ACTIVE LIVING/HEALTHIER LIVES:
THE IMPORTANCE OF ACTIVE LIVING IN THE LIVES OF
EXCEPTIONAL CHILDREN

by

Candace Jane Brown

A thesis submitted in conformity with the requirements
for the degree of Master of Arts
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education of the
University of Toronto

© Copyright by Candace Jane Brown
1999
The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author’s permission.

0-612-45482-7
ABSTRACT

This narrative inquiry is the first step in a journey. It is rooted in my personal and practical knowledge, my experience as a physical education specialist and an educator of young children and in my experience with the struggles of exceptional children. It is anchored in the belief that ACTIVE LIVING (physical activity, movement and active play) is part of a child’s natural and instinctual expression and is integral to their education, health and well-being. It takes into consideration the possible connection between the decline in children’s active living levels and the growing numbers of learning-disabled children that fill our classrooms.

I refer to children who struggle with inattention, hyperactivity and impulsivity and who are often identified as Attention Deficit Hyperactivity Disorder (ADHD). Current practice recommends stimulant medication. This inquiry promotes the positive implications of active living as a realistic alternative to, or as a component of, a comprehensive treatment programme for these children.
ACKNOWLEDGEMENTS

I would like to take this opportunity to express my sincere thank you to those who had a hand in helping me complete this part of my educational journey.

Ken, my husband, for all your love, support, understanding and patience.

Dr. Michael Connelly, my supervisor, for your guidance and for the rich and invaluable educative experiences you have provided me during my time at OISE.

Dr. Andy Anderson, for all your support and encouragement during the writing of this work.

Sophie Hwang, Jasna Schwind and Carol Wilson for the support role you played in my journey.

John Handiak, for the many hours you spent reviewing my work.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>ii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iii</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td><strong>CHAPTER ONE</strong></td>
<td>5</td>
</tr>
<tr>
<td>Canaries In The Coal Mine</td>
<td></td>
</tr>
<tr>
<td><strong>CHAPTER TWO</strong></td>
<td>11</td>
</tr>
<tr>
<td>Methodology: The Power of Stories</td>
<td></td>
</tr>
<tr>
<td><strong>CHAPTER THREE</strong></td>
<td>20</td>
</tr>
<tr>
<td>Healthy Body...Healthy Mind</td>
<td></td>
</tr>
<tr>
<td><strong>CHAPTER FOUR</strong></td>
<td>30</td>
</tr>
<tr>
<td>A Teacher's Sympathetic Understanding</td>
<td></td>
</tr>
<tr>
<td><strong>CHAPTER FIVE</strong></td>
<td>48</td>
</tr>
<tr>
<td>An Island Of Safety And Sensitivity</td>
<td></td>
</tr>
<tr>
<td><strong>CHAPTER SIX</strong></td>
<td>68</td>
</tr>
<tr>
<td>A Different Kind of Listener</td>
<td></td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td>71</td>
</tr>
</tbody>
</table>
INTRODUCTION

The story of a single life is always entangled in the complex folds of a culture.

Herbert Leibowitz (1989, p. xix)

Life has changed drastically for children in Canada in the past 40 years. At the close of the Twentieth century enormous advances in science and technology have radically altered their lives. But are these changes for the better? Growing numbers of learning disabled children tell us that our ways of thinking that have been formulated throughout past centuries are failing to meet their needs. Their numbers have increased to epidemic proportions and they represent a health crisis that challenges our core perceptions, values and beliefs.

Typically, our analytic society treats the symptoms of illness and disease rather than taking into consideration the relationship between mental states and physical functions. Yet much of modern disease seems to have a psychological component as well as other non-physically based factors like environmental and social risks that are excluded from significant consideration. In this world view, active living and its important role in the prevention of disease is often overlooked and ignored. While medical professionals and educators continue to turn to more of the same narrow 'either/or' strategies to help exceptional children, these exhausted and obsolete patterns of reason might best be reevaluated and reconstructed through the conceptual blueprint of other world views that are anchored in a holistic view of life.
In traditional Chinese medicine, the human body is understood as a cooperative functioning of parts where the relationship between body, mind and spirit are seen as distinct yet inseparable. Health is defined by a synthetic logic that describes wellness as a balance or harmony between all aspects of the individual, while illness is considered a pattern of disharmony or imbalance in the body. This view of health is fundamentally rooted in Chinese philosophy; one that assumes that parts can be understood only in relation to the whole and where the dynamic interplay of the complementary polar opposites ‘Yin’ and ‘Yang’ guide and inform all relationships, patterns and changes. This logic is a holistic conception that makes sense of the workings of the universe—a universe that is comprised of endlessly moving components that all are part of the same reality. No one entity can be separated from other entities; nothing can exist in and of itself; there can be no absolutes. These same forces that influence, sustain and nourish the outside world reside within us. The tree that shades and feeds the forest floor, the earth that embraces and dissolves the fallen leaf, the roots that nurture and fortify the emerging bud—this is the dialectical logic of universal relationships and rhythms that is embodied in all humans. Like a holographic map we reflect the organization of the cosmos.

This eastern concept of health that is situated in a holistic philosophy that champions balance and the natural interconnectedness of mind, body, spirit is reflected in the ‘healthy mind and healthy body’ ideals of ancient Greece. Classic Greek thought celebrated the way to overall well-being and arete, or virtue, by nurturing the strength
and vigour of the body and spirit while cultivating the quick and insightful powers of the mind (Levine, 1991, p. 210). Notions of health included not only the physical signs and symptoms, but also the interdependence of the mind and the "person's sense of connection to the spiritual realm" (Salmon, 1985, p. 8). Rooted in a holistic view of human development, Plato's world believed a higher type of human being was created by "giving to the body and to the soul all the perfections which they are capable".

Subsequent developments in the history of western civilization drove a stake separating the triad of mind, body and spirit and moved us farther away from the concepts of health that were intimately tied to the forces of nature. As western civilization marched through the centuries it accommodated changes in the state of knowledge and what it meant to be a fully realized human being. Each century accelerated rationalization so that by the time scientific thinking dominated all other modes of knowing, the body had become an "absent presence" and Descartes' "disembodied reason" had become the ultimate human location (Shilling, 1993, p. 19).

The western scientific approach that overlooks the interdependence of the mind, body and spirit finds its direction in a mechanistic approach that stresses precise quantification and discrimination. This fragmented and compartmentalized world view finds life within our institutions. Scientific medicine sees the body as a machine. It consists of a large number of independent though functionally related systems that can be studied discretely. We have specialists to handle the discrete parts with little attention on how to handle the relationships between them. Further underlying this
assumption is the belief that the “somatic functions of the body are independent of the mind” (Salmon, 1984, p. 49).

In education, our investment in logical thinking and linguistic skills continues to overwhelm our educational programming. Reflected in current educational reform that honours standardized testing, the pressure remains strong to objectify, categorize, label and lump based on norms and by employing tools of one-dimensional measurement. As a consequence to our limited concept of knowing, qualitative dimensions of experience that are expressed largely in the subjects of physical activity and the Arts remain secondary to the rigours of ‘the basics’.

This inquiry is positioned within the synthetic world views that recognize the importance of balance and the unity of mind, body and spirit. It brings into question our contemporary views, practices and approaches to scientific medicine and education that fragment and compartmentalize and it attempts to highlight a broader understanding of health and learning that is anchored in a holistic concept of human development.
Chapter One

CANARIES IN THE COAL MINE

We are attracted to and shape research problems that match our personal view of seeing and understanding the world.

Glesne and Peshkin, (1992, p. 9)

When I entered graduate school two years ago I did not know that it was the logic embraced in eastern and ancient Greek thought that anchored my beliefs, attitudes and values and gave direction to my thoughts and actions. Rooted in a conceptual model of interdependence, balance and harmony, it is these holistic philosophies that lead me to draw upon their wisdom as a metaphor for my inquiry.

As a teacher I have lived in a world of analysis—one that emphasizes measurement and discrimination and reduces things to their smallest possible denominator. Rather than recognizing the interconnectedness of nature, it is a system that too often fragments and compartmentalizes. It is based on the quantitative and the functional. Only what we can count, measure or weigh is given a place of honour in this narrow and dominant framework of knowledge and knowing. It is a system that ignores the integrity of the whole while it focuses on a very one-dimensional view of intelligence, one where logic and linguistic capabilities (which can be measured) take precedence and overshadow the qualitative dimensions of experience. It is a system within a system—one that reflects
the fragmented, detached and rigid principles of a positivistic and scientific world view of the society in which we live.

It is within this system that active living scrambles to establish itself as a basic building block in the healthy development of children. Too often it is devalued and displaced on the timetable, relegated to a tiny piece of the programming pie and destined as a diminished “also ran” in the race between physical and mental exertion. In Canada, “the time allocated to physical education during the school day ranks among the lowest of the developed countries” (Goode, 1980, p. 6). According to the Canadian Fitness and Lifestyle Institute (1998) only one third of all schools have formal physical education programmes while programming varies depending on the province, the school board and the school itself.

Too often outside the classroom active living struggles for a foothold in the daily rhythms of the child. Mechanization, passive recreation, TV watching and computers, reduction of playground space and affordable and available facilities, time concerns and safety in what is perceived as an increasingly dangerous society all impact on the balanced development of today's children. Their activity levels begin to drop by the age of five: about the time we put them behind a desk (Bailey, 1989). According to the Canadian Fitness and Lifestyle Research Institute (1998) the health of 63 per cent of Canadian children is threatened due to high levels of physical inactivity while approximately 25 per cent are substantially overweight. It seems that in light of the fact
of a significant decrease in active living we are in danger of sprouting a generation of couch potatoes.

As a teacher of primary education and with a background in physical education, I have been fascinated with the satisfaction and delight that movement brings to children. My own experience and “personal practical knowledge” (Connelly and Clandinin, 1988, p. 25) has shaped my beliefs on the value of activity. They are predicated on a holistic view that sees active living as playing an integral role in nourishing the child’s spirit and soul while developing the physical, intellectual, emotional and social domains.

In particular, my classroom experiences ignited this inquiry. I observed time and again that following a high-energy gym class, when children reached a state of healthy exertion for an extended period of time, they returned to the classroom able to focus and attend for a noticeable length of time. Colleagues who felt strongly about the importance of physical activity in the lives of children confirmed that their experience in the classroom complemented my own and they shared ways in which they used it to extend classroom learning. Was active living a powerful tool that was too often being overlooked as a strategy for teaching a diversity of learners?

When I came to the Ontario Institute for Studies in Education, I came to look seriously at the effects of active living on learning. I had become increasingly uncomfortable with the disconnected reality of my environment. As a physical educator, special educator and teacher of primary children, I was concerned with the surge in educational
practice of addressing children's needs and establishing educational rigour in isolation of considering their lives as a whole.

Implicit in the writings of philosopher and educational theorist John Dewey is the concept of interconnectedness and equilibrium that reflected my own beliefs. In his work entitled My Pedagogic Creed (1897) he stresses “balance” as playing an integral part in education. The educational process, says Dewey, consists of two sides. The “psychological” side is one that represents the inner experiences, the personal powers, the instincts, traits or characteristics of the individual, while the “sociological” side is the social context of civilization, the external stimulus that moves the individual towards the mastery of his own nature (p. 85).

Dewey believes the psychological side is the “starting point” for all educational experiences and the sociological side is the medium through which the psychological side is expressed. Thus the individual and society are organically linked. Like the Yin and Yang in Chinese philosophy, they can be distinguished but not separated. They complement and guide each other. Like the Yin and Yang, there must be interplay between the two sides to maintain equilibrium, harmony and balance. When they are balanced there is harmony, but when there is interference with this balance, when we deplete one and give excess to the other, when we “subordinate” one or “superimpose” one over the other, then equilibrium crumbles, disharmony resonates and “evil results follow” (p. 85).
Philosophically grounded in Dewey’s concept of balance and worried about the well-being of children, my return to school was fuelled by my discomfort that was wrapped around the large numbers of children I had already met who were on the drug Ritalin to control impulsive, hyperactive and inattentive behaviour. What I considered an aggressive treatment for a small child represented a common practice for treating those identified as ADHD. I discovered that within the past 25 years their numbers had grown to such dimensions that what was once a rare disability had become the latest fad (Runnheim, 1996, p. 306). Although there were certainly children that suffered from a severe disorder and required drugs to control their behaviour in order to learn, how many highly energetic and disruptive children were being drawn within the drug’s net? How many children were in the “grey area” and occupied the place where learning challenges harbored the reality of their inappropriate behaviour?

Was there a connection between the decline in physical activity levels of children and the growing numbers of learning disabled children in the classroom? Had the systematic imbalance in programming and the current trends and pressures in society been articulated in the growing numbers of children that required drug therapy to help them control their behaviour? Had the reductionist logic that slices through all relationships and patterns to isolate a single, well-defined and self-contained entity struck a dissonant chord in the harmony of the child? Struggling and stumbling in a rigid system that too often ignores dialectical and “sympathetic understanding” (Dewey, 1938, p. 39), did these children represent the canaries in the coal mine and make real the “evil results” Dewey predicted?
It was with these children in mind that I sought information and advice on active living and its benefit as an alternative strategy for helping children cope with impulsivity, hyperactivity and inattention in school. There was little research that supported a non-invasive, natural and common sense alternative to drugs to help them learn. Yet although stimulants had been the strategy of choice, their prevalence and adverse effects and lack of evidence of long-term efficacy had professionals still searching for treatments that were equally effective (Roberts & Humphries & Andras, 1989, p. 9).

This inquiry then is a narrative journey into the important role active living plays in the lives of children exhibiting the characteristics of impulsivity, hyperactivity and inappropriate inattention. In light of current fitness and learning disability trends, this thesis argues for active living and its role either as a gentle, humane and moral alternative for meeting their behavioural challenges or as an important component of a comprehensive treatment programme.
Chapter Two

METHODOLOGY: THE POWER OF STORIES

None of us are to be found in sets of tasks or lists of attributes; we can be known only in the unfolding of our unique stories within the context of everyday events.

Vivian Gussin Paley (1990, p. xii)

During the incubating stage of this inquiry, I framed my work not in qualitative terms, but in a quantitative one. After all, it had been the leading method of inquiry for most of my educational experience. As a physical education student in University, life in the natural sciences, in courses like physiology and anatomy, meant that quantitative analysis provided the only serious and scientific means of seeking truth. Once in the school system and, in particular, in the realm of special education, the stance of objectivity, discrimination, measurement and categorization continued to define all that was 'real'. I entered OISE with the belief that I had to objectively design my research to count, measure or weigh my phenomenon in order to discover the "truth". Yet I struggled within this pattern of science. All human events seemed to be such "rich concrete things" in which "features interpenetrate" (Pepper, 1942, p. 233). How could I develop what seemed to be an arbitrary question that focused on one feature and required only one answer? How could I attempt to find a solution to what people did without referring to their intentions, their context or the meaning they gave to their actions?
It was in Michael Connelly’s 1300 Foundations of Curriculum class that I found the way to transcend the barriers of quantitative research. It was here that I was first introduced to narrative inquiry and the broadly different approaches between quantitative and qualitative research. While I learned that both constituted legitimate research methods, inherent in each methodology was a particular “metaphysical presupposition” or commitment that guided the research. I came to see that, like eastern and western thought, qualitative and quantitative methodology represented two different paradigms; ones that were based on a different set of assumptions that represented fundamentally different ways people used to put construction on reality. They were ways of interpreting reality through selective constructs or concepts that acted like a lens from which to view the world. There were no “middle positions” between these paradigms because one assumes an “absolute, foundational reality” based on precise quantification and discrimination, while the other believes in a “relative reality” that is wide in scope. “You can’t straddle both methodologies if you want to do high-quality research,” says Connelly (Brown Notes, 1998).

It was in 1300 that I came to understand the power of narrative inquiry. I saw that as humans, and especially as teachers, we think and understand in stories. We use stories as a natural mode of thinking to impose meaning on a vast array of experiences, facts, and ideas. It is through a narrative framework that we connect these stories and make sense of ourselves, our “communal existence” (Kerby, 1991, p. 1) and the master narratives of our culture. Connelly and Clandinin (1988) explain that because we live storied lives, narrative becomes the glue or connective tissue that holds all our different
stories (or selves) together in a coherent and unified whole. “We need to know the parts, but it is in the whole that we find the most meaning” (p. 24). Narrative articulates the parts not as an isolated and absolute event, but as “inseparable” from its context and history and from the “accumulated significance of successive experiences” (Kerby, 1991, p. 22).

In his book *Experience and Education* (1938) Dewey defines “criteria of experience” through the interconnected principles of “interaction” and “continuity of experience”. In particular, the principle of continuity of experience is one that recognizes an ongoing, cumulative nature to experience. It does not occur as an isolated event that is distinct from the experiences which came before—experiences are linked to each other. Each experience takes something from the past and in time affects experiences in the future. As Dewey states: “the principle of continuity of experience means that every experience both takes up something from those which have gone before and modifies in some way the quality of those that come after” (p 35). Experience is both part and whole. Like Neisser’s term of “nesting” where all things are components of others without a clear hierarchy, experience doesn’t come in discrete instances but as part of an ongoing sedimentary whole (Kerby, 1989, p. 22).

It was in 1300 that I came to understand how the narrative inquiry method was the framework that could capture the cumulative nature of human experience with all its complexity, richness and nuance of meaning. “Life is monstrous, infinite, illogical, abrupt and poignant,” wrote Robert Louis Stephenson (Edel, 1959, p. 15). It is through
story, as Carter (1993) points out, that "accommodates ambiguity" and so is best suited to frame the complex, unpredictable and interconnected human experience (p. 6). I listened to my classmates share their own life narratives and I came to personally experience the strength of our connection through our own humanity. It was through our stories that we shared the "quality and texture" (Pepper, 1942, p. 235) of our complex humanness and drew meaning in our own urgencies from our common universal frame of reference.

As I listened to their narratives my mind eliminated the barriers of my separateness and I became absorbed in their events. Like incidences in the plot or action of a novel or drama, I connected or identified myself with the protagonist; sharing their actions, puzzling out their motives and vicariously experiencing their emotions. It was as if the reality of the other person was being recreated within me. As a result their stories resonated within me and like Hollingsworth (1994) I could understand that my "empathetic and corroborative response" was evidence to the power of narrative and its "transferability and relative authenticity" (p. 11). I felt a deep connection to those who revealed secret, painful parts of themselves. The sharing of life struggles; the small skirmishes and the big battles; the celebrations and the finales; these narratives had the power to support and strengthen the inner voice and "direct and change our lives" (Noddings, 1991, p. 157).

Yet it was in my own journey inward and the writing of my own narrative that I experienced most profoundly the "power of stories to inform" (Eisner, 1981, p. 7). It
was through this process that I saw my life not just composed of stories, but of an accumulation of bits and pieces of experience that, like a mosaic, made up a whole and meaningful life. As I composed my narrative my memory and imagination infiltrated on the recollected parts of myself. I recalled Edel’s (1959) essay on the delicate art of biography. I too was like an artist selecting incidences that would pull together or make sense of my life. Like a mystery writer, I searched for a thread of truth that ran through the bits and pieces of my experience. As an entry point, I used the power of metaphors and images to unlock the meaning of my past experiences.

Clandinin (1986) uses images as a construct that form as a representation of experience. Experience is the key concept, but it is studied through an understanding of image. Images are the roads that lead to understanding and what Connelly and Clandinin (1988) call a teacher’s “personal practical knowledge,” a term “designed to capture the idea of experience in a way that allows us to talk about teachers as knowledgeable and knowing persons” (p. 25). Images connect this knowledge to “past experience and to ongoing practical expressions” (Clandinin, 1986, p. 19). These images are seen to reflect the emotional and moral dimensions of personal experiences that form a teacher’s personal practical knowledge.

Like a divining rod I unearthed metaphors and images that repeated themselves in my writing. Drawing from personal journals, dream diaries, letters, personal stories, family history and other inert materials, I extracted myself from my chaos. Immediately upon completion of my narrative, I wrote in my journal:
When I sat down to write my narrative I had no concept of its form or structure. The only thing I knew was that "voice" would be at the core of it. It was the theme that had played itself out over and over again in my journal writing, dream diary, letter responses, personal stories, metaphors and images. The stories and personal writings I had completed throughout the term fit like pieces of a puzzle. Only upon reflection do I see how voice is connected to my current struggle for growth and self-empowerment (December, 1997).

As a special educator, immersed in a world of objectivity, it was not until I reached graduate school and viewed special education through a discerning lens, that I came to recognize the depersonalizing and debilitating power of its discourse. Firmly based in the functionalist and positivist paradigm, it is grounded in analytical and deductive modes. Through quantitative analysis and standard assessment tools, it mechanically pokes and prods, compares and measures, compartmentalizes and labels in order to establish "reliable" and "valid" results that reflect "true and certain knowledge" (Eisner, 1991, p. 4). It is precisely in this method that the experiences, expressions and interwoven details of exceptional children are often ignored and "buried under professional jargon" (Coles, 1989, p. 17).

Robert Coles in his book The Call of Stories (1989), overcomes these discriminating and depersonalizing effects of quantitative objectivity found in psychiatric medicine by championing the power of "the call"; the careful listening to narratives in order to capture a deeper meaning and understanding. "The people who come to see us bring us
their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is their story” (p. 7). Writes Coles, “there is more to be found in the concrete details of a person’s narrative than in aggressively formulating their problems” (p. 14).

In the belief that stories have the “power to inform”, I utilize the fictional story of one little girl as a literary device to bring to life for the reader the realities of so many children I have known who share similar characteristics and a similar story. The imaginary scenario functions as a composite of true stories and it is employed as a vehicle to carry the reflections that originate in the many experiences I have had with these children over the years. Through this fictional story I give concrete form to my experiences and reflections by an imaginary character’s flesh, breath and movement. At the same time I weave in the knowledge and wisdom of many educators and writers who champion an educative discourse of subjectivity where relationship and individual experience are the foundation to learning.

Like a fictional writer, I will begin my story at an imaginary school. It will have many of the characteristics of schools I have known: aging, under-sized and stressed by the modern demands of its population. I believe its imaginary functional misgivings will ring familiar in the memories and experiences of readers who try or have tried to provide learning in a similarly challenging environment. In imagining a school that is limited in resource and space, I am able to highlight the creative and resourceful
intentions of administrators and teachers I know who remain determined to delivering a rich curriculum that feeds the needs of children and provides a milieu where learners and learning flourish.

Within such an environment, I will place my imaginary little girl who I will call “Meghan”. I create Meghan based on the personal practical knowledge I have as a teacher. She will embody the many characteristics and truths of children I have known that struggle to learn with hyperactive, impulsive and inattentive behaviour. While her physical attributes, her movements, her actions, her responses, her preferred activities and her difficulties will be based on the pieces of truths of living, breathing children, her reality will lie in the empathetic experience of my readers. As my Meghan proceeds through an imaginary day, I will use artificial activities and events to dramatize and make palpable for the reader the truths of children who ‘sink or swim’ depending on the principles and practices of the system in which they are immersed.

I will situate my Meghan in grade two. During her first few years at school, my fictional Meghan will have experienced the disembodying process of objectivity. Her experiences during grade one will be used as a vivid example of how our common propensity to lump and label children without taking into consideration the complexity of their individuality has damaging consequences. Coles (1989) argues that in our rush to “get a fix” on the problem and “make a diagnosis”, we often lose sight of the idiosyncrasies or “human particularity” of individuals that, if recognized, might truly provide for change. Through this fictional story I will share with my reader the
comparison of a dialogue of objectification in grade one to that of informed observation and interaction in grade two that addresses educational needs based on the texture and context of individual experience.

Connelly and Clandinin (1990) emphasize that stories “function as arguments in which we learn something essentially human by understanding an actual life” (p. 8). I present Meghan’s fictional story as an argument for the important role active living plays in the life of exceptional children. It has not been considered seriously as an effective treatment for the management of these behaviours. It has been downplayed and relegated to a minor role as a strategy while a pervasive reliance on medication as a “quick fix” remains therapeutically prevalent.

In the following pages I will write in the voice of the first person as if I am sharing a true story. I will pretend to be a guest at my imaginary school and a visitor in Meghan’s classroom. Ben, another fictional character, is Meghan’s teacher. He will embody the personality and commitment of the many teachers I have known who strive to be in relationship and preserve the fluid integrity of their students.
Chapter Three

HEALTHY BODY...HEALTHY MIND

If only some of the advantages of physical activity were to be procured by any one medicine, nothing in the world would be held in more esteem than that medicine.

Francis Fuller (1666)

When I met Meghan for the first time she was still relatively new to the school. She had moved to the city only months earlier and was now part of a burgeoning population of elementary students from kindergarten to grade eight. The school itself stared out onto a busy street. It rested behind a smattering of large oak trees that stretched their leafy branches towards the sky. It was an old and tired building. A two-story complex, it had opened its doors for the first time long before the middle of the century. It stood as a brown and grey backdrop to the shock of colourful and energetic children that streamed through its doors.

The school was comprised of a large heterogeneous population with students arriving from all over the world. Within the last five years it had expanded rapidly to a population of more than 800 children. While the school appeared to “bulge at the seams”, classroom teachers planned for a class size that averaged over 30 students with the majority of those children working with English as a second language.
The school itself was situated on a large piece of property nestled in the middle of a high-rise community in a sprawling city bounded by ocean and mountains. Apartment buildings of various sizes towered like benevolent giants over the large green playing field. Swings, climbing apparatus and basketball hoops as well as goalposts were friendly additions to the play area. Soccer, baseball, tag games and football shared the large grassy grounds and skipping and ball games found enough space on the asphalt around the school.

The school had been striving towards the goal of providing quality daily physical education to its students. Because of the demands of the fluctuating population, imagination, creativity and dedication on the part of the staff was required to provide the students with as much activity as possible. The school did not meet the award requirements for Quality Daily Physical Education (QDPE) because although children had the opportunity to exercise daily, there were no more than three gym periods scheduled per week for each class.

The award, presented by the Canadian Association for Health, Physical Education, Recreation and Dance (CAPHERD), recognizes schools that provide students with at least 150 minutes a week, or 30 minutes a day of physical activity. QDPE is in fact based on a philosophy of active living that is nestled within a planned programme of instruction and activity for all learners on a daily basis throughout the entire school year. It is a balanced, participatory and active programme that provides opportunities
to all children of all body types and abilities to acquire the knowledge, skills and attitude so that they have the commitment and the capacity to lead healthy lives.

I was well acquainted with this programme and its drive to improve the quality of active living opportunities among children in Canada. In the early part of this decade I had worked as a health educator in a government-funded pilot heart health project aimed at reducing the risk of heart disease in the community. Like other industrialized countries, Canada had become a nation ravaged by preventable lifestyle diseases that included cardiovascular disease, colon cancer and diabetes. Like other modern western countries, it was devoting a large portion of its economic resources to the health care industry on the belief that health care was the most important determinant of public health. By 1990, Canada was channeling almost nine per cent of the national income to health care (Evans, 1994, p. 55). Inactivity was a lifestyle habit that was targeted as a major risk factor that contributed to heart disease. Through QDPE and a philosophy of active living my role was to design and implement activities and programmes that would encourage elementary school children and their families to become more physically active.

As I look back on this experience I see that I was part of an exciting change that was taking place in health care. Historically, health-oriented activities of Canada had defined health care, under what Evans (1994) calls the “repair shop” model (p. 23), as an antiquated concept of health that is rooted in the absence of disease. Then in the mid-1980’s, our health-oriented activities underwent a major and significant shift.
When I began working as a health educator, health care was already moving from Evans’ empirically based and reactive “sickness care” (28) model to the more holistic view of health promotion. This new preventative stance of health had come to represent a new domain of knowledge and an exciting way of approaching change. It stressed long-term comprehensive and environmentally focused interventions that would enable people to increase control over and improve their own health. Longitudinal studies had shown little evidence to prove that health care had reduced the mortality gradient (Salmon, 1984). Historical epidemiology had shown very large reduction in mortality from principal diseases over the last few centuries occurred long before effective medical therapy was developed. Tuberculosis was on the decline prior to the tubercle bacillus being identified. “Rather, public health measures and rising standards of living accounted more for improvements in health” (p. 10). Where scientific medicine had generally downplayed the interconnections between health and its social aspects, health promotion reminded us that there was a causal link between social and environmental factors and “granted them greater attention in order to reduce the major causes of disease and disability” (p. 11).

Health became something that people could do within the context of their own lives. It was also understood that participation in healthy living was influenced by overall culture and shaped by experience and environmental factors. According to Robertson and Minkler (1994) the ‘top-down’ model had proven unsuccessful. The new strategies recognized the dialectical relationship between the “micro” (individual) and the “macro” (structural) dimensions (p. 297). Communities were encouraged to
significantly increase positive health behaviour through balanced nutrition, non-smoking appeals, physical activity and good stress management. Out of this reconceptualization of healthy living grew a new vocabulary that included words like empowerment, community co-operation and participation. "Power is a resource" and the "power of defining health belongs to those experiencing it" (p. 131).

Within this proactive and holistic health model, schools play an important role in the overall health of children. The role of the school is a dialectical one: it must work with the parents, teachers and the community to structure and organize existing resources in order to meet the needs and extend the self-worth of children within its boundaries. Health promoting schools or 'healthy schools' provide the environment and a composite of learning activities and experiences within the school setting that promotes the health of students. The goal is to influence health attitudes, practices and cognitive skills that extend, nourish and sustain good health habits (Lavin & Shapiro & Weill, 1992, p. 221).

The documented health benefits of physical activity fuels the drive for making active living the norm rather than the exception. The Canadian Fitness and Lifestyle Research Institute (1998) tells us that regular physical activity of 30 minutes or more each day reduces the risk of coronary heart disease in adulthood—the leading cause of death in adults. As well, started early in childhood, physical activity can increase the density of bones in early adulthood and can delay the onset of bone loss and reduce the rate of
osteoporosis. Among other things, it increases the body's functional capacity and limits the number of human fat cells developed early in life (Mayer, 1965, p. 502).

For children a life of active living also offers a variety of quality-of-life and health enhancement benefits that go beyond disease prevention and improved physical functioning. As I watched children travel through the day with a healthy infusion of physical activity, I thought of the too often overlooked importance of physical activity to intellectual development. So often curriculum developers argue that physical education will reduce time for acquiring skills in the more revered subjects like language and math. Yet according to Plato a good education should always take into account both a healthy mind and healthy body.

Historically, western society has long diminished the physical basis of thinking. Yet research shows that not only is movement important to physical health, but it indicates a positive connection between physical activity and academic performance. Hale (1988) highlights the concern that more time for physical activity means a decrease in academic performance. The most famous study occurred in 1951 in Vanves, France, where the heavily overloaded academic curriculum in elementary schools was reduced and physical activity was increased to almost one third of the school day. At the end of the nine year study results showed that not only had academic performance increased, but health, fitness, discipline and self-esteem was superior to schools that had not adjusted their curriculum. Since then, numerous studies in North America and Europe have replicated the results. A six-year study in Trois Rivieres, Quebec found that
providing students from grade two to six with just one more hour of physical activity a day increased their academic performance.

Specifically, movement activities have already been shown to enhance certain intellectual processes such as language and communication, evaluation and problem-solving, memorization, categorization, focus and concentration. The concepts relating to body image, space, direction, shapes, sequences, similarities and differences, synthesis and analysis can be promoted through carefully planned physical activities (Fitness For Children and Youth, 1989, p. 28). Pro-activity based programmes such as ‘Brain Gym’ is based on the understanding that physical development, language acquisition and academic achievement are interdependent. It is believed that through simple integrative movements exercise engages full mind and body function, activating the brain and improving attention.

Beyond the physical basis of thinking, active living is also important to intellectual development as a vehicle for enhancing self-concept and feelings of self worth. A positive feeling of worthiness is a fundamental building block and underlies all success and achievement. Opportunities to enhance self-worth comes with performing other subjects but nowhere is it more powerfully present than in physical activity. Physical activity and movement is a natural universal expression for all humans. Success and confidence gained through physical endeavours have an immediate and positive effect on one’s self worth and these feelings spill over into other areas as well. Gang and Meyerhof Lynn and Maver (1992) write that self-esteem may be more valid an
indication for success than intelligence (12). They refer to the person’s “inner life” as the soul and self-esteem is directly related to expressing the inner self. “When we are conscious of our soul connection, and consciously aligned with our innate purpose, we carry with us a sense of self-esteem and a confident attitude” (11).

According to the Ontario government’s manual *Fitness for Children and Youth* (1989), children who incorporate active living as part of their everyday lifestyle tend to be less susceptible to stress, exhibit less aggression, are more independent, have greater self-esteem and self-discipline, and are more socially confident. And there is a negative correlation between active living and depression, anxiety, withdrawal tendencies and feelings of inferiority (p. 28). Within this framework, the concept of active living is an integral aspect and cornerstone to the overall health and well-being of the child.

At her new school, Meghan’s teachers as well as physical education specialists were enthusiastically committed to as active a programme as the too-small facility could provide. The gym was constantly in use all day throughout the year. Rising above the challenges of an ever-changing population, most staff members worked conscientiously to ensure that children had the opportunity to experience some form of physical activity on a daily basis. The three physical activity periods a week promoted high cardiovascular exercise while advancing skill levels and co-operative play.

It appeared that the school’s philosophy and enthusiasm towards physical activity was reflected in the activity habits of the children, reinforcing the idea that it is not
sufficient for adults and society to provide facilities to play; it must also offer a positive attitude towards it (Bertelsen, 1980, p. 27). Boys and girls of all ages shared a love of movement. I watched the vigorous games of tag on the playground and saw teachers turn rope for eager groups at recess. Witnessing the hundreds of students and the small army of teachers that participated in activities during lunch, it seemed this school was doing its utmost to contribute to the healthy development of its children.

It was within this framework that I first met Meghan. When she arrived from another city in September she arrived with “baggage”. She had been “tested” and “assessed” by their special education services and a diagnosis by a medical team identified her as ADHD. Ritalin was recommended and administered as a therapeutic intervention until Meghan experienced a violent physical reaction to the drug.

Nowhere is Descartes’ ‘cartesian materialism’ more evident than in the world of medicine. With a disembodied and analytic approach it most often ignores the complete physiological and psychological aspects of the individual. Scientific medicine understands the body as a ‘machine’ comprising a large number of independent though functionally related systems of which each can be studied discretely. It attacks illness or dysfunction in a linear fashion as a means of uncovering a distinct entity, a precise cause for illness. The patient’s role remains a passive one, idle within a system that champions the use of what Berliner (1984) terms “invasive manipulation” (p. 46) to restore or maintain health. As it narrowly zeroes in on problem categories in order to
isolate, change, control or eliminate, ‘magic bullets’ or drugs transcend all boundaries as the ultimate in healing weaponry.

Of the 5 per cent of children diagnosed with ADHD in Canada, the majority are on medication to control their behaviour (Crawford, 1998). What appears to be an epidemic in learning disabilities is reflected in the drug’s production. Prescriptions for Ritalin in Canada have jumped more than 500 per cent in the nineties alone (p. 6). Drugs like Ritalin are used to improve concentration, attention and classroom behaviour. Despite the increasing knowledge and the availability of more screening, clinicians still tend to form an impression of the child with attention problems and recommend a trial of stimulant medication rather than pursue alternative strategies (Forness, 1996, p. 2). "This is a fascinating issue that goes way beyond the efficacy of a drug," says Dr. Russell Schachar, senior scientist and staff psychiatrist at Toronto’s Hospital for Sick Children. "It says something about our society’s approach to behaviour, how to manage it and our expectations of medicine" (Crawford, 1998, p. 6).
Chapter Four

A TEACHER'S SYMPATHETIC UNDERSTANDING

*A teacher must seek what is best in each child and then preserve and nourish it.*

*Jack Petrash (1993, p. 11)*

I arrived at the school at 8:20 a.m. to spend a few days in Meghan’s grade two classroom. The morning was sunny and warm and I was optimistic that inclement weather wouldn’t be a factor in disturbing the physical activity routines of the day. Even at that time of the day there were some groups of children gathered in the schoolyard. I understood that students lived in the surrounding apartments and they left their buildings at the sound of the bell and crossed the road in time for entry. I was struck by the large number of apartments in the area; the congestion of cars; the overwhelming sense of asphalt. I thought about the comparison of this community to my own of 40 years ago when I was free to run and climb in innocence and safety in a world without boundaries or borders and only street lights to call me home.

*Growing up in the 50's and 60's before television, technology, organized activities and enrichment programmes contributed to a child's rapidly disappearing free time, active living was a way of life. I spent my free time running, jumping and skipping, accumulating hours of participation in games of jumpsie rope, tag and "double Dutch". At school my recess breaks, lunchtimes*
and physical education classes were full of movement and after school teams provided even more opportunities for rigorous activity.

At home I propelled myself through the neighbourhood using my own energy to go everywhere. There were no distractions to hold me indoors: no computers, no television, and no electronic games. The neighbourhood was a safe and inviting playground for children and it breathed life into our corporeal spirit. During weekends and after dinner, I hurried outside to join the others congregating under the streetlights. Rounds of tag, road hockey tournaments and a myriad of ball games were experienced while marathons of 'hide and seek' through neighbouring backyards continued until the warm glow of the streetlights extinguished our world of active play and signaled the command of our evening curfew. We were always on the move, delighted and nourished by our own unique expression of physical freedom. Our family, our school and our community looked to a life of active living as an integral and natural piece in our wholesome and healthy development.

As I journeyed through my childhood wrapped in a natural joy of movement I was enriched by the gifts I inherited from an active lifestyle. I know that today's child is not as fortunate. Children spend about eight more hours a week in school than they did in 1981. They also do more household chores, accompany their parents on more errands and spend about a quarter of their rapidly disappearing free time in front of the television with only 12 hours a week engaged in free play (Labi, 1998, p. 44).
In the case of many of these children in this community, school provides the only opportunity for active living. Because it is well-known that habits established in childhood have a strong relationship to disease in adult life, childhood is crucial in setting up healthy and optimal pathways for life. Dr. Oded Bar-Or (1991) writes that "Circumstantial evidence and logic support the idea that an inactive child will become an inactive adult and, thus an adult at risk...The onus is on society to intervene by encouraging children to become more active" (p. 4). How important it is for a school like this one to ensure that opportunities for physical activity are provided to children during the school day and that attitudes towards healthy active living are planted and cultivated with as much enthusiasm as efforts in language and math.

Meghan's teacher, Ben, was waiting for me in his classroom. He was settled behind his desk organizing the last bits of his daily plans. I noted that the radio behind him was on and classical music drifted out into the hallway. The old windows had been cranked open and fresh spring scents drifted in from outdoors. The fluorescent lights were off and the room was filled with natural sunlight. As I glanced around the classroom I saw that it was full of children's plantings; the tiny seeds lying dormant until they popped out of the soil in time for Mother's Day. There were spelling words on the board, volunteered and written down by children. Pictures of animal life were on the walls and scraps from newspapers, obviously secured by a small and unpracticed hand, hung crooked on a current event board. Books were set up in bins and a variety of reading material was displayed on the shelves to appeal to a myriad of interests and
abilities. The room was not full of materials or of teacher created bulletin boards containing children's work.

Jackie Eldridge (1996) writes that as teachers we are often more concerned with the mechanics of teaching and we lose sight of the most important part that is the child. Eldridge and her “caregiving consciousness” caused me to reflect on my own teaching practices and I became soberly aware of how busy my rooms had been (p. 48). As a teacher I had spent hours carefully hanging work, arranging attractive bulletin boards and even designing time-consuming units and activities. I justified my actions based on the role I played in developing self-esteem and creatively extending learning. Yet as I look back I question my effectiveness. Was my preoccupation with the state of my classroom in fact more a barrier to connection and growth than it was a building block to development? How many subtle notes and sweet pieces of melody were lost while I was tuned to external music rather than internal harmony? “Did they play their stories out and I wasn’t listening?” (Paley, 1990, p. 132). As I glanced around the room I saw in the uncluttered space not predetermined expectations, but the preparation required for this teacher to channel his energies into what mattered most: to be in relationship, to be in “sympathetic understanding” (Dewey, 1939, p. 39), to connect, to listen, to teach and to learn.

Ben welcomed me warmly and we sat down to discuss the plans for the day. As I learned, Ben drew on many years of experience as an educator. He was confident and competent in the classroom with innumerable strategies to draw on for helping kids
learn. Ben and I had met at a Board-sponsored function a few months earlier as members of a panel. We spoke briefly about our common interest in learning disabilities and when I mentioned my plans of further study in ADHD he suggested I visit his classroom. One of his children, Meghan, was identified as ADHD, but was not taking medication. Physical activity was one of the strategies implemented to help her cope with her behaviour. He responded positively when I telephoned a few months later to talk about my research interest in children’s hyperactivity and the role physical activity plays in their lives. When I requested entry into his classroom for one or two days to visit and observe in the capacity of “co-teacher”, he was enthusiastic. I would play a natural part in the classroom, assisting children with their work while I observed Meghan’s activity level and any visible changes in her behaviour. Ben was delighted to have another educator in the classroom and he welcomed ideas in programming to support Meghan’s learning. He liked the fact that he would take an active role as a “co-researcher”. Momentarily released from the isolation of the classroom he too would have an opportunity to share his experiences with a peer and extend his thoughts about children and teaching.

Having lived in the classroom I know the many ways a teacher struggles with isolation. Their autonomy within their own classroom provides little opportunity for spontaneous or meaningful discourse. Collaboration and interaction with peers and administrators is restricted within the framework of the classroom teacher, and this prolonged absence of meaningful exchange impacts on professional growth and development. “There are very few lone innovators”, states Fullan (1992, p. 24).
Ben shared the information he had been collecting on ADHD. He had begun to try some new ideas from a recent workshop, hoping they would augment and extend his current strategies in helping Meghan learn. As he spoke about his concern for the struggles of learning disabled children, I saw a veteran professional, working with a strong sense of efficacy within the heterogeneity of his classroom. I recalled the studies that reviewed the exemplary practices of elementary classroom teachers in integrating exceptional and at-risk students. Ben was one of those teachers whose professional theory and beliefs fuelled the manner in which he adapted his instruction in order to reach the objectives set individually for each student.

Jordan and Lindsay and Stanovich (1997) consider the characteristics of individual teacher beliefs and practices as predictors of effective teaching in the classroom. They recognized that teachers hold differing perspectives about their responsibilities in meeting the needs of exceptional students. On one extreme is the “pathognomonic” perspective that refers to a teacher who believes that the learning problems exist primarily within the pupil (p. 83). They seek external expert assessment in order to confirm the disability and favour labelling, withdrawal and resource-room support over collaborative consultation. At the other end of the continuum is the “interventionist” perspective where a teacher “attributes student problems to the interaction of student characteristics to student environment” (p. 83). These teachers take on a collaborative role in order to interrupt a student’s failure, often implementing numerous modifications and intervention strategies to solve the problem before referring the student to formal assessment. Ben was not seeking to relinquish responsibility for
teaching and programming to experts external to his classroom. While he was seeking SEPR (Special Education Programme Resource) assistance for Meghan for more individualized assistance, he continued to do everything in his power to help her learn within her classroom. He continued to modify the standard curriculum for Meghan and drew learning strategies from a variety of sources while his experience and knowledge anchored his own sense of efficacy.

Ben explained that within the school day Meghan was very active. She enthusiastically took part in the athletic programmes offered by the school and she was very involved during recess and lunch times in high-energy games. A few months ago, Meghan’s parents had enrolled her in a martial arts programme because they had heard it provided an excellent opportunity for Meghan to learn and practice focus and control and she loved participating in the sport. Her parents had learned that the martial arts teach and develop control of the mind and body which is a basic need for children like Meghan. They have proven an effective outlet for children struggling with distraction and impulsivity making it a popular choice as a non-invasive therapeutic programme. It is recognized as beneficial because it can channel and defuse aggressive behaviour by providing structure, rules, rituals and an emphasis on a “stop and think” attitude (p. 1).

Outside of school and beyond martial arts lessons, Meghan had few opportunities to be physically active. She was closely supervised by her family. I again reflected on how important a physically active curriculum is to children like Meghan who often live an
inactive life outside of the school grounds. Ben remarked on Meghan's life outside of school:

"Meghan is picked up and taken directly home to her apartment. She doesn't have any friends at school and according to Mom, nobody comes over to her place to play. She loves Nintendo. Outside of school there is little activity for her except the martial arts."

Ben believed he hadn't considered a serious role for physical activity in the programming framework for Meghan. Reflecting on her random movements in the classroom, he programmed activities in the classroom with her needs in mind. Because of her hyperactivity she wasn't restricted to her desk or chair, but was allowed to move her body on her furniture and around her desk as long as she didn't disturb others. She was also allowed to leave the classroom for frequent drinks or washroom breaks. He had recognized early in the year that Meghan was calmer, happier and more productive when physical restrictions were reduced. Ben explained:

"It's interesting to note the privileges I give to Meghan which the rest of the class accepts. At first, when I allowed her to take numerous water breaks because it was a positive behavioural strategy for her, I was worried about what the children would think. Would all the other children begin asking for the same privileges? Implicitly, it seemed all the children understood that this was a strategy for Meghan. Not only have they have never imitated the behaviour, they've never questioned it and, in fact, they've ignored it."
"What if all the other children start doing the same sort of things", writes Vivian Paley in her book, *the boy who would be a helicopter* (1990). Like Ben, Paley learned that in her classroom, "the one child who has to disrupt does it" and the others "watch the teacher to see if that child is safe from harm" (p. 53). All they want to know is that Ben had provided them with what Eldridge (1996) refers to as a "safe place" (p. 2). Ben had readjusted the environment and his own expectations: he had altered his requirements as "teacher" to suit the needs of the child. Like Paley, he understood he could never "fully discover the essential issues for each child or set up the perfectly safe environment", but what he could do was "continually demonstrate the process of searching for solutions" (p. 57).

Because Meghan had difficulty completing most classroom assignments, Ben was continually tailoring her programming to meet her needs. He often accepted unfinished work. The biggest struggle had been to encourage Meghan to produce even a small amount of writing. When it came to writing she often did the colouring first and when it came to doing her journal she spent her time drawing pictures. Many of her stories were full of monsters and dark colours as if she was trapped in a single theme. This reminded me again of Paley who wrote that often children are "propelled into the classroom...at a particular pace and for a particular purpose" (p. xii). It remained a moral obligation for Ben as a teacher to concentrate on Meghan’s individual needs and differences and not seek her in “sets of tasks or lists of attributes” (p. xii).
I mentioned to Ben how rare it was to teach a child diagnosed with ADHD who was not on some kind of stimulant. Ben continued to explain that prior to her joining his class in September, Meghan's experience in education had been negative:

"From how her files read, it appears Meghan had been "uncontrollable" in the classroom and she went through a series of psychometric assessments by the special education services to ascertain what was wrong. The medical profession's assessments indicated she was ADHD and she was prescribed medication. Almost immediately her body reacted to the drug causing severe heart palpitations. Without medication or an alternative behaviour modification strategy, Meghan continued to falter in the grade one programme. She was slated for a behavioural class in grade two, and then they moved out of the city to their new neighbourhood."

When I heard this story I felt not only compassion for Meghan but also empathy for her parents and sensed the anxiety and fear they must feel around the experiences of their daughter. I knew that stimulants like Ritalin have been the medication of choice for most ADHD children since the 1970's. Ritalin is thought to activate and increase the low levels of dopamine production in the brain of ADHD individuals and thus decrease hyperactivity so they can concentrate and attend (Hannaford, 1995, p. 200). Yet an experience like Meghan's reflects why the prevalent use of drugs to treat behaviour remains controversial. The adverse effects of drugs and relative safety or what Roberts and Humphries and Andras (1989, p. 7) calls the "risk-to-benefit" ratio for children
under 16 years of age remain a concern. With drug use comes the long-term
detrimental side effects on the immune system and the body in general. Hannaford
(1995) tells us that Ritalin is classified in the high addiction category, along with
amphetamines, cocaine, morphine, opium and barbituates. It has the same effects and
risks as cocaine and amphetamines. Loss of appetite, abdominal pain, dizziness,
palpitations, headache and drowsiness are some of the adverse reactions given for
Ritalin (p. 199). Most frightening in light of Meghan’s experience with Ritalin, another
stimulant called Cylert, touted as having fewer unpleasant side effects to Ritalin, has
recently been disclosed as causing acute liver failure in a “small percentage” of
children (Barker, 1998, p. 8).

Ben indicated that Meghan had almost been placed in a behavioural class:

“Wait until you meet her. She’s a really nice little girl. To think she may have
ended up in a behavioural class...it would have been so wrong for her. She’s
not a behavioural concern at all, but she does have difficulty with language arts
and math. There’s a processing difficulty, yes...but behavioural issues...no
way!”

Ben suggested I take a look at the reports on Meghan in her file. He informed me that
he was still angry about her assessment from the other Board. “I’ll be anxious to hear
how you feel about what they wrote.” When I had a chance to read them later in the
day the reports drew out a similar response from me. In my journal I wrote:
After lunch I had a chance to sit down and open Meghan’s files. I was struck almost immediately by the power of meaning behind the metaphors. As a teacher with a background in special education I have read many of these assessments written about children who struggle in their learning environment. Yet today I became aware for the first time of this “language of power”, these words and labels of special education that represent true and certain knowledge. I have been so immersed in this language that it is only now when I am able to revisit it through a lens of subjectivity, that I clearly see how it loses sight of the individual.

I began with her report cards, hoping they would provide a glimpse of her past. I was shocked by the attitude that jumped from the pages and I could only picture a classroom that was so preoccupied with management and control that it overlooked its moral responsibility of providing a safe place for its children. This was not a classroom that was tuned into the internal rhythms of its music; it had clearly misinterpreted Meghan. As I read words like “severe” and “pushing” I thought of Jordan’s description of a teacher feeling ill-equipped to deal with the special needs of exceptional children. These teachers often demonstrate little or no adaptation and refer the child to outside resources for efforts in intervention. Often these teachers draw on less experience to meet these challenges. Connelly and Clandinin (1988) remind us that the past experience of teachers is a resource from which they draw and it impacts on how they shape their classrooms. Other teachers are angry or frustrated that
they have responsibility for these children. Whatever the reason for their perspective, they tend to interact less frequently with students at risk than with achieving students (Jordan & Lindsay & Stanovich, 1997, p. 83).

Outside the classroom, the formal psychometric assessments confirmed a disability. Again Meghan became a victim of a system committed to certain knowledge and authority; one that regarded qualitative dimensions of experience as having little or nothing to do with knowing. Writing in an omniscient voice, it appeared that the psychologist wanted to ensure conformity at any cost. Most disturbing were the words that expressed disappointment and referred to Meghan’s inability to take drugs to control her behaviour. Again I saw a system that too often continues to seek solutions in a detached and dogmatic manner, committed to a “theoretical position that impairs rather than aids one’s thinking.” (Barrow, 1982, p. 23) Nowhere in the report did it focus on the details of Meghan’s being. Nowhere was there anecdotal evidence that mapped out long-term patterns of behaviour or idiosyncrasies that might give insight to programming; nowhere was there mention of her strengths or a place for questions that recognized an inner life that made real the effects of emotions. These could not be measured and so they were ignored; non-existent in what seemed an inflexible, unimaginative and humourless system that established a problem in isolation from the integrity of the whole.
In the rush to demand that children conform to an external pace our culture often turns to drugs as a “quick fix” method and fast solution to the ‘problem’ rather than experiment with non-invasive and often less immediate individualized interventions. But because there is no blood test, brain scan or physical exam that can determine who has ADHD, a checklist of symptoms used by experts seems to be a terribly mechanical method for judging behaviours that are so individual, personal and complex. Meghan’s non-conforming behaviour seemed plausible since she defended from a place in which she was powerless and nobody listened. Paley (1991) writes that: “The quintessential outsider is the one we must include in our school culture if it is to be an island of safety and sensibility for everyone” (p. xi).

Ben was proud of the changes that had occurred in Meghan since she joined his classroom in September. His descriptions of her were often peppered affectionately with “she’s a really nice little girl”. He indicated that her change in behaviour and attitude was overwhelming and that often staff members commented on how well she was settling into the personality of the school.

“The difference in Meghan’s behaviour, attitude and overall well-being has changed drastically since she arrived in September. Ask anyone here and they’ll tell you she’s a very different little girl. Yes, it’s true she continues to struggle academically and she isn’t where she’s expected to be, but I’m so pleased with her progress. The difference in her is incredible, and you wouldn’t believe it.
In September she'd fall and bump into chairs, bang into other children and even run all over the room...it was really something to see."

I was struck by the difference of Meghan's past learning experiences with her present one. I thought again of Eldridge's Teachers Who Care: A Narrative Journey Into The Development Of The Safe Place (1996). Eldridge stresses the significance of caring and the importance of providing a "safe place" for children. She shares the grief and pain of her own childhood growing up in the shadow of her father's alcoholism and expresses how important her school and her teachers were to her survival. She reminds us that many children come with what Connelly and Clandinin (1996) refer to as "secret stories" that may never be shared and yet are carried deep in their heart (p. 25). In particular, Eldridge looks to the principles of Wolfelt in establishing what she calls a "caregiving consciousness" (p. 98). Sensitivity and warmth, communication of acceptance and a desire to understand are the precepts of a caring teacher.

"Much of what we do in the classroom is motivated by the desire to be liked," says Paley (1991, p. 121). As I listened to Ben speak about Meghan, I too believed that we needed to truly care about our students---like them and have them like us---in order to have the energy and commitment necessary to seek below the surface the stories and realities that shape their lives.

Hansen (1997) speaks to this question of relationship that we form with our students and suggests that "attentiveness" resides at the core of what it means to understand
them. "Moral attentiveness" refers to a teacher's keen awareness to a student's unique and distinct character development as well as attentiveness to one's character as a teacher. It accompanies "intellectual attentiveness" which means alertness to student responses to subject matter in order to get close to what they know, feel and think. Hansen's idea rests on a system of what Shields (1997) refers to as "human interaction and dialogue, where working from personal experience takes precedence over a set objective script, where relationship is at the core of teaching and connects to the lives of the individuals" (p. 11).

Ben felt compassionate about the stress Meghan's family had carried during the past few years.

"When Meghan's parents first came to the school they were very upset. Meghan's initial educational experiences had impacted negatively on them as well. At our first teacher/parent interview night Mom became emotional when I explained that Meghan had settled in well and that her behaviour wasn't an issue. She talked about their experience with too many doctors, dangerous medication and too many education assessments."

I thought about Meghan's family and all they had been through during the last few years as she struggled to meet the demands imposed by her school. Her Mom's emotional response suggests that parents also require additional care and understanding. Too often they too meet a wall of objectivity built by experts. Gartner and Lipsky
(1987) confirm that these parents often express frustration, anger and resentment at the dehumanizing discourse they and their children experience because of society’s attitudes and behaviour towards disabilities. (p. 290)

From his observations of Meghan, Ben was sure that her impulsivity was subject-specific. He believed she had some kind of difficulty with processing and her inappropriate behaviour became especially evident during language time.

"I must admit that although she appears happier and maybe calmer following physical activity, there are more dramatic swings in her behaviour at other times. You’ll see, there’s no consistent behaviour pattern. There’s no predicting that there will be less fidgeting in the morning after gym or in the afternoon following recess. There seems to be more of a link between subject and behaviour. For instance, yesterday she was bouncing off the walls and there was plenty of activity because they had gym and recess and lunch was outside but there was also writing process in the morning. On the last rainy Friday when her physical activity and writing process time was decreased, she was subdued all day."

As the morning bell rang, we rose from our chairs and began walking towards the door.
"I've arranged to have Meghan demonstrate her martial arts this morning to the students during group meeting. We'll be able to observe first thing and see if there are any obvious changes in her behaviour. It might help you compare what you see this morning with observations from the rest of the day."
Chapter Five

AN ISLAND OF SAFETY AND SENSIBILITY

One of the most urgent endeavours to be undertaken on behalf of the reconstruction of society is the reconstruction of education. It must be brought about by giving the children the environment that is adapted to their life..."

Maria Montessori (1955)

(As cited in Gang & Meyerhof Lynn & Maver, 1992)

My first introduction to Meghan came at 9:00 a.m. when Ben and I went together to welcome his grade two children in from outside. Swept in by excited chatter they entered the classroom. The room became a beehive of activity. Conversations were taking place in all parts of it as seven and eight-year old children greeted friends, removed coats, and excitedly shared their thoughts. It appeared Ben was following his regular routine; juggling time between welcoming children, listening carefully to bits and pieces of life stories and dramas, answering questions, assisting with stubborn zippers and directing body traffic. Children removed chairs from their desks and sat together in front of the rocker readying themselves for morning announcements and group time. I was introduced to them as a “friend” of the class and a helper for the day.

When Meghan entered the room I saw she was tall for her age and slight in build. Her gait was awkward and uneven and she walked avoiding near collisions with desks and
other children. She put down her chair, swung a plastic bag over her shoulder, glanced at her teacher, turned and walked back the way she had come and disappeared through the door. They had already learned that she would present her karate moves to her classmates first thing. Following morning announcements she reappeared dressed in a martial arts outfit. She stumbled towards the group almost on tip toe, zig-zagging and stepping over her classmates gathered on the floor for morning meeting. When she reached her teacher she turned to face her class and proudly displayed her newly acquired and highly prized belt.

Meghan had begun participating in karate at about the same time she started grade two. It was now April and in less than nine months she had demonstrated an affinity for the sport, graduating quickly from beginner to the next level. Many of the children who made up the audience were karate enthusiasts, but unlike Meghan, none had managed to successfully achieve the coveted orange belt. In recognition of her accomplishments and in response to high demand, Ben was providing her with a few minutes of classroom time to demonstrate her ability.

Almost immediately, Meghan changed before our eyes. Suddenly, as she drew deep breaths to ready herself for the next sequence of moves, a hyperactive, inattentive and impulsive little girl became coordinated, focused and disciplined. During the next 15 minutes she embodied power and self-control. Each move seamlessly blended into the next amplifying her ability to concentrate. When she completed her routine she reviewed the names of each of the moves she had performed and answered questions
about their difficulty. When it was time to move on to the class lesson, Meghan took a deep breath and sat down to the applause of her classmates.

As I watched Meghan stand in front of her classmates and perform her movements with confidence and pride I thought of the integral role her karate plays in developing her self-concept and self worth, the fundamental ingredients that underlie all success and achievement. I reflected on my own experience with sports and physical activity. I recall that as a child I sometimes found myself in the middle of a situation that might otherwise drown my confidence and self-esteem. Sometimes external expectations seemed far too demanding and I questioned my own ability. It was at these times I leaned on my athletics and experience in sports. My hours of dogged determination and discipline in the pool or at the track filled me and provided me with a valuable internal resource. I came to understand it as a deep pool of resiliency from which I could draw strength, focused-persistence, a sense of worthiness and courage to risk.

This healthy building of self-reliance and resiliency is discussed in Bonnie Bernard’s (1991) essay Fostering Resiliency in Kids. She indicates that in health promotion current strategies are moving away from identifying underlying “risk factors” to identifying and extending “protective factors”; traits, conditions and situations that appear to alter or reverse possible negative outcomes in individuals, families, schools and communities. Gibbs and Bennett (1990) see it as translating negative risk factors into positive action strategies (p. 1).
Levine (1994) warns that children who are at risk and are poorly understood are more susceptible to problems later on. They are more prone to suffering a loss in motivation, committing acts of noncompliance and antisocial behaviour like substance abuse and delinquent activity, and losing ambition (p. 1). Bernard indicates that although a higher percentage of at-risk children developed more problems compared to children not at-risk, within this group a greater percentage of these children still went on to become competent, healthy adults. She indicates an “ego-resilient”, “invincible”, “stress-resistant” and “resilient” kid who develops in spite of adversity. This goes along with the model of human development in which the “human personality is viewed as a self-righting mechanism that is engaged in active, ongoing adaptation to its environment” (p. 2). Positive action strategies focus on “creating and enhancing the personal and environmental attributes” that are integral to healthy development.

What are the positive behaviours or attributes of resilient children and what kind of environment encourages resilience? Bernard lists social competence or more pro-social behaviour (more responsive, active, flexible, communicative and adaptive), strong problem-solving skills, a sense of autonomy (self-esteem, self-efficacy and self-discipline) and a sense of purpose and future. These are the predictors or common threads running through the personalities of resilient children. Establishing a close bond with at least one adult who provides a caring and supportive relationship remains a critical variable throughout childhood and adolescence.
Children who are vulnerable are often exposed to more than one risk factor. Often families are not able to provide all that is needed to support resiliency. How vitally important it is then for children like Meghan to have schools and communities that shift the balance from vulnerability to resilience either by decreasing exposure to risk factors and stressful life events, or by increasing the number of available protective factors. Active living, as a rich resource, can imbue children with courage, strength, self-possession and the self-worthiness they need to proceed and grow in life.

*It was 9:30 a.m. by the time Meghan joined the other children on the rug and during the next 15 minutes she remained calm, attentive and connected to the lesson. Her eyes remained on Ben throughout that time and she seemed oblivious to the movement around her. Her quiet composure seemed almost unnatural against a backdrop of wiggling, squirming and fidgeting bodies. A stranger to the room would never guess Meghan to be the child identified as impulsive, inattentive and hyperactive.*

Observing Meghan in a calm, quiet and attentive state following her karate demonstration, I felt her excess energy had been ‘de-fused’. I recalled my own experience with my young classes of the past and how the difference in their behaviour following activity planted the seeds of this inquiry. I had become aware of how physical activity and movement throughout the day assisted young children in extending concentration and self-control during periods of learning. Almost all children find it difficult to sit still and seem to be in a constant state of movement. Sitting and focusing
for extended periods of time without fussing and fidgeting seems to be demanding too much from youngsters.

What became evident to me as I observed my children was the change in behaviour directly following a physical education class that contained a cardiovascular fitness session. When children were running, jumping or skipping for extended periods of time and then returned to class hot and happy, attention and focus improved. On these occasions, particularly among high-energy and restless students, I noted an increase in attention. One of my journal entries reflects my ongoing observations:

*I find a great difference in my children during times when they have gym at some time during the day. Following activity they are more settled, they’re better listeners and they’re more willing to respond to questions and add to discussions during our group lessons. Today I could really see the difference in my children after gym. These are high-energy kids and it is a challenge to keep them on task. Therefore, it is noticeably different when they are settled. I marked their increased attentiveness by certain behaviours like increased responses, extended eye contact and a decrease in “wiggling and fidgeting” and playing with their hands. (Brown Notes, 1996)*

As a result of these observations I referred to the play theory of “surplus energy” to explain the student’s change in behaviour following activity. This theory contends that the need for play is due to the accumulation of energy and engaging in play consumes
this energy. Physical education classes and active play at recess allowed children to “blow off steam” that builds up during periods of classroom work when their bodies naturally crave movement.

As I observed Meghan settled quietly in front of Ben my mind wandered across the ocean, to another world view, and the Chinese concept of an internal energy flow called “chi”. Conceived as an invisible and vital life force “chi” travels through the body as the supreme nourishing and protective principle. Eastern logic dictates that it is the martial arts that are thought to stimulate that internal flow of energy. Only a person who has “chi” under control is “healthy” and in balance with the forces of nature. A blockage of “chi” within the body means an “imbalance” that eventually results in symptoms of illness and disease.

When Ben had the attention of the group he began to review the plans for the day. They volunteered thoughts for a musical day and Meghan suggested a few ideas. Ben then drew their attention to the spelling words on the board and as a group they began listing them in alphabetical order. He included Meghan in the exercise and several times requested she choose the next word. Back at their desks the children transferred the spelling words from the blackboard into their notebooks.

Once back at her desk, Meghan’s behaviour changed the moment she opened her notebook. She rocked on her chair, talked to her neighbours, searched incessantly for a better pencil inside her desk and tied and re-tied her belt. Ben’s observations echoed
in my head. Within the flick of a pencil I watched as Meghan switched from involved and participatory to impulsive and inattentive. "Remember, tummy to the table," said Ben when he stopped by Meghan’s desk to interrupt her unproductive slide. He remained with her and provided a new strategy to help her attack the task and then returned again and again to guide and encourage progress.

Only during language periods and during demands on her small motor control did I observe Meghan eliciting exaggerated inattentive and impulsive behaviour. As Ben suggested earlier, her inappropriate behaviour was subject specific and sitting still proved not to be as much a problem for her as was diverting her energy to reading, writing and cutting.

As Ben circulated throughout the room and unobtrusively stopped by Meghan’s desk to assist her I again thought about the importance of the interventionist perspective of a teacher. I watched Ben as he implemented components of effective instruction. He used “instructional scaffolding” (Pressley & Hogan & McDonald & Mistretta & Ettenberger, 1996) which engaged Meghan and provided her with assistance, “explicitly explaining and modelling the skills” and “hinting and prompting” on an “as-needed” basis (p. 144). He knew in detail her abilities and where she would have difficulty and how much she was capable of completing. He balanced her need to move and leave the room for a break with his insistence that she remain at her desk and stay on task. Ben’s caring and compassion for Meghan allowed him to generously draw on a considerable amount of personal energy to help her in her struggle to learn.
As I watched the “dynamic interaction” between teacher and student I marvelled at the amount of teacher creativity and innovation that took place during the actual moments of teaching. Schwab (1983) writes: “Teachers practice an art. Moments of choice of what to do, how to do it, with whom and at what pace, arise hundreds of times a school day, and arise differently every day and with every group of students. No command or instruction can be so formulated as to control what kind of artistic judgement and behaviour, with its demand for frequent, instant choices of ways to meet an ever varying situation” (p. 380).

At the mention of gym class, Meghan reacted like a prisoner released from the confines of her dusty cell. She jumped from her chair, threw her book and pencil into her desk and hustled towards the head of the line. It seemed that as we made our way down the long hallway to the gymnasium it was all Meghan could do to control her excitement. Her happy chatter locked arms with the enthusiasm of her classmates and everyone bounded towards the gym propelled by feelings of relief and eager expectation.

When she reached the doors Meghan ran into the gym, grabbed skipping equipment and traveled to a spot where she could practice a variety of jumping skills with another group of children. Although she used very little language to connect with the others, she seemed happy and absorbed in the task. The lesson had been structured to include plenty of cardiovascular activities and once the ropes were called in the children traveled around the gym in an excited run. Meghan moved on her toes as if constantly catching herself from falling forward. She was physically awkward during changes in
locomotion as if her body required more than one cue to alter its direction. The run
changed quickly into a fast moving game and then into a short lesson on turning rope
for group skipping while the children caught their breath.

To watch Meghan struggle with balance reflects how much we take our own “muscle
sense” for granted. Known as “proprioception”, Krapchuk (1986, p. 143) reminds us
that this “sixth sense” contains the sense of self and is intrinsic to our sense of well-
being and elementary to our ego. Levine (1994) agrees that children crave motor
gratification and move to gain control over their bodies in space to carve out a positive
body image and self-concept. “An awkward child, who is chronically deprived of
motor gratification is at risk for a significant decline in self-esteem” (p. 130). How
important it is for Meghan to be provided with as many opportunities to strengthen her
balance and in so doing join her mind and body in a healthy way.

During this time Meghan had difficulty coordinating her arm movements and she
required help to make the large circular motions that are necessary to turn rope. Yet
she was not alone in her inability to turn rope in a fluid, continuous action and many
other children mirrored a similar physical stuttering as they struggled to get the timing
just right to keep their skipping game in progress. Like Meghan, their preference moved
quickly to jumping rope rather than turning it. The physical education teacher made her
way quietly around the room, assisting children where help was needed. She returned
to help Meghan on numerous occasions and provided warm assurance, guidance and
encouragement. As a warm-down they practiced a new elastic rope game and by the time they left for recess they had lost their rosy cheeks.

Again, as within the classroom, the physical education programme provided Meghan with a safe, adaptive and flexible environment that was devoid of embarrassment, ridicule and criticism. Meghan’s inability to use her gross muscle groups skillfully was not an issue. The physical education specialist had developed the programme with insight into student’s needs and she structured it to provide an opportunity for accomplishment for all children of all abilities and interests. The new skill of rope turning was built on previous successes and provided a realistic challenge for students. Assistance for Meghan was given in a natural and effective manner that recognized and took into account her on-going struggle to coordinate muscle groups and monitor muscle performance. Meghan’s enthusiasm for gym and her belief that she was “really good at sports” suggested that she was proceeding happily down the path of motor gratification.

During recess Meghan played a type of soccer-baseball game that combined lots of running with hand-eye coordination skills. Again although she was part of the game she seemed to remain insulated from the conversations of its players. When she wasn’t in the game running after the ball she waited for her turn to hit the ball and amused herself with jumping, spinning, short sprints back and forth to the field and donkey kicks. Minutes before the bell rang she noticed a group of students consumed by a fast moving game in the pathways between the portables and she left the field to join in the
action. By the time the bell rang and she joined the line to go inside she was hot, red faced and out of breath.

I watched Meghan indulge joyfully in a fleeting moment of free physical expression and thought that to see children in their natural free state is to witness continual movement. Jumping, climbing, pushing, stretching, dancing, these are the universal expressions of childhood. They reflect our most basic and natural instincts. Free-of-constraints, spur-of-the-moment spontaneity are the very essence of play. Yet this is the kind of active play that today’s children are experiencing less and less. More and more it’s supervised play, and that is not play at all. “Go out and play” or “Go call on your friends and see if they can come out and play” is part of an ‘old-fashioned’ vocabulary that no longer applies to the majority of today’s children whose play is stilted by routine, regimentation and restriction. In this type of censored play the concerns are real. Lost is the creativity of play. Lost is the imagination it develops and extends. Lost are its joyful, internal and open-ended rewards that feed the spirit.

The concept of “spirit” in western culture reminds me of the vital life force of “chi” in eastern logic. Spirit is the essential animating life force in humans that is perceived to be that intangible part of us that can’t be proven through scientific multiplicative and corroborative controlled investigations. It is our “essential Self—the wise part within—the part of us that knows our purpose” (Gang & Meyerhof Lynn & Maver, 1992, p. 11). Yet play is intimately related to strengthening our spirit and saving us from the tragedy of a soulless existence. Mihaly Csikszentmihalyi in his book Flow: The
Psychology of Optimal Experience (1990) addresses the question of what happiness is and reminds us that the truest approach to making ourselves feel and function better is to look within. Play functions as a way of achieving joy or ‘optimal experience’. It feeds the spirit by providing a sense of discovery, a creative feeling of transporting the person into a new reality, it pushes the person to higher levels of performance and leads to previously undreamed of states of consciousness (p. 74). It in fact improves our quality of experience and leads to self-growth.

As the children began to move inside Meghan left her place at the front and moved to the very end of the line as if she was trying to postpone the inevitable; holding on by her fingertips to those precious fleeting moments of freedom. By the time the children entered the classroom Meghan had mysteriously disappeared. Ben went out to find her while the rest of the class proceeded to their desks to begin writing process. When Meghan re-entered with Ben from a very long drink at the fountain, it didn’t take long before her thirst returned. At her desk she searched for anything that would take her away from her writing. She began to colour the unfinished picture from the previous day’s work; she conversed with her neighbours; she requested a drink and she finally demanded a washroom break. She sought out any excuse that would take her away from her letter writing. Only with assistance was she able to actually begin putting pen to paper. She focused on the words for a short period of time and then exchanged it for her social studies work. During that 30 minutes she continued to request numerous washroom breaks and feigned an unquenchable thirst.
At about 11:15 a.m. Ben requested that students close their writing folders and join him for lesson time. Meghan was more than anxious to distance herself from her writing and she appeared almost instantly at his feet. Children were instructed to produce a list of names for their musical and in predetermined groups of four or five they spread out around the classroom to work cooperatively on their joint project. With her group, Meghan lay on her stomach on the floor, her head resting near but not touching the shoulder of a classmate. Her legs twirled absentmindedly in the air, one foot dropping and then the other. She stared at her hands as her fingers tapped the rug in a silent rhythm. She moved them and lay her chin on the softness of her palms. Physically present she remained absent from the tiny community. She lay quietly and volunteered nothing.

I thought of Vivian Gussin Paley’s (1990) reference to a child’s “essential loneliness” as I watched Meghan remain separate from the group. This is a characteristic struggle of many learning disabled children. Often trapped by their own disabilities that include barriers to communication, they remain isolated and marginalized, painfully aware of their inability to relate to others. Both at home and at school Meghan spends most of her time on her own and often is self-insulated from a group. Her solitary routines devoid of friendships keep her “caught in a single theme”. How valuable friendships are as a natural path in “leading children into a new world of other voices, other views, other ways of expressing ideas” (p. 33).

When the groups re-assembled on the rug Meghan made her way over to her desk and sat on top of it. She seemed like a deflated balloon. All the energy I had observed
during writing process and physical activity had disappeared. Her legs slowly pumped back and forth and she leaned her chin again on her hand. She appeared subdued compared to the children at Ben's feet who continued to bounce, rock and fidget in a collective mass. She remained outside the group and the lesson for the last few minutes until noon dismissal.

At about 12:30 p.m. I left the staff room in search of Meghan in the schoolyard. The area was already full of children in mid-flight, happily propelling themselves with great abandon across the grass, over the pavement and around the swings. Meghan was playing tag and this time she was part of the game; no sooner was she tagged than she turned to chase others. She remained playing until about 1:00 p.m. and then she walked out to the field to join the soccer-baseball game. During this time she refrained from taking her turn at bat and instead moved into right field to lie down and rest on the ground.

When the children lined up to enter the building at 1:15 p.m. Meghan was already in the middle of the group. On the way in she accidentally tripped one of her classmates. She continued in through the door without offering an apology and by the time the student reached the classroom he was angry enough to demand that the wrong be righted. Meghan had walked in and gone directly to her desk where she remained with her head down in self-imposed isolation. When the students gathered on the carpet Ben discussed the issue and adeptly defused the building tensions. He used the opportunity to talk about possible solutions and preventative measures for next time. Having
ensured that his students created enough options to satisfy the problem, Ben requested that Meghan and the student meet quietly on their own to see if they could come up with a satisfactory solution to the problem. By the time he was ready to begin reading the afternoon story both Meghan and her classmate had mended fences and had quietly stepped around the bodies of seated children and joined the group.

Levine (1994) asserts that “all students can benefit from insight into why kids act as they do in school” (p224). Taking advantage of an incident to enhance children’s social skills is often quickly dismissed because of curriculum pressures. Ben took advantage of a problem situation and turned it into a positive learning experience for all his children and especially for Meghan who struggles with underdeveloped social skills. Encouraging a class discussion around the issue provided her with solutions she may not have arrived at on her own while at the same time he reinforced the importance of personal control. Meghan remained safe and secure in a situation that might otherwise have caused her to be ostracized, neglected and excluded.

Once in the group the children made room for Meghan close to Ben. Her eyes wondered around the room and she commented on the plot and the fate of the protagonist when she was asked to respond. I noted that she seemed tired and reserved and I compared her energy level to what I had observed after morning recess. She seemed to have run out of steam.
At 1:30 p.m. the door opened and a parent helper arrived to take Meghan out to read and write. The parent provided Meghan with some extra one-on-one attention to help strengthen her language and math skills and small motor control. Meghan's energy returned immediately. She jumped up, moved quickly to the reading bins, made a selection of her favourite books and then skipped to the door. Ben reminded her to take her writing journal and she returned to her desk a little less enthusiastically. I went along and we headed to an empty room and Meghan requested to sit at a desk to read. She had carried along her favourite books and she read with confidence. I noted that she sat quietly during this time. Involved with the books, she read them quickly and only asked questions about the plot.

Meghan's attitude changed when the parent helper suggested she try reading a new book. This one the parent pulled out. It was unfamiliar and proved more challenging. Meghan struggled with the words while the parent provided her with clues in an attempt to scaffold her learning. "Oh man, I'm dumb at this thing," she said in frustration. Suddenly her feet began swinging under the chair and her body started wiggling. Yet she continued to try and concentrate and wrestle with the words on the page. It seemed a painful and taxing effort and both Meghan and the parent were relieved when they finally reached the last page. The parent patted Meghan on the back and congratulated her on her accomplishment, but it seemed Meghan got little satisfaction from the praise. It had been difficult work and during that time her behaviour had escalated so that by now she was rocking back and forth. When the parent helper suggested she work on her writing journal, Meghan immediately requested a washroom break.
Levine (1994) suggests that when children are slow to develop academic skills they become anxious and frustrated. No doubt Meghan, comparing herself to others, wrestles with the pressure to meet expectations of the highly age-specific demands imposed in school. Levine goes on to write that: “Needless suffering occurs whenever children grow up disappointing themselves and the adults who care about them. Often they do so because they perform inadequately in school. Unfortunately, these children come to question their own worthiness, as they gaze about and compare themselves to others.” (p. 1)

As I recalled Meghan’s past experiences with special education I thought again about Coles (1989) and the “moral thoughtlessness” that comes with labelling and categories (p18). Certainly, Meghan had many characteristics of an identified ADHD child. Yet her impulsive and inappropriate inattention appeared to be selectively accentuated during specific tasks in language. This seemed to suggest her “idiosyncratic” impulsive behaviour at these times reflected more an anxiety caused by a processing problem that made learning difficult rather than a physiological deficit or dysfunction in the brain. It is frightening to think of the numbers of children like Meghan that use drugs to control behaviour because practitioners regularly seek out the similarities of the disorder rather than study the peculiarities of the symptoms. It is estimated that about half the patients seen today in ordinary practice do not have any definite diagnosis because the idiosyncratic symptoms of illness are more common than the ‘common symptoms’ of disease (Coulter, 1984, p. 64).
When we opened the door Ben was just completing his math lesson. The children were doing fractions and talking about the meaning of portions. It seemed to have been a particularly confusing and difficult lesson and I watched as some students still struggled with the concept. As they headed back to their seats Ben took Meghan aside to review what she had missed. She went back to her seat and completed her math correctly. She didn’t want to colour the pictures in the handout, but returned to her writing journal and drew pictures for a short time until recess.

During recess Meghan was quiet on the field. She played a little soccer-baseball, but remained standing still much of the time. She seemed detached from the busy world around her and when the bell rang she entered the classroom and lay on her desk, seemingly spent of energy.

The most restless and difficult period for Meghan occurred between afternoon recess and home time. She remained sitting on her desk with her legs swinging in the air while the rest of the class discussed their animal activities and their social studies project. Ben involved her in the lesson by asking questions. Once the children made their way back to their desks Meghan sat in her chair and began to colour her animal. It took her most of the time allotted to complete the task and she was still colouring when almost all of the others had already cut it out and pasted it to their cover. Every few minutes she required a reminder from Ben to focus on her work. She complained of a sore lip and requested drinks, but Ben remained firm until she finished half her work. With seconds to go before dismissal she completed the colouring, but refused to give
practice to her fine motor skills by cutting. She placed the work inside her folder and left the cutting and gluing for another day.

At 3:30 p.m. when the class was called up to the carpet to discuss the days work, Meghan remained at her desk to complete colouring from the morning's work. With minutes to go before home time she frantically tried to finish it. Children put their chairs up and began to line up and still she remained absorbed in her task. At the sound of the bell she threw her work in her folder, scrambled to her feet, dumped her chair on her desk, and ran out the door.
Chapter Six

A DIFFERENT KIND OF LISTENER

*Individuality is inseparable from community... for in the Taoist view there is no obdurately external world. My inside arises mutually with my outside, and though the two may differ, they cannot be separated."

*Alan Watts (as cited in Beinfold & Korngold, 1991)*

I have learned much during this journey into narrative inquiry. My experience, knowledge, personal reflection and theory were all woven together—connected and carried to consciousness on the breath of Meghan’s fictional story. Through the medium of narrative I was able to compare the educative discourse of objectivity to that of the power of informed observation and human interaction. I came to understand that it is our “moral and intellectual attentiveness” (Hansen, 1997) that addresses the intricacies of the child and takes precedence over any objective script. To be in relationship is integral to teaching and learning and paramount if the integrity of the child is to be preserved and nourished.

Meghan’s story at her new school highlights the type of “physical and social surroundings” that “extracts everything that can contribute to building up experiences that are worthwhile for children” (Dewey, 1938). Her new life was situated within a “health promoting school” or “healthy school” and set the stage for health through a philosophy and principles that contributed significantly to dynamic interaction. At the
heart of such a philosophy is the concept of interconnectedness and balance. All implementation of programmes and policies revolve around maintaining a healthy balance while developing, protecting, sustaining and enhancing education and health.

Within such a school that honours the integrity of the child lives a programme of active living. A well-designed and success-oriented program provides students with a means of satisfying basic human needs while simultaneously blending experiences in the other domains and utilizing all the senses. A school committed to QDPE suggests one whose members are in "sympathetic understanding" with the "intrinsic characteristics" of the child and committed to the dialectical logic of relationships and rhythms.

Meaghan’s teacher, Ben, based his practice of teaching and reaching children on "dynamic interaction". His caring way reflected a willingness to "listen" and persistence in providing care. "We must become aware of the essential loneliness of each child", writes Paley (1991). "Our classrooms at all levels must look more like happy families and secure homes, the kind in which all family members can tell their private stories, knowing they will be listened to with affection and respect" (p. 149).

Dewey points to the moral responsibility of society to be a conscientious and sympathetic listener. As discussed in chapter two, Dewey defines "criteria of experience" through the principles of "interaction" and "continuity of experience." Both are significant to understanding how to discriminate among experiences that are of "value" and those that are "mis-educative" (p.51). While he describes experience as a
“moving force” (p. 36), there is a sense of motion in experience that sets it apart from a static entity or event. There is a directionality that is the responsibility of the educator or parent to establish. It is based on an understanding of his own past experience, on a careful ‘attentiveness’ to where the experience is moving toward, on an understanding of the child, and on an understanding of the objective conditions. As in the concept of the Yin and Yang, the principle of “interaction” means neither the individual’s inner subjectivity nor the objective conditions serve as a single most important variable. Rather it is the educator or parents that pay attention in order to determine the appropriateness and growth-enhancing interplay of the two.

If the growing numbers of learning disabled children that fill our classrooms are sending us a message then, like Meghan, they are telling us that ignoring their natural instincts and arrogantly oppressing their spirits with overwhelming external pressures is not only unhealthy and immoral, but also absurd. The Latin word for absurd is ‘surdus’ which means ‘deaf’. It seems that if we are to assist children in reaching their inherent possibilities and achieve their optimal level of health and wellness we must become different kinds of listeners: listeners that are sensitive and attentive to the spirit of the child and the development of their physical, intellectual, emotional, and social domains.
REFERENCES


