC Research) and on the process of teacher development and training (Bank Street College). She has done adjunct teaching of developmental psychology, research methods and the application of psychoanalytic concepts to life-span development at Bank Street College and the N.Y.U. School of Consulting Education. Recently her Post-doctoral work in psychoanalysis (New York University) and her work in private practice has led to an interest in the evolution of the concept of the unconscious and writing of case studies in a form that integrates qualitative research on the process of change and the nature of psychoanalytical dynamic in a clinical setting.

If the issue of Attention Related Disorders has touched your life and you are at all interested in this project please contact Kim Payne at 13 Middle St, Hadley, MA, 01035, USA. Telephone and Fax 413 582 0236, Email WaldorfARD@cs.com

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[1] The term ADD or ADHD as defined by the National Institute of Mental Health (NIMH) Diagnostic and Statistical Manual-IV (DSM-IV) is coming under increasing criticism from many Health Professionals, Teachers and Parents. They feel it is a label to easily given for a complex array of problems, others defend it as an accurate description/diagnosis. The researchers will use this term in conjunction Attention Related Disorders (ARD). ARD can be seen as more

descriptive and less likely to 'label' children and adolescence. Some books and articles that challenge both the prescription of Ritalin and/or the term ADHD are….*The Hyperactivity Hoax,* Sydney Walker, St Martins Press (1998). *ADHD and Ritalin: The Debate Heats Up,* Deirdre Wilson, *The Boston Parents Paper*. *The Myth of ADD,* Nina Anderson, Howard Peiper, Plume (1997). *No More Ritalin,* Dr Mary Anne Black, Kensington Pub, Corp (1997). *The Wildest Colts Make the Best Horses,* John Breeding, Bright Books (1996). *Ritalin Nation,* Richard DeGrandpre, WW Norton & Company, (1998). *Ritalin is Not the Answer,* Dr Peter Breggin, Jossey Bass Publishers (1999)

[2] Alan Train *ADHD. How to Deal with Very Difficult Children.* Souvenir Press (1997).

[3] Statmari F. The epidemiology of attention deficit disorder, *Child and Adolesc Clin, North Am.*

[4] *Running on Ritalin.* Lawrence Diller, Batam Doubleday Dell Pub (1998)

[5] National Institutes of Health Panel Statement, arising from Consensus Conference, D. Kupfer (1998).

[6] Malcolm Gladwell "Running from Ritalin,"New Yorker. 2.15.99

[7] *Ritalin Nation,* Richard DeGrandpre, W.W. Norton &Co., (1999)

[8] *The Hyperactivity Hoax,* Sydney Walker, St Martins Press (1998)

[9] *Running on Ritalin,* Lawrence Diller, Bantam Doubleday Bay Pub (1998)

[10] L. Francis Edmunds, *Rudolf Steiner Education.* Rudolf Steiner Press (1982).

[11] Rief, *How to Reach and Teach ADD/ADHD Children.* Center for Applied Research in Education (1993).

[12] M. Meyercourt, Lecture given at Wynstones School(1985).

[13] James Dobson, *The Strong-Willed Child.* (Wheaton, IL 1987).

[14] Compilation, Study Material of the Pedagogical Section for North America and the Pedagogical Research Center, Forming the Lessons of Grades One Through Eight, (1994) AWSNA

[15] Kim B. Payne, *Games Children Play,* Hawthorn Press (1996)

[16] Barkley from "Foreword" in *ADHD in the Schools.* DuPaul & Stoner, Guilford Press (1994).

[17]J. Almon, Extracted from a lecture at The Southern African Waldorf Teachers Conference (1997).

[18] Barkley, *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* Guilford Press (1990)

[19] DuPaul, "How to assess ADHD within the school setting," *School Psychology Quarterly* (1992).

[20] J. Salter, *The Incarnating Child,* Hawthorn Press (1992)

[21] Goldstein and Ingersoll, "Controversial Treatments for ADHD." *ADHD Report* (1993).

22. cited in "ADHD. A Challenge of our Time," Eugene Schwartz. *Millennial Child,* Anthroposophic Press (1998)

[23] National Association of School Psychologists. "Helping the Student with ADHD in the Classroom." *Strategies for Teachers.* Stephen E. Brock (1996)

[24] Anthroposophy Worldwide, Jurgen Vater, March (1999)

[25]National Institutes of Health Panel Statement, arising from Consensus Conference, D. Kupfer (1998).

[26] Larry Silver, M.D., "Advice to parents on ADHD." Washington DC (1993). cited in "ADHD. A Challenge of our Time," Eugene Schwartz. *Millennial Child,* Anthroposophic Press (1998).

[27] Rudolf Steiner, *The Kingdom of Childhood.* Rudolf Steiner Press (1964).

[28] See books and articles by Parker (1988) Goldstein & Goldstein (1989), Johnson & Davies (1992) DuPaul & Stoner (1994). Rief (1993). Greenwood, Maheady, Carta (1991), Greene (1993), Schwartz (1998), Glockler (1998)