

CHAPTER 1

ORTHOPEDAGOGICS AS A SCIENCE

1.1 THE ORIGIN AND DEVELOPMENT OF ORTHOPEDGOGICS AS A SCIENCE

Two events are viewed as providing the fertile soil for the origin of contemporary orthopedagogics as an autonomous discipline. One occurred approximately two centuries ago, and the other a little more than two decades ago. Institutional care for handicapped children began in approximately 1770 with the establishment, in Paris, of the first institute for the deaf. This is one of the pillars on which orthopedagogics is built. The other is the origin of contemporary pedagogics, as an autonomous science (in the Netherlands between the mid 1940's and mid 1950's), of which orthopedagogics is an autonomous part-discipline.

From its beginning s to the present, the origin and development of orthopedagogics, as a science, is divided into six phases:

At the beginning of the eighteenth century, it was concerned with the institutional care for derailed and handicapped children. In this period, the pre-scientific thought about these children is more moralistic than theoretical and, for the experts of that time, there are only two categories: **child defects** (when sensory defects are present), and **child failures** (which refer to moral defects, or character deviations).

A first attempt to view educative problems from a scientific perspective ring in the second phase. This is with the appearance, in 1890, of Ludwig Strumpell's, **Die Paedagogische Pathologie**. This book deals with the psychiatric treatment of problem children. Thus, this older orthopedagogics is not much more than a child psychopathology.

After approximately 1930 (third phase), psychological-psychiatric points of view dominate orthopedagogics, especially based on the work of Hanselmann, which is followed by the more psychologically directed ideas of Paul Moor.

From roughly 1950 (fourth phase), the development of orthopedagogics is strongly directed by modern pedagogical thought. For the first time, the important question is asked about the unique task of a pedagogue in helping children who are conspicuous in their becoming. Thus, the focus falls on the necessity of reflecting on the place and content of orthopedagogics in the whole of pedagogical thought. Hence, there is an attempt to arrive at a new definition of the work terrain of orthopedagogics in terms of contemporary pedagogical thought. Much benefit is acquired from contemporary ideas in pedagogics emanating from the analysis of a child's pedagogical situation, in a search for "central pedagogical categories" for orthopedagogic thought.

Since there are always non-pedagogical aspects present in any problematic pedagogical situation, in considering the development of orthopedagogics as a science, a duality of pedagogically directed ideas and non-pedagogical approaches must be noted. Orthopedagogics has developed from an applied approach to an autonomous theory (with a child's pedagogical situation as the point of departure). This duality, as well as the question of the nature of orthopedagogics reflects the fact that intervening (in the form of educating, caring, curing, or treating) with a child conspicuous in his/her becoming, is a multi-faceted practice. Because assistance to these children initially relied on institutional care, and later support regarding psychological, medical, psychiatric, and sociological factors, pedagogical reflection occurred only recently and led to the realization of orthopedagogics as an autonomous science. The fact that orthopedagogic intervention was viewed as an extension of medical work and that medicine, psychology, sociology, and psychiatry were viewed as basic sciences for the orthopedagogue, instead of as auxiliary sciences, delayed the [emergence of the] autonomy of orthopedagogics. Thus, the existence of an accountable pedagogical theory has profoundly influenced the development of orthopedagogics as an autonomous science from the beginning; for example, in the previous two centuries (and eventually under the influence of contemporary pedagogics) a leap was made from the recognition of the right to **live**, to the right to **live a decent life** (Van Gelder) for handicapped and derailed children.

Thus, it is realized that, **as long as orthopedagogics is not viewed as an autonomous part-discipline of pedagogics, and is not**

directed to the educative facet of the care of a child conspicuous in his/her becoming, the unique task and terrain of **orthopedagogics cannot be accountably distinguished from other subject areas** [such as psychology].⁽¹⁾ Related to this, the question arose regarding the extent to which orthopedagogics must make use of the insights of so-called theoretical pedagogics, i.e., categories for pedagogical thinking which appear to be useful in an orthopedagogic situation. For example, here one thinks of the aim of educating. When Langeveld, and Perquin say that adulthood (a person of age) is the aim of educating, the question arises about the validity of this aim for those children who are in an orthopedagogic domain.

In this country (South Africa), especially during the 1950's, orthopedagogics was largely influenced by European (German, Dutch, Swiss, and Belgian) orthopedagogues through visits to Europe by South African pedagogues, and through studying the professional literature from overseas.⁽²⁾

In the 1960's, "special education" (i.e., didactic care for handicapped children) received special attention in the Netherlands. This meant that in this (fifth) phase, orthopedagogics developed quickly, also in South Africa. In this connection, the publication of Nel and Sonnekus' **Psigiese beeld van kinders met leermoeilikhede (Psychic image of children with learning difficulties)**⁽³⁾ is a groundbreaking work.

From 1960-1963 in South Africa, the first large project in orthopedagogics is undertaken in the form of a series of comprehensive research studies. This includes the works of Faure⁽⁴⁾ on play therapy, of Gouws⁽⁵⁾ on children with learning difficulties, and of Helberg⁽⁶⁾ and Vorsatz⁽⁷⁾ on expression and projection in orthopedagogic diagnostics and assistance.

In September 1963, Prof. dr. F. W. Prins of the Netherlands wrote an article on the development of orthopedagogics in South Africa.⁽⁸⁾ He sees 1959 as a turning point because before this time, there is a haphazard involvement with orthopedagogic problems; after this date, there follows a stage of systematic study of such problems. He views the above-mentioned work by Nel and Sonnekus as foundational for the evaluation of children with learning and educative difficulties. In their work, for the first time, the world of a child with learning problems is explored. Prins also mentions the contributions of the "Work Community for the Advancement of

Pedagogy as a Science." Thirty-four publications are produced in the ten years of its existence. Prins also refers to the then ongoing research of Gouws, Faure, Helberg, and Vorsatz.

The deepening, accelerating, and reforming in orthopedagogics to 1963 resulted in a publication of that year titled **Jubileum-Lesings (Jubilee-Lectures)**,⁽⁹⁾ as well as a course report in 1966.⁽¹⁰⁾ These two publications reflect the then existing approach to children with problems.

As far as pedo-diagnostics is concerned, the emphasis in this period (1962 to the present) falls on obtaining a person-image, or learning-image, or lived experiential-image, or becoming-image, or language-image of handicapped children, as well as of children with behavior and learning difficulties.

In the last ten years, the following orthopedagogic fields of study and research are explored:⁽¹¹⁾ the problem of pedagogic neglect; pedo-diagnostics, i.e., exploratory ways and media, also orthodidactic diagnostics; the learning difficult child; problematic bodily experiences; the epileptic child, particularly, his/her learning, intellectual, and linguistic worlds; the adopted child; the chronically ill child; the affective distress of the handicapped child; language, arithmetic, attention fluctuation, intentionality, and intelligence investigations of the mentally retarded child; the truant; the learning world of the brain-damaged child; children of divorced parents; language, communication, and lifeworld problems of the deaf child; etc.

A comprehensive research project on youths who leave school too early, begun in 1964 and continues, deserves special mention. The life and learning worlds of the early school leaving youths are thoroughly explored in a series of seven studies, which also have been published.⁽¹²⁾ In the results of this research, the pressing orthopedagogic and orthodidactic tasks are in the foreground.

The development of orthopedagogics is so significant, and the resulting contributions are so comprehensive, that in 1972, once again (in an overseas article by the physician Dr. J. Valk), recognition is given to what the Faculty of Education at the University of Pretoria had contributed to the field of orthopedagogic diagnostics. With the important names overseas, such as Langeveld, Strasser, Van Gelder, Dumont, Van Meel, Stellwag, Bladergroen, Van

den Broek, and Wilmink, the names of Nel, Sonnekus and Gouws are mentioned for their contributions to pedo-diagnostics, of Landman for his fundamental contributions, and of Van der Merwe, for her work on the actualization of intelligence. Especially in the Netherlands, there is an appreciation of the contributions of South African pedagogues, and of their (philosophical) anthropologically founded attention to child-being, as a way of being-a-person. The subjectivizing approach to children is accepted as accountable.

Characteristic of the above research is its strong psychopedagogical flavor. The life- and learning-worlds of handicapped, derailed, and neglected children and youths are grasped, especially in terms of their **lived experiences**. In addition, these researchers are involved with the learning relationships which these children establish, and the ways they actualize the modes of learning. Largely influenced by the older psychological pedagogics, and even the newer psychopedagogics, and psychology and psychiatry, the research, which is essentially orthopedagogic in nature, is described by the names pedagogic, psychopedagogic, psychological-pedagogic, and pedo-clinical research.

Although it is presented as "pedagogically accountable", the pedotherapy of the 1960's is essentially an applied logotherapy based especially on the works of Frankl and Ungersma. Even though its underlying anthropology (with points of criticism) is pedagogically acceptable, the contention with logotherapy with children, as pedotherapy,⁽¹³⁾ is not pedagogically grounded. Logotherapeutic aspects, as well as the higher life values posed, are not readily achievable with a young child-in-distress.

1.1.1 A broad indication of the possibilities for orthopedagogic joint illumination with the other pedagogical part-disciplines is the following:

1.1.1.1 Psycho-orthopedagogics: Where, until recently, orthopedagogics leaned strongly on the older psychological pedagogics, a good future possibility exists for it to share perspectives with a modern psychopedagogics, which is accountable regarding its name, point of departure, area of study, underlying anthropology, and categories. Here the concern is with **the disturbed psychic life and disturbed expressive life of a child in a problematic educative and teaching situation**, the under actualization of child becoming and learning, the actualization of

the modes of becoming and learning with respect to different forms of disturbance. These events also can be studied longitudinally, such that the following themes of study are possible: e.g., exploring the world of the blind toddler; emancipation of the mentally retarded puber; the phenomenon of attention in the brain-damaged school beginner, etc. In this way, unlimited research possibilities loom up for an orthopedagogue. Where, until now, the concern was with the psychopedagogical category of **lived experience**, and with the experiential world of the child in the orthopedagogic field of work, foreshadowing the future is the possibility of applying newly designed psychopedagogical categories regarding these children's experiencing-, knowing-, willing- and behaving-perspectives.

1.1.1.2 Historical-orthopedagogics: An orthopedagogue provides the essentials, the historical, and comparative pedagogue with the methods in historical, critical, comparative, and evaluative facets of the orthopedagogic field of work. For example, a person can ask critical, evaluative, comparative questions about how a child, conspicuous in becoming, was educated, and cared for in the past, such as what teaching provisions existed for the brain-damaged child? How was the affectively disturbed child dealt with?

1.1.1.3 Fundamental-orthopedagogics: Based on analyses of the pedagogical situation, it is fundamental pedagogics which indicates what can be actualized pedagogically. Orthopedagogics describes the disconcerting appearance of the pedagogical. Fundamental pedagogics has relevance for orthopedagogics, which will fruitfully materialize when the two perspectives are integrated into a joint perspective. (Landman and his coworkers already mentioned in 1971 a joint fundamental and orthopedagogic perspective on the reality of educating, and referred to fundamental-orthopedagogic categories, such as a re-lived experiencing of pedagogic-venturing-with-each-other).

1.1.1.4 Socio-orthopedagogics: Here, the area of study is the disturbed social life of a child-in-education, i.e., where the total social situation of a child, and youth, is problematic because sociopedagogical essences such as the following are actualized inadequately: pedagogical we-ness, pedagogical going out to the world, pedagogical need for social responsibility, gradual identity acquisition, and gradual inclusion into society. These problems arise within the family (inadequate pedagogical intervention), but also in interaction with society through the disturbing results of

pedagogically undesirable social influences. Possibilities here are the problem of youths who leave school too early, which is referred to above, child protection and pedagogically accountable child laws; and drug addiction, which has developed into an extremely real and urgent problem.

1.1.1.5 Didactic-orthopedagogics (orthodidactics): Recent contributions of didactic pedagogics, e.g., designing a lesson, underline the extremely important relevance of this part-discipline for orthopedagogics. Future orthodidactic designs no longer need to be a haphazard, casual, or intuitive matter, but ought to be a planned design which can be justified because they have occurred in terms of the fundamental structure provided by the science of teaching (didactic pedagogics). An orthodidactician, in his/her therapeutic designs, must begin with (subject matter) didactics.

1.1.1.6 Physical-orthopedagogics: Here the concern is with the theory and practice of an educative situation which has become problematic because of a child's physical limitations. The design of different physical therapies, e.g., swim-therapy, movement-therapy, orientation exercises, etc. are meaningful work here.

1.1.1.7 Vocational-orientation-orthopedagogics is involved with thinking about, describing and interpreting the re-orientation of derailed youths in a vocational choice situation. Vocational choice derailment is mostly the result of faulty family [parental] educating, especially regarding vocational dispositions, vocational effort, etc. The youths' inability to grasp their own potentialities, as well as vocational possibilities, lead to disturbed vocational choices. The essences of vocational educative therapy lie in giving support to clarifying the future, self-actualization, and giving meaning (Joubert). This coupling of defective educating, vocational choice derailment, and the youths' disturbed self- and vocation-meanings are an ideal field of study for a multi-perspective approach.

1.1.1.8 The important terrain of so-called **residential-orthopedagogics** is mentioned here regarding its research possibilities. The concern is with institutional care for handicapped and behaviorally difficult children, with the possibilities and problems of residential orthopedagogy, i.e., the educational institution and institutional education. This can include themes such as the hospitalization of children, punishment as an educative

means in the educational institution, the phenomenon of running away, and foster home placement.

1.1.1.9

Finally, a few other contributions to our orthopedagogic knowledge are acknowledged:

- (a) The extremely useful Netherlands series **Orthopedagogische Geschriften (Orthopedagogic Writings)**, which includes fifteen articles by prominent orthopedagogues such as Vliegenthart, Grewel, Van Gelder, and Rienstra⁽¹⁴⁾
- (b) Valuable non-pedagogical contributions to orthopedagogics, e.g., the child psychiatry of Vedder,⁽¹⁵⁾ the child psychology of Hart de Ruyter,⁽¹⁶⁾ the contributions of Schenk (medicine), and Korndorffer (logotherapy) on children's disturbances in reading and writing,⁽¹⁷⁾ child psychological essays on learning and educative difficulties, handicaps and therapies,⁽¹⁸⁾ and the contributions of sociologists, and psychologists to youth problems
- (c) Report: National Conference on Handicapped Children, Pretoria, 1967
- (d) Reports: Symposium on Orthopedagogics, Pretoria, 1970; Sonnekus, M. C. H. (Ed.): **Die misdeelde kind en sy inskakeling in die maatskappy. (The destitute child and his entry into society)** H.S.R.C. Publication No. 33, Pretoria, 1972.

In the light of some recent doctoral dissertations (those of Botha, Engelbrecht and, Strydom),⁽¹⁹⁾ and the new developments to which they refer, it is declared that a new (sixth) phase in the development of orthopedagogics is beginning to be ushered in, within which a wealth of possibilities is hinted at for deepening and building up orthopedagogic studies.

Although it is contended that a study is already out of date the moment it appears, the above-mentioned dissertations mean an indication of things to come for orthopedagogics. Implementing joint perspectives, as well as applying categories, criteria, and fundamental structures ensure that orthopedagogic studies, in the future, will increasingly be characterized by depth, systematics, and radicalness. One of the above-mentioned joint perspective, i.e., a psycho-orthopedagogic study of the experiential world of the pedagogically neglected child (Strydom) is an example of such an

adequate illumination of an appearing problem which surpasses in scope and quality previous studies of the same theme because the problem is penetrated from more than one given perspective, such that this fathoming is done in terms of joint categories, criteria, and structures.

This new period was ushered in with Botha's study which, for the first time, implements a joint orthopedagogic, and two other pedagogical part-perspectives to fathom the lifeworld of the weak-sighted child, i.e., a sociopedagogical and psychopedagogical perspective. His methodological justification for this new procedure is sound. A similar study by Engelbrecht, of the experiential world and education of the brain-damaged child, also deserves mention. This study stresses the possibility, and necessity, that pedagogical study- and research-themes be jointly illuminated by more than one pedagogical part-perspective.

1.2 THE NAME “ORTHOPEDAGOGICS”

The original German term for this science is **Heilpedaagogik** (curing or healing pedagogics). However, the meaning of "to lead to well-being, cure, make healthy" carries a misleading medical connotation. Also, in German, there is the name **Sonderpedaagogik**--a special, or extraordinary pedagogics for a special educative situation. The name **speciale pedagogiek** is derived from the Anglo-American “special education”.

The name **orthopedagogics** is derived from three Greek words **pais** (child), **agogien** (lead, guide, accompany), and **orthos** (correct, straighten). Thus, orthopedagogics is corrective educating, and orthopedagogy is corrective (putting right) child guidance, or child accompaniment. Hence, on the one hand, orthopedagogy is the straightening out of a child's educative route to his/her destination (adulthood); on the other hand, a child who has run aground on his/her way to proper adulthood must be helped to get back on track again.

The important **distinction between orthopedagogics, and orthopedagogy** must be stressed: **the first is the science; the second is the practice** of corrective educative activity with a child-in-distress.

1.3 THE DOMAIN OF THE ORTHOPEDAGOGIC

Some descriptions of the subject area will give an impression of what it is orthopedagogics essentially deals with:

- (a) Already in 1946, Hanselmann describes the following area of practice: Special education is a teacher's teaching, educating, and caring of all those children whose physical-psychic development remain restrained by individual, and social factors;
- (b) Orthopedagogics is that aspect of the pedagogical, through specialized, corrective pedagogical measures, tries to re-educate a child who deviates somatically, psychically, and/or spiritually (or also somatic-psychic-spiritually) with the aim of reaching the level of adulthood attainable (Nel and Sonnekus);
- (c) Orthopedagogics is the theory of educative treatment on behalf of a child whose educability is limited (Van Gelder);
- (d) Orthopedagogics is the theory directed to the correctively educating and guiding a derailed child, as total person, with learning and educative deficiencies, in his/her limited educability, with the aim of optimal independent adulthood, within his/her existing situation (Stander);
- (e) Orthopedagogics is the science which studies educating children with serious impediments for the progress of their education (Vliegenthart);
- (f) Orthopedagogics is the science of special education (De Wit).

Each of these definitions can be criticized: orthopedagogics is not concerned only with children who **remain** restrained, or disturbed (definition a); it is not **orthopedagogics** (as a science) which tries to re-educate a child (definition b); treatment of a child is not educational activity [science], but rather an educative one [practice] (definition c); the designation **educible limited child** is not tenable because all children must be so designated--no one attains optimal adulthood, as far as all forms of adulthood are concerned (definitions c and d). In addition, the impression can be created that the obstruction of educating can only be situated in a child (definition e).

The author offers the following brief and tenable description of the present science: **Orthopedagogics is the science whose object of study is the problematic educative situation (PES).**⁽²⁰⁾

Educative situation is described as **the complex, interdependent totality of factors (=factually operative forces) which influence (promote or impede) a child's becoming adult.** ⁽²¹⁾ Thus, there is a distinction between educatively promoting and educatively impeding factors of a [problematic] educative situation, or PES.

Examples of such factors are

- * the becoming-personality is the most central factor, and topic in a pedagogical situation;⁽²²⁾ a child with his/her physical and psychic-spiritual potentialities, and limitations
- * the educators (parents and teachers) with their demands and expectations;
- * things, matters;
- * the school;
- * peers;
- * the subculture; etc.

A PES means that this totality of factors is so constituted at a given moment such that a child's way to proper adulthood becomes blocked.

The field of work of orthopedagogy(ics) covers the broad terrain of pedagogical (educative) and didactic (teaching) problems in the family situation, in institutional educating, and in the school. This contrasts with the English and American use of their **psychology of exceptional children**, which is primarily limited to the event of schooling.

The field of work includes two additional groups of children:

Group I

a child who has "become neurotic"*

a restrained child
a child who has a problem
a child with educational difficulties
a child with a removable deviation

Group II

a child with an
"incapacitated ability"*
a handicapped child
a child who is a problem
a difficultly educable child
a child with an
unremovable deviation

* In 1932 Bierens de Haan already made this important distinction.

Thus, group I includes children who **have** a removable problem--**educatively difficult, and learning difficult children**, e.g., emotionally disturbed children, behaviorally deviant children, children with reading, spelling, and arithmetic problems. These problems and disturbances are eliminated by means of pedotherapy, or orthodidactic assistance (See chapter 4).

Group II includes children who **are** an unremovable problem--**physically** (including sensory) and **mentally handicapped** children; for example: blind, weak-sighted, deaf, hard-of-hearing, epileptic, cerebral palsied, brain-damaged, and autistic children. These children are, and remain difficult to educate because of their unremovable handicaps.

1.4 THE NATURE OF THE ORTHOPEDAGOGIC AS A SCIENCE

1.4.1 The orthopedagogic has a pedagogical foundation

Orthopedagogics is an independent scientific area, or part-science of pedagogics, as an autonomous science. Its point of departure, or focus is the everyday reality of educating and, more specifically, the problematic educative situations which arise in the original [family] reality of educating. The educative situation, and the PES, within which a child finds him/herself, is certainly the most meaningful for his/her becoming adult, and it is in this situation that he/she must be viewed. An orthopedagogue, therefore, is supported by the theoretical studies of fundamental pedagogics (the part-discipline of pedagogics which provides a fundamental analysis of the reality of educating). At the same time, a PES requires its own illumination, because it is in a PES where a child experiences impediments in his/her growing up to adulthood. Also, for an orthopedagogue, the phenomenon of educating is the fundamental datum. His/her work, however, is directed to discovering limitations in a child's educability, and to change educative confusion to educative possibility.

1.4.2 Theoretical and practical views

"Theory" means to **look at, focus on the truth**. A theoretical, scientific approach implies that a scientist **wants to know, for the sake of knowing**; he/she is content **if he/she knows more**; he/she wonders (Aristotle) about a phenomenon such as, e.g., educating. Thus, an improved educative practice is not the **aim** of a

pedagogue's scientific practice, but the **result** of it. A theoretical (fundamental) pedagogue wants to know, for the sake of knowledge. The scientific approach of an orthopedagogue, however, is practical: **he/she wants to know, for the sake of acting; he/she is content if he/she can proceed more effectively** because he/she is continually confronted with concrete problems of action--the confusing action of an educator who is not-able-to-do-more. Human discouragement, distress, and confusion are the impetus for a practical approach of an orthopedagogue. When educating goes wrong, a confusing situation arises. The question of what must be done is the origin of orthopedagogics, and orthopedagogy.

A criterion for deciding the adequacy of an orthopedagogic theory is whether usable forms of action can be derived from it to eliminate or lessen human confusion. ⁽²³⁾

1.4.3 Orthopedagogy (practice), because of orthopedagogics (science)

An orthopedagogue will **think** (orthopedagogics) and **help** (orthopedagogy) when **growing up, and educating (PES) miscarry**. He/she has a pedagogic purpose, i.e., his/her primary aim is to **provide educative assistance**. When everyday, "ordinary" educating becomes impeded, a child must be **re-educated** by means of specific and specialized educative activities. This is a **different kind of educative activity** than ordinary educating. Where ordinary educative measures are adequate for attaining the educative aim, here the concern is with pedagogics, and pedagogy; where there are unusual measures, we speak of orthopedagogics and orthopedagogy.

When a child's actual growing up takes the desired course, a pedagogue can reflect on it. He/she can reflect on what a child **really** is or does, as well as on what he/she **ideally** ought to be or do. From this two-sided reflection, there will be an indication of how the (ortho)pedagogic must be dealt with.

When an educative situation is so complicated and becomes so difficult for an educator to handle that he/she does not know how he/she must act, he/she takes refuge in an expert who possesses a systematic insight into the pedagogical field of tension between what a child does and what he/she ought to do, i.e., a scientifically trained orthopedagogue.

In addition to the approach of other experts (e.g., a physician, social worker, psychiatrist, sociologist), who also can collaborate to rectify the PES, the orthopedagogue differentiates his/her own task and terrain by directing him/herself to the **educative facets** of the care of a child who has become conspicuous because of his/her problems. Each child with problems remains dependent on educating, but he/she is impeded in his/her reaching adulthood.

An orthopedagogue directs him/herself primarily to the questions

- * How does this child **lived experience** his/her PES?
- * How does he/she **communicate** with his/her world?
- * How does he/she **explore** his/her world?
- * In terms of his/her problem, **how** must he/she be **educated further** so that he/she can eventually reach his/her destination (adulthood)?

An orthopedagogue is occupied with the care of all problem children because, even where a physician, or other expert plays an important role in eliminating the problem, a child continues to remain dependent on being educated. An orthopedagogue and, for example, a physician do not have identical interests in a child and his/her problems. An orthopedagogue directs him/herself to a child in his/her daily encounters, and life situation--as a child who must become adult. A physician directs him/herself to a child only when he/she appears in the sickroom, or consulting room. An orthopedagogue is interested in a child's response to his/her problem, in his/her inadequate behavior, in his/her being mentally healthy, and his/her conflict-free life. He/she wants to allow a child to experience that his/her problem situation, which he/she formerly had viewed as threatening, and paralyzing, can also be experienced differently.

Thus, an orthopedagogue always views a child as an educand, as a personality-in-becoming; he/she has a child's future in view; he/she wants to equip him/her for his/her future, but he/she also wants to make the future livable for him/her. Because of a child's problem, his/her progress to adulthood has come to a standstill--an orthopedagogue wants to bring about progress again, and a new beginning in educating. He/she views a child as a unique being (individuality) who also is involved in his/her problem as a psychic-somatic-social totality, and as an experiencing subject. The central

task of an orthopedagogue is to ask how this **child** lived experiences his/her problem, and to help him/her assimilate his/her problem in his/her own individual manner.

1.5 ORTHOPEDAGOGIC QUESTIONS

Here, two questions are distinguished, i.e., a **fundamental question** which essentially is a deep life question: what is the sense and meaning of a PES with its distress, pain, and confusion?; a **practical question**: How is the elimination of this PES possible, and what must be done to help this child further with the aim of proper adulthood?

These two kinds of questions point to a tension between philosophical problems and concrete-practical tasks. An orthopedagogue also has the task of dealing with this tension.

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