

CHAPTER THREE THE ESSENTIALS OF PEDOTHERAPY

According to Landman,⁽¹⁾ the pedagogical relationship, sequence, and aim structures must be actualized in all pedotherapy. Thus, **the essentials of pedotherapy** are presented as an event of educating, or re-educating. More specifically, the **preconditions** for a pedotherapeutic event are discussed in terms of the pedagogical **relationship structures**, its **course** is discussed in terms of the pedagogical **sequence structures**, and the **criteria** for evaluating it are discussed in terms of the pedagogical **aim structures**.

1. Preconditions for the pedotherapeutic event

Preconditions for the pedotherapeutic event are that the **pedagogical relationships** of **trust, understanding, and authority** are actualized. In the ensuing paragraphs, the following questions are addressed:

What is lived experienced in pedotherapy when the pedagogical relationship structures are actualized? In this light, what preconditions for pedotherapy can be stated?

The preconditions discussed below, including their lived experiential implications, are considered in the next paragraph (In everyday language, they also can be called pedotherapeutic principles). A pedotherapist must:

- (i) win the child's trust;
- (ii) show trust in the child;
- (iii) show acceptance of a the hild;
- (iv) show respect for his/her dignity;
- (v) show interest, concern and sympathy;
- (vi) allow the child to feel safe and secure;
- (vii) establish a stable affective relationship with the child;
- (viii) support the child in his/her distress;
- (ix) show understanding of the child;
- (x) exercise authority for the child, thus, set demands and limits;

(xi) exemplify norms and values.

In view of the pathic (affective) unrest of the child-in-distress, the task of the pedotherapist is to intervene with him/her to lead his/her pathic unrest (excessive anxiety, tension) to pathic rest (healthy anxiety and fruitful tension). By accepting the child and showing respect for his/her dignity, his/her lived experience of being different or inferior must be eliminated; by creating a pedagogical we-ness, the child's loneliness must be overcome. The pedotherapist must provide safety and security; he/she must help the child overcome his/her helplessness; he/she must support him/her in fending off his/her anxiety. Thus, he/she must reestablish and strengthen the child's basic trust and security so that he/she will again be ready to **venture** together with an adult.

The implications of the above preconditions for pedotherapy are discussed in greater detail later.

Landman ⁽²⁾ writes, "Irrespective of all therapeutic theories, the path to healing the (child)-in-distress only acquires direction and purpose in terms of the pedotherapist's humanity". Hence, the primary precondition for pedotherapy is that the pedotherapist creates an interpersonal space characterized by we-ness; i.e, he/she must establish a relationship of trust as a secure space. Only in this way can the child's basic trust and security be reestablished and strengthened. This is **basic therapy**.

The beginning point in pedotherapy is establishing communication by creating a situation within which the child feels safe and secure. In this secure situation, he/she then establishes or reestablishes relationships (of basic security). Only in such a secure space will he/she be pathically (affectively) ready to venture and, thus, explore his/her problem area. At the beginning of therapy, as well as with a young child, no appeal can be made to his/her will, common sense, conscience, or sense of responsibility--they are too severely flooded pathically. First, the child's vital-pathic lived experience, and his/her need for safety and security must be satisfied.

The child must first experience security and then test (explore) affective bonds. The question of the possibility of entering an affective bond with a psychically severely disturbed child must decidedly be answered positively. A positive reciprocal emotional

bonding must arise because of the child's emotional dependency, and affective distress. One of the most difficult problems in pedotherapy is handling emotional relations. Too strong a bonding has the danger of trauma when pedotherapy is ended--the child then can feel that he/she has again been abandoned.

A positive affective bonding, where child and pedotherapist accept each other emotionally, also influences his/her lived experience of values (especially his/her feeling of his/her own worth). Again, this has a positive result with respect to his/her habitual emotional disposition regarding fellow persons.

Where actualizing the **relationship of understanding** leads to the child's **gnostic (cognitive) confidence** (he/she **knows** the pedotherapist, he/she **knows** what he/she can expect), and actualizing a relationship of authority leads to **normative confidence**, actualizing a relationship of trust provides him/her with **pathic (affective) confidence**. This is essential because the pathic is the precondition for actualizing other potentialities (gnostic, conative, striving, etc.). For the child, this emotional security means emotional rest. Trust bestows favorableness, willingness, calmness, rest (Lersch).

When the child is accepted in trust by the pedotherapist, more than anything else, he/she experiences **security** and **confidence** so that now he/she will risk and more easily venture into anxiety provoking situations. Now, he/she has someone with whom he/she can share his/her anxiety. He/she now finds an ear for his/her experiences of his/her distressful situation, a **trusted person** he/she can talk to about his/her problems and conflicts. The child-in-distress who has become hostile or apathetic because he/she is traumatized, or in need of love, or by a total lack of opportunity for self-actualization, by actualizing trust and an opportunity for self-actualization which is offered, will recover his/her wanting-to-be-someone-him/herself (be someone instead of be inferior).

Pedotherapy includes this aspect of the child wanting-to-be-someone-him/herself, but **also** the aspect of providing help. The proper relationship of both aspects must be actualized. (Compare Client Centered Therapy which absolutizes the former aspect).

Actualizing the **relationship of trust** also favors the event of identification in pedotherapy. The child now is ready to identify

him/herself with the pedotherapist because of the affective bond existing between them. Again, this identification is important for conveying values in pedotherapy. The child will accept the pedotherapist's actions, demands of him/her, and values if he/she knows he/she is accepted **as he/she is**, and his/her dignity is acknowledged.

The following are extremely important to the pedotherapist for actualizing a good relationship with the child-in-distress: **nominal distance**, **realism**, and an **intense stake**.⁽³⁾ The seemingly contradictory demand on the pedotherapist of nominal distance, and trust converges in the following principle: with respect to the child, the pedotherapist must have a warm heart, but a cool head.

Above all, actualizing the pedagogical relationship of understanding in pedotherapy gives the child-in-distress confidence and stability. Now, he/she learns to **know** the pedotherapist; he/she **knows** what can be expected from him/her. Confusion and anxiety on an interpersonal level are, thus, eliminated. Such a relationship of understanding especially provides gnostic confidence and clarity. He/she experiences him/herself as understood, and no longer standing alone. By understanding the child, the pedotherapist acquires a **grasp** of him/her. The child experiences this grasp by the adult in his/her actions, and a broadening of a common world of we-ness arises. The child no longer confronts his/her problem alone; he/she no longer feels like an outsider. He/she now can share his/her life with another; loneliness is broken through. He/she no longer remains closed off from his/her educators, and the latter recover their natural confidence in dealing with him/her.⁽⁴⁾

According to Buytendijk⁽⁵⁾, true psychological **understanding** presupposes transcending a caring-being-in-the-world to an encounter, and involvement with someone within the space of his/her personal existence, but in such a way that this space is also our-space.

In connection with the actualization of the relationship of understanding in everyday pedagogics, as well as in pedotherapy, Lubbers⁽⁶⁾ indicates: "Experience also has taught that many deviant behaviors cease to exist if the adults show that they understand the child."

The child-in-distress who finds someone who understands him/her is fortunate. Such a person (the pedotherapist!) can form a bridge to the lost community (communication) and help him/her go to the other again, and go to [return to] him/herself and his/her own future.⁽⁷⁾ Thus, the pedotherapist is for the child a bridge over the **affective no-man's-land** in which he/she finds him/herself.

The consistent, sympathetic, firm **exercise of authority** by the pedotherapist contributes much more to the child-in-distress lived experiencing normative confidence, stability, and security. The authority by which norms and values are exemplified, give him/her confidence in these norms and values. Also, he/she needs authority in the pedotherapeutic relationship since the exercise and acceptance of authority eventually lead him/her to freedom and responsibility. Thus, the pedotherapist must make demands and set limits; in pedotherapy, he/she must enforce what ought to and can be. Thus, he/she must maintain a **fruitful tension** but, at the same time, prevent all unnecessary and excessive tension by the **way** he/she enforces his/her educative authority.

Thus, the pedotherapeutic event must be characterized by ethical-normative influencing, appropriate behaving, ordering, disciplining, prohibiting, directing, confronting the demands of reality, etc.

This aspect of pedotherapy is closely connect with two other matters dealt with later, i.e., values in pedotherapy and logotherapeutic moments in pedotherapy.

2. Course of the pedotherapeutic event

Next, the course of the pedotherapeutic event is focused on in terms of the pedagogical sequence structures; however, prdotherapy is not an ordinary event, but is a special pedagogical event. The **pedagogical sequence structures** (Landman) are supplemented by and intertwined with the **forms of pedagogical activities** (Van Gelder). The pedagogical sequence structures of **association, encounter, engagement, pedagogical intervention** (interfering or agreeing), **return to association, and periodic breaking away, thus,** are intertwined with the following forms of pedagogical activities⁽⁸⁾:

(i) Enter into communication with the child:

- (a) put yourself in the situation (association);
- (b) the beginning of the communication (conversation);

(c) the development of the communication.

(ii) **Allow the child to act** (exploration):

- (a) systematic activity with therapeutic material;
- (b) play in a specific milieu (play treatment, expressive therapy).

(iii) **Do not allow the child to act:**

- (a) set limits;
- (b) make prohibitions;
- (c) provide protection;
- (d) isolate (distance) oneself from the child.

The intertwining of these two structures (i.e., sequence and pedagogical activities) gives rise to the following anticipated course of activities that must be implemented in the pedotherapeutic event:

To begin, the pedotherapist **enters communication** with the child by putting him/herself in the pedotherapeutic situation and communicating with the child (**pedagogical association**). The communication between child and therapist develops until association proceeds to an **encounter**. Both child and pedotherapist are responsible for the pedotherapeutic relationship (**engagement**); both participate in the pedotherapeutic activities. The pedotherapist allows the child to deal systematically with specific therapeutic material in a specific therapeutic milieu. The child explores his/her problem area with the pedotherapist, and here they communicate by means of play, image, conversation (as three modes of communicating).

Pedagogical intervention by the pedotherapist means that, at certain moments of exploration, he/she either interferes or approves; thus, sometimes he/she will forbid the child to act, he/she will set limits, protect the child, and isolate (distance) him/herself from the child, etc.

After this intensification of communication (encounter and intervention), there is a **return to pedagogical association** at the end or conclusion of the therapeutic session. When the child returns home, child and pedotherapist withdraw from each other's presence (**periodic breaking away**) for a period until the child returns for a pedotherapeutic session. Successful pedotherapy also means that the pedotherapist gradually makes him/herself superfluous to the

child so that a complete (pedagogical) separation between child and pedotherapist is eventually possible.

Since the pedotherapeutic situation also is a **lived experiential (psychic) field of tension**, the above **pedotherapeutic course of activities are associated** with the **pedotherapeutic course of lived experiencing**, and the following **range of tension** occurs: **relaxation** (communication, association, conversation), **decreased tension** (development of communication, proceeding to an encounter), **fruitful tension, high tension, and effort** (intensification of communication, encounter, engagement, pedagogical intervention, pedagogical influencing, exploring, acting, delimited acting), **relaxation** (return to pedagogical association); there also is pathic (affective) **relaxation**, but also gnostic-normative (cognitive-normative) **effort (tension)** as re-lived experiencing, e.g., by later assimilating lived experiences which occurred during therapy. The aim of this course of activities is to move away from excessive tension; therefore, all experiences of excessive tension in the pedotherapeutic event must be avoided.

Next, the two different structures of the pedotherapeutic course of activities are viewed separately to indicate in more detail the specific significance of each in the pedotherapeutic event.

First, what pedotherapeutic results occur by actualizing the **pedagogical sequence structures** in pedotherapy?

In pedotherapy, **pedagogical association** means that the child-in-distress and the pedotherapist are present **by** each other. The pedotherapist is a participant in the child's played, imaged, verbalized world. For the child, this means a lessening of his/her pathic unrest (lability); e.g., loneliness, with which anxiety and insecurity are associated, is eliminated. This is a **being-together** which provides the child-in-distress with security.

By actualizing pedagogical association, the child-in-distress is put at ease--this is a precondition for the later necessary occurrence of an encounter. This association is a preformed field (i.e., a precondition) for the later development of communication for pedotherapeutic influencing. Association makes the child affectively ready to later act (to explore) and to accept when the pedotherapist forbids certain activities.

It is emphasized that, in contrast to the usual association, e.g., between the child and a doctor or psychiatrist, pedagogical association is directed to the child's future. The pedotherapist's actions are related to the awareness that he/she is responsible for the child's future and his/her becoming.

Pedagogical encounter is a being present **with** each other, a creation of we-ness (there is a world shared by pedotherapist and child); the experiential world of each is entered. This encounter lessens and removes the child's lived experience of anxiety.⁽⁹⁾ Indeed, the child is confronted with his/her problem, but now in the secure safety provided by the pedotherapist. This intensive communication creates an optimal opportunity (a favorable attunement of the child) for pedotherapeutic influencing by means of symmorphosis. In this situation of encounter, moments of educating and re-educating are used by the pedotherapist. Here, favorable lived experiences and re-lived experiences are actualized; here, the child's delayed becoming is overcome because he/she is supported to elevate his/her level of giving meaning, as dialogue (with his/her world); here, by attributing sense and meaning, his/her distressful situation is broken through, and anxiety is averted; here, he/she arrives at a favorable design which, when assimilated, leads to a new attunement [to his/her world]; here, he/she learns to deal with the anxiety-provoking image of adulthood; here, he/she is required to **now** choose and act.

This situation of pedagogical encounter means that the therapist cannot make mistakes of "technique" or "method", but he/she can err by not showing his/her fellow-humanness, by not noticing the uniqueness of the child-in-distress, and by shrinking back when he/she explores with the child.⁽¹⁰⁾

Landman⁽¹¹⁾ writes: "Loneliness changes into we-ness, as a pedotherapeutic being-together. Such supportive being-together gives the (child) courage and new power to explore changing his unique distressful situation so that it can be broken through".

This moment of pedotherapeutic encounter is seized as the present moment preceding the child's future—he/she longs for ordinary situations free from distress as an authentic hope for the future. It is precisely this hope for the future which constitutes the pedotherapeutic we-ness.

"It is an active, hopeful being directed to the future that appears out of an active working together to revise and break through the present distressful situation; the child must not **escape** into a distress free future, but there must be choices made and activities carried out in the present situation with an eye to the freedom from distress of this future so that again he/she can really be someone him/herself ... (the child) hopes for a normative future, thus, a future that makes demands" (Landman).⁽¹²⁾

When **pedagogical engagement** is actualized, the child lived experiences his/her responsibility for the pedotherapeutic relation, as well as that he/she him/herself is also responsible for working on (acting) and revising his/her unique distressful situation. The presence of the pedotherapist already has a pronounced character of making demands: the child is already appealed to by his/her presence to cooperate in revising his/her distressful situation. The pedotherapist must give the child-in-distress an opportunity to also take **responsibility** for the encounter, which is actualized, e.g., by carrying out assignments. The child-in-distress must venturingly participate in breaking through his/her distressful situation; he/she also is responsible for the quality of his/her participation, thus for the quality of the responses he/she gives, and the resulting breaking-through activities which he/she actualizes. Finally, the child-in-distress must give an account of the ways he/she implements his/her own positive human potentialities in the pedotherapeutic event.⁽¹³⁾

The pedotherapist's **pedagogical intervention** (interfering and agreeing in terms of norms and values) provides the child with a background of stability and confidence (thus, security) for his/her activities in the pedotherapeutic situation (exploring the problem area). This benefits his/her breaking through his/her problematic situation. Insecurity, uncertainty, helplessness, and anxiety are eliminated when the child's lived experiences and behaviors (expressions) are directed by the pedotherapist. Also, the therapeutic essentials of prohibiting, directing, and disapproving are possible as pedagogical interventions. This moment makes the demand-making character of pedotherapy possible. On the other hand, the moment of agreement (recognition, award, approval) allows the child to feel accepted; he/she feels of value to the pedotherapist because he/she obeys the values and norms. This means eliminating the child's feelings of being different and inferior.

A **return to pedagogical association** and **periodic breaking away** give the child an opportunity to re-lived experience, to (pathically) rest, and relax; here, he/she can again be someone him/herself. Also, he/she can now, in his/her solitude (gnostic-normative), exert him/herself by revising, as giving new meaning, and acquire a grip on the problematic reality.

Thus, the pedotherapeutic event is "a flux of turning to and warding off, of tension and relaxation. The tension of turning to necessarily must be alternated with the decreased exertion of returning to educative association, followed by the relaxation of periodically breaking away. In periodically breaking away, the increasing freedom of the child is confirmed and, in associating and encountering again, the sacrifice of freedom is resumed. In this way, the event of educating acquires its rhythmic form", writes Landman.⁽¹⁴⁾

Actualizing a favorable pedotherapeutic course will result in periodic breaking away which, for the child, means a **parting**, and not a taking flight. Where parting is mutual, taking flight is not--it arises from a fear for being-with because the child experiences this being-with as threatening (insecurity) or humiliating (being-inferior). Such a wanting to break away by taking flight, thus, is an indication that the preceding pedotherapy miscarried.⁽¹⁵⁾

Periodic breaking away is a parting because of **satiation**--child and therapist experience that they now have "had enough" of being-together therapeutically. Satiation creates distance, but over-satiation can lead to aversion. Periodic breaking away must occur in such a way that the child maintains a yearning for associating and encountering again. Periodic breaking away is a creative pause, where the yearning for association and encounter is raised to a higher level. The **greeting** before and after periodic breaking away is for the child-in-distress an indication that the pedotherapist is there **for** him/her, and **how** he/she is there for him/her. A friendly greeting has a favorable influence on the course of pedotherapy. A grumpy snarl makes association and encounter impossible and awakens in the child a yearning to break away from continuing, thus, to take flight.⁽¹⁶⁾

The following discussion of Van Gelder's **forms of pedagogical activities** is derived from Vorsatz,⁽¹⁷⁾ whose detailed elaboration of them is extremely helpful for understanding the course of the pedotherapeutic event:

(i) Enter into communication with the child

(a) Put yourself in the situation (association): The response of the child-in-distress to the pedotherapeutic situation depends on the attitude which the pedotherapist shows by means of expressions (facial expressions, gestures, language). If the pedotherapist appears to be cold and aloof, then the child will not be ready to communicate. A situation of association is already created when the child is given a task or request (e.g., draw, play, tell a story). The child shows his/her lived experiences to the pedotherapist in the ways he/she carries out the task (e.g., aggressive, or evasive behaviors). His/her involvement with his/her play, drawing, or narrating gives the pedotherapist an opportunity to discover therapeutic possibilities, and to bring about an encounter with him/her;

(b) The beginning of the communication (conversation): In indirect ways (e.g., drawings and play), the child expresses especially his/her emotional lived experiences. These expressions are directed by the pedotherapist's actions by which he/she creates possibilities for communicating with the child. This means that sometimes the pedotherapist must decide to take action (authority), with tolerance, kindness, appreciation, acceptance (trust), yet always in a loving way, to spur the child on to action;

(c) The development of the communication: The pedotherapist must always be aware of the nature of the child's expressions of his/her intentions in the pedotherapeutic event. As soon as he/she feels that the pedotherapist shows insight into, understanding, and acceptance of his/her expressions, the possibility exists for an emotional communication between child and pedotherapist. Through a mode of communication (play, image, word), the child feels ready to show his/her pathic disturbance to the pedotherapist. He/she is urged to explore his/her problem with the pedotherapist, and to express his/her lived experiences. To the degree that he/she explores his/her world and expresses his/her lived experiences, the possibility is created for an encounter with this child-in-distress.

(ii) Allow the child to act (exploration):

(a) Systematic activity with the therapeutic material: During each therapy session, the child is asked, urged, and encouraged to handle therapeutic materials (pencils, paint, clay, projective pictures, language formulations, toys, etc.). Usually, discussions or explanations are first necessary; also, the pedotherapist must show a sincere interest in what the child will be informed about, and required to do, or else he/she might be given "the cold shoulder". Encouraging and appreciating the child's expressions support him/her in his/her exploration of the world (through the therapeutic material). Thus, the pedotherapist remains relatively active in the pedotherapeutic event--child and pedotherapist interact with each other. Hence, the child is led to his/her own problem through play, image or word;

(b) Projection and expression in a specific milieu: In a situation of encounter, the child and pedotherapist together explore the specific problem by means of play, drawing, or conversations (projection and expression).

(iii) Do not allow the child to act:

(a) Set limits and prohibit: The mutual exploration of the problematic event has a cathartic effect, such that the child usually accepts and revises his/her problem. Often, the pedotherapist must introduce, or suggest changes. Frequently, he/she must set limits and prohibitions regarding the child's activities, to assist him/her to attribute positive meanings to him/herself and to his/her problematic situation;

(b) Provide protection: In his/her problematic lived experiences, the child is accepted and protected. His/her pathic disturbance is corrected by indirectly (anonymously) setting prohibitions and limits for him/her. He/she is protected against, and withheld from a confrontation with that which exceeds his/her possibilities for change;

(c) Isolate (distance) oneself from the child: Although a relationship of trust between the child-in-distress and the pedotherapist is a precondition for the possibility of therapy, attention already has been called to the case of too strong an

affective bonding. It can happen that the child only is receptive to and dependent on influences from the pedotherapist, and that he/she only feels safe and secure with him/her. Thus, it is the task of the pedotherapist to **distance** him/herself from the child when the distressful situation is broken through so the child him/herself will further explore his/her own world purposefully. The child must not become a replica of the personality of the pedotherapist. On his/her own initiative, he/she must be able to feel safe and secure in the world. ⁽¹⁸⁾

3. Criteria for evaluating the pedotherapeutic event

The pedotherapist must evaluate his pedotherapeutic actions and results in terms of psychotherapeutic criteria. In this regard, a few authors have designed some useful possible sets of criteria. These possibilities are briefly viewed.

First, a criterion for each of the aspects of the pedagogical aim structures are stated for evaluating the pedotherapeutic event (or the results of the pedotherapy). Here, the primary question is whether the child is helped by the pedotherapist to reach his/her destination (adulthood). Is the pedotherapy future directed (prospective)? Does it help the child catch up a bit in his/her becoming?

The pedagogical aim structures are changed to pedotherapeutic criteria as follows:

- (i) Is the child-in-distress supported to an appreciation of the meaningfulness of his/her own existence?
- (ii) In the pedotherapy, does he/she attain self-judgment and self-understanding on the level of his/her child-being?
- (iii) Is he/she viewed in terms of his/her dignity?
- (iv) Does the pedotherapy occur with the child's eventual moral and independent choosing and acting in mind?
- (v) Are demands of responsibility made of the child?
- (vi) Are norms and values actualized in pedotherapy so the child can identify with them?
- (vii) Is the matter of a philosophy of (outlook on) life raised in the pedotherapy?

Further, the following pedagogical criteria from Landman⁽¹⁹⁾ can be applied to evaluate the pedotherapeutic event (as a pedagogical event):

- (i) gratitude for pedagogical security;
- (ii) venturing with the other;
- (iii) exercise of self-understanding;
- (iv) hope for the future;
- (v) responsibility for relationships;
- (vi) task of designing potentialities;
- (vii) fulfilling one's destiny;
- (viii) respect for dignity;
- (ix) freedom to responsibility.

The above criteria, and their applications to the pedotherapeutic event are not elaborated on here. The reader is referred to the available literature on this.⁽²⁰⁾

Nel⁽²¹⁾ lists the following as pedagogical criteria with respect to the question of pedotherapy:

I. Pedagogical criteria for identifying a disturbed person-image

(i) Criteria of a spiritual nature;

- (a) responsibility;
- (b) defective acceptance of authority;
- (c) poor "functioning" of conscience;
- (d) poor insight into the demands of propriety of life;
- (e) false notion of the sense of life;
- (f) non-acceptance of self;
- (g) feelings of insecurity;
- (h) defective insight into life-task or life-calling;
- (i) defective future perspective and vocation;
- (j) feeling of ostracism from society;
- (k) defect in trust.

(ii) Criteria on a psychic level:

- (a) deficiencies and/or deviations in the cognitive domain;
- (b) affective and temperament disturbances;
- (c) learning difficulties in school;
- (d) disturbed social relationships.

II. Pedagogic criteria for treating children with a disturbed person-image

(i) Criteria on a spiritual level:

- (a) acceptance (of the child);
- (b) acceptance of authority (by the child);
- (c) encounter;
- (d) acceptance of self;
- (e) forming responsibility or making aware of responsibility;
- (f) faith.

(ii) Criteria on a psychic level:

- (a) the quality of cognitive factors;
- (b) the quality of the affective life and temperament;
- (c) interest;
- (d) the quality of the child's somatic-psychic-spiritual becoming.

Langeveld's moments of becoming (see Chapter One) clearly can be used as pedotherapeutic criteria. In terms of these moments, the following evaluative questions can be formulated:

Is the child supported in the pedotherapy to lived experientially conquer the **biological moment**? Is his/her **helplessness** eliminated in the presence of the pedotherapist? Does he/she lived experience **security** in the pedotherapeutic situation, and, thus, is he/she ready to **explore** his/her problem area? After the pedotherapy has ended, is he/she a child (**emancipated**) who can securely explore his/her world on his/her own initiative? (In other words, how are these moments actualized as pedotherapeutic outcomes?).

The writer's ⁽²²⁾ psychopedagogic criteria for evaluating lived experiencing also are valid with respect to pedotherapy and more specifically for evaluating the child's pathic, gnostic, and normative lived experiences in regard to the pedotherapeutic event, as well as the outcomes of the pedotherapy. As a basic criterion, it always is asked whether the child's pathic, gnostic, and normative potentialities of lived experiencing are actualized. The following criteria are only examples of a few possible secondary guiding principles, which flow from the basic criterion:

(i) Criteria for evaluating pathic lived experience:

- (a) loving care;
- (b) lived experience of security;
- (c) bodily lived experiences.
- (d) affective relationships are lived experienced as stable.

(ii) Criteria for evaluating gnostic lived experience:

- (a) habitual gnostic attunement on child's level;
- (b) initiative of gnostic relationships;
- (c) exploration;
- (d) work attitude.

(iii) Criteria for evaluating nomative lived experience:

- (a) lived experiencing norms and values;
- (b) awakening conscience;
- (c) lived experiencing sense and meaning;
- (d) moral independence (responsibility and freedom).

Finally, only mention is made of Faure's ⁽²³⁾ detailed discussion of the criteria of Oberholzer, Nel and Langeveld with respect to play therapy.

None of the criteria listed above are treated in detail, and the reader is referred to the available literature. Here, the only fact to be emphasized is that these criteria have important implications for the pedotherapeutic event.

4. Phases of the pedotherapeutic event

In terms of Lubbers'⁽²⁴⁾ discussions, in providing pedotherapeutic assistance, the following **four phases** are distinguished*:

(i) Establishing communication

In the beginning, the therapist tries to discretely explore the world of the child. For example, he//she gives the child the task of giving form to the materials offered (the materials should be as differentiated as possible: clay, paint, crayons, toys, projective plates, etc.). The child is asked to draw something, create a

* Although Lubbers focuses on these four phases specifically with reference to image therapy, this division holds true, with slight variations, for the other forms of pedotherapy.

[projective] narrative, etc. These assignments are like those given in a pedodiagnostic investigation. This depends on how far the child will venture, for a person in an initial communication. The pedotherapist, as a person, also is of significance here. The image which arises is not determined by the child alone, but also by the way he/she adapts to the pedotherapist in the situation. (Therapy must occur in a sphere of intimacy and trust, a sphere which demands participation. Because this involves understanding, the child, through his/her activities, the pedotherapist cannot rely only on observation, but he/she must be a participant, and enter the world which the child has designed--Vermeer).

In giving meaning to the material, the child can draw only from his/her own mental possessions; therefore, it is possible to learn to know the personal world of the child from the images he/she forms. He/she gives form to the material offered by filling it with his/her own life. Thus, the persons arising in the image can be viewed as a reflection of his/her own life.

The instruction to represent something is repeated (usually in more than one pedotherapeutic session) until adequate insight into the child is attained.

In this first phase, the pedotherapist has the task of making the circumstances for representation as favorable as possible. He/she creates and maintains a sphere of rest and trust, within which he/she can encourage or prohibit the child when this seems necessary. At the same time, he/she especially is understanding what is co-lived experienced in the fantasy-in-becoming and takes the initiative to continue with other material. With understanding and communicating, the foundation is laid for **communication via the image**, and the child, supported by the understanding of his/her experiences, will venture further with his/her exploratory activities (e.g., image production) of what he/she wants to do when left to his/her own devices. Through this co-lived experiencing, the image-produced situations lose (for the child) much of their strangeness and their ability to provoke anxiety. Even so, communication in this phase does not yet play a predominant role. Rather, the child is busy with him/herself in the appealing presence of the pedotherapist.

(ii) Help in giving form

In the following session, the pedotherapist aims for still more representation of the problematic reality of the child-in-distress. He/she has explored and knows the world of the child and, thus, where the difficulty lies. Now, he/she must enter the problem area with the child. The basis for this journey is the images by which the child already has given form to his/her problem. These images are differentiated and detailed until an image of the problematic reality is acquired. Through communication, the child will be ready to do this. However, he/she must not be brought to a self-confrontation too quickly.

The child wants:

- to contribute to his/her piece of work (giving form);
- acceptance (he/she feels insecure);
- understanding (he/she needs to be understood);
- help (with giving form);
- to be valued (he/she is often criticized and seldom appreciated).

When the pedotherapist expresses his/her appreciation of his/her piece of work and, thereby, still tries to bring this more in agreement with the child's meanings (e.g., by demonstrating and applying available technical aids), the child will be content to leave and gladly return.

In the following sessions, the problem area will be uncovered even more clearly until child and pedotherapist together have thoroughly explored the area. Here, the pedotherapist thinks about intervening, although this often is not necessary because during the joint exploration of his/her world, the child, without aid, has come to a **more favorable attunement** to his/her world.

(iii) Dialogue in images

When the problem area becomes thoroughly familiar terrain, gradually the pedotherapist tries to attribute other meanings to the experiential world, e.g., by adding new aspects to it. He/she tries to bring the image more into accord with the adult world. Thus, he/she is busy "educating". For example, he/she will introduce another human figure in the child's piece of work. He/she will make or suggest changes in it that perhaps will be accepted by the child. Also, the child can respond to similar suggestions by modifying his/her image. When, in this way, an image is broken through, the

deeper-lying problem can be brought up. In such a case, phases (ii) and (iii) are repeated.

The pedotherapist will see that his/her help is successful if the child receives satisfaction from this form of communication. Then, the child will gladly welcome more, but then the communication will be more playful--a longing to form images will recede into the background. Most of all, the child now begins to talk, and it becomes possible for the pedotherapist to help him/her express him/herself in words.

(iv) The conversation

When understanding and assistance are actualized by means of communicating about the image, it is likely that the child will begin to talk about his/her life. Now, he/she has **learned to view his/her life with other eyes** (other meanings). Now, he/she will gladly relate something about him/herself. Such a conversation occurs spontaneously and naturally, such as a conversation with a good acquaintance.

During these conversations, it is possible for the pedotherapist to teach the child to express his/her attunement in words. At this stage, high demands are made on the pedagogical quality of the pedotherapist. He/she must return the child to his/her own life milieu. In many cases, this means that he/she must teach the child and his/her parents to associate with each other in just the right ways.

The **word** now acquires a deepened meaning. It points to the terrain jointly lived experienced (by child and pedotherapist), and the conversation is based on real mutual understanding.

Each one of these four phases includes several sessions, so that the pedotherapeutic course of activities in one such pedotherapeutic phase is repeated several times.

In this chapter, the essentials of pedotherapy are presented as the preconditions, the course, the criteria, and the phases of the pedotherapeutic event. In Chapter Four, the different forms of pedotherapy are considered.

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