

# The Restless Child – Advice for Parents and Teachers

by

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## **Introduction**

All those who interact with children – parents and teachers, but especially parents – can recognize in the restless boys and girls we are speaking of here a mirror of our times, our life today. In their way of being we see the haste, the disruptiveness, the tension, and the unhappiness that our way of life brings with it. At the same time an image of the destiny of our times is unrolled.

Efforts to describe the appearance of children who have concentration problems, are restless, and exhibit inappropriate behavior go back to the nineteenth century. They can be found in such books as the *Struwwelpeter* picture books (nineteenth century German children's books) and in practically unlimited amounts in the literature of the last few decades. One has the impression that the number of these restless children in highly developed countries is on the increase and that the associated problems are becoming more pressing. The questions about education, however, because of increasing uncertainty on the part of educators and parents, are becoming graver. Social ills and dysfunctional relationships are becoming more crude and often encroach upon a child's environment with far-reaching and continuous effects. Therefore, the author will attempt in this article to clarify, teach recognition, and develop ways to alleviate this situation.

Three to five percent of all [German] school children have problems with concentration, hyperactivity, and disruptive behavior. Many others have some kind of learning disability, but not severe enough to warrant special education. The suffering of these often very clever children is puzzling and seemingly insurmountable. Very often one is helpless in the face of these problems because one can not come to grips with them. They are opaque.

Encountering these children is challenging because they are not obviously sick; they are only so strange and hard to evaluate. Their behavior is little understood and they have little or no ability to explain themselves. That is also why it is so troublesome to live with them.

The basic requirements to help these children are understanding, empathy, and appropriate sympathy. In the end, help is only possible through engaged support from people who lovingly and unselfishly take on this task and remain engaged even when other helpful therapies are included. In order to guide

these children, abilities are necessary which can be learned and must be learned by those who have been entrusted with the destiny of these children.

What is written here is based on my many years of living with these children in families in a therapeutic community<sup>1</sup> as well as my medical, educational, and therapeutic experience. I will try to impart a deeper understanding of this integral developmental interference, also from an anthroposophical viewpoint, in the hope of paving the way for a comprehensive therapeutic-pedagogical point of departure.

Most of all, I shall give advice about recognizing, understanding, and interacting with these children in a healthy way. My hope is to prevent these disturbances from escalating into an unbearable sclerotic state. This is all the more important considering the fact that after the childhood developmental stage concludes, the nature of these afflictions becomes altered and wrong conclusions may be drawn. The result is that precious time for corrective treatment and education is lost.

### **What kind of strange symptoms are these?**

The children we are speaking of here are not ill in the organic sense. They have no fever, no wounds, no diarrhea, but they do not give the impression of health. They are somehow imbalanced in their behavior, unharmonious, unhappy, too alert or too dull, too loud or too insecure. They have inappropriate reactions and are not really melancholy but yet not cheerful.

Closer interaction with them gives us the feeling that something is fundamentally “not right” because when we are healthy we have the measuring stick within us which we can then use to measure the state of health or illness in others. How can this be understood? Health can be seen as a communicative balance, dynamic-lively, similar to breathing in and out, alternating between activity and rest, sleeping and waking. And it is just this dynamic alternation, lending stability to a healthy person, which is mysteriously disturbed in these children. A disharmony that exudes from them can often be traced back to infancy and, in many cases, remains with them their entire lives.

However, the symptoms vary so widely and are so changed by multiple influences that it is often hard to recognize the commonalities in developmental disturbances. But all the shadings share aspects in common that can allow for the very early detection in infancy of developmental disturbances which may not appear significant at the time but which nevertheless can result in significant hindrances during later developmental stages.

There are many significant influences that can have harmful or healthful effects during the course of development. The progression and sequences of individual destinies depend upon these influences. So, developmental disturbances are not illnesses in and of themselves, but rather predispositions, so to say, that will not necessarily lead to serious illness and mental disturbances, even though that is a possibility.

### **Which known clinical conditions are we talking about here?**

If one wishes to inform oneself about the complex clinical diseases found in literature on the subject then one will come across terms such as these:

*Postencephalitis Syndrome*  
*Hyperkinetic Syndrome*  
*Early Childhood Exogenous Psycho-syndrome*  
*Minimal Brain Damage*  
*Minimal Cerebral Dysfunction*  
*Infantile Psycho-organic Syndrome*  
*Attention Deficit Disorder (ADD)*  
*Attention Deficit Hyperactivity Disorder (ADHD)*  
*Mania*<sup>2</sup>

Add to this list the secondary neurotic disturbances. The diagnoses come about after taking into account various aspects that are oriented to results from damage, to a clinical picture, or to an underlying causative disorder. These clinical pictures show varying degrees of severity. They include perceptual disorders, concentration problems, apraxia (difficulties with movement), learning disabilities, and emotional disturbances, all to varying degrees and sometimes as secondary aspects depending upon environmental influences. One finds, as an organic basis, different, distinct, anatomically recognizable formation deficits in the central nervous system that are of varying degrees of severity. Or, there are metabolic disorders present (partly only surmised, at first, such as sugar metabolism or neurotransmitter availability) that constitute the functional basis for our nerves and our conscious processes. With newer examination methods (nuclear magnetic resonance, positron emission tomography, and spectroscopy) it is hoped that the metabolic disorders can be more precisely researched. It is completely evident that reflected in all the phenomena are the distinctive features of our central organ, the brain, in which all life processes, all consciousness processes coalesce and are anatomically and functionally coordinated.

Disturbances in brain development have more comprehensive effects the earlier they appear! The development of the central nervous system and the brain is especially prevalent during pregnancy and the first two and one-half years of life so that environmental causes must be almost always sought within that time period. But developmental problems can also be inherited. From the perspective of time, these problems actually exist before the brain formation. From an anthroposophical viewpoint one can also look at totally individual aspects that can be traced back to the sensory activity in previous incarnations and which led to the situation where the instrument, the human body, can not be entirely permeated. If there is considerable formative disturbance then we are not surprised to find insufficient formation of the subtler human abilities because we can more clearly perceive other formative defects such as deformations, malformations, gross problems with movement,

intelligence defects, and so forth. The diagnosis for the clinical pictures we are referring to must be sought in a subtler, more differentiated, and more comprehensive manner than the outward aspects alone would indicate. For this reason we find here many opportunities for errors in perception, judgment, and conclusions which can have disastrous effects for the child and those in the child's surroundings.

### **Possible causes**

Here we are only glossing over a few aspects. How much of the problems are inherited or genetically caused? One often finds in the circle of relatives of children with these kinds of developmental difficulties a noticeable number of busy, on-the-go, active people who are or were often not well-integrated in their social lives, or who are or were, also, enterprising, perhaps superficial, or difficult personalities.

*Influences during pregnancy* that have negative developmental effects are extraordinarily diverse. They can be created by illnesses of the mother, nutritional inadequacies, and poisons such as alcohol or nicotine, or by drugs such as heroin, morphine, methadone, or cocaine. Massive exposure to x-rays or atomic radioactivity is also a cause. Premature birth as well as prolonged pregnancy can affect development. Lack of oxygen during birth, cerebral hemorrhage (especially premature births) can also be causes. But even during infancy the disturbances still have a very holistic character as with encephalitis, dehydration during high fever, or massive diarrhea, for example. The consequences of whooping cough or damage from vaccinations can be causes.

### **Why are boys more often affected than girls?**

The ratio of affected boys to girls is five to one. With girls, the outward restlessness is usually not so apparent and the learning problems not so pronounced.

It is a fact that the number of boys born is higher than the number of girls. The mortality rate for boys is higher and also their probability of becoming ill. In respect to their sensory and nerve development, girls are significantly less endangered than boys. This is an important indicator of the fundamentally different constitutions of the human organism. The differences in constitution can perhaps be compared to the right and left side of a picture; in every person polarities come together. A male exhibits a stronger emphasis on the nervous system (among other things, a man's brain weighs on the average more than that of a woman). Qualitative differences also show up in the way of thinking. A woman's intellectual powers are more synthetically conclusive, integrative, and perceptually focused whereas a man's are more analytical and detailed, drawing more on the senses. The latter appears to proceed more sequentially (logically) and the former has a more inclusive, surveying character. In this sense, our entire civilization exhibits male features with their emphasis on the sensory, separation, egoism, but also strife,

disorientation, and mechanization. On the whole, the male organism has less regenerative power and consequently less capacity for healing. We should keep this in mind when thinking about the constitution of the affected person.

### **Development of illness in infancy**

Because the clinical picture during the first months of life displays itself in completely different areas than the behavioral disturbances and restraints found in the school-age child, one speaks of “bridging symptoms.” For instance, a child with problems with nutrition comes to one’s attention in this way: weak sucking; weak, hurried, and non-rhythmic sucking; further, swallowing a lot of air, erratic appetite, quick to tire, and frequent vomiting. Further observation and questioning also reveals a shrill, frequent crying that is not accompanied by pain, a disturbed sleeping-waking rhythm; unusual drowsiness, frequent waking, and difficulty in putting the child to sleep at night.

With other children through very delicate observation one can detect breathing problems. There may be breathing stoppages during sleep and noticeable changes in the breathing rhythm which can well lead to sleep apnea. This may possibly be one cause of the many cases of sudden infant death syndrome. The older the infant the more one can perceive the disturbances by observing how he moves. Often the only indications of disturbances are movement characterized by exaggerated speed and lack of control and precision. A child can learn to crawl and walk but perhaps he falls much more, stumbles, is accident-prone, or maybe he exhibits delayed speech development with inadequate comprehension skills. The nourishment problems, the problems with movement, the restlessness, or the problems with sleeping are never considered as single decisive factors by themselves because there are many other possible causes for all of these things. What is important is the general impression given by the seeming lack of healthy development, the disharmony, the imbalance, and the abnormal ill-humor. In these cases, the ability of a healthy mother to observe her child in the first few weeks after birth and, with instinctive certainty, “know what the child needs and what is wrong” is very helpful. This requires that the mother reflectively focuses on the child with inner tranquility and love. She will then be able to recognize what it is about the outward expressions and life processes that “somehow are just not right.”

If one thinks back to the time of infancy of a school-age child one often remembers, usually not spontaneously, the bridging symptoms we have described. In hindsight, a clear connection can be made. For this reason, we have increasingly endeavored to take the information from the mother seriously because her input can be very important in taking preventative measures against developmental disturbances. Therefore, we think it is important to encourage doctors, kindergarten teachers, and grades teachers to learn to seriously consider what the mothers are telling them even if it is sometimes awkwardly presented; follow-up vigilantly even if the normal

avenues of examination have turned up nothing concrete. For instance, one might find, through the help of computer tomography, hidden hemorrhaging after a difficult birth that is the cause of the constant vomiting in early infancy and not a nervous mother or the wrong nutrition. The doctor can help school the attentiveness of the mother and parents by encouraging them to keep a diary; not because of worry and concern but in order to lovingly accompany and aid the child. All people involved in the child's development must learn to experience this sensitivity to the child that is innate in the mother after birth. It is not directed at the details but rather at a differentiated, holistic perception.

### **How do such children appear as toddlers?**

Henry was always on the go, his parents reported. Once he learned to walk there was no holding him back even though he had been especially quiet before. He was constantly on the move without showing tiredness, without relaxing. When all the toys were painstakingly put away he would immediately bring everything out again. "We had to give in to his desire for movement. We sent him outside so he could get it out of his system but he just got worse. There was almost constantly some kind of accident, fight, or screaming. He could not judge if something was dangerous, play with other children, play by himself for any period of time, and he could seldom do anything sensible or meaningful."

### **What are the outward signs in the school-age years?**

The kindergarten teacher did not think he was socially ready for school yet at age six and a half, but because of his "good intelligence," he was sent to school anyway. There it was expected that he pay attention, concentrate, develop a long attention span, integrate and learn something. But his short attention span was not sufficient to follow along and make connections. Learning reading, writing, and arithmetic became more difficult. It was thought that he had a reading and writing disability because he always made "careless mistakes." He spoke without thinking and acted without considering the consequences. He had difficulty expressing himself because he would lose his train of thought and consequently rush through or forget what he was going to say. He interrupted constantly and could not keep his comments to himself during lessons. During recess he was out of control. He exploded onto the playground and became a danger to others. He could not explain himself or why there had been yet another incident on the playground. "We do not know what else to do! He is obviously overchallenged by every situation even though he is very intelligent." His mother showed school notebooks in which, after the first few words, everything was written out of the lines and the letter size and direction of the writing fluctuated. There were many "key mistakes." The writing became increasingly unclear until it was finally illegible. There are other pages written much better on the whole, without so many mistakes, but they are not from the same day. The parents

reported strong mood swings and also that his willingness to work and ability to work were very unpredictable from day to day.

### **Self-perception begins**

During the first school years Sam had always noticed that he made more mistakes than his classmates, that he did not write so nicely, that one day his picture would turn out well but he could not repeat it the next day, that he could not sit still when the teacher asked him, that in spite of making an effort not to, he still made inappropriate remarks during the lessons, that because of restlessness and fussiness he became slower and more careless in his work, that he simply was always a disturbance. But, even though he really tried, why did he have no success? This question occupied and bothered him. He did not ask questions anymore in school because he was afraid the others would laugh at him. He feared that the teacher might embarrass him, that he could not justify himself. He noticed that his classmates no longer reacted enthusiastically to his antics. Sam felt he was a disturbance and a burden. The teacher did not know what to do and so he was often sent out of the classroom. Driven by restlessness, he looked through all the coat pockets hanging outside the classroom. Now he had stolen something; he would be involved in an investigation. He did not know how it had come to this! He asked: "Mom, why do I have to be like this? I have to be the bad guy now." He develops anxiety about his own impotence, his own repeated failures. He is also worried about all the consequences of his outbreaks of frustration: "No one understands me. It's no use. Why should I live?" Such thoughts can come over the child.

### **School-age children: What causes developmental disturbances to escalate into illness?**

The first thing is *misunderstanding*: Is the child unable or unwilling? One thinks that he could if he were only willing. One experiences over and over that such a child can do good work on some days for short periods of time and with proper guidance. One concludes from this that the child is master of his "own will" and can self-direct. However, when that does not happen consistently, one categorizes the behavior as unwillingness. One says: "He just doesn't want to do it!" The difficulty the child has in meeting the demands upon him or her is to answer those demands with exaggerated defensiveness. The adult again reacts by not accepting such behavior. Finally the child erupts into explosive outbreaks that are brutal and angry. In the efforts to curb the child's behavior feelings and agitation are swinging back and forth more than ever. The parents complain: "We have fought against this all these years and it just got much worse." The dire situation of the child and parents' frustration results in further bad behavior and the "method of upbringing" that was born of this situation usually will strengthen the tendency.

Often a docile-enabling and/or a resigned-tough attitude of the parents and teachers will play into the situation. The adult is provoked and, depending on his or her mood, will react without humor, emotionally, angrily, with avoidance, uncertainty, or sentimentally: “You have disappointed me again.” Others may have a style that is military-like and draconian. They try to bring the child “to reason” through a hard regimen. The result is that no further exchange can take place; the only reactions will be brutal, unfeeling, and cold. Aggression increases to the point of violence. The disputes that result from one or the other of these behaviors which the parents have brought into being can cause the family life or the atmosphere in the classroom to become unbearable. One can probably not properly imagine just how much these children suffer and feel misunderstood!

There are many other components in this process that can have an escalating effect: for example, disordered social relationships, divorce situations, changes in the people who look after the children and who may have different child-rearing methods, dishonesty and unreliability, and lack of consistency in adults.

Challenges in school and elsewhere that the child does not feel capable of meeting can also come into the picture without the child being in a position to recognize or understand these burdens. The unrestrained access to videos, television, horror films, tape recorders, computer games and the like has an added, massively harmful effect. Honey, sugar, phosphates and other food “improvements” found in easily digested, carbohydrate-rich foods, and irregularities in the daily routine are burdensome.

### **What are the consequences in later life?**

Often one’s entire behavior changes during puberty. The restlessness, discontinuity, and dissatisfaction can turn into resigned lack of motivation. This can happen as a result of previous poor development or because of the physical-mental developmental changes taking place at this time. Usually it goes something like this: The teacher complains, for instance, that the boy, Paul, is unreliable, unfocused, often willing but on other days unbearable again, and that he fails at everything. He talks big but his achievements do not match his talk! That led to several apprenticeships being terminated early. Paul is becoming convinced that he is a failure and a disliked outsider. Is it really surprising when these youths turn to drugs or alcohol in the face of such hopeless situations or try to commit suicide?

If no treatment is received, adult problems in marriage, friendship, and career can end in psychological illness, alcoholism, drug addiction, or criminality. It is very often those with so-called “difficult natures” who can not cope with life. A very dismal outlook! Under no circumstances can one count on a person “growing out of” these problems or excuse it as if it is only a crisis period, or that a simple medication can end the problem.

### **What can help? Understanding the problem in its entirety**

First, let us look at some aspects of undisturbed development: The most important time of organ development in the central nervous system, i.e. brain, spinal cord, and sensory organs, is before birth and lasts up to the end of the second year of life. Outwardly, the head, with its ball-like roundness, is determinative for the infant's entire body formation. During formation, it is like the echo of the surrounding organs. Bubble-like and filled with liquid it keeps the baby in an almost weightless state in the womb. After birth, this state remains largely intact for the brain since it is swimming in cerebral fluid. For the small child, however, the "protections" of the mother, the family, the kindergarten, the household, classmates, a well-ordered daily routine, and so forth, still play a decisive role in influencing the child's physical, mental, and spiritual development. Under these "protections" the child's social abilities, academic learning capabilities, and interaction with others will develop. Healthy development is manifest physically by the stabilization of the organs for breathing and the heart-circulatory organs. Increasingly, especially towards puberty, more control over the limbs is gained, coordination, learning by interaction with the environment, with physical laws, and also mental perception in general, love and openness to the world and to other people are all formed during youth.

Like a common thread running through all the appearances in the clinical picture, also through the various levels and stages of development, is the fact that wholeness is never reached; the "coordinator," the head, the great "synthesizer," the lighthouse of the body, has not allowed the entire organism enough overview and calm security. Again and again efforts to achieve harmony and quietude are thwarted by outside influences, impulses, drives, and desires. Orientation is destroyed. We can see from the organization of the body that the limbs on the periphery of the body single themselves out in the form fingers, for instance, and that the individual organs in the body are clearly separated from one another, but their corresponding images in the brain are compressed and holistic in nature. If there is not enough balance between these two organ systems – the head-nervous system and the limb-metabolic system – then the person "loses his head," his energies are dissipated, and the holistic nature of his nervous system is lost.

This lack of balance shows up in our children in all three organ systems: the nerve-sensory organization, the limb-metabolic organization, and the rhythmic organization of the breathing and heart-circulatory system. Everywhere we find problems occurring during encounters with the environment that are rooted in this weakness of the individual's entire organization. This weakness becomes apparent in the lack of certainty of declarations, lack of harmony in movement, imbalance and inflexibility in feelings and perceptions, little ability for reflection, little self-control, inappropriateness of reactions, lack of ability to judge one's self, and many other fundamental human qualities.

Finally, a decisive factor is the way in which the higher-level spiritual faculty of the “I” handles the incompleteness of the physical functions, how the circumstances of life are individually mastered. However, there are various ways to intervene and help once the developmental disturbances are identified.

### **What are the prerequisites for help?**

First, it is also good for children who have no noticeable developmental problems to gain abilities that serve the understanding of the child. Our usual feelings such as sympathy, antipathy, and, further, what one generally refers to as love and punishment, are really not enough for the upbringing and education of even so-called normal children! Our understanding is often too uncertain and our ability to appropriately handle situations has degenerated. As doctors and educators we must newly gain these abilities anew and thus contribute to mastering the life tasks of today.

1. First, we must learn to observe! One can practice by looking at an object such as a rock, a plant, or anything one chooses. Look at its form. Take it in, lovingly and precisely. Imagine it and perhaps even describe it. Practicing this for just one minute per day will have an astounding affect on a person’s ability to identify, which means to make something one’s own. A feeling of sympathy or antipathy for that which is observed does not play a role; it would be a hindrance. One will easily notice that the exercise is a precondition for commitment and that it leads to contemplation and tranquility.

2. Using this exercise I can observe the child and try to feel my way into his state of mind. This child interests me with all of his idiosyncrasies, without anger or frustration because I have gained a conscious distance and in time I will learn to pay attention to the signs, reactions, and “signals” and, finally, learn to read them.

3. I will take it upon myself to give this child my undivided attention for two minutes everyday. I will speak to the child, stand by him, and interest myself in his activities. I am not doing this so that I can “play the teacher” for another day, know everything better, and correct the child. No, I am doing this to accompany the child with loving attentiveness for a period of time of my choosing. Phone calls, cares and worries, and other duties should not prevent me from doing this. I must make this effort every day and it must not depend upon the spontaneous desire of the child for attention. This is a very effective exercise but very difficult. One will be amazed at one’s own unreliability and habitual reactions. However, one will learn to appreciate the effects as regularity increases.

### **The first results of daily practice**

Through these efforts we can regain a sense of “what this child needs.” We learn how to “empathize” appropriately. We develop sensitivity to the

instructional way of interaction. We no longer react so readily to the “impossible” behavior. We learn, with increasing confidence, to have respect for the gradually developing personality of the child and give him guidance. It will not happen by following a recipe or some kind of “process.” Attitudes and behaviors will appear on an individual basis according to what is appropriate for the child and the situation.

How wonderful it will be for the child when he feels that he is really understood, that is, slowly becomes convinced that he is being carried by the help of adults. What courage the child will gain when he or she realizes that he can learn something and is not a failure. This also takes time. The mistrust can only disappear through experience, step by step, and also by the “happy hours” spent with adults who have learned to interact with the child in a new way.

### **What more can be done?**

#### **1. Changing the sense impressions**

We do not need to wait upon the success of prescribed exercises. We can begin to change some other things through our newly gained insight. We have felt that too many and varied sense impressions are a great burden on our children. The forces they use to draw conclusions and integrate impressions are overtaxed since our children have only a limited amount of those forces available to them. Therefore, one of our main duties is to *limit the sense impressions around the child*. The sense organs and their functions are appropriate for the human body. That means we can only really perceive so much. When we are walking and running we can only perceive a limited amount with our eyes. We can bear brightness only so long before it blinds us or noise only so long until it pains us. The body communicates its thoughts to us.

With our children we often see that they themselves have already closed their eyes and held their hands to their ears. They become more restless, fidgety, and excitable. Sometimes they become completely apathetic and ill-humored. The body is speaking to these children in a different way than it does to ourselves because we have, in the meantime, armed ourselves with a “thick skin” against sensory overload. Therefore, one should limit or eliminate, all sources of sensory impressions that one can and which are not sustainable such as videos, television, tapes and compact discs, computer games, iPods, radios, movies, and so forth. Many mothers visit the doctor with their children because the children are so restless, agitated, and unable to concentrate. At the same time media and entertainment technology are readily available in order to “meet the needs” of the children. One symptom of the illness is that the children can no longer understand what their bodies are trying to tell them (sensory overload). The habits and desires of the children often support the illness and not health. One can become very quickly used to a state of illness. One will not master an illness when one allows factors that support it to remain in the environment. Should one limit the

perceptual capabilities of a child through medication? If one closely observes the effects of everyday life, then one sees that every bike ride, automobile ride, shopping trip, visit to the city, amusement park visit, and the like, are all too much for children in the way of too many sense impressions. Everything like this can be reduced with a little forethought and planning. One must also consider therapy sessions that involve a long trip to the city, for instance. Are the effects of the therapy cancelled out by the corresponding burden of getting there? Even the healthful effects of Waldorf education are called into question when such a child must be in a large classroom and perhaps experience the lessons in an atmosphere of chaos. The following maxim applies:

The right of the ears to have silence!  
The right of the eyes to gaze!

Taking this viewpoint into consideration, one will have to weigh all the different burdening factors. In this case one should rather do more than less.

That does not mean, however, that the child should be prevented from all exposure to these sense impressions. One should consciously intensify a few impressions. An adult leads a child to one thing or the other and helps the child to have a deeper experience just as the adult has tried to do in the above-described exercises. During the course of weeks one will notice that the children perceive more, ask more questions, and that their own mental well-being is improving.

## 2. Changes in nutrition

Sugar, honey, easily digested carbohydrates like pudding, cake, sweets, and lemonade-type drinks should never be given to children as they are with no other foods on the table. They are suitable as dessert after a meal. Hot dogs, cola, and other foods rich in additives should be avoided. They have an incendiary effect because of their quick conversion to energy and influence on the metabolism. They feed impulsiveness that has become a problem for our children. Please note, however, that strict avoidance of these substances, anxiety about “dietary mistakes” and the guilty conscience that goes with it can be just as bad as the “mistake” itself. One should point out such things to the child and try to change habits through perseverance.

In this sense, even a phosphate-free diet that is fanatically adhered to can be harmful. Strict vegetarianism and too much whole grains can also have rather an undesired effect! Experience has shown that a balanced diet that sometimes may include meat is completely adequate.

Further, one can pay attention that children do not stuff themselves on pasta and ignore vegetables at any given meal, for instance. Something of each the foods on the table should be eaten even if one makes allowances when it comes to the amounts. Of course, the adults must set a good example and perhaps even a family council can take place in which all members

seriously commit to some rules. Children love to know the rules of the game because they can orient themselves that way.

### 3. Maintaining rhythm

This is a further decisive factor. Not only the rhythm of meals during the day, which should include regular mealtimes plus mid-morning and afternoon snacks, but also the regulation of times of sleeping and waking, of activity and relaxation, of levity and earnestness, and of times of challenges and of play. For example, a midday break after lunch is so extraordinarily important for today's often thin and agitated children. This half-hour (not more) of complete silence with perhaps a warm stomach compress or a back rub with some massage oil, will very quickly become a valued part of the day if an adult will take this on as a regular duty. When one thinks that one could otherwise spend entire hours in strife and arguing, then this seems like a worthwhile effort. One will also notice that after such a midday interlude, homework, practicing musical instruments and similar activities are accomplished more quickly and with better concentration. The child will soon joyfully realize this themselves and it also presents a good opportunity to praise the child.

A nap taken sometimes and at any given time of day is disturbing to the rhythm of sleeping and waking. At bedtime in the evening another important help is an adult who will listen to all the large and small cares of the day so the child can "get things off his chest." A bedtime prayer is also something that may be helpful.

### 4. The importance of humor and earnestness

Must we stand before these children with bitterness, correction, and disapproval for every little misdeed? Is not a humorous remark (not ironic or sarcastic) sometimes very successful? Is it not a good feeling to be drawn away from our tense, provocative relationship? In that case, we may not react instinctively to every attack, but rather learn to overlook some things. We point out something interesting, speak to the children indirectly. This engages the intelligence of the children and leads them away from their bitterness about the situation. One can make up little pedagogical stories that specially and cheerfully spotlight the children's behavior but without a confrontation. It is also important that one does not downplay everything and not take it seriously. It is important to have a counterbalance of earnestness, significance, and certainty. Children really do lose their orientation if one were to make an off-hand remark about a tragic accident of a close relative, for example. The children must experience that adults carry deep, religious seriousness within themselves. They orient their feelings and perceptions on these capabilities of adults and one will discover that even the most "insufferable" children will listen devotedly to something with religious content. They even "fall asleep" during the story. Perhaps one must be prepared for an inappropriate remark but this can be understood in the

context of their small capacity for remaining quiet and still. If one questions them afterward then often one finds that the content has been forgotten. It is therefore important that we sometimes pause, explain, and awaken in order to get their attention again.

#### 4. Avoid boredom!

Unstructured and unplanned time during the day has a negative effect on our restless children. They seldom know what to do with themselves. They do not know what to do, they “hang around,” listlessly, lethargic and dissatisfied. They may sit in front of “the tube” or listen to the iPod in their beds. Then they will ride aimlessly around the neighborhood on their bicycles sometimes looking for a fight. With time such things will “make them wild.” Therefore, it is sensible to plan out such an afternoon or a weekend with the children, taking into consideration their own suggestions and organizing their own time. This formative help will be gladly accepted by the children if one will only do it with them. One is often successful if one offers to help children make their own plans as long as we pay attention to their obvious errors in judgment and make appropriate alternative suggestions. Regular practice on a musical instrument is very helpful. However, the child must also be capable of mastering the instrument. Perhaps for some children who have problems with the fine motor skills a violin would not be a good choice.

It also does not make sense for parents to force children to spend hours at home “learning something” if the child spends the hours drowsy, unfulfilled, and in a bad humor. One could name this the “stupefying effect.” That does not mean that a child should do no homework. One must take into consideration that the child has a lessened ability to concentrate and tires easily and may perhaps be already convinced of failure before the work is begun. What rejuvenation can take place when something small is a success; when gradually the idea gets through: “It’s fun to work at something and be successful!”

#### **How can one bring activity and rest into a rhythmic alternation?**

It is decisively important to find several small jobs, housework for instance, that the child can do during the day. It could be something like sweeping the steps, preparing drinks (making tea is better than opening a can or bottle because it is a more meaningful activity), setting or clearing the table, water the plants (after some practice first), make the bed, put away toys, and so forth. Of course, jobs like these can be done quickly by adults but then the child would lose the opportunity of experiencing a sense of accomplishment. Homework from school is not really suitable for this purpose because it is often associated with negative experiences. The regularity of these small tasks and the necessary fortitude to accomplish them are the essential elements. They support the ability to do what is necessary when asked, exactly the same as is required for learning in school and later for success in a career.

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**Endnotes:**

1. Therapeutische Gemeinschaft für Kinder-und Jugendpsychiatrie (Therapeutic Community for Child and Adolescent Psychiatry) in Neuenweg, Germany.
2. Older description found in the curative education course given by Rudolf Steiner.

