

## CHAPTER 6

### SUMMARY, FINDINGS AND RECOMMENDATIONS

#### 1. INTRODUCTION

In Chapter 1 some questions are considered that converge on a clearly formulated problem (see section 1.2). In concluding this study, it is necessary to reflect on these questions to determine whether satisfactory answers were obtained. Then, in light of these findings, some recommendations are made.

The first group of questions concerns the place and role of the affective in personal actualization as well as in eliminating personal **under**-actualization. Second, there are questions of the educative flavor of existing psychotherapeutic practices as well as the attention they give to affective stabilization for abolishing problematic behaviors. Third, questions of orthopedagogic intervention with the affectively disturbed child are considered. In this connection, there is question of the "methods" or "techniques" which the orthopedagogue can use to guide the affectively disturbed child to emotional stability.

With the above questions in mind, the aim of this study is, first, to indicate the place and importance of the affective life and of affectively educating (guiding) the child to adequate personal actualization, and second, to indicate some guidelines for designing a pedagogically accountable practice of assistance to stabilize the affectively disturbed child. The answers to these questions are presented in the following synoptic summary.

#### 2. SUMMARY OF THE INVESTIGATION

As an introduction, in Chapter 1 it was indicated that vague and divergent definitions are attributed to the concept of children with "emotional problems". Therefore, it was necessary to give a particular description of this concept that is applicable to this study. Before presenting this description, the role of the child's situatedness and of educating (as well as of disharmonious educating) in the origin of such problems was indicated.

A child is always in an educative situation and disharmonious educating leads to labilizing his affective lived-experiencing. This then is manifested in one or another "emotional problem". In this light, "emotional problems" are viewed as symptoms of the child's labile or impulsive affective life that arise from problematic or disharmonious educating and, therefore, indicate that he is affectively disturbed and is restrained in his becoming an adult. With the above background, it is clear that providing assistance has to be initiated by the orthopedagogue because scientific assistance for these children has to take their problematic event of educating as its point of departure.

Related to these questions, Chapter 2 focused on the influence of affective educating on the child's personal actualization. To this end, psychopedagogics was appealed to since it is the part-discipline of pedagogics that addresses this matter. For an understanding of how personal actualization occurs, the constituents of the psychic life were discussed separately and in their interconnections. Then a longitudinal view of the child's becoming adult was described from infancy to adulthood. Here special consideration was given to the place and role of the affective life and of affective educating for the child's adequate personal actualization. Last, the influence of disharmonious educating on the child's personal actualization was indicated. In conclusion, it is clear that disharmonious educating labilizes the child affectively. The task emerging from this is that assisting such a child clearly has to be directed to **affective stabilization**.

With the above in mind, the third chapter was devoted to exploring some psychotherapeutic practices of assisting the affectively disturbed child in order to determine the extent to which they provide for affective stabilization. First a number of general models were considered and then client-centered-, behavioral- and family-therapies were discussed. Regarding these forms of therapy, special attention was given to their therapeutic methods, and there was an attempt to understand the emphasis they place on educating and on the "treatment" of the origin of disturbed behaviors as well as the ways, if any, in which the child is affectively stabilized.

Because the origin of affective lability usually is found in the child's educative situation, and since he always is educatively situated, Chapter 4 was devoted to designing an accountable pedotherapeutic practice for the affectively disturbed child. Since the

pedotherapeutic situation essentially is an educative one, first the **fundamental pedagogic foundation** of pedotherapy was indicated, which implies that the pedotherapeutic event occurs within an authentic pedagogic relationship between therapist and child. Therefore, pedotherapy is directed to abolishing the child's under-actualization and guiding him to an adequate personal actualization. On this basis, there is a close connection with the psychopedagogic, and the **psycho-pedagogic foundation** of pedotherapy was indicated regarding the ways of guidance that have to take place in the pedotherapeutic event. The course of pedotherapy takes place in terms of particular orientational content from which the obvious **didactic-pedagogic foundation** of pedotherapy speaks very clearly. However, pedotherapy proceeds in more indirect ways, via the child's projections, in order to be able to guide him to existential changes in meanings. These pedagogic foundations of pedotherapy converge to a **pedagogic** unity in the pedotherapeutic practice that is initiated in the same way as is a lesson.

In Chapter 5, the theoretical foundations presented in chapter 4 were illustrated by a practical example. Here it was shown how, with the help of orthopedagogic diagnostic media ("tests"), one can obtain a person-image of the affectively disturbed child and, in doing so, reveal his attribution of unfavorable meanings as well as the problematic aspects of his educative situation that gave rise to them. Then, providing assistance, on the one hand, is directed to guiding the child to redefine his situatedness, and, on the other hand, the parents are guided to eliminate the labilizing aspects of the educative situation.

In the following section, the most important results arrived at regarding the above issues are considered; in this light, some recommendations are made regarding assisting an affectively disturbed child.

### 3. FINDINGS

From the statement of the problem in Chapter 1, a number of questions arose that mainly determined the direction of this investigation. In conclusion, it is asked if the questions stated have been adequately answered. To this end, they are placed into three groups and the answers that have been given during the course of this study are indicated.

## **First group of questions**

In Chapter 1 it was pointed out that the child with "emotional problems" is a child who, because of problematic educating, is affectively disturbed to such a degree that he is restrained in his becoming. In this light, it is claimed that giving assistance to such a child mainly amounts to stabilizing his affective life. From this, the question arose as to whether or not this claim is too general. Can affective disturbances, as well as "emotional problems" be eliminated simply by affectively stabilizing the child? Don't the symptoms that a particular child shows deserve attention? To answer these questions, it was necessary to clearly grasp the role of the affective in the total personal actualization of the child.

In Chapter 2 it was noted that the child's total going out to and involvement with reality is carried and qualified by his affective state. Indeed, the emotions are the basis or foundation for personal actualization. This is confirmed by the discussion of the different periods of life from which it repeatedly is seen that affective stability is indispensable for adequate personal actualization. Thus, in all cases of affective disturbances or restrained becoming, the affective needs to be stabilized to eliminate the restraint. Since a particular symptom only is an indication of restrained becoming and since affective stability is a precondition for adequate personal actualization, affective stabilization is the only way to eliminate "emotional problems"; thus, it is **not** necessary to attend to the symptoms as such. Since a child always is educatively situated, such affective stabilization does not only mean that he has to redefine his situation but also that the problematic in his educating needs to be corrected.

## **Second group of questions**

For many years, intervention with the affectively disturbed child has been initiated from scientific perspectives not taking his educative situation as a point of departure. To what, then, can their success be attributed? Might it be that they, even unconsciously, in one way or another affectively stabilize the educatively restrained child? To what extent do they implement the essentials of educating?

To answer these questions, Chapter 3 was devoted to exploring the methods of some psychotherapeutic practices of giving assistance.

Although not always done purposefully, all of the forms of psychotherapy discussed stabilize the child affectively. In client-centered therapy, the affective is stabilized by establishing a warm, empathic and understanding relationship, in behavioral therapy through eliminating symptoms and in family therapy through improving the patterns of communication in the family. Also, all of these forms recognize the role of education in the **origin** of disturbed behavior. However, in the therapy itself, systematic attention is not given to this role. Educative essentials thus are merely actualized in inadequate ways, if at all, in these therapies. It also appears that these forms of therapy are not educatively accountable when used with children.

Although Rogers places great emphasis on the relationship, it is not an authentic pedagogic relationship since no real guidance is given the child, and especially the relationship of authority largely is lacking. The child is guided to accept himself as he is and not as he ought to be (in accordance with his potentialities and the norms of adulthood).

Behavioral therapy mainly is directed at eliminating symptoms. Little attention is given to causal factors and to the correction of educative relationships.

In spite of the fact that family therapy is exclusively directed to the family and the correction of patterns of communicating, this guidance does not take place within a pedagogic framework, and situations can arise which, e.g., undermine parental authority and thus are pedagogically unacceptable.

In summary, these forms of psychotherapy stabilize the child emotionally and thus are successful. As far as actualizing educative essentials is concerned, it appears that this mainly occurs in haphazard ways.

### **Third group of questions**

A last question for which a decisive answer must be attained is whether orthopedagogics has at its disposal a "method" or "technique" for guiding the affectively disturbed child to stability. Also, a view has to be given of the extent to which the parents of such a child are to be involved in assisting him.

In this connection, research indicates that the different part-perspectives of pedagogics provide the **foundation** for pedotherapy since it essentially is no different from educating. This form of therapy, then, implies that all pedagogic essentials are actualized in the pedotherapeutic situation; in addition, the child has to be guided by particular orientational content to give new sense and meaning to his situation. In this study, attention was focused on an indirect method that can be followed and handled in the same way as a lesson.

Since orthopedagogics looks for the origin of the disturbance in a disharmonious event of educating (as upbringing), it follows logically that, by means of guidance, the parents also need to be involved in providing assistance to their affectively disturbed child. Thus, by means of pedotherapy and parental guidance, the affectively disturbed child is guided to affective stability and in this way gaps in his becoming are bridged.

#### 4. RECOMMENDATIONS ARISING FROM THE INVESTIGATION

As a result of the findings of this study, the following recommendations are made:

4.1 Since a child (and, thus, an affectively disturbed child) always is educatively situated, and since the origin of his affective lability usually is found there, it is recommended that this situation always serve as the point of departure for providing assistance;

4.2 On the basis of the above recommendation, it is necessary that anyone who wants to intervene with an affectively disturbed child be schooled to a high level in pedagogics and especially orthopedagogics;

4.3 Assisting an affectively disturbed child has to be authentic orthopedagogic help and this implies that he has to be affectively stabilized by means of pedotherapy and parental guidance;

4.4 Because existing forms of psychotherapy are not pedagogically accountable in their use with children, it is highly recommended that vigorous research be undertaken regarding the feasibility of implementing these existing forms of psychotherapy in a pedotherapeutic manner;

4.5 Closer cooperation and mutual acknowledgment among the different fields of science that intervene with the affectively disturbed child are recommended;

4.6 Knowledge of and insight into the different pedagogic part-perspectives are viewed as a necessary foundation for assisting the affectively disturbed child;

4.7 Further research aimed at extending and refining pedotherapeutic practice is necessary.