

The Stars Are Brighter in Your Peripheral Vision

Working Towards a Constitutional View of the Epileptic/Hysteric Polarity

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Bringing anthroposophic insights into the classroom is challenging, because we have to find practical methods for bridging Rudolf Steiner's descriptions of spiritual physiology with the realities of daily life in the classroom. How do we find a link between Steiner's descriptions and their manifestations? We know that the curriculum and its content supports and guides the evolving development (spiritual into physical) of the small child, but finding specific tools to meet the challenges of an individual child's behaviors can be daunting. Steiner gives us a foundation for beginning this work through his descriptions of the constitutional polarities, but the names given to the developmental polarities may seem too medical, too antiquated, or too abstract. At times it may feel presumptuous to even speak about a child's "spiritual physiology" unless we ourselves have developed skills of clear clairvoyance. But the beauty and reassuring brilliance of these polarities is that when they are present, they are *absolutely* consistent and manifest in forms both simple and

profound. They can indeed help to explain the most puzzling behaviors. But not if you just concentrate on the behavior alone; then the child may elude explanation. This is because in many ways troubling behaviors are like the stars in the heavens — they are a little bit brighter, actually easier to see, when we gaze not directly at them but at the "constellation" of daily rhythms and patterns that surround them.

This more peripheral, holistic field of vision is important because a single behavior can actually arise out of polar processes. The exact same behavior (as we perceive it from the outside) may be rooted in very different constitutions. Take a very concrete example: circle time. Children's challenging behaviors often come out during circle time. As the whole class is striving towards a collective mood and activity, those individuals who fall out of the activity are particularly noticeable. They are disruptive and distracting, or annoying to the teachers and to the rest of the children. It can be hard not to get fixated on the particular behavior in that moment, because

we really just want them to stop. Admittedly, that is probably not the moment for trying to gain a constitutional view. Instead, do what is necessary, and then let that moment go and begin to watch the child during the moments when he or she is not demanding our attention.

A first and essential truth to grasp is that any frustrating or disruptive behavior really should be viewed as an expression of, or a compensation for, some developmental imbalance. Children outwardly express through their actions what they inwardly experience in their physiology. And a second essential truth is that the key to really understanding a behavior may not necessarily lie in what is happening during the behavior, but in what occurred just before it. The disruptive behavior in circle time is usually the child's way of orienting him- or herself, or breaking out of an imbalance. Since we cannot go backwards in time to see what they were doing just before they demanded the group's attention, we have to look for clues elsewhere. This is part of the process of using "peripheral vision" to gain more understanding of the child's relationship to his or her own body and the environment that surrounds it.

Let's get back to concrete examples, which arise out of actual observation of kindergarten circle times. Two different boys — they could equally well be girls, so please do not think this is should only but applied to boys, but boys do sometimes tend to express their constitution more physically — are both frequently disruptive in circle time. The disruptive behavior (for either boy) is generally a poking or pushing of the child next to him, or the making of loud, intrusive noises. Both boys are better behaved as soon as they are engaged one-on-one with an adult (such as the teacher calling out names or physically gesturing to them), and neither seems to be intentionally naughty or mean-spirited. If we wanted to use a label commonly used today, we could speculate that they have "attention deficit," which in the moment of the disruption is probably true; but it does not help explain why they lose their attention or what will help them to be more engaged in the activity.

When we begin to look at the specifics of each boy's physical body and behaviors, it becomes clear that although they exhibit similarly disruptive behaviors, they are expressions of very different

processes. One fits the process of the "epileptic" polarity; the other of the "hysteric" polarity. How can we arrive at that conclusion? By looking at the "peripheral" elements of the form and structure of the child's body, how each boy plays, how he eats, how he sleeps. Let's start to look at the specifics of each boy.

The first boy is larger than many of the other boys his age, with a solid and powerful body. He is not fat, but it seems like there is a density to his muscles. In spite of his large size, his features are less sculpted and maybe appear a little younger than many of the other children his age. When he interrupts the circle, it is usually with a loud, silly noise, or a push to the boy next to him. While generally participating well in the circle, he has moments where his consciousness loses contact with his environment — in other words, from across the classroom you can see that he stopped listening and hearing any of the activity around him for several seconds. This behavior is repeated outside of the circle during times that he is not actively moving his body. When he finishes one of these brief episodes, he seems a little disoriented but quickly enters back into strong movement and the physical activity around him.

The second boy is more slight in his build, and quick. In observing his body, one is more aware of form or movement, as opposed to physical solidity. He is profoundly aware of his environment and fully engaged. He immediately picks up on the song and the hand gestures of the circle time, but he is, in fact, so aware of his environment that he also notices the laces of his new shoes, and the ticking of the teacher's watch, and is drawn to touch the fabric of the girl's skirt next to him, wondering what it would feel like. There are so many things to notice and be aware of, that it becomes very difficult to pay attention to what the teacher is doing, particularly when there are so many other interesting temptations much closer to him. Eventually he touches the girl's skirt next to him, or decides to take off his shoes and adjust the laces, and falls out of the circle activity that surrounds him. But this does not happen because he has become momentarily *unconscious* of his surroundings. It is ultimately because he is *too conscious* of his immediate environment and flows out into it.

In epilepsy, the medical term used for a person

who has repeated seizures, there is a clouding or loss of consciousness, which may or may not be accompanied by jerking, cramping movements of the body. The physical body is temporarily unable to act as a vehicle for spiritual activity and consciousness, so that on a certain level the body briefly becomes an unpenetrated part of the surrounding environment. This process happens just before the jerking movement of a seizure, with actual movement a breaking through, a compensation for working through this density. In *Education for Special Needs*, a series of lectures given in 1924, Rudolf Steiner expanded the term *epileptic* to indicate a developmental polarity in which the soul and spirit find it difficult to enter into a physical and etheric body that are too dense (which in the extreme will result in seizures, but is actually a much broader situation which happens with variable frequency in about half of us). In Lecture Three, Steiner describes it in this way:

The human being wakes up, but remains unconscious. You see, we have come in this way to an exact description, drawn from within, of the condition of the epileptic. . . . The epileptic is able to enter with his ego organization and astral body into the physical body. That he can do, but he does not come forth into the physical world; he is held fast within . . . astral body and ego organization will be, so to speak, dammed up, congested beneath the surface of an organ. This condition then manifests outwardly as a fit. This is what fits really are. (Steiner, 60-61)

The boy described does not suffer from epilepsy, and as far as I know he has never experienced a seizure, but his moments of being withdrawn, or perhaps we could now say “inwardly congested,” are epileptic kinds of behavior. His body, his physical and etheric body, offers a resistance to the astral body and ego organization such that he has moments during the day (more commonly in the morning) when this inner congestion happens and he loses conscious contact with his environment. When he does break through this congestion, he often goes into strong movement or makes a loud sound. This has two advantages for him: first, through movement he reclaims his body as he moves it and feels it in relation to gravity (this is actually one of the therapies for a child with an epileptic

constitution); and second, when he disrupts things, the flow of the activity around him is momentarily disrupted and the consciousness directed towards him allows him to reorient himself in the group activity. His behavior is annoying and disruptive for the group, but for him it is both an expression of and a compensation for what he is experiencing in his spiritual physiology every day. He needs outward direction (the teacher directing him) or physical experience of gravity in movement (shoving the kid next to him) to again find his proper relation to his body and to the external world.

If we need to look for other confirmation that this is an “epileptic” constitutional process, we can make our view even more peripheral. The occurrence of a seizure at some point in the child’s life is of course a clear indication, but the epileptic constitutional process is far more common than the experience of actual physical seizures. We can find additional clues if we look at the way the child sleeps and eats – because if the astral body and ego organization are having difficulty penetrating into a dense physical and etheric body, that interaction should be mirrored on other levels as well. The astral body and the ego organization must enter into the physical and etheric each morning, and then release every night. We would then expect that a child on the epileptic pole would be slow to wake in the morning, groggy, and not really ready to interact with his or her environment until later in the morning, or perhaps not even until the afternoon or evening. Eating is another, internalized process of working with, or in this case literally digesting our environment. An “epileptic” child is not ready to do this early in the morning, and may have no real appetite until this waking process has finished. The child may feel best in the evening and get his or her best work and interaction done late in the day, though when it is time to go to bed, the astral body and ego organization are inclined to quickly withdraw from the too dense physical and etheric bodies. The child quickly falls into a fast, deep sleep. When we look at the way a child sleeps, at the way a child eats, we can see the same process happening over and over: engaging the body and then the environment is a slow process because it requires penetrating so much resistance in the physical and etheric bodies. Releasing from them is easy. If the epileptic polarity is true, it will manifest consistently

on the levels of classroom behavior, waking and sleeping rhythms, and appetite and digestion.

The second boy, with the “hysteric” constitution, is of course also expressing and compensating for what he experiences on a daily basis. But his behavior arises out of the opposite process: instead of being held back by his body from entering into the environment, he overflows. Instead of a dense border, he has no borders at all. Steiner describes it this way:

Let us see what it is we really have before us in a young child who is said to be suffering from hysteria. He has trouble making contact with the external world . . . but instead of grasping all these things too weakly, as is the case with the epileptic, the child takes hold too strongly, he puts his astral body and ego into his whole environment. . . . What is the result? You have only to remind yourself how it is with you when you have grazed your skin at some spot. Suppose you then grasp hold of some object with the sore surface, where the skin has been rubbed away. You know it hurts! The reason for your being so sensitive is that there you come up against the external world too vigorously with your inner astral body . . . the child who from the first brings his astral body right out – such a child will in a subtle way touch and take hold of things, just as though he had been wounded. Nor shall we be surprised to find in him this hypersensitiveness, this hypersensitive response to the world around him. A human being in this condition is bound to feel his environment much more keenly, much more intensely; and he will moreover have within him a much more powerful reflection of his environment. (Steiner, 76-77)

Where the epileptic child falls *out of* consciousness, the hysteric child falls into *too much* consciousness. When he is distracted or disruptive, it is because he cannot help noticing and responding to the things that are immediately in his environment (the laces of his new shoes, the ticking of the teacher’s watch, the fabric of the girl’s skirt next to him). He expands his consciousness, his awareness out around him, losing and forgetting the borders of where he ends and the world begins. Another word Steiner gives for the hysteric polarity is “soul sore,” so that it is actually a protective gesture for him to try to meet and respond to what he senses. When he reaches out to another child and makes contact, he is able to

(re)establish his boundaries, because what he astrally feels to be “him” may actually extend well beyond the borders of his physical body. He can reel in his astral body to more appropriately integrate with the etheric and physical boundaries of his body: through outward redirection, or through a “quicker tempo,” (Steiner, 79) increasing the speed of his own activity. When the teacher stops the circle time in order to address him (the teacher’s ego thus giving form to the child’s astral body), or when he himself speeds up the song to a ridiculous speed, then he can pull his astral body back in to its proper proportions. That is his therapy. The first boy described, with the epileptic constitution, needs strong physical movement, sensing himself in gravity to properly orient himself in his body. This second boy, with the overflowing astral body, the hysteric constitution, needs to be pulled back. He is, in a way, acting out in order to help heal his own imbalance, to find ways to reign in and define the sensing of his astral body so that it better matches the space and definitions of his own physical and etheric bodies.

Expanding our view to find other confirmations of the hysteric constitutional process, we are looking not for seizures, but for physical processes that expand beyond the borders of the physical body. In the fourth lecture of *Education for Special Needs*, Steiner discusses nocturnal enuresis, or bedwetting: “whenever you have a case of bed-wetting, you can assume that the astral body is running out, overflowing,” and perspiration: “you will find that you need to observe particularly how the child sweats.” With an even more peripheral view, we again come to sleep and diet. With waking, we enter in with our astral body and ego – in a hysteric child this happens fast and too far. He (or she) wakes and is immediately engaged in the environment. He opens his eyes and seems immediately ready to explode into the day. But going to sleep may be far more difficult, as this hypersensitivity to the environment, this “soreness,” catches and holds the child’s consciousness. It takes a long time to withdraw from the world around him, and sleep when it comes may be fitful and shallow. In terms of his eating and appetite, he is ready (perhaps immediately) to eat in the morning, but as the day fills him with so many sensations and experiences his appetite wanes. By the evening his “soreness” may reach the point where he cannot digest anything more. The food

on the plate may hardly be touched – instead he gives an animated recounting and reenactment of the experiences of the day. In the same way that his astral body overflows into his environment, so too do a torrent of sensory experiences come “flooding” into his consciousness. They are too numerous, and perhaps too painful, to all be processed in the moment, so he needs to revisit and work through them before he can release into sleep. The epileptic child becomes *unconscious* and has difficulty making connection with his environment; the hysteric child loses his boundaries and overflows, becoming *too conscious* of the environment.

Both children stand out in circle time – they are disruptive, and it is because they have each individually become temporarily disoriented. The processes standing behind their actions, however, represent truly opposite extremes: one child gets stuck within the physical and etheric bodies and has to break through; the other expands out too far, overflows, and has to be brought in and protected. But in order to know which process stands behind the behavior, we have to develop a *constitutional* understanding. This is such a valuable tool! Once we can begin to understand children on a constitutional basis, then our insight into their behavior also helps us to begin to understand and imagine what they need to rebalance. We can begin to find ways to help them orient themselves before they are forced to act out and be disruptive. We can do this by carefully observing the patterns of incarnation, of spiritual physiology, through observing:

- *classroom behavior*
- *interaction with the environment*
- *sleep*
- *appetite and digestion.*

Then we have gained a more “peripheral,” more holistic understanding and can redirect our attention to specific behaviors and find their solutions. When we are working not with a specific behavior of the child, but with the whole being of the child, we can better meet and guide each child in his or her pathway of incarnation towards claiming and using the physical body as a proper tool.

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Dr. Blanning is working on a second article which will present specific therapeutic steps using experiences of gravity and changing rhythm, as well as a movement journey from Nancy Blanning specifically exploring their practical application in the classroom.

References

Steiner, Rudolf. *Education for Special Needs: The Curative Education Course*. London: Rudolf Steiner Press, 1998.

