

# Educating The Whole Person For The Whole Of Life

By Gerald F. Karnow

Sitting in my consultation room with a long-married couple - he, a psychotherapist, she, with early Alzheimer's - a comment by him particularly caught my attention. Our discussion focused on the evolution and further development of dementia in general and his wife's difficulties in particular. In that context he said, "All the difficulties she has now she has had ever since I first met her many years ago, only now they're worse - and getting worse." The husband had noticed this before in others; he believed that the peculiarities of our personality early in life can, in later life, express themselves in the extreme as illness. He had noticed that there were certain particular habits of the soul which, to the observant eye, forebode trouble - early in life one can evidence unique modes of relating to the outer and inner world which will pattern the rest of life.

The husband had experienced in his wife, early in their relationship, a quality of dissociation from the concrete world -- a timidity; a reluctance to engage the world. Her inclination was to dwell in fantasy, a predilection consistent with her literary aspirations. As time went on, however, a gradual dysjunction of her mental life and the requirements of the outer world became noticeable. By the time of our meeting, she required almost complete supervision of her daily activities and was unable to direct her life in a meaningful way.

I tell this story to make a point and to raise some questions. The point is that life is a whole and that, in the early stages, if we observe with great care, we can see tendencies that will, only after considerable time, manifest themselves in specific physiological and psychological symptoms. (This, I think, is the essence of the psychologist's insight). The questions come when we want to apply such an insight to practical life in education or medicine. In what form are the patterns, the structures of the soul, evident in the child, and how do they evolve in the course of life to adult patterns? Could an insightful educator or physician have made a diagnosis and prognosis for the psychologist's wife early in her childhood? Could he then have prevented the problems from developing? Can we creatively educate to affect, heal, and bring harmony over the course of a student's life? What is necessary to make a diagnosis, set a course of treatment, and arrive at a prognosis that anticipates the second half or the end of a person's life? In another vein, the troubling question arises as to whether our present practices of education bring about illnesses in later life.

These kinds of questions are familiar to those active in remedial education who can see in a preschool child behaviors foreshadowing learning differences or disabilities. I share the view of many experts in learning disabilities that we are dealing with global disorders. The term global is used here to suggest that problems involve the whole person as a being of body, soul, and spirit, so that difficulties are evident on the level of the body as structural problems or movement disorders (gross or fine motor control); on the level of the soul as problems in volitional, emotional, and cognitive activities (memory, comprehension, and perception); and on the level of the spirit as problems in the realization of the true potential of the individuality. Education and medical therapies should begin with the recognition that what we do now, with a developing child will affect the whole person for the whole of life.

We can look at the physical organism over the course of a lifetime, and we can observe the lawful growth of the body from newborn to child to adolescent to young adult to middle age, and the decline of the bodily structures and functions as one enters the 50s, 60s, and 70s. At the same time, we can look at the lawful development of the soul in the course of a lifetime. As the body structure in life development is marked by important transitions - growth stages, change of teeth, puberty, peak of life (after which professional athletes lose their jobs), menopause, and so on, the soul also goes through developmental stages marked by transitions or crises. Of these crises, the so-called midlife crisis is familiar to many in

their mid-30s to early 40s. Not so familiar is the thought that this midlife crisis is intimately connected with the physiological events that mark the first beginnings of senescence, of the loss of youthful shape, of the loss of an innate vitality (chronic fatigue syndrome occurs primarily around this life period), and the beginning of various metabolic disorders (e.g., diabetes mellitus, rheumatic diseases).

The question for me as a physician is whether such a crisis is the beginning of a global decline to a geriatric dependency or the birth pangs of a spirit ready to soar to a creative life because of its gradual separation from the body. That the spirit begins to separate from the body becomes an ever-growing experience for those entering the second half of life. Before, there is a sense of oneness with the body. Thereafter, the body begins to become more and more an object to be carried around. The flesh, the body, can begin to predominate and follow its own inclinations, asserting its own uncontrolled, proliferative activities and leading to benign and malignant neoplasms, becoming more subject to gravity, increasingly asserting its minerality leading to diabetes, arthritis, cardiovascular-sclerosis, cerebrovascular-sclerosis, and so on.

However, it is not necessarily true that bodily ills indicate spiritual difficulties. There are those who are born as spirit after the peak of bodily life and, instead of declining with the body, can say with Shakespeare:

*Then, soul, live thou upon thy servant's loss  
And let that pine to aggravate [increase] thy store;  
Buy terms divine in selling hours of dross;  
Within be fed, without be rich no more:  
So shalt thou feed on Death, that feeds on men,  
And Death once dead, there's no more dying then.*

(from Sonnet 146)

What is it that made an arthritic Pablo Casals get up in the morning, pour his will into his stiff arthritic hands, and play Bach Preludes on his cello, or an equally-arthritic Aleksey von Jawlensky take a thick brush into both hands and paint masterpieces? And what made it possible for a Vladimir Horowitz in his 80s to play the keys with the nimbleness of a youngster? My conviction is that in such and others the spirit is stronger than the flesh. My concern is to explore whether we can assist in the development of such a spirit in those under our care. Is there a connection between what we do in early life with our children's education, the illnesses we see in later life, and the possibility of the birth and growing strength of the spirit?

Let us return to the psychologist's comment that he saw the manifestations of his wife's present dementia many years before as subtle; problematic personality traits, not yet disabling and socially disruptive: problems discernible to the eye trained in observing soul phenomena. Let us compare such a condition with an elderly person suffering from arthritis. We then have before us two forms of illness: the first characterized by the spirit's inability to take hold of the body and relate to the world of space and time, hovering as it were in its own world; the second characterized by the predominance of the body, which asserts itself through pain and loss of form and function, potentially imprisoning the spirit.

In many cases, we can see these problems developing during midlife. We encounter two kinds of problems: the "midlife crisis" and the "chronic fatigue syndrome." From the point of view presented here, both are spiritual problems, both are problems of intentionality. The former is experienced as a kind of hovering disorientation in relation to one's direction in life; major disruptions in life's continuity occur here. The latter is experienced as loss of innate vitality, of increasing predominance of a noncompliant,

aching body, of cloudy, sluggish mentation and sensation. The former can be conceived of as dementia in status nascendi; the latter can be conceived of as arthritis in status nascendi. This might be a rather audacious assertion, but let us follow the line of thought still further back to childhood, to consider again the experiences of those active in dealing with learning differences or disabilities.

This is an area where teacher and physician can and do meet, at least where I am active. This is a period of life when body, soul, and spirit are still a kind of unity. The experiences and the difficulties of the child are of a global nature. The younger the child, the more global the experience. The baby's delight can be observed down to the toes; the child at play is a total being, almost a world unto himself; the school-ready child, beginning to learn in the classroom, is ideally a totally receptive being, but already liberated enough from the body to have the capacity to receive what the teacher wants to bring. Here then we begin to notice difficulties. Some children will not take in what they see; others will not take in what they hear; some can't sit still; others can't get moving, and so on.

It is well known that difficulties in the acquisition of laterality, of a definite right-left orientation, precede the manifestation of learning disabilities. Another way of saying this is that the developing child has difficulty in attaining a liberated relationship to his body. This is reflected in problems of orientating first in physical space and later in "soul space." What becomes evident is that there is a developmental interdependency between the acquisition of body movement mastery and, once that mastery has been achieved to a certain extent, with the mastery of "soul movement," with everything that is involved in the mental processes of receiving, comprehending, and remembering. Here lies the significance of play early on and sports later, which on one hand can provide us with an early diagnosis of future problems, and on the other gives us the chance to intervene therapeutically with guided play and sports activities. The object of diagnosis here is the gesture quality. Is it sluggish or lithe, is it furtive, is it direct or tentative, is it rhythmical, is it mechanical, is it encompassing, is it repelling, is it liberated enough to imitate or is it inflexibly fixed, and so on. Body gesture then becomes soul gesture.

Closely connected with the gesture quality is the body form. It is out of the body that the soul is born. As the rate of body growth declines and attains definite stages of development, the soul is born out of the body and increasingly able to relate to the outer world. This relation of body form and developing consciousness with capacity to relate-to the outer world is most evident in the first seven years of life, when body growth and formation are still rapid. Three stages can be distinguished. Approximately the first 2 1/2 years are characterized by a general roundness of form, the head predominates, and the arms and legs serve as mere accompaniment to what the head is experiencing. The consciousness of the stage could be described as self-enclosed, expressing body needs globally.

As uprightness, walking, and speaking are acquired, as the head is carried through the world and begins to take in the outer world, the second stage begins. This is noticeable in the body form in the stretch growth of the trunk, which gradually separates into a chest region distinguishable from the abdominal region. During this stage, there is gradual development of social relations through play. It is not just a receiving, sensing relation to the world, but a breathing, heart relation that requires the level of bodily maturation attained during this stage.

The third stage is marked by the continuing longitudinal growth of the body as a whole and ending with a stretch growth of the limbs and the beginning of the second dentition. During this stage of child development, we can observe a new component in play: it is goal directed. As the limbs attain their "proper" length, the forces of growth become increasingly available for free use in goal-directed play activity and finally for receiving and working through what is brought by the teacher in the classroom.

During this first period of the development of body form, there can also be problems, such as persistence of the head growth activity so predominant in the embryo, or predominance of the linear growth. In the

former case, the extreme would be hydrocephaly; in the latter, the extreme would be microcephaly. As tendencies we would have head-predominant or limb-predominant body types with the accompanying inclinations to passive-receptive and active-nonreceptive behaviors (body and soul movements), respectively.

I have thus touched on three very broad phases of the whole of life and, within these phases, pointed out deviations tending to the pathological: in the late-life phase, to the extremes of dementia and arthritis; in the midlife phase, to the midlife crisis and chronic fatigue syndrome; in the early-life phase, to head-predominance and limb-predominance. Each phase represents a different yet lawfully connected relation of body and soul and spirit.

In early life, body, soul, and spirit are one unit, as it were. The creativity of the spirit is still active in building the body, in creating its own, individual instrument. The soul also is active working on and in the body to build an instrument for consciousness. And the body substance is at the same time physical living substance, unique sentient substance, and spiritualized substance (consistent with the unique individuality). When the spirit aspect predominates, the head tendency will predominate; when the body aspect predominates, the limb tendency will predominate. The soul, as mediator between spirit and body will, unless dealt with appropriately, follow the predominating tendency.

Taking this line of development into midlife - when the connection between body, soul, and spirit has loosened and the crucial stage has been reached where the spirit can be born as a potentially free, living being within a soul and through a body-we can see the potential for a progression of the two extremes in early-life development into the problems I have described as being connected with this phase. If the head tendency continues to predominate, then the gradual separation of body, soul, and spirit will result in a difficulty of the soul and spirit to maintain a creative connection with the body. Then we have the midlife crisis with all its problematic manifestations. If the limb tendency continues to predominate, then there will be an excessively close connection of the soul and spirit with the body, and we have the various manifestations of chronic fatigue syndrome.

In late life, the body is mostly body; soul and spirit are external to it. They can now be so far removed from it by virtue of earlier, untransformed tendencies that the connection with the body is not maintained or only slightly maintained - then we have dementia or the tendency to have a mental life quite separate from the real outer world. If, again by virtue of earlier untransformed tendencies, the soul and spirit are too closely bound to the body, they will move along with the processes of the body and be ruled and overcome by them. The attention-directing activity of the soul and the creative activity of the spirit will be imprisoned in body processes or, in the former case, in a world removed from the surrounding world of space and time.

Obviously, the educator does not play a primary or direct role in the management of these or other medical problems. However, if there were a recognition that the "what" and "how" of education might decrease or enhance the likelihood of the development of these difficulties in midlife and late life, then teachers might participate in the proper growth and potential healing of the human being.

The central educational task is the gradual liberation of the spirit from dependency of the body and soul, to be born, hopefully, unencumbered and free to be creative. To permit this to happen, we must recognize that it is possible for us as teachers and physicians to be creatively active out of insight to so work that the potential deviation into either extreme-spirit too far removed or spirit too closely bound to the body-is remedied at a time when there is still the plasticity of the human organism that permits changes to-be brought about.

As an example of the power of a teacher in affecting the future life of a human being, consider Rudolf Steiner's work with Otto Specht, a hydrocephalic child. As a university student, Steiner was engaged as a private tutor for Otto, who was believed to be uneducable. Steiner described how, through a very carefully structured curriculum, he was able to educate the boy so that he (Otto) was later able to go on to the university and become a physician. The most stunning result of this curriculum was that the enlarged head decreased in size. This was achieved, Steiner reported, by very carefully planned movements with the extremities.

I can't say that I know of any other such dramatic demonstrations of the capacity of educators to affect the body form of an individual. However, it suggests the development of a direction of work I take to heart. Such a pursuit obviously requires immense insight, reverence, devotion. The process of realizing such potentials begins with the step from a purely technological approach, to education and medicine, to an approach balanced with creative, artistic perception. Teachers and physicians must then begin to develop a unique capacity to perceive the human aesthetics. The object of their work is the human being in the course of time. The goal of their work is the birth of the spirit, a birth that will actually not happen until many years after the conduct of the work.

During the preschool years the teacher's aesthetic mode is similar to that of a sculptor. He/she must develop his/her sculptural technique in relation to the body. He/she must learn to develop an eye for the form of the body and see where there might be an imbalance in form and dynamics. Is there a proper balance of gravity and levity, of expansion and contraction, of head and limbs? We can recognize such patterns and relations only by virtue of an inner effort that engages our consciousness in the form before us, similar to that of a sculptor who wants to give dynamic attributes to his/her creations. Instead of a passively observing consciousness, this is an active, participatory consciousness through which we gain insight into a sculptural activity that reveals itself in the outward forms of the body. This activity plays itself out in the dynamic interaction of the spherical growth tendencies of the head and the linear growth tendencies of the limbs. We might then consider that a directed head or limb activity could creatively intervene and contribute to bringing a form to balance.

Once the child is ready for school, the teacher becomes a "sculptor of the soul", and for this she/he must acquire a different faculty. She/he must become a musician so that she/ he can apprehend (hear) the resonance, harmonies, disharmonies, and melodies of the soul-. This is a very different state of consciousness from the previous one, which enables us to recognize meaningful dynamics in the outwardly visible forms of the body. Here we are focusing our attention on the soul life emerging out of the body. This soul life, constituted by thinking, mental imaging, emotional experiences, feelings, memories, volitional activity, and so on, has a developmental and contemporary relation to the human body as a whole. Thus, we do not forget our sculptural "diagnoses," but consider them now the soil out of which the soul life emerges.

For example, imagine a child bursting with organic vitality. It may be that very little of what we say and, do makes an imprint; everything is just too dense. Here, the physician who perceives in an aesthetic manner may, together with the teacher, devise a program to permit this child's organism to be more resonant and receptive. In this context, the teacher and physician can be active as musicians, conductors, and composers. Both listen to what emerges from the soul of our children, adding new tones, melodies, and themes. We listen to the dissonances that will affect the social life of the classroom, and we attempt to resolve them creatively in new harmonies. We can act therapeutically to heal what would, in the future, develop into more serious problems.

With puberty, a still different consciousness is needed. It is that of a poet - a "maker" as the Greek word signifies. I like the German word, Dichter better literally translated as a "densifier," one who densifies the spirit into the word. A dialogue begins now with the stirring spirit of the child, not yet enriched with a

wealth of life experiences. The goal of such a dialogue is the child's self-recognition: "I am a being that can act creatively into the world." The problematic extremes here would be an early grandiosity on one hand and self-negation on the other. The goal would be to bring the grandiose to an experience of the interdependence of all things and beings, and to bring the self-negating to an experience of the creative potential while recognizing the necessity to act responsibly in the world. In brief, both need to be brought to the recognition that they can become poets, "makers," "densifiers." With this, we let our charges enter the college and early professional years with the hope that we have provided the basis for a life that permits the spirit to maintain a creative and harmonious relation to the inner and outer world.

I have attempted to show how it can be possible to look at life as a whole by focusing on the potential problems that might arise for the educator and the physician. I have suggested that it may be possible to prevent health problems later in life through educational efforts with the understanding that such problems are developmentally connected with inclinations of a bodily nature early in life. I have raised the question whether education might also be a source of future health problems.

In this context, it is important for physicians involved with schools and teachers to develop methods of working together for the benefit of the developing human being. We must bridge the split in our view of humankind as physical and spiritual beings. The investigations by Rudolf Steiner have, in many ways, spanned the chasm and provided the foundation for the views I have briefly shared. They are rooted in Steiner's Anthroposophical, spiritual science. His discoveries concerning the interrelations of body, soul, and spirit have, to my mind, a paradigmatic quality permitting a view of the human being as a totality of body, soul, and spirit. They can provide a secure theoretical and practical foundation for a holistic education that directs itself to educate the whole person for the whole of life.

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