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Camphill : Understanding children and childhood

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CONTENTS

ABSTRACT

The subject of childhood identity has been extensively researched within the developing field of childhood studies but no study has so far examined the way the identities of children with disabilities are influenced by cultural perceptions in residential child care in Scotland. A review of the literature examines the concept of childhood and disabled identity, in particular considering professional representations of the vulnerable child. In order to provide a historical context for the study, selected aspects of Camphill's view of children and childhood are presented. The study's aim is to explore the influence of the Camphill narrative concerning the child with disabilities through a critical examination of selected Child Study minutes from 2002 -2007. This documentary analysis is supplemented by non-participant observations in selected Child Studies (multi – disciplinary meetings held within Camphill). A detailed analysis of the minutes suggests that Camphill's close identification with children's 'lived experiences' of disability can lead at times to an over emphasis on their vulnerability and dependence. The cultural stress on human interrelationship and self development is sometimes enacted in a manner that prioritises adult authority and expertise so that children have limited voice and influence. It is argued that there is a need for Camphill professionals to develop reflective practice that views their understandings as provisional and contestable. This will enable Camphill's distinctive ethical perspective to contribute more effectively to current debates in residential child care.

CHAPTER 1. INTRODUCTION

'Is there anyone who can recover the experience of his childhood, not merely with a memory of what he did and what happened to him ... but with an intimate penetration, a revived consciousness of what he felt then – when it was so long from one Midsummer to another?' p.123

G.Eliot. (2003) 'Mill on the Floss'.

In 2006, as the organisation approached its 70th anniversary, a number of contributors from within and without Camphill wrote about their experience of its unique qualities. One of the parents spoke movingly of her experience of the way her child was viewed by the volunteer workers (Jackson, 2006, p. 246):

What struck me most on the first visit, was that all of the children were treated with respect. Here at last, was an environment where the adults truly saw the child, and then acknowledged the child's particular disability. Here, at last, was a place where she could learn and develop in her own time being cared for by people who would genuinely care for her. Here, at last, was hope.

This quotation points to a distinctive way of seeing children's and young people's vulnerabilities, where adults place immense value on children's potential, fostering close and trusting relationships which ask for huge emotional investment. Smith (2009) has pointed to the need to rethink residential childcare, to rediscover its ethical roots and challenge the tendencies to see it as a technical, rational endeavour. He cites Camphill as an exemplar of this relational, moral disposition yet also states that Camphill can be viewed with suspicion

due to ignorance about its philosophy and methods. This study attempts to go some way to rectify this situation by critiquing the manner in which the cultural understanding of the adult-child relationship influences Camphill's distinctive approach to the child with disabilities.

Camphill School is an independent residential school that currently caters for 59 children and young people with a wide range of disabilities, who attend the school as boarders or as day pupils from 3-18. Within this study, the term 'child with disabilities' is used to describe children with a wide range of physical, cognitive and emotional impairments, such as autism, ADHD and attachment difficulties. Those who work with the children as carers, teachers or therapists are known as 'co-workers'. There are approximately 180 co-workers, either working on an employed or voluntary basis within Camphill.

Camphill's practice has historically been influenced by a medical approach to disability. Indeed, one of Camphill founders was a medical doctor as were a number of the early pioneers (Pietzner, 1990). Nevertheless, the organisation has always emphasised the importance of mutual relationship based on interdependence and commitment. As Koenig (1989, p.10) stated, 'People only exist by continually renewing themselves through their influence on others and others' influence on them'. However, during my years in Camphill I experienced that this cultural emphasis on human interrelationship and self development was sometimes enacted in a manner that over-emphasised adult authority and expertise so that children had little voice and influence.

Here was a paradox. Camphill's holistic approach, although it has many complex aspects, can be defined as an ethical awareness of the essential humanity of each individual.

The implication is that each person has a spiritual-human potential which transcends the limitations of their particular disability. This perspective has led to the profound, empathic identification with suffering which is arguably one of Camphill's major contributions to work with children with disabilities.   However, when participating in Child Studies I had increasingly experienced that this close identification with the children's painful experiences meant that there was sometimes an overemphasis on their sensitivity and vulnerability. These concerns were to a certain extent confirmed by wider reading and subsequent observations. I was consequently sensitised to this danger due to its personal significance. Consequently I considered that a detailed analysis of notes from these meetings could cast useful light on this narrative and its implications for the child with disabilities in Camphill.

Childhood Studies (James & James, 2008) is a relatively new field within sociology that takes as its starting point the need to question familiar concepts about children and childhood. Childhood is seen as socially constructed and culturally relative, having both biological and social aspects. Jenks (2005) argues that we cannot imagine what a child is except in relation to how we see ourselves as adults, which in turn is complex and shifting in the early twenty first century. How we represent the child is therefore influenced by a range of narratives that live in a particular culture and most of all by our own childhood experiences. We are all 'experts' on childhood as we have all lived though the experience; the challenge is to maintain an appropriate distance from those experiences. Consequently, in understanding children we consider similarities and differences from our own experience; we construct their identity in relation to our own. This is surely the central activity of residential

child care, a complex domain which few have researched although Fewster (1990) and Garfat (1998) have made significant contributions.

This study was motivated by the following questions but does not pretend to provide definitive answers. Rather, it is an attempt to explore the terrain and to uncover new perspectives prompted by a view of childhood as a cultural narrative:

- Are there distinctive features of Camphill's view of childhood and the child with disabilities?
- How does Camphill's historical narrative influence current practice in this area?
- How does the professional adult/child relationship influence this understanding?

The study's aim is to explore the cultural influence of the Camphill narrative concerning the child with disabilities through a critical examination of selected Child Study minutes from the last decade. This documentary analysis was supplemented by non-participant observation of four meetings. Child Studies are annual internal meetings of co-workers to evaluate a child's progress and formulate new common aims within care, education and therapeutic work.

The study was also motivated by my growing awareness of the links between knowledge and power. Whilst we clearly have a responsibility to protect and support the child and consequently need to form collaborative assessments, groups of professionals can see the child as a problem that needs to be solved when they feel under pressure. Billington (2006) points to the danger at these moments of maintaining a fracture between our professional

experience and that of the child. We can place firm boundaries around a child's identity which do not allow room for change and development.

However, I faced a comparable danger throughout this research process which required constant ethical awareness. This was the danger that my own prejudices and biographical experiences would stand in the way of seeing the culture with a fresh, unjaundiced eye. I was engaged in what Dunne, Pryor & Yates (2005) refer to as a process of 'triple mimesis' following Ricouer: I observed the process of meaning making in Child Studies then formed my own interpretation of this experience before in turn creating my research report. There are clear parallels to be drawn here between these two processes. Holliday (2007) writes about the temptation for the researcher to tie things up too neatly in order to produce a coherent text. As will be discussed further in Chapter 4 I adopted a reflexive approach to my interpretations, repeatedly checking them against the research data. In this manner I attempted to be respectful towards the committed and sincere practices in Camphill that I have witnessed throughout the course of this research.

CHAPTER 2. LITERATURE REVIEW

Whilst the subject of disabled identity has been focused on in disability studies, few writers have studied the ways in which residential organizations manage their ambivalence regarding individual children with disabilities. The literature review aims to shed light on definitions of disabled identity by considering Jenkins' (2004) view that identity is a process of internal and external identification.   A new approach to this dilemma is proposed which draws on recent work in the related yet distinct fields of childhood and disability studies.

Social identity

There is little doubt that identity has never been more of a pressing issue at a time when traditional attachments (to family, social class, culture) become increasingly uncertain and contingent (Bendle, 2002).

It is consequently important to set out this study's assumptions and the position it takes in relation to social identity. Drawing on a social constructionist perspective, it accepts that identity always includes both individual and collective dimensions and in this sense comprises a core of lived experience which is interpreted in the light of internalised social norms. Participants in an institutional context consequently frame their narratives of identity to fit culturally available discursive resources.

According to Jenkins (2004) the concept of social identity was initially developed in social psychology by Tajfel and Turner. They considered processes of social categorisation in

an effort to understand intergroup discrimination. They argued that the categories we use in everyday life such as class, 'race' and disability are culturally constructed.

Our social identity entails an understanding of what it means to be human, our similarities and differences (Hockey & James, 2003; Jenkins, 2004) which unite us and also separate us. Power relations are fundamentally implicated in this process. Jenkins makes the point that this happens simultaneously on three different levels:

1) The individual order: the way I make meaning of my personal experiences

2) The interaction order: interaction between internal self definition and definition by others

3) The institutional order: group identification and categorisation

He cites Mead's characterisation in 1934 of this reflexive interaction as a dialogue between 'I' and 'Me', or the private and public self. Mead argues that our 'private' self captures the way we experience ourselves in moment by moment interaction whereas our 'public' self is influenced by internalised attitudes of significant people in our life. However groups of people and organizations also draw on a shared cultural understanding of situations to define acceptable and unacceptable behaviour. Identity is therefore perhaps better understood from a sociological perspective as a process of identification which involves boundary maintenance having both individual and collective aspects.

Mead is generally credited with being one of the founders of the American tradition of 'symbolic interactionism' that studies the processes of meaning making within everyday interactions (Silverman, 2004). Studies in the sociology of deviance continued this tradition:

for example Becker (cited in Jenkins, 2004) described how individuals are labelled within a particular institutional setting. These labels become authoritative and lasting. In other words, they point to the way an individual's identity is implicated with power relationships. It is a question of whose understanding of a situation counts: an individual's own experience or an external categorisation. Goffman (1963) in his work on stigma refers to the 'master status' of a particular identity which contaminates all other aspects of identity. He provides an example of the way in which people with disabilities are constructed as fundamentally different to 'normal', non- disabled people and a particular feature of their experience (such as autism) becomes the dominant category or 'master status' for external identification.

Disabled identity

The identity of children with disabilities has become increasingly problematic over the last thirty years. Special education has historically taken a medical and behaviouristic approach (Molloy & Vasil, 2002; Thomas & Loxley, 2007) which stresses the importance of diagnosis and individualized behavioural programmes. These were underpinned by a belief in the importance of positivistic sciences such as psychology which stressed objective certainty about the child (Thomas & Loxley, 2007). However writers such as Abberley (1987) and Oliver (1990) have developed the social model of disability which argues that disability is socially produced due to discriminatory practices towards those who have different kinds of bodies and abilities. They distinguish between impairment such as lack of mobility which is merely a bodily difference and disabling factors such as inadequate facilities and oppressive attitudes.

Although Foucault (1975/1991) did not write explicitly about disability he developed the concept of discourse as an institutionalised way of thinking about and representing a subject through language. Foucault continued the post-modernist tradition of promoting scepticism about truth claims such as those of developmental psychology which rely on objective certainty about children's needs. He pointed to the link between power and language, as discourses determine what can and can't be said about a subject (Kehily, 2004). Discursive practices thus become an unquestioned frame through we view reality (Foucault, 1963/2003, p. 15).

Hughes and Paterson (1997) however have argued that this approach leaves little space for the subjective experience of living with impairment and individuals' ability to resist exclusionary narratives. They call for a more balanced and less deterministic understanding of the ways in which the body is represented. Although the institutional tendency to make general, universal statements about impairments such as autism should be resisted it is also evident that autism does contribute to a particular 'lived experience' for each individual. They suggest the importance of a research agenda which considers the impact of this ambivalence on individuals with disabilities. Jenkins' (2004) thesis that identification always involves the process of boundary maintenance between individual and collective aspects points to the inseparability of identity and ambivalence, due to our constant oscillation between 'I' and 'Me' in Mead's terms.

Sociological studies about the nature of the body and embodiment (Turner, 1992, Shilling, 1993) also refer to this existential ambivalence. Drawing on a diverse range of theoretical traditions including social anthropology and phenomenology, Hockey and James

(2003) cite Turner's (1992) distinction between 'Körper' and 'Leib'. The former is the visible, external appearance of the body whilst the latter is its internal subjective experience. Both are fundamental in constituting our identity: people are experienced as both 'in' and 'as' their bodies.

Priestley (1998) has emphasised the need for a new agenda in research into the lives of disabled children. He proposed that there are many parallels between recent developments in childhood studies and disability studies but little work which explored the intersection between these perspectives. This study attempts to develop this direction by considering how cultural understandings of childhood and disability can shed light on the way residential childcare contexts attempt to manage their ambivalence regarding children's vulnerabilities.

Sociology of childhood

Over the last thirty years, academic writers across a number of diverse disciplines (sociology, anthropology, cultural history) have begun to question taken for granted understandings of children and childhood (Prout, 2000). As James and James (2004) argue, the term 'childhood' has ceased to be an unproblematic term for a particular stage of development and has increasingly been seen as a cultural representation. This academic trend was arguably initiated by Aries in 1967 whose historical studies led him to claim that childhood did not exist as a universal category in medieval times but was a modern invention (Aries, 1996). Although Pollock (cited by Jenks, 2005) questioned the accuracy of his historical sources, his principal thesis is accepted. Subsequent authors within childhood

studies have continued to try to prise children from their biological and developmental roots (James & Prout, 1990; James, Jenks, Prout, 1998; Jenks, 2005).

Underpinning all of this work is a social constructionist perspective, which one of the prominent writers in the field (Prout, 2005) admits has almost become the new orthodoxy. Writers within this tradition sometimes appear to be framing the majority of biological and developmental constraints as social constructions. Berger and Luckman (1991, p. 67) indeed state: '…there is no human nature in the sense of a biologically fixed substratum…' In some ways this has parallels to the impairment/disability debate concerning what is innate and thus 'natural' in a child and what can be ascribed to cultural interpretations.

Childhood studies have placed an emphasis on the ways in which children and childhood are '…interpreted, understood and socially institutionalized by adults' (James and James, 2004, p.13).   A number of authors (Lee, 2001, 2005; Jenks, 2005; Kehily, 2004) have emphasized the way children are constrained and regulated by adult expectations of compliance to social norms. Lee (2001) frames this as an ambivalence between 'being and becoming' where children are seen as incomplete and unfinished compared to the adult world. They are thus often responded to in terms of their need to become rational, 'mature' adults rather than on their own terms as young individuals who deserve respect and recognition. James, Jenks and Prout (1998) make a compelling argument concerning the way in which children are positioned as different and at the boundary of adult society due to their apparent irrationality.   Children are thus identified along a continuum of age, competence and

physical characteristics and we consider the manner in which they are similar to or differ from internalised cultural representations of mature, fully developed, 'complete' adults.

Sociologists of childhood also relate these views of the child to the overpowering influence of developmental psychology. Following on from Foucault (1991) and Rose (1989), Burman (2008) has been particularly influential in developing a critique of developmental psychology's view of the child. In Western culture, it is argued that developmental psychology has reinforced a deterministic view of a universal child, where individual differences are generalised to form a picture of logical progression through clearly delineated stages into adulthood (Lee, 1999; James &James, 2008; Wyness, 2006). Piaget's concept of linear progression through developmental stages has been hugely significant in inculcating this picture of invariant development. James and James (2008) support this by claiming that Piaget misinterpreted his data and thus formed spurious conceptual links between age and competence. Children are thus severed from their social and environmental contexts and only understood in terms of their biological and developmental needs (Billington, 2006; Stainton Rogers in Kehily, 2004). In this way as Burman (2008) argues, the social and biological aspects of their existence are elided through such key terms as 'natural development'. Developmental approaches are also critiqued for their claims to scientific objectivity and certainty about the 'truth' of the child's needs (Dahlberg &Moss, 2005; Wyness, 2006).

Foucault has written extensively (1963/2003) about the medical gaze in modernity which rests on 'the will to truth' that produces universal theoretical statements about

individual needs. Not only that, but he asserts that with this powerful gaze the doctor could penetrate illusion and see through to the underlying reality. (ibid) Elsewhere (1975/1991) he refers to the new technologies which developed in the nineteenth century of rank, category and measurement. In his view these initiated a pathologising process whereby individuals were regulated and contained. Hendrick in James and Prout (1990) relates these developments to the beginning of universal schooling and the advent of a statistical approach in child healthcare. The twentieth century witnessed the emergence of a variety of representations of childhood, including the 'psycho-medical' and 'psychological' child.

Jenks (2005) cites Hacking who also connected this to the development of the concept of 'normality'. Hacking argues that 'normal' moved beyond its customary meaning of average or typical at the beginning of the twentieth century and began to mean healthy and desirable. Authors writing within a Foucauldian tradition such as Rose (1989), Burman (2008) and Billington (2000, 2006) have pointed to the role that developmental psychology has played within this pathologising process. They argue that children have been too often measured and categorised in terms of developmental 'truths' which express ideological discourses about 'desirable' development.

Hogan (2005) has however offered a reasoned defence of the developmental position, pointing to the growing number of developmental psychologists who adopt a more critical approach. She reasons that developmental psychology is a large and diverse field within which a number of positions coexist. Accepting some of the critique that it views children as

context free and predictable, she nevertheless points to the constructivist basis of Piaget's work as well as the more social contextual work of Vygotsky and Bronfenbrenner.

Innocence and vulnerability

Jenks (2005) has considered the contribution of a phenomenological perspective to this discussion by focusing on the cultural investments that are sustained by the adult-child boundary. He argues that views of childhood have become a way of exploring '… missing, unexpressed and disempowered aspects of ourselves' (p.150). Evidence for this within a Camphill context might be drawn from König's view (1960/1993, p. 15) that the children with disabilities who came to Camphill were '…in a position similar to ours. They were refugees from a society which did not accept them…' Another of the founders of Camphill, Thomas Weihs stated in an address to parents (Hansmann, 1992, p.31) that

In their one sidednesses (sic), they have shown us the glory of the total human potential and they have given us the opportunity … to develop our own integrity, maturity and fulfilment.

One of the most significant discourses underpinning current representations is the Western view of childhood innocence and goodness. Meyer (2007) presents research using discourse analysis of media articles and focus group interviews about child protection scandals. Although conceding that it is difficult to generalise from a limited sample, she suggests that underlying common anxieties is a moral rhetoric about childhood which is profoundly ideological. Childhood innocence is an incontestable good in this narrative and modern developments such as computers and video games contribute to the loss of childhood. Burman (2008) argues that this rests on an assumption of a romantic, pre-social child dating

back to Rousseau's call for a return to Nature in children's upbringing. During the nineteenth century nature was increasingly seen as a positive force and identified with all that was fresh, pure and innocent in children.

This underpins the metaphor which James and James (2004) term the 'garden of childhood' (p.162), beloved of many writers of children's literature (Gittins, 2004). This resonates with the concept of the inner child, 'the child within' that Steedman (1995) has argued has an increasing historical presence in Victorian literature. She builds her argument around the child figure Mignon in Goethe's novel 'Wilhelm Meister' who attracted contemporary fascination and anxiety about children who were somehow different or not normal. Childhood is thus seen as a symbolic construction which reinforces a sense of collective adult identity. Representations of childhood are imbued with adult nostalgia whereby a child comes to represent a golden past of endless summers free from care and anxiety (Jenks, 2005). The emotional effect of nostalgia can becomes so powerful that it constrains our experience of the child until it represents one overriding attribute such as innocence.

Drawing on the work of sociologist Ulrich Beck (1992), Jenks (2005, p.211) has pointed to the ambivalent manner in which late modern society has readopted the child. The child has become invested with all of our adult desire for stability in an uncertain world:

Children are now seen not so much as 'promise' but as primary and unequivocal sources of love, but also as partners in the most fundamental, unchosen, negotiated form of relationship.

He argues that we need children to represent essential innocence and vulnerability and that this attains mythical status similar to Meyer's (2007) view of childhood as moral rhetoric. At the same time adults are increasingly anxious about the aggression, unpredictability and irrationality of children's behaviour. Jenks (2005) frames this as a mythical duality between an untainted and sentimentalised Apollonian child and an undisciplined, irrational and potentially dangerous Dionysian child. Evidence for this assertion might be drawn from current anxieties about risk and youth crime: children are positioned as 'at risk' and also as a source of risk (James and James, 2001).

Professional representations of children with disabilities

This conceptual and emotional ambiguity is also evident in professional representations of children with disabilities and their childhood. This particularly relates to the shaping and interpretation of children's vulnerability and lack of adult competence. Perspectives from the sociology of childhood can thus usefully contribute to the debate about how impairment is interpreted in the disabled child. Jenkins' (2004) framework that proposes an interaction between individual, cultural and institutional identifications offers a way to synthesise postmodern and phenomenological approaches. Unless our institutional representations can accept the contingent nature of any identification there is the danger that we project our need for clear, categorical understanding onto the child who is depicted as innocent yet damaged, fragile and vulnerable (Meyer, 2007). Within this therapeutic discourse children's voices are often silenced and the challenges they present are interpreted through the lens of their disability rather than as expressions of their personality.

21

Perhaps surprisingly there have been few research studies which considered this reflexive aspect of professional representations.   Marks (1997) and Marks, Burman and Parker (1995) have analysed case conferences and identified a therapeutic discourse of the delicate, sensitive child. They pointed to the pressure within organizations to label the child, to achieve an ideological certainty as to who he is and what he needs.   Certain understandings are privileged over others and become authoritative representations, or in Foucault's terms, 'regimes of truth' (as cited in Billington, 2006).   Avdi, Griffin and Brough (2000) used discourse analysis to research the experience of parents of autistic children during the assessment process. They cite Billig et al's   view that the 'liberal expert' attempts to conceal power relations by constructions of the professional as always altruistic and benevolent.

Billington, McNally and McNally (2000) came to similar conclusions in research with parents of children with autism. Billington (2006, p.10) also discusses the '…fracture that can exist between professional knowledge and client experience' and argues that professionals need to maintain a reflexive awareness of their role in the assessment process. Drawing on a Foucauldian perspective, he offers a balanced view of the need to maintain our legitimate responsibility for protection and guidance whilst being aware that our understanding of the situation may differ from that of the child. Like Lee (1999) he refers to themes of closeness and distance in professional representations of disabled children: how can professionals manage their anxiety and emotional ambivalence in relationships with children without stigmatizing the child and exaggerating difference?

Little research has been carried out into the cultural dynamics of child assessment in residential child care. As Stalker (2008) indicates, the majority of research into the experience of children with disabilities in residential care has looked at service quality. However, Garfat (1998) has conducted a phenomenological inquiry into how children, youth and workers experience Child and Youth Care interventions. This highlighted the importance of emotional presence, meaning making and self awareness within the therapeutic relationship. Authors such as Fewster (1990) and Dahlberg and Moss have argued for a fundamental respect for what they (2005) term the ungraspable call of the child. They claim that this will involve a fine balance between understanding the child and allowing for the infinite distance that always exists between one human being and another.

König, the co-founder of Camphill, also emphasized the need for deep respect for the unique potential and individual experience of children with disabilities. He wrote in his diary that he had 'Many glimpses into the essential nature of the children… ' (Selg, 2008, p.73) as he attempted to gain clear knowledge of the life situation of each child. It is possible that this 'clear knowledge' provided a foundation for Camphill's relational view of the child (Hansmann, 1992). Koenig stressed in 1965 that this form of curative or healing education should be founded on a fundamental ethical attitude based on '… the encounter of a self with another self…' (Selg, 2009, p. 42). Without this awareness he believed the children would be '… talked about and looked down upon as something separate from ourselves' (1989, p.13).

This study will consequently consider the way Camphill professionals attempt to manage their ambivalence regarding the identity of children with disabilities by drawing on discursive resources available within the organizational culture. It will adopt an interpretive

approach to a selection of Child Study notes in order to examine how these cultural narratives shape perceptions.

CHAPTER 3. HISTORICAL BACKGROUND

This chapter provides a discussion of significant aspects of Camphill's cultural narrative concerning childhood and disability which has developed during its 70 year history. Considerable detail is provided due to the study's methodological assumption that cultural narratives within an organisation are embedded in habitual social practices and historical understandings (Somekh & Lewin, 2005).

In 1924 Rudolf Steiner, the Austrian physician, philosopher and founder of anthroposophy, gave a series of twelve lectures on the subject of curative education for '… children whose development has been arrested and whom we have now to educate – or again, to heal, in so far as this is possible' (1952/1998, p.17). The term *curative education* is a direct translation of the German *Heilpadagogik* which means 'healing education' (Monteux, 2006). He saw himself as deepening the work of previous nineteenth century continental pioneers such as Seguin and Pestalozzi (ibid) who had advocated an education which addressed more than the intellect alone. He thus positioned himself quite consciously against what he viewed as modern, materialistic views of disability as a purely medical problem. (Hendrick, 2003).

At the beginning of the twentieth century child psychology's focus on the scientific study of childhood influenced the burgeoning Child Guidance movement's work with

children and families (ibid). The 'backward' and 'delinquent' child' (Abrams, 1998) was studied in relation to normal development and was increasingly targeted for specialist support with overriding emphasis on medical diagnosis and categorization. Although this attention to the needs of children with disabilities was in some ways a positive development, it maintained their social identity as a potential threat to society in need of control and remediation. This view took an extreme form in the eugenics movement which was still promoted by distinguished scientists in Britain as recently as the 1940s (Hubbard, 2006).

In the lecture course mentioned earlier Steiner combined presentations of his spiritual perspective with discussion of children's case histories from a curative institution. In this, he placed great emphasis on respectful and phenomenological attention to the children's bodily appearance, behaviour and movements. He saw each child as a 'sacred enigma' (Selg, 2008, p.49) which could be interpreted through intimate attention to the smallest physical and psychological details. Steiner was aware however of the dangers implicit in this therapeutic discourse and warned practitioners of the need for '… a high standard of conscientiousness and responsibility…' in the work (1952/1998, p.49).

Karl König was an Austrian physician who gained his medical degree in 1927, two years after Steiner's death. Dr. Ita Wegman, a colleague of Rudolf Steiner, invited König to work at the Sonnenhof, an anthroposophical curative home in Switzerland (Müller – Wiedemann, 1996). One of his earliest experiences here was a powerfully symbolic moment for the future work he would undertake. He experienced an Advent celebration where a mossy spiral was set up in a room with a large candle in the centre. Each child, alone or with

guidance, walked through the spiral holding a small candle which they then lit from the large 'candle on the hill'. This image spoke deeply to König as it resonated with his spiritual conception of the child and the manner in which he felt it was intertwined with his life's purpose (ibid, p.68):

And suddenly I knew: "Yes, this is my future task! So to awaken the spiritual light inherent in each one of these children that it will lead them to their true humanity – that is what I want to do!"

König's decision to create a shared living community in Scotland together with children with disabilities stemmed from his intense idealism. He was also building on his previous experiences in Pilgramshain, a curative home in Silesia. Writing in 1960, König placed the authentic, respectful encounter with the disabled child at the centre of the community's ideals (1993, p.14):'To serve and not to rule; to help and not to force; to love and not to harm, will be our task'. From the inception of this project the children were not viewed as essentially different from the Camphill co-workers. As mentioned previously, Thomas Weihs, another of the early pioneers, put it thus in an address to parents (in Hansmann, 1992, p.31):

In their one- sidednesses, they have shown us the glory of the total human potential and they have given us the opportunity of helping others in a way that has helped us to develop our own integrity, maturity and fulfilment.

In order to maintain this intimate '…closely knit fabric of human relations' (ibid, p.11) König insisted that co-workers should live with the children, eat and sleep near them

and share their daily work and daily joys.   They must be placed in family groups so that they would not become institutionalised. This would be a new form of family, not based on blood ties but on what a later writer termed '… the spirit that unites us' (Hansmann, 1992, p.41). It was viewed as part of the educational task of healing to '… include everyone, children and adults, into our house communities and imbue them with an experience of a spiritual family' (ibid).

In 1951 this aspect was further developed when the decision was taken to educate the co-worker children together with the pupils, at a time when many children with disabilities were considered uneducable. König later extended this close identification with the children to the view that they were also refugees from an unsympathetic society, occupying a liminal position on the boundaries of 'normal' life (1960/1993, p.9):

We had learned from Rudolf Steiner a new understanding of the handicapped child (sic)… At the same time, we dimly felt that the handicapped children, at that time, were in a position similar to ours. They were refugees from a society which did not accept them as part of their community. We were political, these children social refugees.

König thus linked the work to the wider struggle against the dehumanizing tendencies in contemporary society. He was convinced that wider society had become separated from the essential nature of childhood due to an over emphasis on abstract, intellectual understanding (1942). He drew on Steiner's complex writings for this view of childhood as a process of embodiment into earthly life but framed it in overtly religious language (König, 1967/ 1994c, p.109):

We are all prodigal sons who have gone astray among swine, but in every child anew an inner guide arises who wants to lead us into that kingdom out of which we came and to which we long to return. This is the true image of eternal childhood.

Childhood was often referred to by König using the language of nature. He referred to the '…nesting powers of the world' (Konig, 1994a, p.22) which protect the unborn child and used the metaphor of 'the garden of childhood' to capture childhood innocence, vulnerability and potential. He considered the task of the curative educator was to stimulate the sprouting forces, the new shoots of childhood potentiality but also to tend and weed, to prune out the wild growth. Nature in this image appears to have an ambivalent potential – positive growth and chaotic weeds appear to be both equally possible. A picture can arise of the curative educator immersed in this world of childhood, patiently guiding and training children in the way they should go. The garden metaphor appears to imply however that the plants are passive, dependent on the skills and expertise of the gardener.

This symbolic significance was nowhere more evident for König than in his interpretation of the life of Kaspar Hauser. This child of noble birth was abducted and secretly incarcerated in a dark restricting cell until he appeared on the streets of Nuremberg in 1827 unable to read or write. In 1959 König wrote that Kaspar Hauser '… is in every respect the image of innocence and moral integrity' (Müller -Wiedemann, 1996, p.208). Two years later he explicitly linked this figure to children with disabilities (ibid, p.212):

If we contemplate the destiny of Kaspar Hauser in the right light, we know that handicapped children touch our hearts in a similar way. They too remind us of our better selves.

He stood against the contemporary medical model of disability with its emphasis on standardised testing and individual pathology: '… we are not pronouncing an absolute, but … it can always only be a subjective interpretation' (1983/1989, p.17).   However, the children were often discussed in terms which to some extent jar with twenty first century understandings. There was an emphasis on the archetypal tendencies of particular disabilities, and children were grouped in houses so that they would balance out each others' difficulties. This emphasis on mutual help and support was innovative, yet one can trace in König's writings a tendency to generalise about particular groups such as cerebral palsied and autistic children. This ambiguity is evident in a lecture König gave in 1958 where he praises the change in societal attitudes so that children are no longer human outcasts but '… are looked upon as sick human beings who, like all other children, have a right to be educated and to be given the appropriate treatment' (Selg, P, 2009, p.46).

König's intense efforts were indeed part of a wider project '…to enlighten the public about the nature of the child in need of special care'. (Koenig, 1948 cited in Costa, 2008). Curative education was fundamentally different from current approaches although it could draw on these. As he wrote in 1960 this distinctive and all encompassing view was fundamental to Camphill's identity (Pietzner, 1990). This is evident in the way König refers to the College Meeting, an in-depth 'symposium' attended by doctors, teachers and carers involved with a child. Here the attempt was regularly made to form a holistic, non theoretical yet detailed picture of the manner in which the precarious balance between spiritual potential and bodily limitations had been disturbed by children's disabilities.   These considerations

were indisputably embedded within an anthroposophical understanding (König, 1960/1993, pp. 32-33): 'The fundamental indications that Rudolf Steiner gave on the being of man are the compass we follow'. König's comments about the purpose of College Meetings appear to point to a closely intertwined dual purpose. They are the '…central expression of the Movement's striving for Anthroposophia (sic)' and also the means to '… realise the necessary curative and educational treatment' (ibid, p.33).

König conducted what he termed clinical examinations on an annual basis in the pupils' residential houses. They were viewed as an opportunity to assess a child's progress from a multi-disciplinary perspective and formulate common aims within care, education and therapeutic work. Although teachers, carers and therapists were all invited to contribute, these 'clinics' were coordinated by the doctor who took a central role. This was originally Dr. König but over time other doctors were also responsible. Knowledge about their aims and methods appears to have been passed on primarily through an oral tradition, in common with many other aspects of Camphill's work. The clinics were viewed as important learning situations for those relatively new to curative education: here they could meet the '… heart of Camphill's therapeutic work and endeavour…' (Hansmann, 1992, p. 127).

The community grew at an astonishing pace during the first fifteen years so that by 1955 there were 257 pupils (Monteux, 2006). The vision and sense of commitment apparently required of co-workers may well have been fostered by their shared sense of idealism and the momentous significance of their work with the children. When König died in 1966, it was left to other Camphill co-workers to continue the project of curative educational research and treatment. This was a challenging task as the school began to be affected by the inclusion

agenda, the anti-institutionalisation critique and an increasing emphasis on normalization. As Camphill opened up its boundaries to these demanding new ideas, anthroposophy and curative education were challenged by an increasing pluralism of values and perspectives. The overlapping spheres of knowledge which had formed the distinctive Camphill synthesis (medical, psychological, curative educational) were no longer so easily and confidently combined in daily practice.

CHAPTER 4. METHODOLOGY

This chapter describes the interpretive frame and research methods that were adopted for the study. Some limitations of these methods are discussed.

Representations of children with disabilities within institutional life draw upon the context of '… the social arrangements in which talk is embedded' (Gubrium & Holstein, 2000, p.85). In this sense they manifest the assumptions, norms and values of a particular organisational culture. As was mentioned earlier in this study, cultural meanings are viewed as embedded in language, social practices and historical understandings (Somekh & Lewin, 2005). Research into organizational culture has consequently tended to employ a qualitative methodology (Hart, 2000; Holliday, 2007) in its attempts to interpret behavior within a particular setting.

The philosophical assumption underlying the approach to research adopted within this study is the view that all observation, all noticing is already filtered through our theories about the world (Dunne, Pryor and Yates, 2005). From this point of view human understanding is

seen as an active process of construction and interpretation within social interaction (Swinton, 2001). This is clearly similar to Robson's (2002) description of critical realism which is firmly placed within an interpretive methodological tradition (Schwandt, 2000). The task for the researcher within this tradition is to capture ways in which participants construct an understanding of a situation, to identify the narratives they draw upon. Whilst this broadly ethnographic approach has a clear qualitative dimension the study has also made use of some quantitative data within the content analysis. As Silverman states (2005), the decision to use a particular methodology should be based on the nature of what we are trying to describe rather than any ideological commitments. As the study developed it seemed important to attempt to indicate some broad trends within the culture whilst allowing for the subjective basis of this interpretation.

Child Studies are currently held annually (and sometimes bi-annually) and include a broad group of participants who are working with the child. Membership comprises the house coordinator, teacher, therapists, care workers and a doctor. Each meeting generally lasts for forty five minutes and as participants have often built up an intensive working relationship over the years, there is the potential for detailed discussions. As indicated in Chapter 3, the original 'Clinics' were facilitated by a doctor (originally Dr. König) with the intention of developing profound medical, diagnostic and therapeutic insights drawing principally on anthroposophy. Although this is beginning to change, parents were not invited and usually were not made aware of the content of these meetings. Consequently the Child Study presents an ambiguous picture, being an 'open' setting within the community which any co-worker could attend if they wished yet being apparently 'closed' to parents and indeed the children

who are being discussed. I was to experience again and again during my research this contradiction between apparent openness and professional 'expert' power.

I chose Child Studies in Camphill for the research setting as I had frequently participated in these as part of my daily practice and was consequently aware of their potential for developing profound understandings of the child and of the ethical issues they had confronted me with. I was likewise aware of the manner in which the community valued these meetings as an opportunity for deepening curative educational insights. The setting consequently would provide me with a rich source of ethnographic data for as Silverman (2005) observes: 'By analyzing how people talk to one another, one is directly gaining access to a cultural universe and its content of moral assumptions' (p.113). Access was enabled by my 'insider' position as a Camphill co-worker.

The primary method of data collection was documentary analysis of selected minutes of these meetings. The figures in brackets in the following chapters refer to these minutes and their dates are listed in Appendix D. However, I did not analyse all the Child Studies that took place during this period (approximately 350) due to the limitations of this study.   I decided on a form of purposeful sampling (Silverman, 2005) whereby my sample comprised minutes from Child Studies concerning six pupils who had attended the school between 2001 and 2007.This date range was chosen as these minutes were readily available. The pupils were chosen at random from a larger group that had the most frequent studies and the most complete minutes. Certain minutes were missing however (see charts for the six pupils in Chapter 5 and Appendix D) and I took this into account when analysing my findings.   Due to

the need to ensure validity within this ethnographic research I decided to supplement this analysis with non-participant observations in four Child Studies. My choice of the four child studies that I attended was opportunistic, in that they occurred when I was ready for this stage of data collection.   I piloted my observations by attending an initial meeting in order to orientate myself to the setting and interpersonal dynamics. In addition I maintained a reflective journal throughout the process to assist me in maintaining a reflexive awareness of my developing interpretations. Whilst interviews with participants might have contributed to the richness of the data collected I decided not to do so due to the limited scope of the study.

Documentary research has been adopted for this study as documents have the advantage of being relatively unobtrusive whilst offering the possibility of first hand data which I had not already interpreted in the act of transcription. Within an interpretive paradigm the documents were not viewed as objective reflections of reality but rather as texts which constructed a particular understanding of each child, being necessarily selective in what was recorded. In this sense they are 'social facts' (Silverman, 2004) founded on particular norms and values. The documents examined can be considered to be primary, open archival sources as the minutes were shared out to the principal participants in the Child Studies.

Sanghera (2007) points to issues related to authenticity, credibility and representativeness in documentary analysis. The authenticity of the documents was ensured by obtaining original versions of the notes (partly hand written and partly in digital form). In relation to credibility of the data there was a risk that some of the longer term developments could be lost through looking only at specific documents (ibid). Consequently I

developed a longitudinal content analysis of all the Child Study minutes related to six pupils who had attended the school over a six year period. In addition I made non-participant observations in four Child Studies to provide a contemporary comparison to the documentary research. Despite these varied research methods, it is essential to reiterate that due to my interpretive methodological frame I did not assume they enabled me to perceive the 'truth' of what took place in Child Studies. With regard to representativeness, it is also important to state that my research was limited to a distinct historical period and geographical location. As the tables in the Findings chapter indicate, a small number of notes for certain meetings were not available and this obviously needed to be taken into account when drawing conclusions about the frequency of thematic references.

Research Process

I attended the Child Studies after writing the Literature Review and having done a preliminary analysis of the documents. I developed a grid for this analysis based on that used by Costa (2008) which was made up of five parts: source of document, summary of content, significant quotations, my own reflections on illuminating instances and developing categories (see Appendix C). Maykut and Morehouse (1994) argue that the first step in qualitative data analysis is that of noticing recurring words, phrases and topics in the data. By means of coding the data in this way one begins to discover possible patterns, to become aware of phrases which seem to be meaningful in a particular culture. The six eventual categories that emerged were the basis of the observation record I used when attending the Child Studies. I noted down the frequency of different thematic units whilst also recording as far as possible verbatim accounts of what was said for purposes of reliability. This was not to

standardise my interpretation of the data as in quantitative research but rather to enable the voices of participants to sound as fully as possible (Silverman, 2005). In analysing both these sets of data (documents and observations) I attempted to maintain a clear distinction between content and my own interpretations.

Ensuring validity

I made use of the constant comparative method during the data analysis as a primary means of ensuring the validity of my interpretations (ibid). This involved persistent observation and prolonged engagement with the data constantly cycling back and forth between different data sets and my developing theoretical hypotheses. Within this inductive approach the themes emerged by means of a continuing dialogue with the data. I was continually aware that they were interpretations influenced by my own assumptions and therefore only one of a number of possible constructions of reality (Holliday, 2007). This was also the reason why I chose to present my findings in a separate chapter from their analysis and discussion although I am aware these could also have been integrated into one chapter. Throughout the difficult process of interpretation I received invaluable reflection from colleagues with whom I discussed my emerging analysis.

Due to the fact that interpretive research accepts that interpretations are fundamentally value laden and theory laden (Schwandt, 2000) it was important to maintain a high degree of reflexivity throughout the process. I have referred earlier to my 'insider' position within the community which was based on twenty years of experience as a house coordinator and teacher. Consequently I had built up a social identity as a trustworthy co-worker with an

extensive background within curative education. This hopefully enabled me to enter sympathetically into the way participants were constructing their understanding of the child, appreciating the distinctiveness of this approach within the field of residential child care. On the other hand the interpretive framework upon which the research was founded led me to question taken for granted views of the child and to critique cultural certainties. I was poised as a researcher between familiarity and strangeness and it needed a constant effort to maintain a critical edge to my analysis whilst being sensitive to the setting. Through my intensive involvement with the research data I realised that I had initially formed an overly simplistic view of Camphill's understanding of disability, reducing its complexity in my desire to challenge what I perceived to be its limitations.

Ethical considerations

Permission was requested and granted for this study in accordance with the University of Strathclyde's Code of Practice on Investigations on Human Beings. Permission was also sought for and granted from Camphill School ethics group to undertake this research. I negotiated access to the documents with the people who had written them and provided the participants with an information sheet outlining the aims and scope of my research and a consent form (see Appendices A and B). I needed to consider very carefully power and boundary issues when carrying out the non-participant observations as I would be observing colleagues whom I worked closely with in other settings. In addition I would be privy to sensitive information about the children discussed which needed to be handled very carefully with due regard to confidentiality. Whilst I was concerned about this aspect, I felt

that the study could potentially provide Camphill with a valuable exploration of a key feature of its work, a particular understanding of the child with disabilities. I hoped that this would be beneficial not only for the co-workers involved but also for the children and their families whose lives were discussed in the Child Studies.

I was however aware that although I had followed the correct ethical procedures in setting up the research my position as an 'insider researcher' placed immense responsibility on me to treat what I read and observed with respect and sensitivity. I was examining discussions that related intimately to the lives of children in our care and I needed to be aware of the trust that was consequently placed in me by the organisation.   Guillemin and Gillam (2004) refer to this constant reflexivity as 'ethics in practice'. As Mason (2002) argues, every description of data involves selection, interpretation and discrimination.   I am aware that I have brought my own sensitivities and bias to the data which have in turn been influenced by my biography as a Camphill co-worker.   As Dunne, Pryor and Yates (2005) state, interpretation does not only include how we 'read' the text but also how we 'write' it: what we include and what we leave out. I have consequently returned again and again to the original data, checking and cross checking my interpretations.   This has hopefully ensured a balanced account of this sensitive aspect of Camphill life.

CHAPTER 5. FINDINGS

This chapter describes the six key themes which emerged from my analysis of the Child Study notes. It concludes with a short description of the manner in which non-participant observations confirmed this thematic emphasis.

The records of Child Studies, which form the main source of evidence for this inquiry, provide an account of the ways in which a group of Camphill co-workers interpreted the needs of the children and young people in their care. I have used pseudonyms when data refers to children by name. As detailed in the Methodology chapter I coded the data by means of noting recurring words, phrases and topics. A number of emergent themes were then identified which drew on an interpretive frame of analysis. These themes were then refined and adjusted during my non-participant observations in Child Studies where I also drew on my reflexive awareness of times when comments appeared to be particularly emotionally loaded. I am aware that it was impossible and not necessarily even desirable to remove the effect of my presence as a researcher within these meetings.

The following themes emerged as a result of this extended process of sifting through the data:

1. Developmental problems
2. Anthroposophical frameworks
3. Sensitivity
4. Pupils' abilities
5. Behavioural problems and progress
6. Arrangements/Adjustments

Developmental problems

The medical developmental needs of pupils were repeatedly referred to within the notes. In Bella's first Child Study, this section was headed 'Case history' and contained the following information:

2nd of 3 children; illnesses: ear infections and asthma. Was born by Caesarean (problems with oxygen) first 1.5 years okay, late development of walking and speech... ...Sleeping problems, rituals. Diagnosis: autistic spectrum disorder (19)

There was a particular focus in these notes on health issues, developmental delay and the medical diagnosis. In Andrew's first pupil study, it was reported that he could:

repeat things out of a dictionary i.e. about the dinosaurs but he can't put into his own words: he can't digest it. He has selective hearing…Pragmatic, Semantic, disorder (sic) (34)

In Sam's first meeting, the following was noted: 'asymmetric brain... ...check up which side of the brain is underdeveloped in terms of holistic and detail...'(1) Two years later this problem was connected with possible mental difficulties: 'asymmetric brain and behaviour like his can point to mental problems. Even parents asked if he was schizophrenic' (3). Conventional diagnoses of learning disabilities were mentioned repeatedly and their distinguishing features enumerated: 'He is typical Asperger; they do everything on their own terms. He thinks different to us (sic) (31)'. A number of statements point to the group's efforts to understand whether or not an individual fitted within a particular diagnostic category. For instance, in Sam's meeting in 2002, the participants asked: 'Are we dealing with pragmatic semantic disorder? Everything seems disconnected' (2). Less emphasis was placed on a child's current age at this point as it did not appear to be relevant to their

difficulties. However, once they had entered puberty, developmental age became a significant issue and was mentioned in all the minutes, primarily in terms of the physical effects of puberty and changes in adolescent behaviour patterns.

Participants were regularly asked to find out more information about particular issues through their observation and reading. In Sam's second study in 2002, it was stated that 'We should find out more about his early years'(2), whilst in 2007 it was acknowledged that 'it is difficult to assess his actual level of understanding'(8). It is evident that the Child Study served as a forum for the common sharing of observations and assessments in order to inform discussion about a pupil's progress. On a number of occasions the doctor reported pupils' reactions to certain medicines. For example, in Carla's meeting in 2007, it was noted that while she remained 'very fixed, Respiridon had taken off the edge of that behaviour' (18).

Stephen's notes reveal a tendency to focus on diagnostic issues that emphasised his difference from other pupils. It was indicated that he 'is fussy about food, only eats soup; wants to have each food on separate plates … Asperger obsessions'(27). A couple of years later it is stated that the purpose of the meeting is to try 'to understand him' and to 'get a clearer diagnosis' (29), the Child Study participants conceding that he is not as straightforward as most children are. By his fifth Child Study Stephen was still seen as an enigma by the group who resort to making universal statements that emphasise his strangeness and difference: 'He is a typical Asperger, they do everything on their own terms. He thinks different to us' (sic) (31).

Anthroposophical frameworks

A significant finding was that in the earlier documents the pupils' developmental needs were repeatedly interpreted using anthroposophical terminology. An example of this in practice can be seen in Bella's first meeting in 2002.

She is totally wrapped up in metabolic processes (eating) and has no possibility to distance herself... ...The development has not stopped, she is past 2.5 years – there is ego integration. She has problems letting go: 1st and 2nd teeth are both there (19).

This conceptual framework was further elaborated in a blackboard drawing (a copy of which was appended to the notes). This extract appears to be typical in its emphasis on the interconnection between bodily processes (e.g., eating, movement and dentition) and psychological processes (e.g., distance/separation, 'letting go'). In Andrew's notes from 2003 it was stated that the life process of nourishing was linked to obsessiveness – things were not being digested (34). Digestion can be interpreted here in both a literal and a metaphorical sense. This holistic world view is unambiguously expressed in Bella's 'Diagnostic Picture' in 2003 where her allergies were represented as a problem between the world and self (20). The medicines were there to help her to re-establish a day and night rhythm.

As mentioned earlier, participants provided information about the development or deterioration of a wide variety of bodily phenomena (e.g., diet, movement, sense perceptions, timing of epileptic fits, fluid consumption). These phenomena were interpreted as pointers to the complex aspects of a shifting and dynamic equilibrium between self and body. For instance, it was reported in Julie's notes from 2006 that she had a greater grip on her body and was more willing to stand up and move on (11). However a year later a less positive picture

emerged where her heavy/regular menstruation showed how difficult it could be for her to 'come into herself'' (12).

Within this anthroposophical framework, problems could also be traced in the relationship between the self and the environment: individuals could be overwhelmed by or too separated from their environment. A question in Carla's notes drew on this understanding: 'How can we help [her] to become more herself and less [like] the others?'(14). This understanding is developed further in the same meeting where asthma is portrayed as a problem of breathing between the world and the self. In Sam's 2003 study his epilepsy is described in terms of his consciousness flickering between the inside and outside (4). This particular approach is typified in the statement about Bella: 'We want to help her to get more centred, to become more herself' (19).

A confident sense of identity is apparent in the way that possible approaches are explored in the minutes. The following terms allude to a web of implicit understandings and moral assumptions which are taken for granted within the group: 'there is something physical and something astral with a gap in between' or 'we should look at the Sulphur/Iron polarity' (21). The process of identifying the root cause of Sam's difficulties led co-workers to cover a wide range of possible causes: 'What is going on in his central nervous system?', 'Is his problem an iron constitution or life process?'(4).

Sensitivity

The pupils were often represented in the pupil studies in terms of their sensitivity. For instance, in earlier meetings Andrew is described as prickly like a porcupine but inside

being soft and vulnerable (34). Bella's sensitivity is framed differently as being like a 'Pixie, cheeky fairy' or as a 'Butterfly' (19). Sam is compared to a 'frightened deer' (4), a metaphor which captures the notion of innocence and strangeness that the group perceived in him.

Other images seemed to refer to more troubled and troubling aspects.   At the time of Sam's first meeting when he was six-years-old, he was described as a sensitive child with epilepsy and brain damage. One of the first statements made about him referred to the barriers which prevented him from reaching out and to his 'tragic eyes'.   One participant observed that he was frustrated by his inability to do what he wanted to do (1).   The next year he was described as being 'in a fog' (2). The blackboard diagram represented his situation as being characterised by unhappiness, pain, panic and anxiety. In 2005 it was noted that Sam's fear had increased - particularly if he knew a seizure was imminent (6).

Sam is represented as struggling with irrational, even destructive anxieties and fears. In 2002 it is stated that: 'he panics, words trigger things, is full of anxiety' (2). Four years later, he was described as feeling 'securely surrounded' so a key aim had been achieved (6). At the same time his behaviour appeared to be even more troubling and incomprehensible: he was afraid to sleep and clung to people and objects. Finally, in 2007 it was reported that he had coped very well with a move where he had been allocated a smaller room which gave him greater sense of containment (8).

The quest to understand the pupils' experience did however lead co-workers to ask increasingly searching questions about the manner in which pupils interpreted their experiences. Faced with Stephen's challenging behaviour it was stated that he was creating a

world of anxiety around him in order to be in control as this seemed to be meaningful for him (29). In 2007 Andrew was described as very concerned with how he appeared to others (38), whereas Carla's concern, as revealed in her first pupil study, was what brought her to be in relationships that led to rejection (14).

Pupils' strengths

This identification with pupils' lived experience also includes an emphasis on their leisure interests. In Julie's first study co-workers commented that she loved cycling and swimming (9); next year it was pointed out that she enjoyed activities like drama and singing and was interested in expressing her feelings (10). This intimate knowledge of the pupils extended to small details, such as the fact that Bella loved flowers and the colour pink (20), whilst Stephen was something of a genius in his ability to pick out tunes on the piano and do complicated paper folding (27). He is also described in 2006 as showing a particular interest and aptitude for Maths and Geometry and that through his own efforts he is able to make definite steps regarding school work (32). Although Andrew continued to demonstrate some of his earlier difficulties, the meeting concentrated upon his achievements and increasing sense of self direction. In 2004 when he was fourteen years old, it was commented that he was trying hard to grow up, become independent and to face up to things he could not do (36).

Behavioural problems and progress

A large part of the pupil studies was taken up with concerns about how individuals were relating and adapting to Camphill, learning to 'fit in' and following the rhythms and structures of daily life. When pupils managed this aim they were described as 'well' or

45

'settled'. For instance, Julie was described in 2006 as having settled well with her new co-worker, quicker than before.   School life was also now going well and she had more small jobs such as pouring water at meal-times which was not only fun but encouraged her to drink more.   In massage sessions she was described as being 'overall much calmer than one year ago' (12).

The co-workers met a great deal of challenging behaviour from pupils and struggled with this particular aspect of their work.   In Andrew's Child Study from 2004, it was indicated that his aggressive outbursts had increased and that verbal abuse and confrontations were daily events (36).   These concerns were also evident in Carla's first pupil study where it was indicated that she brought people to the limit through fear (14).   In 2003 co-workers considered Carla's situation to be extremely concerning as she was the only pupil in the school who appeared to be learning nothing: a situation that had hardly changed over the six years she had been at the school.   Reference is also made to her 'instinctive cleverness' and ability to 'torment others' (15).

In contrast to the picture of an ordered integration into daily life mentioned earlier, such challenging behaviour was concerning because of its unpredictability. At times Julie demonstrated 'chaotic behaviour' and tested boundaries to and beyond the limit (13).   In Sam's Child Study it was stated that there were aggressive attacks without any obvious trigger.   He was described as being like 'a pinball machine' (4) and 'a wind-up toy that suddenly bounces' (1). In Sam's third Child Study it is stated that people expect him to be more integrated after a year but this did not happen (3).   The following year this concern is

repeated: 'He is here since May 2002 and changed constantly, yet without any recognizable pattern' (4).

Arrangements/ Adjustments

Although the meetings sometimes were overwhelmed by a sense of a lack of progress, the notes demonstrated that a lot of effort had been devoted to adjusting and responding to pupils' changing needs. These responses could take a medical therapeutic form through recommendations for particular therapies such as massage or play therapy or changes to diet and medicines based on anthroposophical principles. In addition, a number of referrals were made to other professionals. For instance, at the conclusion of Carla's Child Study in 2003, the following decisions were recorded:

G. will progress the issue of glasses, and make contact with a clinical psychologist for referral. R. will investigate Speech and Language assessment. A. will make a referral for counselling (15).

The notes also record a number of discussions about the approach individuals had adopted in particular situations and what modifications and adjustments might be made. For instance, it was noted that for Andrew it was necessary to find the right balance between accepting and challenging him (38). In Bella's last pupil study, co-workers realized that the use of positive rather than negative approaches was helpful (26) and that Carla needed

objective messages and not emotional reactions shown towards her (15). The need for flexibility was repeatedly stressed and that individuals could and should learn from each other's expertise. When the next meeting decided that all approaches with Carla were no longer working, they listened to the teachers' experience that 'we do not respond to fuss, but wait 5 minutes then speak quietly'(16). In Andrew's later meetings the group realize that they need 'to understand his "language"' and even wonder 'how much should we convince him when he has his own view?'(37)

Attendance at four Child Studies

In each of the meetings that I attended the group devoted a large amount of its time and energy to consideration of a range of medical and developmental issues such as soiling, bed wetting, epileptic seizures, dependence on ritual behaviour and poor self regulation. It was clearly important for the group to form a coherent understanding of the individual concerned. In James' meeting it was stated 'We didn't manage to figure out why he did it' (41) and later on a participant described his obsessional interest in photographs but admitted she did not know what his intention was. The doctor's expertise and experience of the individual were unmistakably valued: on one occasion he reminded the group of the complexity of developmental factors involved referring to a pupil's '…cocktail of conditions' (40). The less experienced members of the group did not draw on anthroposophy in their interpretations although older participants mentioned a variety of anthroposophical concepts.

However attachment issues, loss and transition were also frequently cited as a source of individuals' vulnerability.

In one Child Study I attended the therapist described how during a modelling lesson Liam '… wanted to make a perfect sphere. She reported that he said: 'I *have* to make this shape'. The child appears to choose an activity which offers a therapeutic balance to his overwhelming anxieties (39).

Much attention was paid to the pupils' challenging behaviour: this involved aggression, threatening behaviour and also self harm. In one of Laura's meetings I attended a co-worker claimed that she was 'out of control' and had taken to lying down in the road when she had a temper. Her aggression was clearly provoking much anxiety; the worry was stated that '…she might destroy the whole house' (40). This concern was evident in all of the Child Studies. Participants were clearly encouraged when pupils were more settled and 'stable', managed their programmes and were calmer. There was less unanimity however about pupils' strengths and abilities. Situations were framed as evidence of a pupil's developmental problems but this was often countered by other, more positive interpretations. For example, when Laura was due to move to another community it was questioned whether she would be distressed due to her poor memory of people and events (42).

CHAPTER 6. DISCUSSION

This chapter seeks to make a link between the study's findings and the literature review.   It begins with analysis of the data in the form of a number of tables with accompanying commentary. The ensuing discussion argues that a cultural over-emphasis on the vulnerability of children with disabilities has significant implications for Camphill's practice.

Holstein and Gubrium (2000, p.163) have pointed to the manner in which an organisational culture provides: 'a complex yet versatile set of interpretive resources' for understanding people and situations. In this sense I see knowledge as a social and historical construct. Cultural values are expressed in the norms and day to day practices of a particular group which in turn influence collective representations of the complex phenomena of childhood and individual children.   Jenkins (2004) has indicated the dynamic interaction between individual, personal understandings of identity and the institutional identification processes within which these are embedded. This should not be viewed in a deterministic manner however. If identifications are considered to construct a particular social reality, we are also able, as Lee (2005, p.35) argues, to take some distance from them and: '… consider how to relate to them and even how to change them'.

In analysing the data from Child study notes and non- participant observations significant thematic patterns had emerged as detailed in the previous chapter. These patterns became more salient when I tabulated the themes according to frequency of occurrence (left hand axis in each table). The two tables below outline the frequency of different themes

within each individual's minutes (Chart A) and longitudinally across the five years from 2002 – 2007 (Chart B).   They demonstrate that developmental problems and behavioural issues predominate within the minutes. In Sam's case, approximately a third of the references were to these aspects. In addition, repeated references were made to pupils' sensitivities which appeared to reinforce this emphasis on vulnerability and lack of competence. Even after allowing for variations in the number of documents available for each year under consideration, it is a significant finding that references to anthroposophical frameworks declined from 53 in 2003 to 9 in 2007 (see Chart B). With regard to this theme I found it important to not only consider the frequency of occurrence but also the function of these references. This function appeared to be ambiguous as they were sometimes used to over-emphasise children's vulnerabilities but could also contribute to recognition of their individual experience. At the same time Table B indicates a marked increase in references to pupil's strengths and experiences from 13 in 2002 to 36 in 2007. An increasing emphasis was also placed on ways in which approaches needed to be adjusted to meet individual needs.
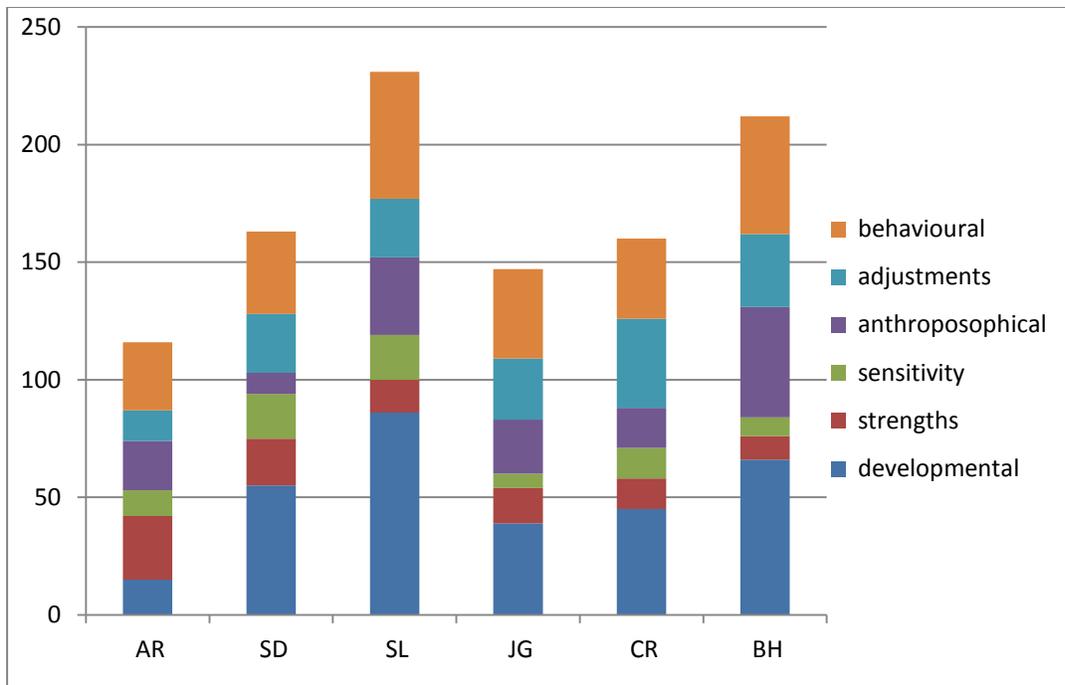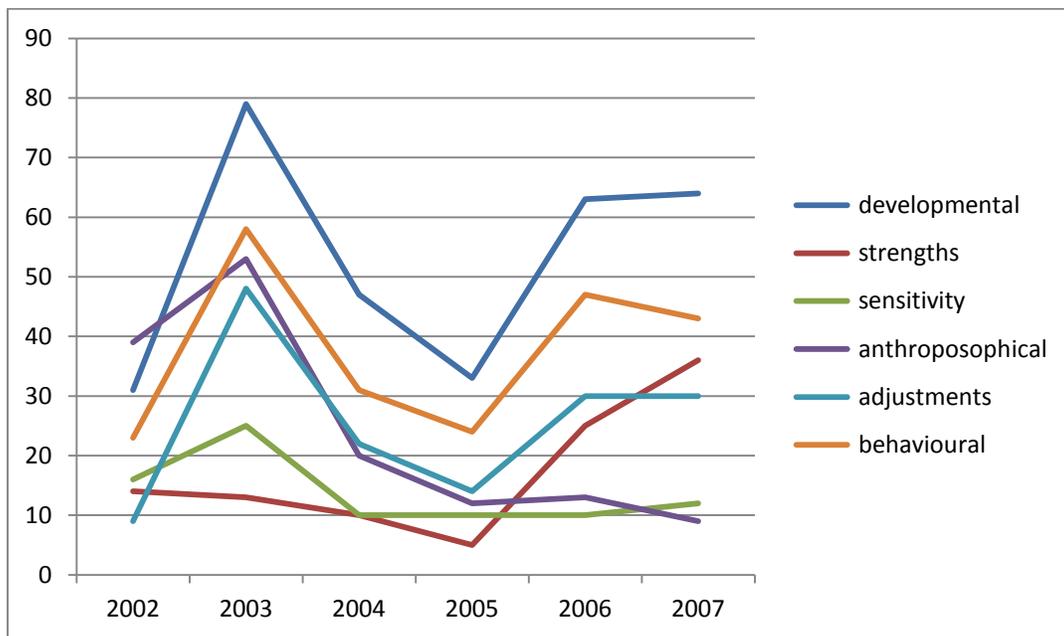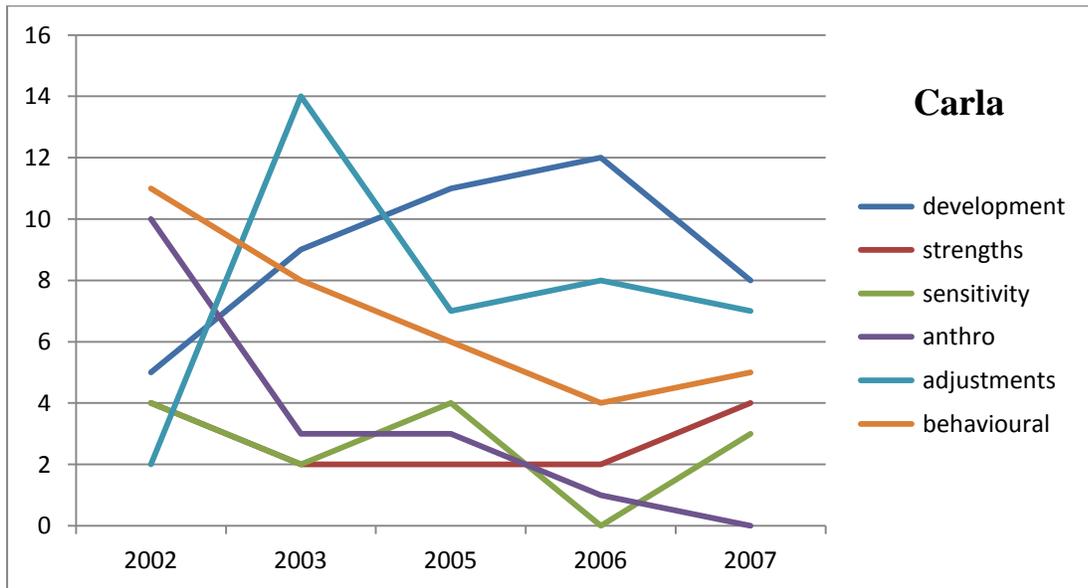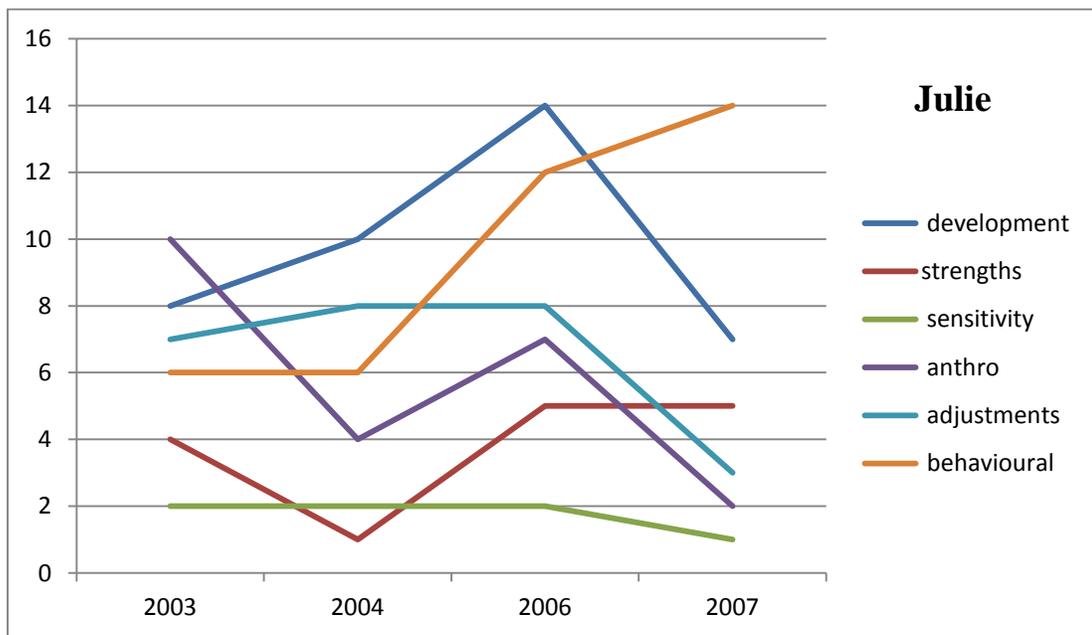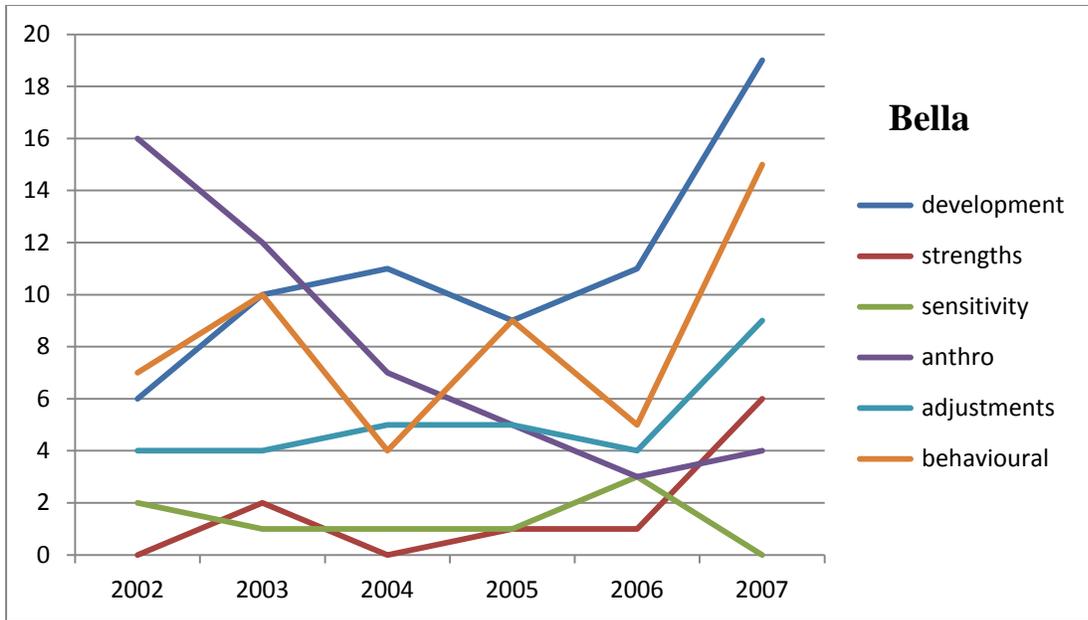
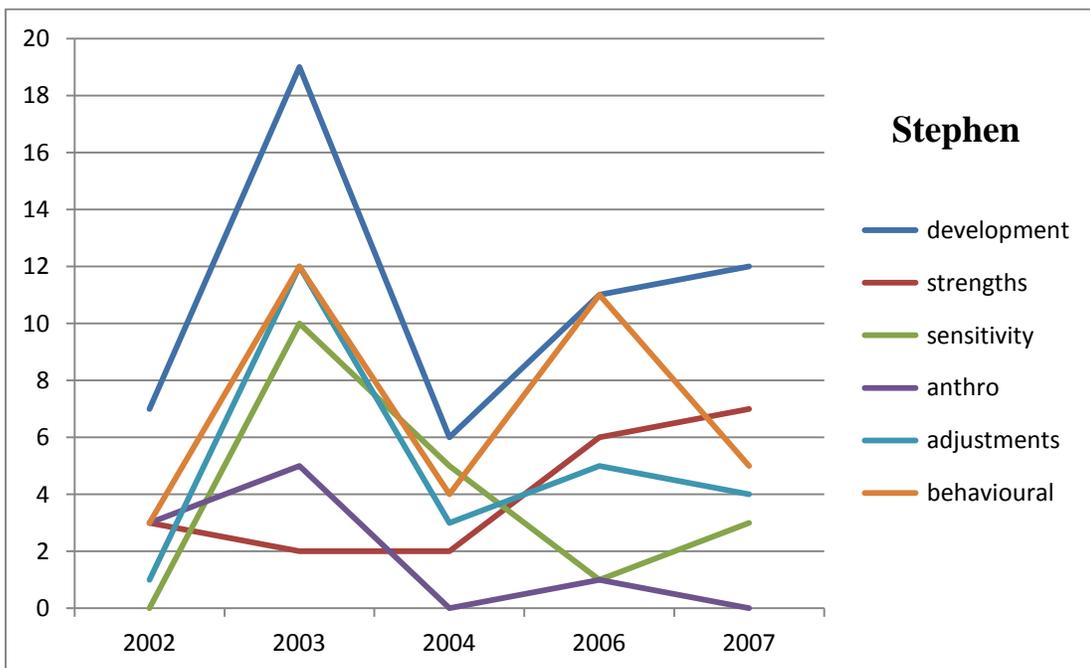**Chart A: Frequency of themes by individual**

Chart B: frequency of themes by year

Chart B reveals two points when developmental and behavioural aspects are particularly emphasised; one of these is near the beginning of a child's career in the school and a second one some years later. The following tables analyse these findings in relation to each individual pupil: each one understandably demonstrates uniquely distinctive features yet one can also trace certain commonalities. Two fundamental aspects are prominent: a continuing emphasis on different aspects of children's vulnerability (developmental, behavioural and innate sensitivities) and an increasing emphasis on children's strengths and abilities. It is also possible to trace the decline in anthroposophical references even more obviously in these individual tables.

Bella

Legend: development, strengths, sensitivity, anthro, adjustments, behavioural

Julie

Legend: development, strengths, sensitivity, anthro, adjustments, behavioural
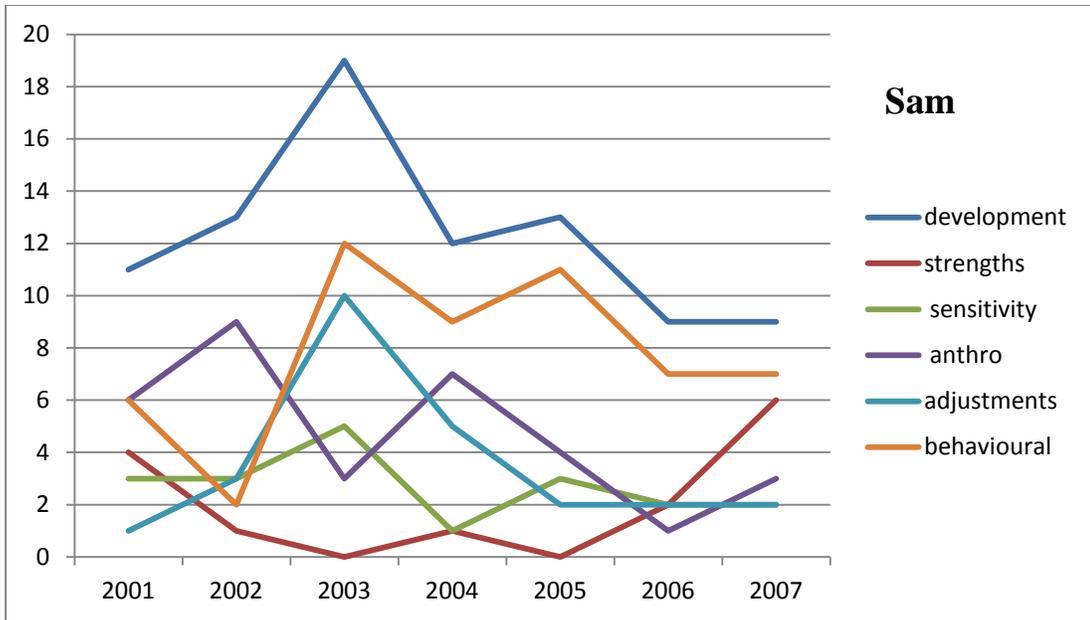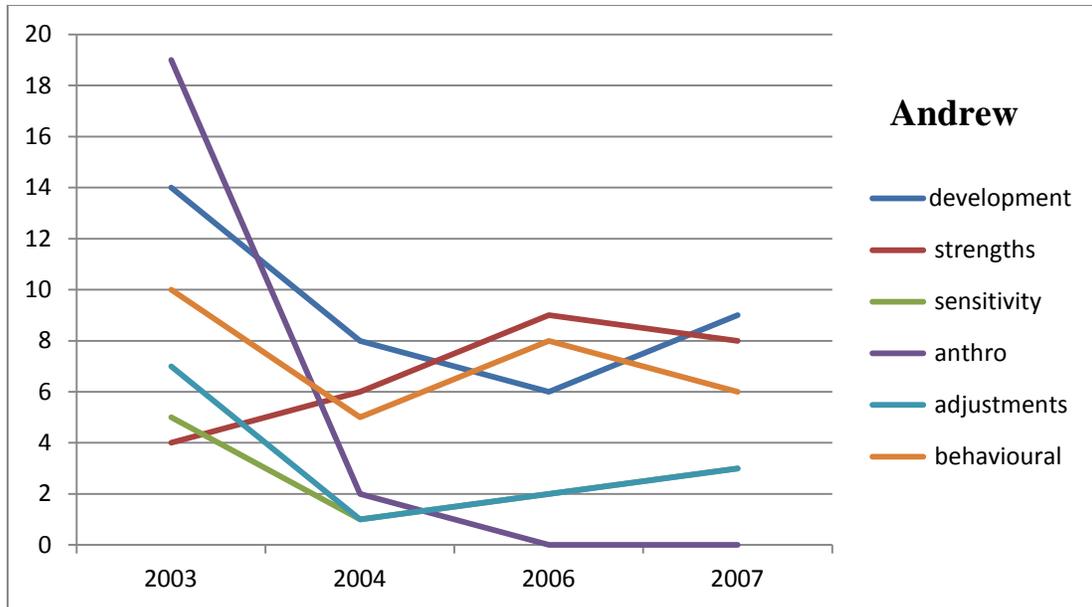
The preceding data analysis consequently confirms the ambivalent picture I had formed during the process of gathering my findings: the declining use of historically valued anthroposophical frameworks appears to be accompanied by an increased emphasis on children's competence. Yet, at the same time, perhaps understandably, the vulnerability of children and young people continues to be the main focus of the group's attention, often accompanied by concern about the behavioural challenges they present.

Non – participant attendance at four Child Studies allowed me to gain a more rounded and complex understanding about some of the sources of these concerns. During these meetings I encountered a weight of expectation for what the Child Study would achieve (this was reinforced by the practice of waiting in silence for it to begin) coupled with a sense of anxiety about the children's behaviour. As I noted in the last chapter, in one meeting a co-worker claimed that a child was 'out of control' and stated that 'she might destroy the whole

house' (40). Reviewing the documentary evidence I noticed a number of similar examples where co-workers appeared to adopt 'distanced', overly categorizing language in their descriptions particularly when describing behavioural challenges. Exploring factors that may be contributing to this phenomenon, I realized that it was important to focus my enquiry on the institutional identification processes that Jenkins (2004) describes.

As mentioned earlier Camphill's practice has historically positioned itself against the current medical model of disability with its emphasis on standardised testing and individual pathology. In essence its contribution involved a different construction of impairment: König believed that the task of the curative educator involved intimate attention to the way each child experienced their bodily limitations. In doing so he claimed that: '… many glimpses into the essential nature of the children emerge in the process and therefore recommendations can be made' (Selg, 2008, p.73). This was the fundamental focus of the clinics he established which later became known as Child Studies. As previously argued, anthroposophy was the universal developmental framework whereby participants could understand the complex interaction between a child's essential humanity (or 'spiritual being' in anthroposophical language) and its gradual embodiment within the limitations of a physical body. This echoes Turner's distinction (cited in Hockey and James 2003) between **'**Körper' and 'Leib', the visible, external appearance and its internal subjective experience. Camphill has consequently always viewed physical and medical issues as indicative of a deeper, holistic reality.

I argued earlier that whilst the 'social model' approach helped to redress the historical marginalisation of people with disabilities, it potentially devalued this 'existential immediacy' of the body (Csordas, as cited in Hockey and James, 2007, p. 55). As these authors state, individuals are not determined by their impairments yet are profoundly influenced by them. This is perhaps the fundamental contribution that Camphill's view of the child with disabilities can contribute to this debate. König drew on anthroposophical insights to frame impairment holistically as part of an individual's life narrative which can thus provide deep moral meaning and purpose. The way in which this can happen in practice was illustrated in Liam's Child Study where the discussion of his underlying anxieties led on to the view that he had a deep fear of imperfection due to past experiences.

By means of the longitudinal analysis of the Child Study documents it was possible to develop a deeper appreciation of what Silverman (2005) terms the group's cultural universe and its content of moral assumptions. Participants had worked with these children, lived alongside them and experienced both positive and negative moments together with them for a number of years.   As co-workers followed the pupils' progress over the years they developed new understandings and often revised the original view they had formed. In this sense, as Jenkins argues (2004), identity must be constantly established and reshaped if it is to be dynamic and alive.

Camphill's collective view of children and childhood is a particularly powerful narrative in this context which appears to contribute to the positive cultural value assigned to each individual.   Due to the anthroposophical emphasis on development as a gradual process

58

of embodiment, the child is generally not viewed as a static, fixed entity but is seen as constantly changing.   König stated that 'Childhood, from beginning to end, is nothing but transformation' (1967/1994b, p.81). Camphill co-workers in the meetings I attended did not appear to view developmental difficulties as pathological inabilities without any possibility of change but rather as barriers to growth which could be lessened through curative educational approaches.

As previously mentioned, König was profoundly influenced early in his career by an Advent celebration with disabled children that he witnessed. The image spoke deeply to him as it resonated with his spiritual conception of the innocent child:

… and suddenly I knew: "Yes, this is my future task! So to awaken the spiritual light inherent in each one of these children that it will lead them to their true humanity – that is what I want to do!" (Müller-Wiedemann, 1996, p. 68).

However a sense of the child's innocence can also be linked to their fragility as in the comment in Stephen's notes that he is sound and light sensitive (32).   The difficulties of individuals are often explained in terms of their existential pain and discomfort. In this way co-workers arguably approach what James, Jenks and Prout (1998, p. 208) refer to as the '… everyday synchronic experience of the child'. At times however I experienced the urge to emphasise other aspects of their identity. Human beings are a complex blend of capacity and incapacity, of resilience and vulnerability. As mentioned earlier Table B (p.50) indicates that developmental problems and behavioural issues predominated within the minutes in the period under discussion. My non- participant observations pointed to the ever present danger

that this representation would assume an overly authoritative character and in the process become the primary marker of a child's identity. Priestley (1998) has pointed to a tendency in Western society to deny complex identities to children with disabilities.

It is important to realise that this narrative of the vulnerability of children with disabilities has its roots within Camphill's historical understanding of its identity and purpose. Without this perspective it is difficult to understand the apparent contradictions that emerged within this study's data analysis. I became aware in the course of this research that this narrative resembles what Mason (2002) refers to as a shared cultural script containing deeply embedded assumptions about the dependent position of children with disabilities. The historical chapter referred to the profound significance of the image of Kaspar Hauser for Camphill, exemplifying the innocence and moral integrity of the child which is constantly threatened by those who would wish to destroy it. König (1960/1993) pointed to the close identification between the child's existential need for protection and that of the community which felt a corresponding need to maintain its identity. This is an example of the interplay between individual and institutional identification that Jenkins (2004) discusses. The clinic historically reflected this dialectic in its twin concerns with the well-being of the child and the development of shared anthroposophical insights. The sense of certainty that this common diagnostic understanding appeared to provide allowed the group to offer a range of flexible and sensitive approaches.

At this point in my considerations I was aware of the danger of what Holliday (2007) terms 'reductive cultural over generalisation' whereby I stereotype Camphill culture according to my own normative assumptions. As Mason points out: '…when analysing data

we often reveal as much about ourselves as we do about the data' (2002, p. 238).   In this study I was researching my own colleagues and constantly needed to be aware of my own intellectual and emotional bias. On initially reading these documents I was struck principally by the limitations of the anthroposophical framework. However, as I adopted a hermeneutic approach to interpreting my findings, I cycled back and forth between the documents and the wider historical context. Through this prolonged reflective engagement with the data I came to realise that I also had a need to maintain a fixed boundary between my researcher identity and my colleagues' Camphill culture. It would be convenient but not accurate to criticise diagnostic frameworks as oppressive compared to my preference for a social contextual approach. I realised that my critique needed to be more complex if I was to do justice to what I had experienced in my analysis. This in turn led me to reflect on the manner in which I had constructed my researcher identity in relation to that of my colleagues and my own emotional investment in doing so.   In the same way that groups of residential workers can be tempted into easy stereotypes concerning children there was an equal danger that I would reduce the complex motivations and practices of Camphill culture according to my own ideological framework.

Anthroposophy appears historically to have provided an unquestioned normative moral perspective which co-workers could draw on to understand the children's difficulties (Hansmann, 1992). As mentioned above, I realised that this identification has had positive results yet a different picture sometimes emerges when children do not appear to make progress. For instance, when co-workers considered Carla's situation to be extremely concerning in 2003 they made reference to her 'instinctive cleverness' and ability to 'torment

others' (15).   I was surprised by the emotional charge that these phrases conveyed which appeared to be at odds with Camphill's strength based approach.

However I came to see that the habitual reactions underlying these phrases pointed to implicit assumptions about the power relations sustained by the adult-child boundary; in contrast to adults children are expected to be sensitive, compliant and dependent. Rereading the documentary evidence I was interested to note the number of instances when the group referred to the need for stability, calmness, routine and security.   The challenges Carla presented when she seemed to make little progress appeared to threaten the group's identity and, perhaps even more significantly, challenged their adult authority.   It was significant that when a child did not 'fit in' to the daily routine, they were considered to be over controlling. A particularly loaded phrase used in this context was: 'he has his own agenda'. This phrase seems to point to the unspoken moral assumption that a child's vulnerability should lead to compliance with those who know what is in their best interests.

Lee (1999) refers to the status of children in institutional settings and the challenges they often present to the social order. He argues that this challenge is related to an institutional need to understand children by means of generalised, universal frameworks such as those to be found in developmental psychology. Our individual understanding of a child's singularity can be sacrificed in a search for commonality and certainty. Foucault (1963/2003) referred to the 'medical gaze', the tendency to categorise individuals according to abstract frameworks which define normality and abnormality.   The above authors perhaps underestimate the need for child care workers to exercise legitimate authority as part of their

duty of care yet also point to the dangers implicit in the unreflective application of this authority.

It is helpful to recall here the relationship between internal and external identification that Mead (cited in Jenkins, 2004) points to as a fundamental feature of social identity. The pressure to maintain a dominant discourse can lead to what Jenkins (ibid) terms collective external definition or categorisation when the institution is challenged by children's behaviour. This is sometimes apparent in the documentary material describing Stephen's Child Studies. The documents themselves claim a degree of textual and objective authority in the manner in which they report the conversations. At times it seems that the Child Study attempted to categorise Stephen, to 'place' him within a conceptual boundary where he could more easily be understood: 'He is a typical Asperger, they do everything on their own terms. He thinks different to us' (sic) (31).

This last comment invites comparison with Goffman's argument that individuals with disabilities are constructed as fundamentally different to 'normal', non- disabled people (Goffman, 1963). A particular condition - such as Asperger's Syndrome - becomes the dominant category or 'master status' as far as external identification is concerned. The need by the Child Study for certain evidence of curative educational progress leads to the danger of viewing the child as a problem that needs to be solved. In this sense, representations of disability not only construct the child's social identity but in residential settings also become a necessary dimension of a carer's identity. The same frameworks that have been drawn on to form a deep, empathic identification are paradoxically also used to maintain a rigid boundary

between the child and the adult group. This may account for the study's finding that empathic statements about children's experiences could be immediately juxtaposed with language that appeared to unduly categorise them in terms of their vulnerability and lack of competence.

To develop this discussion, it is helpful to draw on research concerning the nature of professional representations. Marks, Burman and Parker (1995) have pointed to the pressure within organizations to label the child, to achieve an ideological certainty as to who he is and what he needs. Although Camphill's situation appears to be more complex and nuanced, it is valuable to consider the power dynamics at work within the Child Study. Billig et al draw on discourse analysis to develop the idea of the 'liberal expert' whose authority is respected, endorsed and applied but in a friendly, egalitarian manner. They write that: '…they considered the role of modern experts as being inherently ambivalent, oscillating between the impersonality, neutrality and objectivity of authority and the equality, warmth and humanity of a friend' (Billig et al, as cited in Avdi, Griffin and Brough, 2000, p.328). This echoes Billington's (2006) claim that assessment relationships oscillate between the poles of closeness and distance. Whilst I imagine that most Camphill co-workers would not recognize themselves in this description, there is no doubt that Camphill has historically emphasized mutuality and empathy, whilst equally stressing the authority of anthroposophical understandings as the 'key' to meeting the child's needs.

I found an interesting example of these power dynamics in Stephen's Child study notes. The group interpreted his behaviour as an active resistance to their educational approaches. A close study of later meetings leads to the conclusion that what particularly concerned the Child Study was Stephen's active withdrawal from all activities that were

offered to him. He received his education in his house room, ate alone and did not associate with people from his house. In this particular example the group had defined the boundaries of acceptable childhood behaviour but Stephen had resisted this identification, refusing to comply with Camphill's view of children's needs. He was consequently assigned the ambiguous identity of a child/adult: a sensitive, disturbed child who acted like a separate, autonomous adult. Jenkins claims that: '…ambiguity or anomaly, uncertainty about which way to jump or what to do are characteristic of boundaries and borders' (Jenkins, 2004, pp.128 - 29). In this instance the group's historical narrative about childhood and disability was being challenged by someone who did not fit their cultural assumptions regarding childhood innocence and dependence.

As I have previously attempted to demonstrate, Camphill's medical diagnostic understanding has made a fundamental contribution to its empathic understanding of children with disabilities. As mentioned previously, Chart A (p.51) indicates that for every child (with one exception) universal developmental and diagnostic frameworks predominate and are mentioned more frequently even than anthroposophical ones. These are generally drawn upon fruitfully to develop positive understandings of individual experience yet in a number of instances I noticed their overly authoritative and judgmental character. In his work Steiner has repeatedly emphasised the need for: 'a high standard of conscientiousness and responsibility' (1951/1998, p.49), whilst König often pointed to the need for co-workers to be self aware in the sensitive task of assessment. He believed that such self awareness would lead to the kind of fluid, contingent understandings of the child that emerge in some Child Study documents. This links with current concerns about practice in residential child care

which Smith (2009) has outlined. There is a danger that workers will be drawn into reliance on abstract universal principles and thus develop a form of ‘technical rationality’ whilst in fact the complexity of child care practice requires the kind of profound ethical awareness that König emphasized. At a time when anthroposophy and curative education are challenged by an increasing pluralism of values and perspectives (including that of the children themselves) there is ever more a need for reflective practice which views understandings as always provisional and contestable (Dahlberg and Moss, 2005).

However, as mentioned earlier, a more reflective trend is noticeable in recent documents accompanied by reference to a wider range of frameworks and a marked increase in references to children’s abilities. There are many more references to theoretical frameworks such as attachment theory and to the need to seek referrals to clinical psychologists, occupational therapists and other professionals.

These developments are possibly linked to a reshaping of the social space of childhood in Camphill culture with an increased emphasis on children’s competences, wider contextual aspects such as the family’s perspective and the individual child’s own view of their needs. Whilst these developments appear to offer a different view of childhood, they also involve a re-alignment in the way the group sees its own professional authority. This paradigm shift is evident in Andrew’s Child Studies when the group realize that they need ‘to understand his “language”’ (37). Whilst the group maintains its empathic identification, challenges increasingly appear to be met with reflective understanding. Whereas in earlier meetings there had been a tendency to pathologise his inflexibility as stubbornness, now the group realises that Andrew can move on if time is taken to fully explain the situation (38).

Rather than attempting to change him, the group is increasingly able to reflect on its own responsibility to change potentially inflexible attitudes and to accept difference. Whilst maintaining its duty of care for each child, it appears more able to accept that its judgments will be provisional and open to be contested by other perspectives. Rather than viewing children as a homogeneous group with similar problems a more complex and nuanced picture emerges where competence and vulnerability overlap and shift their boundaries in different situations.

CHAPTER 7. CONCLUSION AND IMPLICATIONS

In this chapter some aspects of Camphill's historical understanding of the child are questioned. It is argued that a preoccupation with children's vulnerability has its roots within Camphill's understanding of its identity and purpose and influences its view of the adult/child relationship. A new paradigm of childcare practice will need to be based on a radical shift in this relationship.

Timimi (2005, p.2) has argued that 'The immaturity of children is a biological fact. The ways in which this immaturity is understood and made meaningful is a fact of culture'. This appears to link with Hughes and Paterson's call (1997, p.326) for an '... embodied, rather than a disembodied, notion of disability', claiming that disability studies have in general set up a false dichotomy between bodily impairments and social attitudes. They claim that what is needed is a sociological understanding of impairment, which pays due attention to

individuals' 'lived experiences' whilst recognising that a particular society's view of impairment is fundamentally affected by cultural values. Moreover, Goodley (2001) has claimed that there is a gap in the literature on disabled identity concerning the manner in which the needs of individuals with learning difficulties are culturally constructed. This study has consequently attempted to extend this discussion by drawing on literature from the field of childhood studies as suggested by Priestley (1998) in a review of current literature in the two fields.

Drawing on the above sources, it has been argued that it is important to challenge cultural assumptions about the capacities of children with disabilities. Judgments about a child's vulnerability can be seen as interpretations shaped by the interplay between institutional narratives and individual experiences (Jenkins, 2004). Camphill's understanding of the child is thus considered to construct a particular social reality drawing on a range of organised attitudes to children, childhood and disability. These have deep historical roots in its understanding of its own social identity. In examining this aspect, I wished to destabilise some of these taken for granted concepts and critically evaluate Camphill's own contribution to this debate.

The concept of mutuality in relationship, of co-workers learning from children and adapting to their needs is part of Camphill's distinctive contribution. This has drawn on a spiritual view of the individual based on anthroposophy so that children in many ways have significant social status in the organisation. However, the perceived developmental immaturity of children with disabilities has historically also been interpreted within Camphill

68

as indicating their need for protection and reliance on adult guidance and authority. This perception, whilst in many ways legitimate, has contributed to a hierarchical social space for childhood where adults are unreflectively assumed to be the experts on a child's needs.   As Billig et al have pointed out in their notion of the 'liberal expert' (as cited in Avdi, Griffin, & Brough, 2000) there is a degree of ambivalence among child care professionals who want to feel a deep human connection with children whilst at the same time claiming the authority to interpret their needs. These two tendencies which are not fundamentally incompatible are very understandable. However, I have argued that without a reflective understanding of these dynamics professionals may react in a controlling and stigmatising manner to what they perceive as children's challenging behaviour.

Bauman (1993) has pointed to the modern human being's need for order and predictability within a fast changing world. He argues that communities need to feel that they have an intimate understanding of everyone within their boundaries. In many ways the child with disabilities has historically been viewed as someone who Camphill understands intimately, as a welcome guest to whom we have extended all our hospitality and warmth. However children can also act as a 'redemptive vehicle' (Moss and Petrie, 2002) for the adults who care for them. In this way the child's identity is linked with that of the adult and there is the ever present danger that they become mutually reinforcing so that one cannot exist without the other. Adult and child can thus get tied together in a unity which cannot be separated as the child becomes a necessary part of the adult's social identity as a Camphill co-worker.

When children are too independent or appear to be like little adults, they challenge us with their precocious intelligence or sexuality. For example it was difficult for the co-workers involved to know how to cope with Stephen's refusal to attend school. At these moments the child seems to be more mysterious and unpredictable: at times he is dependent whilst at other times he resists our help. There are consequently no longer clear boundaries between adults and children, between helpers and those who require help as traditional hierarchical understandings of childhood are challenged. Unless this situation is consciously reflected on, an empathic internal identification of the child can turn into a stigmatising external identification as was suggested in the previous chapter. A holistic perspective on all aspects of a child's identity (physical, emotional, cognitive and spiritual) can consequently be reduced to behaviour management and skill development. To avoid this tendency I believe

70

that what is required is a realignment of the adult/child relationship in residential care. Without this there is the danger that we maintain the child in a dependent position as part of a 'vulnerability complex' (Lee, 1999).

Lee (2005) argues for an emphasis on what he terms 'separability', an ethical ability to hold the balance between universal frameworks and individual differences. This requires firm emotional and conceptual boundaries with the individual whilst still maintaining an active, warm engagement (Fewster, 1990). We can then form an ethical relationship with the child where we constantly struggle against what Mason (2002) terms our habitual tendency to fix the other human being into a category. By strengthening our awareness of moments when we are in danger of doing this, due to our cultural narratives about children, we can develop a relationship where we welcome the humanity of the Other (Dahlberg and Moss, 2005). This seems to me to be a worthwhile challenge for the Child Study so that it builds on König's original vision in a contemporary manner.

As far as the growing, developing human being was concerned, König (1983/1989, p.5) called for a '…comprehensive child anthropology'. This would involve recognition of the essential humanity of each child whilst paying due heed to their developmental needs and social context. In this sense we acknowledge our common humanity whilst valuing our diversity; whilst recognising the need to assess children we can also again and again separate them from their disabled identity. However, König also emphasised the need to keep in mind the mutual influence between co-worker and individual child within the assessment process, which he termed the '…interplay between examiner and examinee' (p.10). Co-workers were expected to engage in self-examination as a fundamental aspect of their work with individual

children and to constantly recognise the fact that their understanding was also influenced by powerful emotions. As König stated (ibid, p.13): 'We must always keep in mind that the children and adults in our care are not there to be talked about and looked down upon as something separate from ourselves'.

However, this mutuality has traditionally been viewed in Camphill as a process of learning from the child about one's human fallibilities. Whilst this is indeed valuable it should be extended to include a wider sociological perspective on the manner in which workers use their professional power within assessments. Whilst Camphill has developed a profound understanding of individual identity, it is now challenged to integrate an understanding of factors that influence social identity. This will require constant reflection on the complex ethical issues that everyday practice presents. There are no simple solutions here now that so many former certainties are being questioned and professionals are challenged to work much more inclusively with children and their parents. In this new landscape '… even the smallest and most commonplace gestures bear witness to the ethical…' (Levinas and Kearney as cited in Dahlberg and Moss, 2005, p.81). König stated on a number of occasions that Camphill's contribution to knowledge and understanding was wider than simply responding to the needs of the individual child with disabilities: it was the ethical dimension implicit in this approach which could be transformative for wider society. This is not a call to professionals to abrogate their legitimate responsibilities to protect and educate children. Rather, I believe this research contains a challenge to reflect on the intricate and complex ways in which knowledge and power interrelate and unconsciously influence our representations of

children's identities. These representations do not exist in a vacuum but are intimately related to our social identity as professionals.

Recommendations for further research

- A larger scale study to explore the experience of participants in Child Studies (through interviews and focus groups), specifically examining whether there is space for a range of understandings of the child's experience.
- To examine the factors in other residential child care settings that promote or hinder a reflexive approach to assessment as part of a social pedagogical approach for children with disabilities.

Recommendations for practice

- The school should consider how to incorporate a greater reflexive element within its assessment practices so that participants also direct their attention to how the systems around a child need to change. This may require changes to the structure, length and focus of the Child Studies.
- The school should continue to develop a pluralistic knowledge base as a foundation for discussions about children's needs. It should actively consider how to incorporate the views of children and parents within these discussions.
- Camphill School should review the way that the content and decisions of Child Studies are communicated to children, young people and their parents. This work should be undertaken in collaboration with the Pupil's Council in order to access their views.

- Camphill's BA in Social Pedagogy should ensure that students are encouraged to engage critically with the issues raised in this dissertation as part of its curriculum.

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Appendix A: Information sheet distributed to participants

During the course of my MSc studies in Strathclyde University I have become interested in the ways in which the child with disabilities is seen in the Camphill Schools. Camphill pupil studies appear to offer a particular opportunity for developing a collaborative understanding of the child. In many ways Camphill has a unique perspective on children's identity but as a BA tutor I have become particularly interested in how this links with other approaches. How is Camphill's particular perspective drawn on when attempting to understand children's experiences? In addition, this inquiry will consider the ways in which pupil studies incorporate a range of voices (e.g. experienced and less experienced co-workers, parents and other professionals) and perspectives (anthroposophical and other approaches) in developing this understanding. I am hoping to observe this process in three to six child studies on Murtle Estate (taking notes without directly participating) and follow this up with individual interviews with selected participants in Spring 2009 that I hope to record. In addition I will undertake documentary analysis of child study notes from the last six years looking for the ways in which we are forming our understanding of the child. This will be complemented by inquiry into the way the purpose and scope of pupil studies (or 'clinics') has been historically understood in the Camphill Schools.

I aim to ensure the confidentiality and anonymity of all participants but there will also be limits to this if any child protection issues are raised which I would need to pass on to relevant individuals. You will be free to withdraw from the study at any time without giving me any reasons. All data obtained will be kept securely and disposed of after three years in accordance with Data Protection Act 1998.

Ethical approval has been gained from the Camphill School Ethics Group and from Strathclyde University. My research will be supervised by Laura Steckley, Joint Director, MSc Advanced Residential Child Care at Strathclyde University.Please contact me if you have any questions. You should also feel free to contact Professor Andy Kendrick at University of Strathclyde, email address: andrew.kendrick@strath.ac.uk Yours Sincerely, C.Walter

Appendix B: Consent form

Source	

GSSW
Glasgow School of
Social Work

Consent Form for participants in research on Camphill Schools (Murtle Estate) pupil studies

In agreeing to take part in research into Camphill Schools pupil studies, I have read the information sheet provided and have been made aware of the following considerations:

a) My participation is purely voluntary and I am aware that it will involve being observed in a pupil study.
b) All my questions about the study have been satisfactorily answered.
c) I am able to withdraw my participation at any time without giving any reasons and can also ask to have my data withdrawn from the study.
d) I am under no obligation to answer any question posed in an interview.
e) Interviews will be recorded for the purposes of data analysis.
f) I understand that all information given will be treated with the utmost confidentiality and my anonymity will be respected. I also understand that there are limits to this in the case of any child protection concerns.

Signed: _____

Appendix C: Grid used for analysis of documents

Summary of content	
Quotes and notes	
Thoughts	
Theme (interpretation and classification)	

DOCUMENTARY MATERIAL

Sam

(1) Child Study August 2001
(2) Child Study 27th November 2002
(3) Child Study 28th April 2003
(4) Child Study 5th November 2003
(5) Child Study 8th December 2004
(6) Child Study 30th November 2005
(7) Child Study 27th September 2006
(8) Child Study 28th November 2007

Julie

(9) Child Study 10th January 2003
(10)   Child Study 3rd November 2004
(11)   Child Study 29th March 2006
(12)   Child Study 22nd November 2006
(13)   Child Study 14th November 2007

Carla

(14)   Child Study 27th November 2002
(15)   Child Study 3rd December 2003
(16)   Child Study 25th May 2005
(17)   Child Study 1st February 2006
(18)   Child Study 20th June 2007

Bella

(19)   Child Study 27th February 2002
(20)   Child Study 22nd January 2003
(21)   Child Study 10th September 2003
(22)   Child Study 3rd November 2004
(23)   Child Study 5th December 2005
(24)   Child study 22nd November 2006
(25)   Child study 3rd October 2007
(26)   Child study 14th November 2007

Stephen

(27)   Child Study 11th December 2002
(28)   Child Study 21st May 2003
(29)   Child Study 22nd September 2003
(30)   Child Study 5th November 2003

(31)   Child Study 18th February 2004
(32)   Child Study 15th November 2006
(33)   Child Study 21st November 2007

Andrew

(34)   Child Study 26th February 2003
(35)   Child Study 3rd December 2003
(36)   Child Study 8th October 2004
(37)   Child Study 29th March 2006
(38)   Child Study 16th May 2007

CHILD STUDIES ATTENDED

(39)   Liam Child Study 18th March 2009

(40)   Laura Child Study 30th March 2009

(41)   James Child study 20th May 2009

(42)   Laura Child Study 30th May 2009