

CHAPTER FOUR

FORMS OF PEDOTHERAPY

A child is not something (a thing, an object) but is **someone** (a subject, a person). Therefore, we do not merely use techniques and methods, but we actualize a fundamental attitude of **communicating** with him/her, as a person in free, spontaneous ways at each moment in each situation, in forms which constantly change and which are always timely and new, depending on the situation. ⁽¹⁾

For the child who is brought in for pedotherapy, something is amiss with his/her communicating with his/her world (Langeveld). Hence, in pedotherapy, the means and end are the same: the child-in-distress must be helped to reestablish his/her **personal communicating**, and the means for accomplishing this is precisely **personal communication** in pedotherapy.

The most important means of communicating is the **conversation**, but because a child is often unable to verbalize, this **communication must be entered and actualized by other means** (the communication must begin and unfold so the child can explore). The need for different ways of communicating gives rise to the different **forms of pedotherapy**:

play therapy (the problem is played out, played away);
image therapy (the problem is represented, imaged away);
conversational therapy (the problem is talked out, talked away).

For **younger children** (under ten-years), the pedotherapeutic form is usually **play therapy**. For older children of approximately ten- to fourteen-years, the form used is **image therapy**, and for youths older than fourteen, **conversational therapy** is usually employed. Here it is emphasized that **group therapy** is **not** an acceptable form of pedotherapy because it overlooks the unique nature and unique

problematic situation of the individual child-in-distress. Hence, pedotherapy only occurs as individual therapy.

Catharsis (cleansing, purifying, discharging, becoming enlightened, relaxed) and **mimesis** (expressing, depicting, imitating) are involved in **all therapy**.^{*} In pedotherapy, these therapeutic essentials are only actualized in the communication with the pedotherapist and via the three forms of communicating noted.

In communicating with the pedotherapist, and by means of play, image, or conversation, the child-in-distress expresses the core and different facets of his/her problematic situation. Thus, play, image, and conversation are the ways in which the child-in-distress expresses, communicates, gives form (in meanings, as well as images) to his/her unassimilated and problematic lived experiences. Via these means of communicating, he/she confronts him/herself, and his/her distressful situation is made more livable, and lived experienceable, his/her attunement is corrected, he/she assimilates his/her condition, and he/she learns to view things in their proper connections. Play, image, and conversation provide the common experiential background for **symmorphosis** (pedotherapist and child giving meaning together) to occur. (The difference in attunement between child and pedotherapist regarding this sphere of communication, is interesting and meaningful: the child-in-distress attributes his/her own content to it; the pedotherapist participates in this event in a knowing-analyzing way).

Communicating with the child means that the pedotherapist must be attuned to and link up with his/her lived experiences and personal expressions. The pedotherapist directs him/herself to what is important to the child in each moment and each expression. He/she is concerned about the child's longings and emotional unrest. This implies a sensitive openness for his/her expressions and for their possible emotional meanings, some clear, some vague, and concealed, others entirely unconscious. This is a continual, active, creative event of feeling, of sending out "radar" from one's intuitions, of a being **attuned** to his/her distress and lived experiences. Thus, it is a searching and groping, a continual probing, and guiding to communicate optimally⁽²⁾ (in this light, there is no pedotherapeutic recipe, method, or technique).

^{*} These two therapeutic principles were already inspired by Aristotle.

The pedotherapist accomplishes this communication through his/her continual sympathy, intuition, and empathy, as well as by responding to the child's behaviors, gestures, and words so that it is clear to the child that his/her lived experiences exist, flourish, and are acknowledged by the pedotherapist, and evoke his/her sympathy. ⁽³⁾

The essence of personal communication between the child-in-distress and the pedotherapist is **co-existence (existential communication)**: the pedotherapist is influenced, touched by the child's distress, by his/her anxiety, his/her confusion, or bewilderment, as well as by his/her need to protect him/herself (defensiveness). But, in addition to this distress, **he/she is also addressed by the child as a person**. The person and individuality of the child do something to the pedotherapist which does not permit him/her to be indifferent, and which summons him/her to spontaneously initiate an involvement with the child to communicate with him/her. To the extent that communication is actualized, **it benefits both partners**, it awakens something in both, it allows something to be revived and relived, and it stimulates the child's becoming. ⁽⁴⁾

Thus, pedotherapy involves actualizing **fundamental human values** such as being-present, being-available, providing opportunities, accepting, and appreciating the child-in-distress--these basic human values are variants of the love which a person has for fellow humans. ⁽⁵⁾

Below, the three forms of pedotherapy are discussed, the pedotherapeutic possibilities of the **Guided Daydream** are investigated, and the importance of **logotherapeutic** moments in pedotherapy are touched on briefly.

1. PLAY THERAPY

The young child cannot verbalize his/her distressful situation; he/she does not have the words or concepts for this. In addition, he/she has no insight into his/her problem; for him/her, this is **not a cognitive conflict but an emotional one**. Therefore, **play**, as a revealing and liberating means, is necessary.

Through playing, he/she can depict his/her distressful situation unconsciously, but clearly and--of great importance--in a free,

relaxed, and defensive way. The child's free play is **cathartic**. Through play, a sphere is created within which he/she feels perfectly at home, where his/her deepest longings can be satisfied.

Langeveld ⁽⁶⁾ views play as the preeminent way a child explores the world as a means for developing his/her existence, as the most essential active involvement of a secure child with a world which can still be anything for him/her (open communication). Essentially, play is an opportunity to give **open meaning** to (as well as redefine)* what is offered the child.

Dumont ⁽⁷⁾ expresses the essence of play therapy as follows: "As adults talk about their problems, children learn to play their difficulties. Young children are not keenly aware of their problems, and they don't succeed in talking about what concerns them. **Then, play is selected as a form of communication.** Within the images of his play, where he shows and demonstrates his world, lived experiences, and moods to us, by playing together and by joining him in play, it becomes possible to help him find solutions, to practice them and, thus, establish a relationship between play and reality. The child **plays reality in the playroom, and comes to realize that, in his daily living, playing finds solutions**". (Emphasis added by J.W.M.P.).

Finally, Vermeer ⁽⁸⁾ shows nicely how play offers the child an opportunity to re-lived experience (give meaning again; redefine) his/her world. Play is a sense-giving, or meaning attributing involvement with a playmate, or toy. Reality is a preformed field of meanings, and he/she becomes acquainted with them with reference to his/her parents. Also, he/she goes out of him/herself exploring, and he/she sees his/her world with unique eyes; that is, he/she attributes his/her own meaning to it. He/she does this especially in his/her play, whether in a play-therapeutic, or an ordinary play situation.

The question of the meaning of child play, both within and outside the areas of play research and play therapy, is a **pedagogical problem**, within which the child's freedom to him/herself give meaning is a very important aspect or moment. In playing, he/she uses reality as a point of departure, and he/she actualizes his/her

* Insertion by the author.

play within reality. Play has a very important place in his/her becoming. In this regard, see Vermeer.⁽⁹⁾

Further, the following important matters regarding play therapy are mentioned: child-anthropological views of play (Buytendijk, Langeveld, Vermeer); modern pedagogical views of play ((Vermeer, Van der Zyde, Faure, Van Wyk); theories of play; forms of play; categories of the world of play (Vermeer); play diagnostics; play materials; the playroom; etc. These topics are not elaborated on in the present study, and reference to the relevant literature suffices.
(10)

The following is a brief view of the matter of play, as a means of therapy:

Of the different forms of child therapy, it is especially in play therapy that the influence of contemporary schools of therapy are clearest. For example, the contributions of Melanie Klein are based on Freud's psychoanalysis. She recognizes symbolic meanings (infantile-sexual) in the child's play expressions. She does not acknowledge the pedagogical situation in her play-analysis and purposefully **avoids any educating**. Jessie Taft (in connection with the relation-therapy of Otto Rank), and Virginia Axline (in connection with Roger's Client-Centered Therapy), both **overestimate the child's potentiality** to solve problems him/herself, and both **disregard the relationship of authority** in their play therapies.

For the child, playing in the world is the most natural form of **dialoguing**, or means of communicating **with the world**. The world entices him/her to explore it by means of play; in this involvement with the unfamiliar, he/she acquires a grasp of the world by **attributing meaning** to it. In his/her play situation, the child is present to his/her distress, problems, and emotional unrest. Each of his/her play activities is a directedness to and openness for of his/her intentionality to his/her landscape. This primordial event also is actualized in play therapy and, therefore, play reflects his/her inner life, and it is the sphere within which he/she must be helped to solve his/her problems. **Through playing, the child shows us his/her world, and it is through play that we can participate in his/her world by helping him/her.**

The pedotherapeutic value of play is that, in his/her playing, the child projects into his/her world of play his/her real life. Thus, play is not only a means of communicating and expressing, it is a means of **projecting**. Only in this way are his/her playroom solutions able to be actualized in his/her reality.

In practice, **play diagnostics**, and **play therapy** cannot be separated. Play diagnostics already has a therapeutic effect, while the play therapist learns to know the child much better during play therapy.

The **playroom** is the **background** for the child's **communicative, expressive, and projective** activities. Here, he/she constitutes a new situation; here, he/she enters a different relationship with his/her world--if the possibilities of reality, and of the world of play in the playroom entice him/her to participate. The playroom provides an appeal for **exploration**. The **playroom and toys** create a possibility for establishing a **world of play**. **Both provide for the longings** of the child-in-distress--the toys are multifaceted, while the room provides space, and is so arranged that any form of play can occur. **More indulgence** prevails here than in his/her real world. Here, many behaviors and expressions are possible which would never be permitted in his/her real world. However, this does **not mean** absolute **permissiveness**, since there also are rules, values, and norms which hold here, and which make his/her world secure and safe, and this implies **acknowledging and accepting authority**, without which meaningful pedotherapeutic play therapy is not possible.

The child experiences that, **while** he/she is in the **playroom** with the **pedotherapist**, **both** are at his/her disposal. This gives the child-in-distress a feeling of safety and security. The fact that there is an adult in the room who gives undivided attention to him/her, who helps and supports him/her, who offers safety and protection, all have special therapeutic value for the child who is materially or affectively neglected. Here, his/her need for calmness is met, and he/she is given an opportunity to change his/her choice of toys without the interference of other children. The playroom is a **safe space**, although it is a place where he/she is **confronted** with his/her problems, and where he/she must **cooperate** to solve them.

There is a greater chance that the child who cannot overcome his/her distress, can deal with it **in play** and, within this framework, find a good, productive solution, which then gives him/her

confidence, peace, and courage. Such "conquests" are not limited to the sphere of play; through the solutions found in play, he/she **lived experiences* him/herself and his/her real situation as changed**, indeed, as changed in ways like the solutions arrived at in play (Van der Zeyde).

In the play situation, the child can rely on the help and support of the pedotherapist. The helpless, support-seeking child-in-distress who, in his/her **everyday symmorphosis** with his/her parents, can't overcome his/her problems, in play therapy now has at his/her disposal a person who accepts and understands him/her, and who gives him/her an opportunity to design a play situation, according to his/her own needs, as a situation of **pedagogic encounter**. Because the derailed child-in-distress is not able to make use of this play situation, or the play medium alone, he/she requires help from the pedotherapist. With the pedotherapist's sympathetic guidance, he/she can **project his/her problem** into his/her play and can **find a solution** to it.

Play is not only a means to correct his/her disturbed lived experiences, but to re-educate him/her with respect to the disturbed behaviors which arise from them. The therapeutic value of play is precisely in this possibility of **re-educating**.

The child-in-distress only projects his/her emotional unrest into his/her play, and not the neglect which has given rise to it. In the play situation, the pedotherapist can play into the child's distressful situation and, via a pedagogic encounter, provide him/her with the help and support he/she needs. Providing this assistance in the everyday reality of educating has become very difficult, and even impossible, because there the child-educator relationship does not allow for a discussion of the problem, and it cannot be evaluated and corrected. Thus, play therapy is an event of **re-educating** with the aim of breaking him/her out of his/her distressful situation.

2. IMAGE THERAPY

In connection with the use of the image as a means of pedotherapeutic communication, the present study links up with the very excellent **pedagogically grounded** work of Lubbers.⁽¹¹⁾

* Thus, re-lived-experienced as new, different meanings.

Lubbers' image-communication-therapy is differentiated from psychoanalytic, as well as nondirective therapy, because:

- (i) the content of the image is not interpreted from a preconceived theory;
- (ii) in his/her play images, the child expresses what concerns him/her;
- (iii) in this way, a solution, a way out, progress, is found with the child.⁽¹²⁾

In his use of imaged narrative, as a means of assisting the child with educative difficulties, Lubbers links up with the **Guided Daydream** of Robert Desoille (discussed below). From this, he learned how to help the child when his/her image production stagnates because he/she encounters a barrier he/she can't cross without help, e.g., by constructing something in the image which changes the situation, by adding a new element to it. For example, in a dangerous situation, the therapist supports the main figure in the story by providing him/her with fighting mates, or weapons. This way of influencing is a principle taken from Desoille. Lubbers works pedagogically by only breaking through the barrier, and then letting the child try out this way of breaking through, or solution. This implies that the pedotherapist tries to understand the **image-world** the child makes, in terms of his/her **world-image**, to the extent that the therapist knows it. In this way, he/she gets closer to the child, and it becomes possible for him/her to provide help.

Lubbers also links up with the **Art Didactics** of Lowenfeld, with the meaning the latter gives to creativity and expression, with his method of bringing children to put into images what they cannot assimilate, and with Lowenfeld's view that creative work need not include more than giving form and then giving meaning to that form. If the child can put into images his/her unassimilated lived experiences (i.e., gives them form), he/she can again have them at his/her disposal (i.e., to give them meaning). If an adult supports him/her in this way, the possibility of assimilation becomes optimal.

Lowenfeld's value is that he writes so clearly about **free expression as possibility for attributing meaning**, and that he developed methods for freeing the creative potentialities of the child by means of drawing and painting. He does not merely see free expression as

a communicative possibility, but also as "thinking in terms of pictures" by which, during the work itself, good productive **solutions can be found which are also useful in daily life.**⁽¹³⁾

Lowenfeld noticed that **the child identifies him/herself with his/her work (images)**, and that he/she depicts what he/she has lived experienced. Therefore, he gives explicit assignments for attaining the highest degree of identification. Thus, a good pedotherapist selects assignments which the child jumps at. In addition, he distinguishes four criteria in this connection⁽¹⁴⁾:

- (i) stereotypic repetitions [no identification];
- (ii) precise renderings of generalities in which one's own experiences are avoided;
- (iii) incidental assimilation of one's own lived experiences, or their substitutes;
- (vi) assimilation of one's own lived experiences [optimal identification].

Lowenfeld suggests possibilities for allowing the child to put into images those lived experiences which most captivate him/her, and even those which block him/her. **By assimilating lived experiences into images, through identifying with them, the child can also emancipate him/herself.**⁽¹⁵⁾

Because the child him/herself cannot find the words to express the state he/she is in, Lubbers⁽¹⁶⁾ chooses means of communicating other than language, i.e., images. According to him, communicating via images is a means for the child [in need of therapy] to gain what has spiritually been lost, what has become detached from the familiar possibilities for communicating offered by everyday life.

The following is an exposition of **Lubbers'**⁽¹⁷⁾ **views of image therapy.**

(i) Introduction

A person must assimilate meanings from many situations. In childhood, the acquisition of these meanings is a matter for parents and children together. If a child is not allowed to verbally participate with his/her parents, the assimilation of meanings will fail. Then, he/she remains trapped in life situations which are

unclear to him/her. He/she becomes aware of his/her own impotence, and this leads to **anxiety** and **defensiveness**.

A child is ready to entrust his/her problems to lifeless matter. Then, this being-bound must be broken through in ways which are useful to the child. This implies that we must try to understand the image-world offered by the child from his/her world-image, as this is known to us. As our acquaintance with him/her becomes differentiated, we come closer to him/her, and we can help him/her.

To understand a child in his/her child-being, one's point of departure must be the child's situation. (Here, Langeveld's four moments or principles of becoming are relevant--the **biological principle**, the principle of **helplessness**, the principle of **safety and security**, as well as the principle of **exploration and emancipation**).

A child's feelings of insecurity are related to a conflict in trust, where he/she cannot, will not, and dare not share his/her anxiety with his/her parents. The parents then even become representatives of his/her insecurity because they also still confront their child with the normative.

Langeveld says, "With troubled children, there is something wrong with communication." Such a child conceals his/her lived experiences; his/her educators cannot "read" his/her behaviors and emotional life.

In addition, a young child cannot express his/her problem in words. Therefore, **the aim of image communication is to bring the child back to his/her educators.**

If the child can express his/her unassimilated lived experiences (which lead to insecurity and anxiety) in images, and if he/she is supported in this by the adults, the possibility for assimilation is optimal. **Assimilation means making lived experiences one's own by giving them sense and meaning**, and this can only occur by forming an image (personal meaning), or a concept (open meaning). Assisting a child in image communication only differs from everyday assistance in that the possibilities for giving meaning to the images are optimal. Because he/she can express him/herself symbolically, and because he/she entrusts him/herself to the adults, he/she overcomes many of his/her obstacles--and then the adults become participants in his/her life and, in this way, his/her

loneliness is overcome. By accepting the child and his/her efforts, he/she feels supported. In addition, through the mere expression, a catharsis occurs.

A distinction is made among attributing **implicit meaning** (the meaning is implicit to the situation), giving **open meaning** (the person participates with reality, in general, as this also holds for others), and attributing **personal meaning** (by which he/she assimilates his/her

world with his/her intellectual possessions).•

By giving **open meanings** (gnostic lived experiences or cognitive meaning?) and **personal meanings** (pathic lived experiences or emotional meanings?), **the symbol is the form of expression** (in forming images and concepts). Attributing **personal** and **open meanings** are extremes which do not occur in pure form in everyday life. Purely subjective or purely objective world-images are human intellectual abstractions. The world of open meanings is constituted via concepts. The personal world cannot be "translated" into concepts, i.e., **reduced to concepts**. That is, the open meanings are expressed in words (concept formation); the personal meanings are only represented (image formation). The image is a symbol (confirmation). The interpersonal world exists through images and concepts. A person constitutes and assimilates this world by attributing meanings. A person understands his/her fellow human beings by participating in what that fellow-being discloses in concepts and images. A **concept describes or names an image but does not replace it**.

When a child projects onto unstructured or multivalent material, he/she provides a reflected (as a mirrored) experience of his/her defensive and projected self (projection as defense). Catharsis is heightened by analyzing (discussing thoroughly) the projected images (image expressions), or projected stories (verbal expressions). Hence, projective media (e.g., T.A.T., Columbus, Four Pictures, Rorschach) also have value as pedotherapeutic means, e.g., as possibilities for communicating. (Compare Harrower: Projective

• Attributing **open meaning** makes an **objective** world possible, within which the word functions; the world of truth and reality. Giving **personal meaning** makes a **subjective** world possible; **my** truth, **my** reality.

counseling, re-educative, or remedial technique--you confront the patient with his/her own productions, the "raw material" from a variety of projective techniques). This is why human drawings and sentence completion media are used.

(ii) Symmorphosis during image communication

(A person actualizes him/herself in encounters with others--in response to them). What happens with the child (dejected by unassimilated lived experiences) who works and plays in security and, thus, can completely follow his/her own intentions? Here, the child is involved with the world (reality) from a distance because it withdraws behind the image. He/she can assimilate his/her world in a safe and carefree way.

Symmorphosis (giving form/meaning together) during image communication rests on the security which the child lived experiences in his/her relationship with the helper. For the child who no longer knows security because of a traumatic experience, a striving for security is the motive for expressing in images (imaging).

A child must assimilate his/her lived experiences; he/she must continually take up new positions. If he/she can't (if he/she can't live in peace with them), these unassimilated lived experiences become a diffuse, oppressive burden (feelings of discomfort; the content barely reveals itself). Also, he/she only lives by the grace of fear. His/her existence is attenuated (an attenuated dialogue). He/she lives in constant threat and does not venture into the new because of these demands entering it and determining his/her position. He/she only accepts complete trust. He/she lived experiences him/herself as not free and unable to change; with any confrontation, he/she experiences anxiety and distress. Anxiety leads to powerlessness. The unacceptable meanings are called the avoided meanings, in that he/she cuts him/herself off from them. The unfamiliar and unknown are the carriers of his/her avoided self. The child sees in the other what he/she cannot accept in him/herself (projection).

The disturbed child breaks contact with persons who do not share in his/her anxieties and aversions. He/she cannot do without the security of being-together. If the other accepts him/her, and

empathically co-lived experiences, he/she feels safe because someone shares his/her world.

The educator must refrain from confronting the child with what exceeds his/her real potentialities.

In therapy, the child's unacceptable meanings must be made concrete. The child tries to withdraw him/herself as far as possible from his/her unacceptable and unassimilated self by attributing these facets of him/herself to the image. Through this projection, the impersonal third figure is judged--let happen to him/her what "I" anxiously retreat from. Hence, the projecting "I" is still confronted with his/her own problem in the safe security with the other. (Here, he/she will be understood). Thus, the desire to concretize is based on the relationship with the other, on trying to establish and maintain security at all costs.

Symmorphosis means learning to deal with the strange by following the example of the adults. For example, to attribute a meaning which does not contain anxiety (e.g., to a vicious dog); learn to deal with the frightening. Even a frightened child will venture to preserve the security of being-together. As a method, image therapy is not essentially different from symmorphosis in daily life. There are only optimal possibilities for a symmorphic search in the projected concretizations, and the anxiety always arises because the child must yet attain his/her security with the new person (therapist) and, thus, the alarming projection must be banished. I am with **you** in communication, and I project on **another**. I attribute to the other what I cannot accept. You compel me to the projective rejection of the unacceptable facets of myself. You are the beginning and end of the projective defense. Through projection, the disturbed child defends him/herself against the confrontation with his/her avoided self as this appears to him/her in the other. Projection is defense.

When projection (as defense) fails, **concretization** can play a role. The child feels secure with another person who does not share his/her anxiety. Concretization plays a role in times of anxiety and uncertainty. It provides security and certainty. The concrete something is surely unpleasant and risky, but not too vague and incomprehensible. You can "take precautions". The concretization is an image of my anxiety (projected concretization). It is an image

of my anxiety, ascribed to others, which I can calmly explore in your safe presence because you will not expose me.

(iii) **Deprojection through symmorphosis**

In the image, the child is reachable and accessible to the therapist. The child wants to be accepted (as he/she is). Thus, hostility and anxiety are avoided. Here the therapeutic relationship differs from other pedagogic relationships because in the pedagogic, a critical influencing of the child is exercised. In the therapeutic relationship, the other is not **opposite** me, he/she is **with** me. In his/her growing security, the child feels increasingly attracted to the unsafe. A precondition is that he/she feels safe with his/her helper. The child's existing security must not be impaired. He/she gains confidence again if you and I (he/she) reject the strange world. Thus, the avoided world becomes co-livable and co-lived experienceable.

When the helper does not let the child assimilate too much, the child creates his/her own images with intense joy (an "urge" to form images). Now the task is to assimilate, with the child, what he/she cannot accept from his/her imaged world. When this succeeds--and the possibility for this is given in being-together--the reasons for projecting disappear. The safe projections of the imaged world allow the unacceptable to become acceptable to him/her. Then the child **him/herself** can find a solution to his/her difficulties (under the influence of the therapist).

Note: Interpretation and discussion deprive the "thing" of its projective anonymity.

(iv) **Image therapy, as methodically guided symmorphosis**

In the presence of an accepting adult, it is surprising how easily a child enters a relationship with the avoided, and then is led to projective concretizations, and finally to full projections. The child, via projection, rejects what he/she does not accept in him/herself. In this way, the lonely self now acquires a co-participant. He/she accepts the projections because they are not attributed to an existing figure, i.e., real person. For example, the child does not blame his/her father, but only the fantasy figure which exists through his/her imaging. As the projections arise in an existing figure, the therapist must point out, reflect, or interpret. The reality

of everyday life is not touched upon. The therapist recognizes the projections and image world evoked and shelters the child from them with his/her protective acceptance of the child. Nothing happens to the child; everything happens to an arbitrary other. The child notices that he/she can reflect, solve--which is a new discovery and a new attitude for him/her. By means of his/her attitude toward the frightening, the pedotherapist awakens a corresponding attitude in the child. The therapist supports the figure which appears as the concretization of the avoided (Everything occurs in the other--in anonymity). The anonymity of the symbol is respected. The imagined breaking through of barriers is more important than understanding them.

Thus, the therapist is responsible for offering solutions to difficulties (sometimes even through authority). This is the case when a parent protects his/her child against something which frightens him/her. Symmorphosis, in image therapy, is necessary if symmorphosis in daily life has failed, and the parents can no longer serve as guarantors of security. Then, something else is needed to free the child from his/her anxiety through symmorphosis--this must occur under optimal circumstances.

Treatment begins in the symbol of projection, and it ends in that of deprojection.

For a child who will not engage in imaging, projective and expressive media can be used.

Criteria

- (a) Self-evaluation (the child remains a stereotype, or **defines him/herself**).
- (b) Level of affinity (bored - **interested**).
- (c) Level of voice (depressed - **excited**). (E.g., a bored child shows a depressed voice). (E.g., the voice rises with affinity and identification).

Continually strive for the **higher image level**, which is recognized as the height of (a), (b) and (c).

The anxiety which has given rise to the defensiveness, through image communication, once again is concretized and, through symmorphosis, the content of what is avoided is changed. This

content is also functional in daily life (why the avoided is considered). As the content changes, this also leads to changed ways of adult and child associating, by which the child's behavior is influenced in each situation.

In a pedagogic relationship, projection is accepted as both a symbol of distress and as a possibility for alleviating it by symmorphosis. The adult accepts and protects (a primordial relationship). The adult accepts projections because they are attributed to what is non-real. He/she cannot accept projections on existing persons. Therefore, he/she must prohibit certain behaviors.

Image communication is a detour around the image formed by projecting--what is lost is accessible again, if it appears in the image projected, and if anxiety is removed from it. In the (projective) confrontation with the avoided, the child needs the adults' support. The therapist is an educator who deals with the child and who gives whatever support, advice, and protection is necessary. This help is characterized by the therapist maintaining the anonymity of the problem—he/she is quietly engaged with the difficulties of the "he/she" of the image--in conversing with the child, or by enriching the image with another image. If the child accepts the solution for the "he/she" in the image, the solution also is there for the child him/herself, even though he/she is not aware of it. Wolpe: The child learns "emotional responses other than anxiety" in a situation. The atmosphere is intimate, confidential; they question together, the child understands.

According to Lubbers, image communication, as a therapeutic method, is recommended for those who seek help because some of their life meanings cannot be accepted.

Finally, regarding image communication, it is emphasized that the entire range of projective and expressive media (tests) usually employed in pedodiagnostics offer very favorable possibilities for use as therapeutic media (e.g., Rorschach plates, Columbus series, T.A.T., person drawings, incomplete sentences). For example, in image communication, use can be made of material obtained during pedodiagnostics: the child can draw or model a Rorschach interpretation; he/she can illustrate a projective narrative with drawings, etc.⁽¹⁸⁾

3. CONVERSATIONAL THERAPY

Conversation is the most important means of communication in pedotherapy, and it even accompanies the other forms of pedotherapy. This is the obvious form of pedotherapy for children and youths older than 14, since usually they can verbalize their problem. In contrast to play and image therapy, where there is involvement with concrete media (toys, drawings, etc.), conversational therapy primarily involves communication between a youth and a pedotherapist by means of conversation. Here no concrete media, techniques, or methods are used, as is the case with the other forms of pedotherapy. In each unique, unpredictable conversational situation, which cannot be completely planned beforehand, only the essentials of pedotherapeutic (thus pedagogic) conversation hold true. That is, each moment of conversation is characterized by spontaneity, variability, activity, uniqueness, and originality.

To direct the behavior of the pedotherapist in the conversational situation, the essentials of communication (pedagogic/pedotherapeutic conversation) are explicated in terms of the views of a few authors. The most valuable contribution in this connection certainly is that of Prof. J. H. van den Berg.⁽¹⁹⁾ Before briefly presenting his opinions on conversational therapeutic applications, his phenomenological description of "The Conversation" is briefly presented:

The older psychology sought the simplest elements, and wanted to build up and clarify the whole of a lived experience from these elements; e.g., a perception consists of sensations, remembering of engrams, etc. Each description of elements is a dismal caricature of what we really experience. The reality of our lived experiences is not graspable via the elements; the elements are found only in the fantasy of the researcher, and not in our life as we experience it. We perceive landscapes, people, **situations**.

Phenomenological psychology does not begin with the elements--also not with gestalts--but rather with the **whole of a human lived experience**. The phenomenologist is fascinated by human life as it shows itself to him/her. Therefore, this presentation on conversation does not begin with a description of the **word**, as an element of conversation. As soon as **the word**, or a **word** is removed

from the conversation, it loses its psychological meaning. We begin with a narrative about a conversation:

(whoever wants to study perceiving should go for a walk);
(Whoever wants to study remembering should look up an old friend);
(whoever wants to study the being together of the two genders should take his wife shopping).

To show the striking remarkableness of each conversation, we begin with a remarkable conversation: Tennyson visits Carlyle, and both sit the entire evening silently in front of the fire. Carlyle walks up to Tennyson and concludes their being together with the words: "We had a grand evening, please do come back very soon."

Although no words were spoken, still something of a true conversation occurred. With the central precondition for any conversation so optimally fulfilled, the spoken word was unnecessary. Their **being-together** is so exceptionally complete that the spoken word is a disturbance of the undivided enjoyment of their trusted silence by the brightly burning fire.

Being-together is the contact within which we know we are understood. We can be silent with the other without feeling tension or alarm. And, if we do speak, it is comfortable to do so. In weak contact, our words must overcome (the barricade of) the other's presence; there is a wedge between thoughts and expressions; we must weigh the pros and cons, measure our words; it is a fruitless effort. There are more words uttered in proportion to the preconditions for a conversation being inadequately met. Where there are many words, often there is minimum real contact. The conversation is defined by the nature of the **being-together**. What is this being-together?

Human being-together is not equivalent to that of animals (Aristotle). Persons can truly be-together even if the other is not physically present. A person is aware of being-with when he/she misses the other, when he/she is **lonely**. In a crowd, we can easily feel not being-with anyone. The physical presence of a fellow person, thus, does not guarantee being-with him/her. Neither does the interchange of words. Speaking-with-the-other is no guarantee of a conversation. The opposite is possible: the spoken word has

every chance of disturbing a conversation (See the example of Tennyson and Carlyle).

In really, being-with three different persons, I will talk in three different ways about the same thing while walking and looking together. There are as many conversations about the same objective facts possible as there are possible forms of being-together. Being-together, where an appeal is valid, will no longer be in force with a new appeal (e.g., from a different person).

With this, we arrive at the first answer to the question about the nature of being-together which is constitutive of conversation. This being-together is a being-there together. Thus: **worldly** being-together; entering one world together, being together in this world--only then is it possible for us to speak about this world. Even a quarrel proceeds from a common world. The precondition for a conversation is a commonly constituted world.

A person must not violate his/her own principles. In designing a world with another, in being by things with the "conversational partner", a game of give and take is assumed, which leaves one's own world-image undamaged (as this has developed in communication with everyone who has spoken to us in our life). The conversation is suspended between two poles of responding: a response to a "conversational partner", and a response to one's own history (in other words, to everything which has been the medium for us within which we are able to be ourselves). The being-with, which makes conversation possible, implies not only an emergence from the other, but also from one's own world.

What role is fulfilled by the spoken word, the conversation itself? The word **details**. We attend to details which **speak to us** the most. In the spoken word, the unitary being-with is divided, explained. Speaking is **explaining**. And because of this explaining, this division of the world occurs in contact **with** the other, this dividing is a **communicating**. In principle, conversation is communicating a common world. In other words, conversation is a communication of being-together. The conversation does not take place in a sort of vacuum between two inner rooms but moves **in** a world of common efforts. I am compelled to view the other's words as his/her audible interiority. In a conversation, a glance at the other is to ascertain if he/she makes known, with his/her words, what he/she lived experiences, what occurs there **within him/her**.

According to Sartre, each human phenomenon can manifest itself in three fundamentally different ways:

1. The person is world. He/she “forgets” him/herself. The stairs teach him/her the size of his/her foot, and stride; the bicycle indicates to him/her that he/she has two hands; the pen shows that he/she is left-handed, etc.
2. The person is seen by fellow persons.
3. The other notices that I see him/her. He/she can experience my look as enriching or intruding. My look is the center out of which his/her actions acquire content.

The conversation is not only the communication of a commonly designed world but also is a participation in each other's interiority.

Thus, conversation is the most direct contact there is between persons. Important here is the question of the mystery of head (thoughts) and heart (feelings), and their disclosure through the spoken word. This is a question of the role of participation.

Our communication remains a communication with an appeal to a mutual understanding; something the word itself can never guarantee. The communication is always indirect. We mean more than we say. **The conversation is an indirect communication.** When it is more than merely reporting (and each conversation is more than this), it is indirect communication. The conversation communicates the **hidden** (the secret). What is hidden? It is something **additional** for which words cannot be found, but which nevertheless is communicated. It is nothing more than the concretization of our being-together. This additional something remains concealed: no word can directly express it. The word can only indirectly communicate the additional, the hidden, the new aspect of things. Thus, the hidden, which the word communicates indirectly, is **added** to the objectively given. This addition is the observable concretization of our being-together.

The hidden is the quality of being-with, which is manifested in the things about which the conversation is concerned. The "changed aspect", the quality of the topic of conversation, shows me how I stand in relation with the other (and the reverse). Our words revolve around this quality; they are nourished by. but are never filled with the hidden. It is precisely because the hidden remains hidden that no conversation can exhaust a topic. That about which we speak is infinitely more than what we can say with words. In principle, the conversation is endless. It can only come to a satisfactory conclusion when our being-together is silently acknowledged.

The above holds not only for contact among friends. Also, indifference, irritation are announced as additional themes of the conversation (of being-together).

Being-together is the precondition for a conversation, i.e., the perceptible addition, the hidden in the things talked about nourishes our words. Where we first defined conversation as the communication of a common world, our definition now reads: the conversation is the indirect communication of the being-together which is an observable surplus lying in the world. Yet, this is an incomplete answer to the question of the nature of the hidden, which constitutes the conversation. As a reflection of what is only indirectly communicable, the hidden also finds itself (and equally real) **in us**, in our most inner self, as the secret of our heart. The wanderer experiences an urge to communicate with him/herself when he/she leaves the noisy street and suddenly finds him/herself in a quiet landscape. Thus, he/she experiences two identical things: the landscape says something to him/her for which he/she can find no words, **and** there is an urge from his/her inner self for which language has no expression. The visible hiddenness of the landscape is, at the same time, the secret of our inner self. When we turn our gaze from the landscape to the other with whom we are conversing about the landscape, we experience his/her hiddenness, the secret of his/her being-different. There is an immeasurable distance between this secret and expression. His/her expression remains foreign to this secret, his/her words are an **alienation** of what urges to be expressed. Thus, his/her words cannot faithfully interpret his/her thoughts. Nevertheless, the other's words really do interpret the secrets of his/her inner self for us, although the secret itself also remains hidden. This secret sustains speaking with another person. Our words refer to a domain which far exceeds

these words in content and value. Our interest stays aroused because for us, the other remains hidden (latent). He/she does not keep him/herself hidden; but each word refers to the secret within him/her. Thus, for us, the other remains someone strange, new, different about which our interests never fade.

The precondition for the conversation is the secret of the other. This secret in him/her is what is communicated indirectly by the conversation. (This is the second answer given to the question of the nature of the hidden...). I speak because there is something to communicate. I speak because the core of my being is hidden and inexpressible. Who possesses no secret also has nothing to communicate. We can never **completely** know someone through the conversation. Each friendship, love, marital tie lives by the grace of the secret which remains for each other. Only so, can we hate or despise another because of the hidden which appears indirectly in his/her words.

The conversation is carried by a never satisfied--and at the same time, ever satisfying--curiosity about the secret of the other. The precondition for the conversation is the strangeness of the other, the inequality of two persons, the **asymmetry of the speakers**. For example, man and woman, teacher and pupil, doctor and patient--the conversation between both knows an entirely new nature; many social norms can be pushed aside in these conversations.

Thus, a precondition for marriage is conversation which is never boring. Those other conversations which know no end live by the grace of an infinite distance. A person speaks because he/she is addressed from a distance. According to Van den Berg, there is a desire (or homesickness?) for nearness only when distance is lived experienced.

In terms of the above, the following are **essentials of a pedotherapeutic conversation**:

(i) For us, the basis for fathoming the pedotherapeutic conversation is **the pedagogical situation, as a conversational situation**. The **moments of lived experience** regarding the situation are noted--the reality of our lived experiences, i.e., the whole of human lived experiencing.

(ii) A pedotherapeutic conversation revolves around the **quality of the communication**. The **being-together** of child and pedotherapist is more important than the spoken word. A pedagogic **encounter** must be actualized in conversational therapy, i.e., they must participate in each other's inner self. Then, there is a **joint constitution of one world**. Child and therapist enter together into one world. This common world is the **child's problematic situation**. The most direct contact is actualized between child and therapist; the child's loneliness is broken through.

(iii) The **pedagogic relationship of understanding** is actualized in the conversational situation ("we know we are understood"; there is a mutual understanding).

(iv) The **pedagogic relationship of trust** is actualized. There is an absence of tension and alarm, even when there is silence. Child and pedotherapist speak comfortably; the presence/existence of the other need not be conquered; the fruitless effort of measuring words, of weighing pros and cons is absent.

(v) To influence pedotherapeutically, the pedotherapist need not always be physically present (e.g., during **periodic breaking away**).

(vi) When the pedotherapist talks with the child, there is no guarantee of a conversation. There is a difference between a **dialogue** and **addressing**.

(vii) The **uniqueness** of each pedotherapeutic conversational situation is emphasized. Thus, it is difficult to use a technique, recipe, or method.

(viii) **Values** are actualized in conversational therapy. Child and pedotherapist are responsible for each other (**pedagogic engagement**), but also for their own principles. Conversational therapy is a play of give and take.

(ix) By means of the word, the world is detailed, explicated, shared, and conversed about, i.e., the world of mutual efforts is explored.

(x) The pedotherapist views the child's words as his/her audible inner self. Thus, he/she directs him/herself to the distressed child's **expressions of his/her lived experiences** regarding his/her problematic situation.

(xi) The pedotherapist's encountering **look** enriches the child.

(xii) The question of the **secrecy** (anonymity) of the child's lived experiences, as a question of the degree of shared participation, is important in conversational therapy. Not **everything** about the child must be revealed. Often, it is preferable to keep certain aspects of the problematic situation anonymous, e.g., by keeping it general or by communicating about it indirectly. Communication must be indirect. Child and therapist mean more than what they say about the problem. The conversation is an indirect communication. It communicates the hidden, the added for which no words can be found. This hidden aspect (the secret of the other) is the quality of the being-together of child and pedotherapist. If the child knows that the deepest secrets of his/her heart can be discovered and revealed, he/she will not be ready to converse for that purpose. **The precondition for the conversation is the secret of the other** (Van den Berg).

(xiii) The child has difficulty expressing his/her disturbed emotional (pathic) lived experiences. There is an immeasurable distance between the secret (lived experience) and the expression (Van den Berg). Therefore, the pedotherapist can never completely know the child.

(xiv) A precondition for pedotherapy is the **asymmetry** of the child and the pedotherapist.

(xv) The pedotherapist must maintain a definite **distance** between him/herself and the child or youth. Then he/she will awaken in the child a desire to want-to-encounter the therapist again. Consequently, child and pedotherapist must not become too personal, too familiar with each other.

Perquin ⁽²⁰⁾ views the pedagogical conversation as one of the most important means of communicating with youths. However, it is an art to engage in a conversation in such a way that real and fruitful communication arises. Currently, many youths are only "preached to" because their educators allow themselves, time and again, the luxury of giving "good" advice, often unsolicited. Now the adults should let go of their experiences and insights whether of interest or not. Thus, a sermon given to a child does not lead to communication. Often, the child feels that the intimacy of his/her

own existence is violated, and this leads to confusion. Often, he/she is on guard against the "opponent" (because in such a case this is the educator). He/she knows the topics and the tricks which most likely will arise.

Such forced conversations usually are unacceptable to the youth, although they are necessary to help him/her out of his/her distress. Often, a youth experiences such a conversation as a "fishing" for his/her secrets. Even the adult feels that he/she should flee from such a forced conversational situation. The pedagogical conversation is most authentic if it flows naturally from the usual ways of human communication. (E.g., the requirement to first enter communication with the child before pedagogical intervention can occur--the author). A youth has a need for an encounter which is neither planned nor aimed at. He/she longs for a trusting, loving being-together with nothing hidden behind it and which, thus, has no threatening content.

Many youths dread conversations with their parents because they feel that there is always a hidden agenda, even when conversations appear to move in neutral areas. Youths long for a being-together which provides security, where the educator does not wait for his/her chance to uncover secrets or give unwanted advice. Consequently, the adult should be a disinterested participant, offer a refuge, and represent a degree of security rather than that he/she has a "talk" with or analyze problems; he/she should not be poised, ready to intervene.

Additional guidelines offered by Perquin ⁽²¹⁾ for a good pedagogical conversation, also for a pedotherapeutic conversation, follow:

(i) The conversational room should be furnished with things which appear friendly to the youth. A cozy room (wallpaper, books, pictures) says something about freedom and doesn't suggest any deficiencies with which the youth must be 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. The youth must be able to **take possession of the (safe) space and** feel at home there. Although he/she can be surprised, things there should **occur as they usually do**.

(ii) A youth will--usually with discretion--tease someone. He/she has no expectations about this because that would create obligations. He/she prefers to find a busy person. In this regard, he/she is not misled—he/she lived experiences the being busy as meaning contact with the larger world.

(iii) A pedagogical conversation cannot be meaningful if it is not **mutual**. Child and pedotherapist must be able to speak and listen to each other. Also, the youth must feel that he/she has made a positive contribution to a fruitful conversation. He/she gives something, i.e., trust, and he/she hopes that it is appreciated. Amid his/her uncertainty, he/she wants to assert him/herself. Therefore, he/she will entrust his/her secrets to the pedotherapist, an act of goodwill, which implies a request for reciprocity. Then, he/she will have a conversational partner and not a lecturer.

(iv) A true pedagogical conversation is a loving conversation. It requires a positive encounter, the experiencing of an existing intimacy; therefore, this cannot be forced: it is and remains a gift--which the youth look forward to.

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

(vi) The youth (especially the adolescents) want to experience **freedom**. He/she should not be bound to the pedotherapist and should be free to go whenever he/she wants. Loosening him/herself must remain a lived possibility. Freedom means that the youth seek a solution and not merely advice or information. He/she wants to know and to be responsible; he/she is not in need of ethical, or religious guarantees. He **A child's needs** : **The conflict situation**

| | |
|--|---|
| A child wants to be someone | |
| him/herself (an adult): | he/she is kept small. |
| A child is an initiative of relationships: | he/she is limited to "wait and see" |
| A child wants to be accepted: | he/she feels rejected. |
| A child wants to feel as someone of worth: | he/she feels inferior. |
| A child seeks stability: | he/she experiences lability. |
| A child wants to be understood: | he/she experience not being understood. |
| A child seeks support in realizing | potentialities: |
| he/she is restrained. | |
| A child wants to know where he/she stands: | he/she experiences disorientation. |
| A child wants to break through new situations: | he/she is frightened of the new. |
| A child has a need for authority : | he/she experiences the lack of authority. |

accepts information freely with thankfulness. For the youth the pedotherapist means an abiding love in freedom. The youth does not want to lose their freedom of action. However, they must be guided to take personal responsibility. If they rely completely on the therapist, their personal becoming will not thrive.

(vii) The pedotherapeutic conversation need not be limited to the conversational room. Youths like the talking together to move along 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 with each other, profound matters of a world- and life-view nature incidentally come up for discussion. There is no solemn conversational room session before needed. 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 nature. In and by physical 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 a pedagogic relationship which frees the conversation from its usual deliberative character.

A good pedagogic conversation is not a technique; it is a being-together in unselfish love. It is a pedagogic relationship within which educator and youth give themselves to each other. Therefore, a valuable conversation also cannot occur if the educator tries to demonstrate his/her superiority and goes out of his/her way to give unsolicited and unwanted advice. The fruitfulness of the conversation grows from the soil of the trust which a youth has in the educator. This implies that they are at one with each other and cherish their mutual thankfulness. This also means that the heart must be involved in the conversation.

Paquin⁽²²⁾ writes, "It would be regrettable if the pedagogic conversation were to be reduced to a technique. Fortunately, this is not possible since this would be a contradiction in terms. No single act of educating can exist without love".

In another work, J. H. van den Berg⁽²³⁾ presents the **characteristics of the new therapeutic conversation**. The following pronouncements clearly hold true with reference to pedotherapy: In contemporary society no one knows his/her place. Our time is characterized by chaotic human relations. The therapist does not say what must happen or be left as it is. **He/she questions**, but with his/her questions he/she emphasizes, exaggerates, diminishes, underestimates his/her patient. Consequently, he/she procrastinates; he/she forces the patient to correct (cure) him/herself. The therapist helps the patient to take up and maintain a distinct place among persons because involvement with others is only possible if you know where you stand, if you accept your position there where you find yourself in reality in accordance with your qualities and talents. According to Van den Berg, therapy is assistance in attaining this.

Thus, for the youth-in-distress, conversational therapy means an orientation (to determine one's own place). It is pedagogic guidance to re-define his/her own place in life; it is support so that he/she will distance him/herself to a clarification of his/her existence, to an orientation regarding him/herself, his/her possibilities, his/her

future, and his/her pedagogic situation. For the youth, this orientation means **self-affirmation**.

Beets ⁽²⁴⁾ demands of the pedotherapist a "democratic association in adolescent therapy". The youth, and especially the adolescent, want to be treated with equal justice and dignity. They want to be taken **seriously** as a conversational partner.

Once again, Freud was the first therapist in our century to have treated an adolescent (Dora—18-years). Where he was extremely authoritarian with her, pedotherapeutic association with the adolescent now is more democratic, and is characterized by openness. In a **democratic milieu**, which is created by the conversational partners together, the youth must see a new future for him/herself. The association also must be light-hearted and playful, characterized by authenticity and open heartedness. Youth and pedotherapist must **learn** to deal with each other. Still, the pedotherapist should not demand **complete openness** of the adolescent. The youth have the **right to speak and be silent**. Therefore, 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". Also, the youths' right of privacy must be guaranteed. According to Beets ⁽²⁵⁾, within the therapy, new democratic forms of association unfold.

Beets also says that for the youth, therapy means a formative event, and especially in the following four respects:

(i) In therapy the youth learn to think about human existence (via questions asked and answers--dialogic-dialectic relation). Here language, as a means of expression, plays a liberating (talking out) role. One's own existence and future become clarified. Thus, therapy can be called a philosophical adventure. Ordering thinking, acquiring a grasp, seeing perspectives mean that **life is made more livable**.

(ii) In therapy the youth learn to analyze and evaluate situations so he/she can take a better position with them. The **concrete situation** is analyzed so the youth can know how this is done. It is here that the matters of **intimacy** and **openness** arise. Ordering and analyzing the situation calm and liberate the youth from experiencing chaos and nervousness.

(iii) In therapy the youth learn to analyze and evaluate his/her activities. He/she learns to know him/herself: his/her individuality, identity, authenticity, potentialities, behaviors, feelings (nuances of the emotional life are correlated with nuances and differentiations of thinking and judging).

(iv) In therapy the youth learn to behave in accordance with acceptable ethical norms. The therapist is regularly confronted with the question of whether what the adolescent does, thinks, desires and feels is **right or wrong**. The youth learn to distinguish between those norms he/she has been devoted to until now, and other norms which he/she will or must live by in the future. The adolescent 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, reference is made to Landman's ⁽²⁶⁾ article on "Pedagogic criteria for conversational therapy", which can be studied by a pedotherapist with great benefit.

4. THE GUIDED DAYDREAM (Reve Eveille) OF ROBERT DESOILLE AS A FORM OF PEDOTHERAPY

This therapeutic form of the **Guided Daydream** has been used successfully by J. H. van den Berg. He briefly describes the **Guided Daydream** as follows ⁽²⁷⁾:

4.1 History of the Guided Daydream

Desoille (engineer) linked up with the work of Caslant, whose approach is related to the analytic method of treatment (relax, give free range to thoughts, report what is experienced--of adventures and trips to unfamiliar and unseen places, people. E.g., exploring one's personal past by means of free association). In his/her imagination, the person must move upwards (ladder, airplane); this higher sphere is not uninhabited. This world, seen at an elevation, is something which is **different** or **new**; with this, his/her **mood** also changes entirely. This imaginative vertical trip has psychological value. The person is invited to abandon him/herself in the realm of the created fantasy. This event has a **liberating action**, an **improvement in one's mood**.

Desoille's method is in the spirit of the "surprising liberality" of French psychotherapy of that time, where distance is absent (in contrast to German psychotherapy, where a greater distance between therapist and patient is maintained). His two works appeared in 1938 and 1945.

4.2 The method

The patient lies down and relaxes, and is receptive to everything he/she sees in his/her imagination, which he/she then expresses. Instead of introspecting and free-associating, the patient is directed to a world of living adventures, and new encounters. The **Guided daydream** is enacted in the **present**. The account remains in the present. If the patient says, "I was", the therapist corrects this to "I am". The patient is bound to an actual and responsible world. Instead of a personal life history, he/she is invited to return in a new way into his/her world and take up in new ways the tasks this world requires of him/her.

An imaginary object can serve as an appeal, e.g., a key. What are you going to do with it? What happens now? Other objects, such as a vase, a cup, a flower also can be used.

The patient is invited to move in a vertical direction. This often occurs spontaneously; often, he/she is placed on a flight of stairs with the choice of whether they lead up or down. (Balloon, elevator, diving suit, a boat moving through a cavern, etc.). With the point of departure in the present, a series of imaginative happenings arise (unexpected adventure). The patient is surprised, pleased, annoyed, full of wonder about what he/she experiences. Characteristic is unimaginable changes in mood—shouting, or excited calmness, laughing, or crying. However, the course is not always emotional. Slow journeys arise, as do tedium, and fatigue. However, the element of surprise remains, and is never entirely absent.

The therapist participates: intervenes, asks about details, about feelings, and dress (dress is a reliable index of the traveler's emotionality). He/she accompanies the patient. He/she does not leave him/her; **he/she travels with him/her**. The following is of importance regarding vertical journeys:

(a) Everyone has a personal affinity to rising and descending. The inhabitability of the vertical levels, the way in which "high" and "low" are at one's disposal vary from person to person.

(b) Psychically sound persons find it easy to move to the deepest depths, and to the greatest heights. They do not fall. Neurotics nearly always encounter barricades, ascending and descending. They easily fall.

(c) The barricade is usually a living being, embodied in a person, an animal, a figure--which expressly forbids any progress. (Dwarfs, dragons, giants, angels, spirits, gods--depending on the level on which they appear). **Style of images:** going upwards, the image grows lighter, more transparent, etc.; feelings become better, the light becomes white; the image appears in an all-conquering light, etc.

The therapist intervenes in case of a barrier. If the patient cannot continue his/her upward flight, he/she offers him/her a means, suitable to the situation and to the condition of his/her spirit, which he/she (necessarily) first makes him/her describe in detail. For example, sun rays, as a road to what is above, a voice calling from above, a helping hand which leads him/her upwards, free from fears. (The therapist him/herself!). The patient's fall is stopped. For a descent: spades and dynamite--also a benevolent figure can be present.

The therapist must not waiver in giving help, e.g., entering a contract, or fighting with the guard of the threshold; give the patient the necessary magic weapons, a charm, an annihilating ray, or real weapons (swords, revolvers, atomic bombs). Provide soldiers, tanks, or planes; appropriate help. The battle must be won.

Overcoming the barrier means **rest**, and an **improved mood**. A **purification** has taken place. Then, the journey is resumed--in a new territory (exploration). Sometimes the patient asks him/herself why he/she was so concerned, and why he/she wanted so much help. Allow him/her to look back to the past, to the burden. It is puzzling to him/her how difficult his/her life had been (at the barricade). **His/her entire world has undergone a change for the better.**

One of the main significances of the journey into the unfamiliar is a purification, and rejuvenation of everyday existence (psychology of the journey). **A new horizon purifies the old landscape**; one's own inner nature becomes refreshed.

After reaching a satisfactory height, the therapist must allow the patient to return to safety. The return is much more rapid than the ascent. Here, he/she rests well. After this, the patient can describe the journey in detail (the child can draw).

4.3 The anonymity of the symbols

The symbols occurring are not interpreted, but rather illustrated. (The patient's father is recognized in the guard of the threshold). There is serious objection to the psychoanalytic method of interpretation. For example, the unfavorable role of the father is pointed out. Even though the contact with the father was seriously disturbed, was it only the father who stood in the way of his child's favorable development? The patient can consider his/her father guilty, to maintain him as the guilty one. Only the neurotic maintains the disturbed or negative contact--the emphasis is on his guilt. Sometimes it is necessary for the psychoanalyst to support the postulate of the father's guilt. This theory gives the patient a relative degree of freedom (determinism?). Absolutizing the **constitution** of the patient also is pragmatically paralyzing; we should not look only to the past (overestimating the psycho-"genesis"). This involves **actual** choices; **accounting for**. Thus: interpreting his/her past; accepting his/her present; designing his/her future.

In the relationship of symbol-reality, it is the symbol and not reality which is primordial. If a dragon (father) appears, there is merely an interpretation of this symbol: the patient sees his/her father as a dragon.

About the objective, registerable reality, the symbol is primary; it is a figure giving **expression** to a relationship, still unknown, **in the most adequate way**. The symbol is made visible, explained, illustrated. Reality is a personal illustration of the symbols. In dreams and in daydreams, the symbolic experience is in the foreground. The therapist seeks a cure for his patient within these two forms of human actuality. Life will only become accessible to him/her again when he/she dreams or imagines he/she has

succeeded in finding a way again to all those areas to which daily life never ceases to appeal.

The aim of the **Guided Daydream** is to cure the patient, to make his/her actual world inhabitable for him/her through the imaginative regaining of lost territories, in making habitable the world of dreams and imagination. The emphasis is on regaining territories **high** and **low** because no others are so loaded symbolically and, hence, have such a direction-giving meaning for real life.

The **high** is the symbol of free actualization; of the future; of the possible; of choices, the acceptance of the new; of becoming more than all which was given before; of unfolding, expanding, of taking possession. The **low** is the symbol of hampering restraint; of the past, of being confined; of being retained, and the preservation of property; of a returning to oneself, the bending over oneself; of isolation from all contact, all longing, and the yielding to another longing: that of one's own heart.

He/she who in his/her **Guided Daydream** can reach the highest heights, and the deepest depths without barriers, can carry out the tasks of daily life and is psychologically healthy. The neurotic who overcomes his/her barriers in his/her Guided Daydreams and learns to travel over and take possession of territories beyond these barriers, will be able to move with equal freedom in daily reality, i.e., he/she will be cured of his/her neurotic disturbances. This is because the world is the daily illustration of our subjectivity, whose purest expression is seen in the images of dreams and reveries.

Only he/she who calls the world his/her dwelling place is happy--the whole world--from high to low, and from left to right, light, dark, day, night. Those who are happy say **yes** to the entire world. Nowhere is this "yes" as fruitful as in dreams and daydreams. He/she who is happy can be released in dreams and claims the right to lose him/herself in the wondrous world of his/her creative imagination.

4.4 Direction in the Guided Daydream

The Guided Daydream occurs less often outside the therapeutic situation. The patient needs help for it to proceed easily; he/she seeks guidance in taking possession of new territories. In the

Guided Daydream, he/she knows his/her journey, his/her rises and falls are followed and watched. This gives him/her the strength to enter territories that, if he/she were alone, would be inaccessible to or even absent for him/her. Now and then, the therapist asks questions and intervenes. He/she **directs** the patient's exploration (Guided daydream). This is a difficult task for which it is necessary to put oneself entirely in the patient's situation. A small error can lead to desperation and anxiety. The therapist directs, the patient invites the therapist to suggest a direction, he/she gives the therapist the right to intervene in his/her narrative. In consulting the therapist, he/she has made a difficult decision. The patient takes his/her most important step on his/her way to a cure by stepping across the threshold of the therapist's room. The direction in the Guided Daydream, in the first place, rests with the patient. The initiative to seek help is his/hers, the decision to venture into the world of creative imagination; he/she makes intervention acceptable; it is he/she who allows the therapist to play a part in his/her narrative, and to help him/her overcome the barricades.

4.5 Indications for using the Guided Daydream

Only the therapist who has wide experience in interacting with neurotically disturbed persons, and who knows the method well (and who does not underestimate its dangers) should apply the Guided Daydream. Thus, he/she ought not begin his/her therapeutic practice with this method.

The following also are important: The method should not be used with persons whose past is a large, unpaid bill. Then, psychoanalysis is preferred. Also, for patients with a clearly negative attitude towards fellow persons (and, therefore, also the therapist), psychoanalysis, or nondirective therapy should rather be considered.

The Guided Daydream lends itself admirably to use with patients where a clear insight into their own nature is the first, perhaps the only, precondition for recovery. It is also effective in treating neurotic conditions which no longer are fed by a still living conflict, but which persist as a "way of life"--the so-called "entrenched" neuroses. A certain degree of intelligence is indispensable. That is, according to Van den Berg, he/she should be capable of understanding an "introspective" examination.

The aim is not to design an applied child daydream therapy based on the above description. In the following, the author only investigates the **pedotherapeutic possibilities and meanings** of a few essentials of this form of therapy: it is possible to **combine image narrative** (image communication), and **journey narrative** (re the Guided Daydream) as a means of assisting children in educative difficulty. Prof. M.C.H. Sonnekus has had several successes with this newly combined form of pedotherapy.

True to pedagogical requirements, the Guided Daydream is **prospectively directed** so that, in applying this form of pedotherapy, the child-in-distress will benefit by its direction to his/her **future**.

4.6 A pedagogical (pedotherapeutic) evaluation of this method

Just as in the Guided Daydream, the therapist **accompanies** his/her patient on his/her journey and supports him/her in conquering barriers (problems), the pedotherapist temporarily is with the child-in-distress to give him/her assistance in overcoming his/her problems on his/her way to adulthood. As pedagogy, pedotherapy is **guiding** the child-in-distress. Clearly then, **pedagogic influence** is possible with such an imaginary journeying together, especially in the form of **support to re-lived experience** (as re-defining) one's situation.

This form of pedotherapy implies that the child will **express his/her imaginary vertical journey in images**. Again, this involves an exploratory journey during which he/she is confronted with his/her problem, or problem-figure, and where he/she must overcome this obstacle with the help of the therapist. If, in his/her expressive journey narrative, he/she can succeed in ascending, he/she will view the world as **changed and new** (lived experience and re-lived experience). The psychology of the journey is also valid regarding the child-in-distress: the new landscape of creative imagination changes the old situation (pedagogically distressful situation). Purification, liberation, re-living, and re-lived experiencing occur. For the child, this means pathic rest (the anxiety is eliminated), an improved attunement. By **creating** a new world, catharsis and mimesis are actualized.

Also, here the child must direct him/herself from the present situation to new landscapes (exploration). He/she is confronted

with present and future demands. This implies **actual choices** and being **accountable** for them.

The therapist takes part in this/her form of therapy. There is pedagogic guidance and intervention. The child also explores his/her problem area to clarify it. For this, he/she seeks the pedotherapist's direction and guidance. He/she feels safe if he/she is accompanied, protected, and directed by a fellow traveling mate on his/her exploratory journey. He/she him/herself now ventures and surmounts problems to the point that he/she is no longer solitary (alone). The pedotherapist intervenes at barricades (problems, problem-figures) by means of applying aids. **"The battle must be won"** means, in pedotherapeutic language, that **the distressful situation must be broken through**.

The vertical journey allows the child to look back and down on what provokes anxiety. His/her world changes in a favorable sense because he/she now attributes other meanings than anxiety to it. During the entire journey, he/she must experience safety and security.

This imaginary journey narrative further involves the use of vague **symbols** such as symbolically exploring and curing. The world is explored, reclaimed, and inhabited symbolically. As the pedotherapist journeys with the child, symbolic solutions are found. These symbolically found solutions must be actualized by the child in his/her daily life. If the child can move to the highest heights and to the deepest depths without barricades, he/she is mentally healthy. Then, he/she can say **yes** to the whole world; he/she can assimilate **everything**.

Two essentials of the Guided Daydream are not realizable with a child. On the one hand, the absence of distance is not pedagogically allowable. There must be an optimal encounter with a preservation of distance (Rumke). On the other hand, the child cannot "lie down and relax". This obstructs the look (the point of contact for a pedagogic encounter). In addition, the child will feel more secure and more at ease if he/she is busy with imaginatively productive activities. Supplementing the journey narrative with imaginary productions provides a means of communication, as well as an activity in which the child can take part spontaneously and naturally.

At this stage regarding the above forms of pedotherapy (play, image, conversation), it is emphasized that they are not separate from each other. Conversation is the most important means of communicating. It is essential for all pedotherapy, and it always supplements the other forms. Thus, conversation, as well as one or another form of imaging, are always actualized in play therapy. In image therapy, the child also is busy speaking and playing. In conversational therapy, the youth also represent (expresses in words). Here, lightheartedness, and playfulness are also sometimes meaningful (Beets). In play, image, and conversational therapy, a journey narrative is possible.

In the concrete pedotherapeutic situation, this inseparability of pedotherapeutic forms means that, e.g., in play therapy, child drawings also can be used. So also, in play and image therapy, e.g., the mosaic procedures and projective media can be implemented. Numerous combinations of pedotherapeutic forms and media are thus possible.

5. LOGOTHERAPEUTIC MOMENTS IN PEDOTHERAPY

This matter is related to two themes which are dealt with in the present study, i.e., the logotherapy of Viktor Frankl, and values in pedotherapy. This is linked up with what is fathomed regarding these two themes.

The present theme is further linked up with the views of Frankl, ⁽²⁸⁾ and with Nel's ⁽²⁹⁾ discussion of them, more specifically regarding pedotherapy.

The pedotherapist must know that he/she (especially in conversational therapy with the parent, child, youth, adolescent) must actualize logotherapeutic moments in pedotherapy. This concerns more supporting the youth-in-distress to re-lived experience his/her everyday meanings, feelings, thoughts, and values. Logotherapeutic moments in pedotherapy mean that the youth's central meanings, as deepest lived experiences—thus, his/her attribution of meaning to life, and reality--are modified. Consequently, the pedotherapist also must contribute to the child/youth's optimal actualization, as **spirituality**. According to Nel, ⁽³⁰⁾ "this means the activation and potentialization of the spiritual dimension of the structure of a person, which implies an awakening of the child's conscience, notions of value, and

responsibility, so that, gradually, he develops insight into the meaning of life, suffering, love, work and death".

Logotherapeutic moments in pedotherapy, thus, imply pedagogic intervention in the child's ethical-normative meaning of the world; this aims at the child's eventual acquisition of freedom, leading a meaningful life, vocational fulfillment; in addition, there are issues of morality, choices, religiosity, sense of guilt, etc. Here, the pedotherapist will bring about a cure, and liberation by bringing the child to a favorable attunement, i.e., by actualizing established values, especially regarding the problems of the child- or youth-in-distress. The latter must be able to give an accounting of the aim of his/her existence. The pedotherapist must interpret this "will meaning" in terms of a sense of responsibility (Buhler).

Just as with the anthropology (and existential analysis, and logotherapy) of Frankl, pedagogic moments are possible⁽³¹⁾, pedotherapeutic moments, as moments of educating and re-educating also are possible. Just as this is viewed from existential analysis, in the pedagogic there is involvement with **educating to responsibility**,⁽³²⁾ in logotherapeutic moments in pedotherapy, there is involvement with re-educating, as corrective educating to responsibility, to having a conscience.

Actualizing logotherapeutic moments in pedotherapy is especially meaningful also with respect to the child or youth with a defect or impediment. Since such a defective or unfavorable pedagogic situation cannot be eliminated (e.g., progressive weak sightedness, the death of a parent, etc.), the child must be supported to assimilate and accept it. He/she must be brought to the idea that his/her life still has sense and meaning despite his/her difficult lot.

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