CONVERSATIONAL ASSISTANCE TO PARENTS AND YOUTHS TO ELIMINATE LEARNING PROBLEMS

J. W. M. Pretorius

University of Pretoria

1. INTRODUCTION

The orthopedagogue has the task of designing a differentiated orthopedagogic plan to assist each unique child with learning problems, and to rectify the total problematic educative situation (PES) within which a child finds him/herself. In addition to other possibilities, there are two important forms of orthopedagogic assistance which he/she must implement as part of his/her plan to eliminate a child's learning problems, i.e., **conversational assistance to the parents** (family therapy) and **conversational assistance to the child** (conversational pedotherapy).

It must be kept in mind that a child with learning problems is in **educative distress**. Often, his/her relationship with his/her parents is disturbed (which can be the origin of or the result of the learning problem). Therefore, his/her psychic life is disturbed: he/she is in affective distress concerning his/her subjective lived experience of his/her learning problems, and he/she attributes negative meaning to his/her failed learning activities, as well as to everything connected with them. The problematic learning situation also is characterized by a **lack of perspective**: the child has an obscure perspective on the future, because of his/her failures; his/her parents have a deficient educative perspective -- they do not know how to handle the situation. In addition, often, the parents do not understand the lived experiences and behaviors of their child with learning problems.

By means of conversational assistance, the orthopedagogue wants to guide the parents and the child out of this impasse to eliminate the child's learning problems. Essentially, this conversational help is assisting the parents and child to view facts in a different light, to interpret them differently, to **attribute different meanings** to them.

When necessary, the orthopedagogue will also re-establish communication between parents and child; he/she will bring them together again; he/she will bring about a new beginning, and new progress in the child's being educated. Here, he/she supports the persons involved to a new, positive lived experiencing of the problematic situation, to a changed, more favorable attunement. He/she does this by exploring the problem(s) in discussion sessions, and by communicating new meanings, in this regard, to the parents and child. In this way, they are helped to assimilate the problematic situation.

2. CONVERSATIONAL ASSISTANCE TO A CHILD/ YOUTH

What happens in this conversational therapy essentially amounts to the therapist actualizing an **educative relationship** with the child (trust, acceptance, security, authority, understanding, togetherness, identification, authenticity, empathy, etc.). In this way, he/she re-establishes and strengthens the child's basic trust and security, so he/she again will be ready to **explore** with the adult. The therapist **opens and develops communication** with the child. He/she **supports, directs,** and **guides** him/her in **exploring the problematic sphere together.** Thus, the child is given the opportunity to actualize what is defective in his/her problematic situation, i.e., **communicating, exploring, and expressing** his/her restrained psychic life. This communication and exploration occur with the help of **conversation,** as a means of communication (in addition to other possibilities, such as play or images [e.g., drawings] as means of communicating). Thus, here the problem is **talked out**.

Also, the child deals with therapeutic materials (projective and expressive media). His/her expressions are encouraged, appreciated, and accepted. He/she is led to **verbalize** his/her problem. However, the problem also can remain anonymous and be indirectly explored and communicated. The child is confronted with his/her unassimilated experiences, but now in the safe and supportive presence of the therapist. This intensive communication and exploration of the problem area(s) creates an optimal opportunity to support him/her in solving his/her problem(s).

When a child explores his/her problems, his/her disturbed lived experiences find expression. Then, the therapist communicates new, positive meanings to him/her. In this way, he/she finds a solution

to his/her problem which he/she is going to implement in his/her daily life outside the therapy room.

To carry on a conversation with a child or youth about his/her problem is a primordial activity of re-educating. The fact that educator and child mutually converse about the problem is also a primordial event. Clearly, language is a means of educating and re-educating, and the conversation is viewed as the core of orthopedagogic assistance. Conversation (linguistically formulated communication) is the **overarching form of orthopedagogic assistance**; it is the essential means of communicating in orthopedagogics, and it accompanies all other forms of orthopedagogic assistance, and communication. Conversation is actualized in forms such as linguistic expressions, chatting, listening, speaking, asking, clarifying, talking things out, informing, narrating, answering, explaining, and interpreting.

Conversational therapy, as a form of pedotherapy, is most appropriate for a youth older than 14 because, in this period of life, he/she can verbalize his/her problem. Where play therapy and image therapy still make use of concrete media (toys, drawings, etc.), this form of therapy primarily involves a conversational communication between a youth and a therapist. Thus, there is less mention of concrete means or techniques, as is the case with the other forms of pedotherapy. In each unique, unpredictable conversational situation, the essentials of the orthopedagogic conversation (see below) are applicable. This has to do with the spontaneity, variability, actuality, uniqueness, and originality of each moment of conversation.

In implementing conversation, as a form of orthopedagogic assistance, it is an **activity** in which a youth and therapist participate, as well as **how** the problematic area is communicated and explored. The therapist implements the conversation to purposefully communicate and solve the problem and, to this end, he/she **plans, directs,** and **leads** the conversation around the problem (methodically guided conversation).

The fact that when a child or youth has a learning problem, it leads him/her to feel uncertain, and insecure, which throws him/her back on him/herself, such that psychic conflicts arise. Of the various methods for recognizing and eliminating conflict, conversation remains the "royal road to understanding another person" (E. Ell)—

thus, it is the best way, the most fruitful means for understanding a youth. More critical even than understanding by means of conversation, than by directly approaching the problem, and the advice which then might be offered, is the **relationship** which arises through the conversation, and the **acceptance,** which releases the child from his/her seclusion because, despite his/her problem, he/she seeks peace and security. No single conversational "technique" outweighs the personal relationship actualized between a youth and a therapist.

From the few views on **conversation** of J. H. van den Berg, Rollo May, Perquin, Beets, and Landman**,** the following are offered as **guidelines** for implementing the conversation in orthopedagogic practice:

(1) An orthopedagogic conversation revolves around the **quality of the communication**, i.e., the quality of **being-with**. Being-together is a precondition for a conversation. It is the contact within which we know we are understood. Bodily presence and/or the interchange of words are no guarantee of a true conversation; rather, it is the being-together, because this means to enter together into one world, into a common world. The common world is the child's problematic situation. The most direct contact is actualized between child and therapist; the child's isolation is broken through.

(2) The conversation is **detailing** (particularizing), **explicating, sharing,** and **communicating** a common world; it is a movement **into** and an exploration of a world of shared concerns, but it also is a **participation** in each other's "inner life".

(3) A child's **inner mystery** must be respected. Not **everything** about a child needs to be made public. Delicate facets of the PES (problematic educative situation) are sometimes best kept anonymous, e.g., by communicating them in general ways or indirectly. Then, communicating must be indirect; then, child and therapist mean more than what they say about the problem. Hence, a conversation can also be indirect communication. This communicates the mysterious, the implicit for which no words can be found. This mystery (the other's secrets) is a quality of the being-together of child and therapist. If the child knows that the deepest secrets of his/her heart can be discovered and exposed, he/she will not be ready to converse. The precondition for a conversation is the other's secrets (Van den Berg). Thus, a child or

youth must not experience the conversation as "fishing" for his/her secrets. It should not be expected that he/she merely reveals everything in a detached way. A child has difficulty expressing his/her disturbed emotional life. There is an immense distance between secret experiences and expressing them (Van den Berg). Consequently, the therapist can never learn to know the child **completely**.

(4) The therapist must not lecture to a youth; conversation is a **dialogue**, not a "telling". In a lecture, unsolicited advice is often given, and such advice is always superficial to the degree that it is one-sided. "Preaching" to a child does not lead to communication. This imposes a "conversation" on the child and puts him/her on the defensive. Orthopedagogic conversation is most fruitful if it develops in natural ways out of ordinary human communication. A youth has a need for an encounter, which is something neither explicitly aims for nor pursues. He/she longs for a trusting, loving being together, which involves nothing else and, thus, is not threatening. He/she does not want to be interrogated, but rather he/she wants to have the opportunity to express him/herself to a conversational partner who listens empathically, calmly, and with honest interest because, to him/her, this means he/she is accepted. If an orthopedagogic conversation is not **mutual**, it cannot be meaningful. Child and therapist must talk and listen to each other. Also, a youth (child) must feel that he/she has contributed positively to a fruitful conversation. With trust and appreciation, he/she will more likely confide his/her secretes in the therapist. Then, he/she has a conversational partner, and not a lecturer.

(5) The therapist must maintain a definite **distance** between him/herself and the child or youth. Then, he/she stimulates a desire in the child for subsequent encounters. This means that child and therapist should not become **too** personal and familiar with each other. There must be an optimal encounter while maintaining a distance (Rumke).

(6) An authentic orthopedagogic conversation is a **loving conversation,** and **not a technique**. This requires a truly positive encounter, i.e., the experience of a prevailing intimacy; hence, this encounter cannot be forced. As viewed by a child, it is and remains a gift. Forced conversation and trust lead to mistrust. It is regrettable if the (ortho)pedagogic conversation is reduced to a technique. Fortunately, this is not possible since this would be a

contradiction in terms. No single act of educating or re-educating can exist without love (Perquin). Thus, a good orthopedagogic conversation is no technique; it is a being-together in unselfish love. It is an educative relationship within which therapist and youth give to each other. Therefore, a valuable conversation cannot occur if the therapist tries to demonstrate his/her superiority and gives too much unsolicited and unwanted advice. The fruitfulness of the conversation grows from the soil of the trust which a youth haa in the therapist as an adult. Thus, the heart must be involved in the conversation. The heart must be filled with warmth, but the head must be cool.

(7) The **conversational room** should be arranged with things which appear friendly to a youth. A cozy room (wallpaper, books, pictures) says something about freedom, and doesn't suggest any deficiencies with which a youth him/herself no doubt is filled. The conversational room also should have a personal character. Neutrality makes a youth uncertain because it can mean **anything**. Room and therapist must form a unity within which the latter's behavior can be understood. A youth must adopt this safe space and feel at home and relaxed there. Although he/she can be surprised, things should progress there as expected.

(8) The orthopedagogic conversation is neither "guidance" nor "counseling": "Guidance" runs the risk of becoming a bold intrusion; the advice given, and the questions asked are often experienced by a youth as an attack on his/her freedom. "Counseling" usually does not relieve his/her distress. He/she is not **personally** affected in an adequate way by it. For a youth, the word should open the possibility of a reply and should get to the core of his/her problem. He/she also is not satisfied with indirect behavior. The therapist must also approve and disapprove. A youth depends on the therapist's empathetic understanding, on him/her entering his/her PES as completely as possible, on his/her loving listening, but eventually things must be clearly stated.

(9) A youth (especially an adolescent) wants to experience **freedom**. He/she should not be bound to the therapist and should be free to go whenever he/she wants. Loosening him/herself from the therapist must remain a psychic possibility. Freedom means that a youth seeks a solution, and not merely advice or information. He/she wants to know and to be responsible. He/she wants to lose his/her freedom of action, however, he/she must be guided to take

personal responsibility. If he/she relies completely on the therapist, his/her personal development becomes restrained.

(10) The orthopedagogic conversation need not be limited to the conversation room. Youths like the talking together to move among issues in natural and obvious ways. Also, they will gladly talk about social, natural things, by which they express their attitudes toward life. Then, opinions playfully collide, profound matters of a world and life view arise incidentally for discussion. There is no solemn conversational room session before it is necessary. This "indirect" approach is especially effective with unreflective youths, and with particularly sensitive, young persons--it always offers the possibility for the way out of an awkward conversational situation, and a return to a neutral conversational content. In this connection, **doing** something **together** is very meaningful; proceeding to doing something else always remains possible; by means of an activity, there is a certain distance, and communication is free flowing. In and by bodily activity (e.g., writing, drawing), tensions also are released. By relaxing, by freeing oneself of obstacles, the way to another person is opened. **Doing** something **together** provides an outstanding opportunity for conversation to arise; it creates an educative relationship which frees the conversation from its usual deliberative character.

(11) The orthopedagogic conversation means an **orientation** for a youth: In the disturbing and chaotic human relationships of our time—and, specifically in the problematic situation--a youth no longer knows his/her place; he/she is disoriented. The therapist helps him/her to once again take his/her place and hold his/her own among people, so that he/she knows where he/she stands because involvement with others is only possible if one knows where he/she stands if one stands where he/she complies with the possibilities one ought to exercise. Thus, orthopedagogic conversation means an orientation for a youth-in-distress (to determine his/her own place). It is pedagogical guidance to help him/her re-define his/her own place in life; if the conversational experience clarifies his/her existence and views, he/she becomes oriented to and clear about him/herself, his/her possibilities, his/her future, and his/her pedagogical situation. For a youth, this orientation means **self-affirmation.**

(12) For a youth, the orthopedagogic conversation is a **formative event**: In the conversation, he/she learns to think about human

existence (via questions asked and answers). Here language, as a means of expression, has a liberating (talking out) role. Thus, the orthopedagogic conversation can be called a philosophical adventure and exploration. He/she orders his/her thinking and sees new perspectives (compare lack of perspective). Thus, his/her life is made more livable for him/her. He/she also learns to analyze and evaluate his/her **own activities and achievements**. In addition, he/she learns to know him/herself: his/her individuality, his/her potentialities, his/her identity, his/her behaviors, his/her feelings. He/she learns to behave in accordance with acceptable ethical norms. He/she is confronted with the question of whether his/her activities are **right or wrong**. He/she learns to distinguish between those norms he/she has been devoted to, until now, and those which he/she will or must abide by in the future. He/she learns to see him/herself as others see him/her. He/she learns to view him/herself as he/she **is,** as well as how he/she **must be**--thus, he/she is made aware of the fruitful tension between **is** and **ought to be**. Finally, a youth in an orthopedagogic conversation learns to analyze and evaluate **situations** so he/she can take a better position toward them. The **concrete situation** is analyzed so he/she can know how this is done. Ordering and analyzing the situation calm and liberate him/her from experiencing chaos and nervousness.

(13) The orthopedagogic conversation requires a **democratic association** with a youth: A youth, and especially an adolescent, wants to be treated with equal justice and dignity, and he/she wants to be taken seriously as a conversational partner. The orthopedagogic conversation must be characterized as open, authentic, honest, and frank. The association also must be able to be light-hearted and playful. In a democratic association, he/she has the freedom and the **right to speak and be silent**. He/she is given the following warning: "Think carefully whether you, indeed, will entrust me with what you are going to say. Will you not regret it later? Don't say any more than what you really want to". His/her right of privacy, thus, must be guaranteed.

3. CONVERSATIONAL ASSISTANCE TO PARENTS

Abolishing the PES means that a child with learning difficulties must be helped with his/her distress. The precondition is that this distressful situation for the child be changed to a more adaptable, realizable, and reasonable pedagogical situation. Often, his/her learning problem is a result of educative deficiencies. The family is

frequently the origin of children's learning problems. The family-in-distress is a system, and constructive change and influence of one factor in the family life (the parents) is often necessary to bring about the resolution of the problem in the other factor (the child). Therefore, orthopedagogic assistance is given to the child **and** the family and is directed to resolving the parent's inner conflicts--also to their educative problems, to disturbed relationships, and to the troubled future perspective, and the defective educative situation which characterize the PES. Educative influence requires an educative situation within which educator and child have such a relationship with each other that the educator can really influence, and the educand [child] can allow him/herself to be influenced. The therapist helps establish a new educative relationship, i.e., a new educative reality and, indeed, the most favorable educative reality.

Often, the family needs help regarding an individual psychic disturbance of one or both parents, a disturbed marital relationship, an obstructive family situation (e.g., too many children, illness, death, poverty), educative neglect, faulty educating, some form of deprivation, restrained communication in the family life, deficient implementation of family roles, etc. Family therapy is formative work within the family, as far as educating the child with learning problems is concerned and, particularly, new possibilities are given, and new ways are indicated. Thus, an important task of the therapist is to motivate parent and child to want to rectify the learning problem.

To create these educative-enhancing circumstances, it is often essential that the child's parents, as a factor in the PES, be **intensively guided and influenced** by the therapist in correcting their unpedagogical treatment of their child. By supporting, giving advice, forming, directing, and providing factual, thoughtful information, the parents are guided regarding their concerns about their child-with-learning-problems, so that educating can occur with greater certainty, and more adequately. It must be remembered that the learning problem leads the parents to pedagogical, as well as affective uncertainty regarding their child. Thus, family therapy is correctively guiding the family to optimally educate their child so that he/she can attain an undisturbed personal development, and an optimal level of learning.

On this matter, Dumont expresses himself as follows: The impression that difficulties always, as it were, "begin in the child", and that the solution is for the child to "undergo therapy", is incorrect. Indeed, often the point of origin of the educative difficulty lies in the unique nature of the child. However, the educative problem always remains **modified by relationships**: among family members, among child and educators, among siblings. Problem-directed assistance, therefore, must often be directed to **relationships**, thus, to the **family** (family therapy), to the parent-child relationship (pedotherapy), and to the child and his/her peers (group therapy).

Eliminating tensions and difficulties primarily involves correcting interpersonal relationships within the family, much more than intellectual forming, or undoing behavioral deviations, which are only symptoms of the damages the child has suffered. A new relationship between parent and child must be established within which tensions can be assimilated. The **therapist** must present to the parents the norms regarding how a family should function if a child in the family is to be adequately educated. He/she must approach the family **as an educative situation**, as an encounter among adults and not-yet-adults.

In addition to a direct-therapeutic approach, assistance to a child with learning problems must also include a general-pedagogical influencing of him/her in his/her family (indirect-therapeutic approach). The family is a child's natural life situation, and his/her parents remain primarily responsible for educating him/her. In correcting the PES, often by adequate "ordinary educating", e.g., through conversational therapy, a very important therapeutic influence can be exerted on the child. It is true that, if the family situation cannot be favorably corrected, it is meaningless to try to help the child by means of conversational therapy.

Parents want to make possible the unrestrained personal development, and optimal learning of their child; they are willing to “serve” their child to help him/her in his/her becoming an adult. This desire, as well as the feeling and sense of personal responsibility to help him/her, is deeply rooted in being human. This desire is roused by his/her child’s dependence on and commitment to being helped. The parent should not remain indifferent, if the personal development and learning achievements of his/her child have gone wrong. If he/she doesn't know what to do with his/her child's learning problem(s), he/she becomes

concerned, disturbed, and unsure, and he/she needs the help of an expert. Thus, this/her need for assistance is based on **educative impotence, uneasiness, and confusion**. The question of how one should proceed next with this child is a pedagogical question and requires a pedagogical answer. It is a question of educative assistance, and this implies that the therapist not only has to assist the parents, and other educators by giving **advice,** and acting in their educating the child, but also by helping them **to be able to adequately educate him/her themselves**.

When a child experiences learning problems, **pedagogical** action is necessary, i.e., the child must be enabled to live the life of a person (Langeveld). This task is primarily that of the parents. They have the responsibility for the life of their child. They must care for him/her and help him/her to become an adult. No one has the right to deprive a parent of carrying out this educative duty and task. Should this be done, parenthood is made meaningless, and it takes away the social necessity of them taking responsibility for their actions of rearing their child (Van der Geld). Therefore, orthopedagogic assistance, and specifically family therapy, is always primarily to help the parents educate their child themselves (Langeveld).

The therapist has the essential task of guiding the parents so that they can create a favorable and consistent family, educative, and learning situation for their child. Pedagogical consistency by the parents, and a favorable family situation lead a child to feel secure. Therefore, family functioning should be so ordered and directed that a child is influenced to achieve optimally. Consequently, central to family therapy is the elimination of disturbed relationships, and finding a firmer, educative promoting parent-child relationship.

A child's disturbed becoming adult and learning problems can be related to the personal problems of the parents, which almost inevitably lead to faulty and inadequate educative relationships and activities. In addition to pedotherapeutic intervention with the child, in most cases, there is also an indication of intensive intervention with the parents. Pedotherapy with the child, without this favorable effect, is the same as if the educative relationship with the parents did not simultaneously change.

When serious non-pedagogical conflicts and tensions of the parents (intrapersonal conflicts) are at the basis of their child's difficulties, the therapist should refer them to a social worker, psychiatrist, marriage counselor, or pastoral psychologist to alleviate or solve the conflict situation.

In practice, family therapy occurs in a series of advisory conversations with the parents of the child under consideration. These conversations are concerned with the following issues:

(1) The results of the investigation of the child with learning problems are conveyed to the parents. The problematic learning situation is analyzed for and with them, and their own role in the origin of the learning problem is indicated. Thus, the problematic situation is clarified for them so that they acquire insight into the problem, and an understanding of their child.

(2) Possibilities and difficulties regarding the elimination of all or part of the learning problem are stated.

(3) The parents' role in eliminating the learning problem is emphasized. They are shown possible facets of their educative intervention related to their child's difficulties, which can be positively influenced or eliminated.

(4) Concrete, practical suggestions are made to the parents for eliminating the learning problem in terms of their unique situation.

(5) Relevant cooperation of the parents is obtained in eliminating all changeable negative factors of the PES.

The concept **educator guidance** refers to a broader task of influencing than does family therapy since it is often necessary, in addition to the parents, to guide other educators of the child, e.g., teachers and youth leaders, to eliminate problems which might exist in the school, youth group, etc. by eliminating as many such problems as possible.