

CHAPTER TWO

SOME FACETS OF THE PEDOTHERAPEUTIC PROBLEM

1. The distressful situation of a child

When a pedagogical situation is characterized by pedagogical neglect because it is directed by ignorance and apathy, instead of by pedagogical input based on an understanding of and trust in a child, this is a situation of pedagogical distress for this child. His/her disturbed lived experiences and behaviors in such a distressful situation mean a disturbed and delayed becoming, gaps in development; his/her becoming is restrained. For a child, pedotherapy means breaking through a distressful situation and **making up** (overcoming) **delays in becoming**.

This distressful situation is mainly a result of inadequately, or not actualizing the fundamental pedagogical structures. In terms of these structures, some of its moments are described below to acquire an image of what such a distressful situation essentially means to a child.

Findings such as the following are sufficient to show how a child becomes experientially disturbed when a **pedagogical relationship of trust** is not actualized: A child who lives in affective neglect has difficulty learning the meaning of human dignity, doesn't know freedom, and does not venture in the world. Correlated with his/her conflict in trust are feelings of insecurity (Lubbers). If a child does not receive sufficient support, his/her helplessness leads to anxiety; with love, one-ness, and safety are present; with anxiety, feeling unsafe and being lonely arise (Carp); with a defect in trust, he/she cannot share his/her anxiety with his/her parents (Lubbers); he/she becomes traumatized by deficient love and care; with rejection and nonacceptance, he/she lived experiences insecurity (Sonnekus); with a labilized relationship of trust, the course of gnostic (cognitive) lived experiencing is adversely influenced

(Sonnekus); if a child's trust is shaken, he/she does not venture into the gnostic tasks at school and in life (Sonnekus); as far as attributing normative meaning, less meaningfulness is lived experienced when the relationship of trust is inadequate (Sonnekus); with fear, one feels one's individual safety threatened; with trust it is the other way around (Lersch); love is the only spontaneous response to a child's distress (Perquin); lived experiencing security is only present with love (Langeveld); with defective trust, a child lived experiences him/herself as abandoned and betrayed, with related feelings of hate, anxiety, and uncertainty (Nieuwenhuis); feelings of ambivalence between parents and children put a strain on him/her (Rienstra).

With the **pedagogical relationship of understanding**, the concern is whether an educator knows, understands a child. Also, a relationship of understanding, as a cognitive and knowing relationship, must be actualized between educator and child because misunderstanding can lead to serious restraints in his/her becoming, since it is especially becoming adult which underlies the educator and educand being with each other.

For Muller-Eckhard, ⁽¹⁾ this has to do with the fate of a misunderstood child. Thus, he also titles his work **Kinderen Vragen Begrip** [Children Ask for Understanding]. A child asks for understanding from an adult educator about his/her encounter with the order of adulthood, and about the difficult move from the subjectively attuned and vital-pathic primordial experiential world of a child (free, unhindered, arbitrary, undisturbed, unlimited, carefree, unrealistic, trustworthy, desirous) to a world of adulthood with its own order, soberness, efficiency, matter of factness, time-boundness, etc.⁽²⁾ Thus, Muller-Eckhard indicates that, where loving interest and understanding are lacking from the parents, "confused and perplexing lived experiences"⁽³⁾ arise in the child, along with a desire for power, aggression, feelings of guilt, anxiety, and distress.⁽⁴⁾

The fruit of unresolved conflicts is the psychopathology of the child. An inappropriate attunement, as well as a derailment are forced on him/her.⁽⁵⁾ He/she becomes "sick" through what his/her parents deliver as educating, especially through a lack of authentic understanding. The parents are the destiny of their child, says Muller-Eckhard.⁽⁶⁾

Regarding a misunderstood child, Muller-Eckhardt⁽⁷⁾ adds that “he probably suffers damage which, because it occurs at such an important time, will be felt for a lifetime. He becomes restrained, retarded in his entire psychic development. And why? Because, in one sphere, the child experiences that his spirit is not supported”.

When, because of too strict, too lenient, or inconsistent educative actions by adults, the **pedagogical relationship of authority** is not actualized adequately, the child becomes disturbed in his/her normative lived experiencing. He/she becomes egocentric, stubborn, uncontrolled--especially he/she remains in doubt about dealing with norms and values. In this way, he/she has great difficulty in attaining his/her freedom and a sense of responsibility.

A child's freedom is tediously instilled through educating. The opposition between "authority" and "freedom" is incorrect: in fact, authority **creates** freedom. A child left to his/her own resources does not arrive at "freedom" but rather falls into chaos, formlessness, arbitrariness--a pure vital vegetativeness (vital-pathic lived experiencing). Thus, human freedom means being bound to the authority of certain norms and values derived from a certain view or philosophy of life⁽⁸⁾.

With respect to the non-actualization of pedagogical association, encounter and intervention, the following are noted: Only pedagogical association can lead to a pedagogical encounter; pedagogical intervention is actualized only through a pedagogical encounter, and where this **pedagogical sequence structure** is not actualized, the phenomenon of pedagogical neglect arises, together with what this means experientially to a child.

The question of pedagogical neglect is not considered here in detail, and the reader is referred to the works of Nel⁽⁹⁾, Rienstra,⁽¹⁰⁾ and Veedder.⁽¹¹⁾ The last-mentioned author briefly describes this phenomenon as follows:⁽¹²⁾

"There is mention of **pedagogical neglect** when too few demands of self-limits are imposed on the child, when no norms are taught".

Thus, a child is pedagogically neglected when his/her educator does too little in his/her educating, guiding, his/her exercising authority and disciplining. Consequently, pedagogical neglect is defective educating, as a deficient actualization of the pedagogical aim

structures and pedagogical actions. The parents do not come up to expectations in their intervening pedagogically with their child; they do not hold him/her enough to demands and norms; they allow him/her too much freedom to direct him/herself to what is immediately satisfying. This freedom means that he/she receives inadequate or insufficient guidance.

It is especially Rinestra,⁽¹³⁾ who nicely describes how an unfavorable pedagogical climate in the home injures a child, as seen in the form of disturbed lived experiences and behaviors. Some **disturbed lived experiences** of a child, which he mentions in this connection, are the following: affective hunger; fawning attitude; defensive attitude; lack of interests; egocentricity; feelings of rejection; affective instability; restlessness; hostile attitude; apathy; indifference; insecurity; anxiety; jealousy; neglect; feelings of guilt; traumas; frustration; loneliness; uncertainty; inferiority; lack of initiative; resentment; discouragement; spite; resistance; animosity; aggressive feelings.

Here a few additional examples of **disturbed behaviors** are noted. However, a pedotherapist does not direct him/herself primarily to these behavioral problems, since he/she views them merely as symptoms, signs, or expressions of disturbed lived experiences: enuresis; encopresis; sexual deviations; theft; labile behavior; withdrawal; irritability; eating disorders; aggressiveness, and hostile behavior; excessive activity, and restlessness, weariness (tension and conflict demand much energy; a child cannot relax, rest or sleep, he/she feels too threatened), frustration, intellectual underachievement (e.g., apparently poor ability, as a symptom).

Also, there is reference to an investigation by the writer⁽¹⁴⁾ in which the following are found to be lived experiential consequences of pedagogical neglect: In each [of five] cases, "the educator did not support the child in his lived experiencing and experiential world to reach adulthood--thus, in one form or another, pedagogical neglect is present, along with the lived experiences flowing from such neglect, i.e., insecurity, uncertainty, helplessness, anxiety. Additional common findings are a constricted experiential world; infantile and confused lived experiences; learning and/or behavior problems; non-acceptance of a child, his/her defects, or parental problems; unassimilated lived experiences by a child, e.g., from traumas, handicaps, deficiencies, problems; defective personal becoming; a pathic disposition. "Each of these images **culminates in**

the finding of an inadequate actualization of pathic, gnostic, and normative potentialities of lived experiencing, and of the fact that a child's lived experiencing is unfavorable for his becoming".

Finally, it is fruitful to take a few thoughts from what Lubbers⁽¹⁵⁾ calls "the anthropology of the life of the disturbed child": whether a child finds safety with his/her parents depends on "being accepted in love". After security arises, a child then can thrive undisturbed. Parental care provides relative (not absolute) security. If a child cannot feel secure with his/her parents, he/she cannot conquer his/her helplessness. If there is defective bonding, the parents are unable to help their child, and he/she is unable to ask them for help--this can lead to educative distress. Where trust is lacking, a child's possibility to freely self-actualize becomes limited. With a conflict in trust, he/she cannot, will not, dares not share his/her anxiety with his/her parents. Then, according to Lubbers, the parents even come to represent insecurity.

With disturbed children, something is missing in their communication; then their lived experiences and behaviors become "unreadable" to their educators (Langeveld).

A child's situation of distress also is clearly a situation of conflict involving interpsychic and intrapsychic conflicts and tensions. This means that, by deficient educating, a child's needs, longings and initiative become obstructed. The following are some illustrations:

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 is rejected.
A child 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 feels misunderstood.
A child seeks support in realizing		
Potentialities	:	he/she is restrained.
A child wants to know		
Where he/she stands	:	he/she is disoriented.
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 its lack. The child's response to these conflict situations is a defensive attitude

e (Lubbers, Muller-Eckhard) as a tendency to flee, as a way out of his/her distress and misery; a fleeing forward (aggression), a fleeing into him/herself (isolation) and a fleeing backward (regression).

Thus, therapy clearly has to do with what a child lived experiences in a distressful pedagogical situation. One of Freud's greatest merits is that he correctly saw the importance of such child lived experiences: "And, however much in principle and in detail one might differ with Freud, the fact that **he was the first to have had a full understanding of childhood lived experiences** is enough to ensure him a place among thinkers to which mankind is greatly indebted," writes Kohnstamm.⁽¹⁶⁾ (Author's emphasis).

2. Essentials of the pathic unrest of a child-in-distress

A child's lived experiences of his/her pedagogical situation are either favorable or unfavorable for his/her becoming. He/she must assimilate the meanings of the different situations of his/her life (Lubbers). Everything he/she cannot assimilate (thus, all unassimilated and problematic lived experiences) gives rise to **negative pathic lived experiences***, i.e., needless, and excessive feelings of:

being different; being inferior (a deviation makes a child feel less worthy);

loneliness (he/she is in an affective no-man's-land);

insecurity (unsafe, threatened);

helplessness (clumsy, dependent, powerless);

not being confident (a general, uncertainty about life);

anxiety (accompanies all these pathic lived experiences).

These pathic lived experiences mean pathic unrest for the child-in-distress, which is usually paired with lability (labile disposition, labile status), confusion, and disorientation regarding gnostic lived experiences. For the child-in-distress, none of these **essentials of pathic unrest** can be thought of without the others. The views of a

* Thus, for the child, pedagogic distress means **affective distress**.

few authors regarding their separate meanings and mutual relations follow:

Anxiety is a name for the most personal which is lived experienceable, just as is its ontological contrast: **love**. Anxiety is an existential lived experience, the lowest, most primordial lived experience. It is difficult to put into words something fundamental about anxiety. The word **anxiety** has a different ring for everyone, a different meaning. **My** anxiety is entirely different from **your** anxiety; **my** being-anxious is a unique lived experience. Scientific thought only finds a lifeless, depersonalized anxiety. As with **every pathic lived experience**, I escape my anxiety as soon as I try to perceive my being-anxious (as truth or reality). Anxiety is at the center of the experiential world. It is coupled with a dividing **helplessness**. To the extent that love is the highest lived experience, anxiety is the lowest. And as **one-ness** and **safety** are present in love, so do feelings of being **unsafe** and **lonely** arise in anxiety. According to Carp,⁽¹⁷⁾ anxiety and fear are the silent companions of each person's life*.

The existence of anxiety restrains all areas of becoming and obstructs the development of a nuanced human image.⁽¹⁸⁾ Anxiety, uncertainty, and despair (as negative feelings) --but also love, hope, care--are fundamental lived experiences, and basic relationships to the world.⁽¹⁹⁾ Anxiety is the basic attunement of human existence.

The following distinctions by Lersch⁽²⁰⁾ also are valid with respect to a child-in-distress: **life anxiety** is coupled with insecurity; **existential anxiety** is coupled with (pedagogical**) being-unrooted; **inner-anxiety** is coupled with inner disharmony.

The feeling of **inferiority** has an undertone of shame and being-offended; uncertainty arises from a feeling of inferiority.⁽²¹⁾ If a child is viewed as deviant or derailed, a **value-judgment** is expressed, in the sense of less-valued--a child also lived experiences this itself. Other persons devalue him/her because of his/her deficiency; he/she accepts these judgments of others and devalues him/herself. Then, he/she becomes "sensitive to the hidden,

* However, here anxiety is not absolute; the way of life is also a way of thankfulness, trust, faith and meaning (Landman).

** Insertion by the author.

concealed negative feelings of being different", which he/she lived experiences as "depreciating." ⁽²²⁾

Loneliness is the first symptom of contemporary neurosis. The symptom which is paired with this is **anxiety** because, psychologically, they are inseparably related. ⁽²³⁾ Human beings lived experience a primitive anxiety regarding what is **different** and ugly (deviant), which is carried back to his/her anxiety about confronting general human defects—and, thus, with his/her own. This is the essence of the **loneliness** of a child-in-distress. He/she moves away from others he/she doesn't know. This changes his/her world-image. He/she lived experiences this new experiential quality as incommunicable, as if the other (the adult), in communicating doesn't understand. ⁽²⁴⁾

Insecurity is the greatest bottleneck of a child's entire becoming adult. The secure space, which a child desires, is a human space which offers him/her **security**, and human security is based on (pathic) **rest** and (gnostic-normative) **clarity**. The contrasts of anxiety and uncertainty offer few possibilities for child existence. Uncertainty torments a child. Intense uncertainty means a lived experience full of anxiety. A child who is extremely insecure and unsafe more easily lived experiences anxiety than a child who feels safe and secure. Because of his/her helplessness, uncertainty, and anxiety are the foundations of his/her attunement. With feelings of security and safety, a child ventures more easily in anxiety provoking situations. ⁽²⁵⁾

In the light of the above, finally, it is emphasized that a child's distressful situation is primarily lived experienced pathically, and that the first pedotherapeutic necessity is to bring the child to pathic rest.

3. Educator guidance

Regarding his/her distressful situation, a child must be stabilized emotionally or be brought to pathic rest. The precondition is that his/her distressful situation be changed to a more adaptable and actualizable pedagogical situation. Often, a child's distress is the result of educative deficiencies. Therefore, his/her educators must be **guided** by a pedotherapist to correct their un-pedagogic treatment of him/her. By supporting, advising, forming, leading, and even teaching them, the educators are guided regarding their

interventions with their child-in-distress--we call this the **orthopedagogic guidance of the educators** (parents, teachers, etc.), and it is directed to a child and his/her problem.

The impression must be avoided that difficulties always "reside in the child", and that the solution is in a child "having therapy". Indeed, the beginning of educative difficulties often lies in the unique nature of a child. Even so, the educative problem remains relational: among family members, among child and educators, among related children. Consequently, problem-directed help must often be directed to the relation, to the family (family therapy), the parent-child relationship (pedagogical therapy), and a child and his/her age-mates (group therapy), according to Dumont.⁽²⁶⁾

Also, Rinenstra⁽²⁷⁾ has studied the family as the origin of learning and behavioral difficulties of elementary school children. His findings have important implications for the matter of educator guidance. Some examples of educative shortcomings which, according to this [Pretorius] author, must be corrected are the following: affective neglect; rejection of a child; too strong a bonding between parent and child; ambivalent emotional relations between parent and child; setting demands too high for a child; pedagogical neglect; indulging and spoiling; overprotecting; a labile, uncertain educative attitude.

Helping a child in educative difficulty, thus, is a combination of **general pedagogic influencing of a child in the family** (indirect therapeutic approach), and **pedotherapy** (direct therapeutic approach). The family and school are natural life situations for a child. Often, correcting his/her pedagogic situation can be done by "ordinary" educating, which exercises a much greater therapeutic influence on a child than does pedotherapy. Besides, an important pre-therapeutic consideration is the question of whether a distressed child's pedagogic situation is such that it can be favorably changed so that pedotherapy can be undertaken with the expectation of a reasonable degree of success. (See below). If the activation and guidance of a child's becoming is not corrected by regular pedagogic measures, "ordinary" educating must be supplemented, and then "concentrated" educating (pedotherapy) occurs.

Here, the primary task of an orthopedagogue is to give advise to parents and teachers so that they can create favorable family and

school situations where a child's basic security and safety are strengthened and/or reestablished. The educators' pedagogic consistency leads a child to security. Thus, the educators have the task of providing security. The essence of this educator guidance means that a pedotherapist, in his/her turn, provides the educators with security (confidence) because they are often pedagogically and affectively insecure in dealing with a child in educative difficulty.

Thus, the educator and pedotherapist have two constant tasks which provides a child with safety and security, i.e., an affective task (the intellectual also is favorably influenced by this), and a pedagogical task (leading, disciplining, exemplifying norms, etc.).

Educator guidance increases his/her insights into and understanding of the lived experiences and behaviors of a child-in-distress so that his/her pedagogic intervention can occur with greater confidence.

A pedotherapist's intervention with, and the educators' change of a child's pedagogic situation can contribute to its reestablishment. This is a guided changing and influencing directed to a problematic pedagogic situation of a child-in-distress. In addition, it is providing insight--the problematic situation must be clarified for the educators (affectively and/or intellectually). Success depends on the independence of the educators (especially the parents), and on their **objective** cooperation.

4. Some pretherapeutic considerations

An important facet of the pedotherapeutic problematic is the question of criteria for the treatability of children with educative difficulties. Pedotherapeutic influencing is not attainable with all children, or all forms of being disturbed. The following are some possible criteria for deciding whether a child will receive pedotherapeutic help or not:

(i) Pedotherapy is preceded by an investigation, i.e., one of pedodiagnosis. A thorough evaluation already implies therapeutic results--especially if the pedodiagnosis leads to an **encounter** between pedotherapist and child. The question of whether the child is (affectively and intellectually) amenable to therapy can already be decided in pedodiagnosis, e.g., from the question of whether the child accepts or rejects help, whether he/she accepts and trusts a

therapist or not. Because an encounter with an autistic child, e.g., is accomplished with extreme difficulty, if at all, the possibility of pedotherapy with such a child is slim;

(ii) What is the nature of a child's **person-image**? For example, if it appears from the image that he/she is **constitutionally disposed psychotically** (e.g., if he/she shows psychotic characteristics), little can be attained with pedotherapy. Depending on other criteria, a child with **acquired psychopathy** (one who has become psychopathic) can be influenced, though with a severe form of pedotherapy. It can be too late to help a child with a long-standing and serious psychopathology;

(iii) An additional question is whether there is/were **traumas** in a child's life. The answer is that, even with seriously traumatized children, a great deal can be achieved with pedotherapy;

(iv) A child's intelligence is an important criterion. In pedotherapy, he/she must display a degree of insight and initiative. He/she must at least have a normal intelligence. Successful pedotherapy is very difficult with a child whose IQ is less than 80.

(v) A child's implementation of potentialities at home and at school must be evaluated. How he/she implements them, given his/her situation, depends on his/her unique nature. His/her intellectual, temperamental, association, and encounter potentialities are important here;

(vi) In addition, children with serious organic defects often are not amenable to therapy, e.g., children with serious brain damage, and correlated intellectual deficiencies, children with a low energy level, etc.;

(vii) What does the pedagogic situation at home look like? For example, the father-mother relationship, and the parent-child relationship? Pedotherapeutic success depends primarily on the relationships at home. If a child's pedagogic situation cannot be favorably changed, therapy is meaningless. If the parents (and teachers) do not cooperate, therapy will not succeed.

(viii) What possibilities are offered by the teacher-child relationship? In other words, the school situation often must be

corrected first. Thus, here there is mention of a triangular structure of influence: home-school-pedotherapist;

(ix) Other moments also are important for pedotherapy, e.g., a child's age, gender, and physical condition; whether a child is in an institution (boardinghouse, orphanage) influences the therapeutic outcome.

Klinkhamer-Steketee ⁽²⁸⁾ offers a useful set of criteria regarding the question of which children should be considered for pedotherapeutic assistance. In this regard, he differentiates among indications, counter-indications, and borderline cases:

Indications

A child to be treated must have at his/her disposal:

- (i) a normal, reasonably integrated personality structure;
- (ii) sufficient intelligence by which played out situations and discussions can be "understood";
- (iii) a satisfactory milieu-climate, in the sense that therapeutic influencing is not thwarted when he/she returns to his/her own home, and that a therapist can work together with a child's milieu to help him/her further conquer his/her difficulty;
- (iv) good physical condition--a child must have adequate vitality at his/her disposal; e.g., he/she must be able to be active in a playroom.

Counter-indications

For children with personality, intelligence, or vitality deficiencies, or who find themselves in an uncooperative milieu, the chance of improvement by means of therapy is slight. Expressed in terms of classifications, this means the following:

- (i) children with clear psychopathic, or psychotic behavior;
- (ii) seriously debilitated children (IQ under 80);
- (iii) a-vital, neurotic children;
- (iv) children from families with a negligent character (deficient educating).

Borderline cases

Here the following are indicated:

(i) Children with psychopathic character traits: because of these children's ungraspable and unpredictable nature, they are the most difficult group, and they require great patience and initiative from a therapist who has here a rather controlling, advising, and directing task. Success here is dependent on the pedotherapeutic relation, identification, neurosis forming of a child, his/her milieu (a-social or not), etc.;

(ii) Children from an ambiguous milieu. Often, the milieu has a neuroticizing influence on a child, and then the attitude of educators is: we made a mess, you make it right again. Or also: it is our duty as parents to permit pedotherapy with our child, but we really don't believe in it and, therefore, we give nothing of value from ourselves and our situation. The fact that a child comes from an institution, or a disharmonious marriage drastically reduces the expectation of success. It also makes a big difference whether a child is helped with the backing (acknowledgment) of the parents;

(iii) The good-as-normal child. We must guard against a child feeling he/she is "abnormal", different, or exceptional because he/she regularly visits the therapist for the removal of unassimilated lived experiences (which appear with each child) or talking out problems which will mostly be solved in daily life by themselves (through play, sports, dreams, contact with parents and friends, etc.). If serious restraints or stagnation appear which will last longer than they should without treatment, brief therapeutic (Communication can yield good results;

iv) A child with an organic disturbance. Here the pedotherapist must work together with other specialists. Organic disturbances often mean learning disturbances, as well as educative difficulties (e.g., labile behaviors). Besides working with, e.g., a neurologist (for an E.E.G.), a pediatrician, a child psychiatrist, an internist, or endocrinologist, or an ear-nose-throat specialist, guidance and help from the pedotherapist also are meaningful, especially to provide the child with the necessary relaxation to work against neuroticizing him/her, and to teach him/her to live with his/her situation. Where in previous years such a case would be considered only for purely medical help, at present, the view is increasingly held that, besides medical help, pedotherapeutic guidance is indispensable in most cases.

Of the borderline cases mentioned, children with psychopathic character traits are a group with the least favorable prognosis; the

almost normal children give the most positive results. Here is the critical question: is the favorable course of therapy not also dependent on other moments? And: was it useful and necessary that we had our pedotherapeutic intervention with this child?

The above criteria are only rough indications. Knowledge and the actualization of pedotherapy lead to an even finer tuning of indications so that the differences in the various forms of therapy can become continually clearer and more nuanced. The mutual exchange of experiences and thoughts by pedotherapists is indispensable as is subsequent work and further research in this connection.

Finally, Klinkhamer-Steketee⁽²⁹⁾ indicates some moments which can give rise to therapeutic failure, especially where indications for therapy appear to be favorable, but when, after a reasonable course of time, the therapy has not been accepted.

The following are possibilities:

- (i) Defective communication between child and therapist by which an optimal mutual encounter does not occur. First, a therapist must search his/her own heart, but resistance can also reside with a child so that he/she must first be helped with that;
- (ii) A child's age is inappropriate re treatment or length of time available for assisting is inadequate. Then a child shows no initiative for communication, for expressing him/herself through play, image, or word;
- (iii) When a past trauma or conflict situation in his/her own milieu is the occasion for the therapy, it can happen that after the course of time, the problem is not timely enough, or understood enough to help uncover and revise it by means of therapy. An attempt to give help, nevertheless, must first be made in each case before coming to this conclusion.

5. Values in pedotherapy

Where Freud, in his psychoanalysis, ignored all values, and where a Rogerian therapist treats a child with such indulgence that values

are not presented to him/her with authority^{*}, here (in agreement with Frankl's modes of being), it is strongly emphasized that pedotherapy clearly has to do with norms and values.

Van der Stoep⁽³⁰⁾ writes: "Where adults and children are dependent on each other, pedagogic norms and values (the **content** of educating) are always unconditionally valid and understandably demand unconditional obedience". As the content of educating, values also are the content for re-educating, pedotherapy. Among other things, pedotherapy is educating to value-acknowledgment and value-actualization, (especially established values), as well as to the respect which always accompanies value-acceptance. A respectful life attitude is the only possibility for there to be shared values. Respect, thus, means being bound to values. As educating, i.e., re-educating, pedotherapy also means a confrontation with life-values, and helping a child discover, integrate, and form a hierarchy of values.⁽³¹⁾

A child's attributing meaning, by which he/she acquires a grasp of reality, occurs precisely in terms of norms and values. Thus, in pedotherapy, it is a primary task to actualize norms with the child, especially regarding his/her unassimilated and problematic lived experiences.

A pedotherapist's intervention with a child is guided by a hierarchy of value preferences. According to Landman⁽³²⁾, the pedotherapist represents adulthood, and the support he/she provides is aimed at actualizing changes to which values are attached.

Even when a therapeutic theory does not recognize values, still it seems that values are followed (e.g., the value of not having any values). A therapeutic practice, within which values do not arise, is unthinkable and, therefore, the background of the values of child and therapist cannot be ignored. The pedotherapist ought to have the greatest success with the child whose background includes the same view of values and of life as he/she does.

For Charlotte Buhler⁽³³⁾, as an event of human encounter, psychotherapy clearly involves the unique creation of human **values**

^{*} For example, in order not to disturb the relation of absolute trust, friendliness, acceptance and indulgence, a Rogerian permits and allows a child to sit with his feet on the desk or arrive late for a session.

regarding the intensification of awareness and understanding (also of values), and distinguishing among values through a new "seeing" (new lived experiencing as new meaning). Consequently, therapy is not possible without involving **values**. Values arise in therapy in meaningful ways only if they are related to values in human life and becoming. Therefore, a therapeutic course and lived experiences must be calculated in relation to the lifestyle and period of life of the "patient". (In designing a responsible pedotherapy, there is an attempt to satisfy these criteria).

Buhler ⁽³⁴⁾ states the problem in connection with the present double theme:

- (i) If, why, and how the therapist must be concerned with the value problems of his/her patient;
- (ii) How his/her self-actualization and self-understanding, as well as the role of values in human life influence a therapeutic event in necessary ways.

The above problematic regarding pedotherapy is not treated in detail. Here, only a few additional modes of being presented by Buhler are stated briefly so the pedotherapist will be directed by them in his/her theory and practice.

Pedotherapy involves self-actualization and, because a person (child) also is a valuing being, the actualization of values.

With respect to Buhler's ⁽³⁵⁾ modes of being, the following are stated regarding pedotherapy: the pedotherapist's knowledge of the child's view of life and background influence the child-pedotherapist relationship. The pedotherapist's own system of values serve as a referential framework for his/her intervention in a child's life of values, for how he/she communicates and deals with values in the pedotherapeutic relationship. It cannot be otherwise! The pedotherapist will transfer some of his/her values to a child. However, he/she must consciously and deliberately exemplify his/her personal response to a situation, his/her point of view, his/her attunement to the child. An understanding of basic principles of life **must** arise in the pedotherapeutic relationship, otherwise there will be little pedotherapeutic influence. This relationship has an undercurrent of human values which child and pedotherapist lived experience as essential to their lives. (Here the identification of child with therapist is extremely important).

The child must be guided by the value positions of the therapist to the most desired meaning of human existence, and to the purpose of his/her own life. (Compare here Frankl's logotherapy, which specifically is aimed at unfolding the "will to meaning"). One extreme which cannot be followed in pedotherapy is to leave the child to him/herself to find his/her own values and faith. Because of the uncertainty of contemporary value systems, such an ideal is not attainable by every child. The child cannot yet discover and evaluate for him/herself what he/she will believe (as Jean Jacques Rousseau would have it). In this connection, the child's potentiality to "do it yourself" cannot be relied on. Because he/she cannot yet make responsible choices him/herself, values must be emulated (held up) for him/her. Clearly then, in pedotherapy, categories such as **values, meaning, self-fulfillment, identification, and becoming** are valid.

Finally, Charlotte Buhler⁽³⁶⁾ has formulated some general principles for dealing with values in therapy:

- (i) A person must be guided to self-understanding so that he/she can assimilate reality and be able to live his/her own life ("to **master his/her own life** better than he/she did before");
- (ii) A patient must struggle through his/her own problems (not appropriate to actualize with a child);
- (iii) The **personal relationship**, as is the therapist's **interpretations**, is at the basis of the patient's initiative, becoming, lived experience, and behaviors;
- (iv) The therapist's preparation, experience, and personality, which define a therapeutic event, differ greatly from therapist to therapist. Irrespective of theoretical and practical approaches, each therapist must help a person-in-distress to live his/her life more meaningful, and to learn to see life as valuable.

Buhler⁽³⁷⁾ writes, "All through therapy, value problems and value conflicts come up for discussion, for re-evaluation, for new solutions".

By imposing general principles and specific measures on and allowing them to prevail in pedotherapy, according to what is allowed by the pedotherapist's own convictions, will make him/her guilty of misunderstanding the unique opportunity which each

pedotherapeutic moment offers, as well as denying the unique nature and situation of each individual child-in-distress.

This entire matter of **values in therapy** is a meaningful theme for research which obviously relates to the idea of logotherapeutic moments in pedotherapy, a pedotherapeutic facet which is given specific attention in Chapter Four.

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