

CHAPTER 2

ACTUALIZING INTELLIGENCE BY THE RETARDED CHILD

A. INTRODUCTION

In the previous chapter there is reference to a phenomenological approach to the study of actualizing intelligence, as an ontological-anthropological matter. This actualization includes a pedagogical task, and for the retarded child, more specifically, an orthopedagogic task.

In the present chapter, the focus is on explicating the **modes** of actualization, viewed as an issue of the **psychology of becoming**.

B. ACTUALIZATION AS DISTANCING

A child attributes meaning to his/her world by means of both pathic (affective) and gnostic (cognitive) lived experiencing. As a child progresses to adulthood, his/her giving meaning changes from a pathic (affective) to a more gnostic (cognitive) disposition.

Straus⁽¹⁾ sketches the **pathic** moments in the lifeworld of a child as his/her primordial experiencing arising from his/her communicating with the world. According to Sonnekus,⁽²⁾ the pathic is an emotional, **pre-cognitive** lived experiencing in communicating with the world. The gnostic moment of lived experience is cognitive and, thus, is lived experienced on a more **distanced** level. But how does a child distance him/herself from a pathic (affective) to a more gnostic (cognitive) disposition? By actualizing his/her potentialities (including his/her intelligence), he/she **becomes** and, as he/she does, he/she emancipates and distances him/herself. As already noted, this includes a pedagogical task which is considered below as a problem of the **psychology of becoming**, as well as of psychopedagogics. This line of thought is summarized in Langeveld's⁽³⁾ moments of the psychology of becoming, i.e., the biological moment, the principle of security, the principle of exploration (and emancipation). From an early age, the

pedagogically secure child, by actualizing his/her potentialities, as a going out to (and exploring) his/her world, he/she gradually changes from a pathic (affective) helplessness to an emancipating, i.e., to a **distancing**, as a more gnostic/cognitive disposition. This actualization implies a succession of discoveries by a secure, exploring, becoming child ⁽⁴⁾. In this way, he/she discovers him/herself and his/her world ⁽⁵⁾.

With respect to the retarded child: how is distancing, as self-distancing, accomplished? Is a cognitive limitation relevant to the pathic (affective) and, if so, what is the connection? What kind of influence will the pathic (affective), as a precondition for the cognitive, have on the actualization of intelligence? In Chapter 3, there is an attempt to answer these questions.

C. ACTUALIZATION AS DIFFERENTIATING

Distancing, as an elevation in the child's level of becoming, means a more **vertical** distancing or perspective, while **differentiating** is more **horizontal** in the child's actualization, which also means a **self-distancing**. As a differentiation of being directed (intentionality), this means that the child's dialogue with his/her world⁽⁶⁾ becomes more differentiated. Consequently, not considered here are the views of the current psychology of consciousness, which posits that a person has certain functions at his/her disposal which mature through a biologically determined process of growth. Self-differentiation implies an elevation in the dialogue conducted and, thus, the child becomes in different ways in his/her world. The following modes of learning are ways of conducting this dialogue with the world: sensing, perceiving, thinking, imagining, fantasizing, remembering, and actualizing one's intelligence.

What does this differentiated intentionality, as potentiality, mean regarding the retarded child, especially for actualizing his/her intelligence? Which potentialities does the child have at his/her disposal, and to what degree? What are the connections among these ways of differentiation, especially as they are lived experienced? An attempt is made to answer these questions below.

D. MOMENTS AND WAYS OF LIVED EXPERIENCING BY THE RETARDED CHILD

1. Pathic (affective)-gnostic (cognitive) moments of lived experience in the retarded child's self-actualization

Lived experience is characterized by pathic (affective) as well as gnostic (cognitive) moments, where pathic means emotional, pre-cognitive lived experiencing, and gnostic a more cognitive, distanced lived experiencing. In actualizing his/her intelligence, a child simultaneously lived experiences pathically (affectively) and gnostically (cognitively)⁽⁷⁾. Actualizing intelligence is a totality act by which the affective and the cognitive function as a mutually connected unity. The affective and the cognitive cannot be separated, but they can be distinguished, in the sense that some ways of actualizing are more pathic (affective) and others more gnostic (cognitive). Thus, self-actualization on a more pathic (i.e., pathic-gnostic level) or more gnostic (affective-cognitive) level determine the nature of the child's becoming. If he/she is stuck in the pathic, his/her becoming cannot thrive in accountable ways; however, if his/her becoming occurs on a more gnostic (affective-cognitive) level, it can thrive, which is the ideal condition.

In the following sections, what these modes of self-actualization, as pathic and gnostic moments of lived experience, are like in the retarded child are considered.

2. Pathic (affective) moments of lived experiencing in self-actualization

The first moment of lived experiencing is **sensing**. Following Straus⁽⁸⁾ and its further elaboration by Sonnekus,⁽⁹⁾ sensing rather than sensation is used because the latter means receiving sensory impressions from stimuli in the environment. **Sensing** was studied phenomenologically by Straus and Sonnekus as **a person's mode of being in communication with his world**. As a mode or way of being, sensing is connected to the anthropological categories of lived bodiliness (corporeality), lived movement, lived spatiality, and temporality, all of which point to the predominantly pathic (emotional) flavor of sensing, as a moment of lived experiencing. Sensory lived experiences (seeing, hearing, smelling, and tasting, touching, grasping, reaching for), as a totality, are embodied in sensing as a mode of being (and as the beginning of all learning).

Apparently, there is no literature in which a phenomenological disclosure is presented of the retarded child's experiential (lived

experienced) world. However, since sensing is understood as a pathic moment of lived experiencing (and of all learning), the current literature on the retarded child is queried with respect to the pathic (affective). (The discussions of the other moments of lived experience follow this procedure).

Regarding the mentally deficient and, thus, the retarded child, Hollingsworth⁽¹⁰⁾ writes, " ... the failure of the feeble-minded child to learn the lessons which his comrades master with ease is not due to the fact that his sense organs are less acute. The difficulty lies not in the sense organs but in the ability to interpret and organize the sensations which he has." This view is also held by Burt⁽¹¹⁾. In his/her sensing, the retarded child has difficulty taking a gnostic (cognitive) perspective, and remains stuck in the pathic, apparently because of his/her intellectual deficiency.

Thus, it is expected that the retarded child will have difficulty directing him/herself to a formal (cognitive) task for a relatively long period of time. Burt⁽¹²⁾ comments that this possibly can be a result of the fact that the child doesn't understand the task, which really points to his/her inability to actualize him/herself by participating in the cognitive. Such a child's **attending** is easily diverted by less important things^(13, 14) and noises, and it is anticipated that he/she would rather engage in senso-pathic play--an infantile disposition indicative of pathic flooding.

With respect to the retarded child's self-actualization, **fantasizing** and **imagining** are discussed as modes of learning, which are moments of his/her lived experiencing. This contrasts with the current view that these are contents of consciousness. **Imagining** is a person's relationship to reality, and a way of being with an irreal reality⁽¹⁵⁾. Imagining, thus, means to constitute an irreal [imagined] reality out of reality.

Fantasizing is a way of being still more distanced from reality than is imagining. Fantasizing or fancying, however, is an important dimension of a person's irreal, imaginary world, and it exceeds all boundaries, in the sense that it is a distancing to the unknown and even to the seemingly impossible, which very likely never will become reality⁽¹⁶⁾.

Imagining as well as fantasizing are important ways the child gives meaning; in both, the pathic and gnostic come to the fore. It is

expected that the pathic aspect will be more prominent with a retarded child. Burt⁽¹⁷⁾ indicates that the subnormal child's so-called (word) associations are of a lesser quality and occur more slowly than those of the intelligent child. According to Burt,⁽¹⁸⁾ as well as Landis and Bolles⁽¹⁹⁾, the retarded child has a poor imagination and fantasy life, while Veedder⁽²⁰⁾ concludes that the retarded child's thinking remains stuck on a concrete-visual level. The above examples indicate an imprisonment of the retarded child in the concrete-pathic, and they point to the fact that he/she cannot actualize his/her imagining and fantasizing on a cognitive level.

3. Gnostic (cognitive) moments of lived experiencing in self-actualization

As moments of lived experience (and as modes of learning) which are clearly gnostic (cognitive), Sonnekus⁽²¹⁾ mentions perceiving, thinking, remembering and actualizing intelligence.

The current view of **perception**, as a process involving stimuli and responses is unacceptable. **Perceiving**, (as a mode of intentionality) is a directed and determined act of a person which is actualized in the relationship between person and world.⁽²²⁾ It differs from sensing (as a first seeing) in that it is directed to the gnostic, the distanced and, therefore, is a cognitive mode of learning or being.

What is the retarded child's perceiving like? It is indicated from the current literature that a retarded child's perceiving easily fluctuates. But the question is why? Burt⁽²³⁾ states that in a class situation, this possibly is the result of boredom, since a retarded child doesn't always **understand** what he/she perceives. Thus, the retarded child's perceiving fluctuates because it is a cognitive moment of lived experience, and the retarded child (with his/her cognitive deficiency) continually falls back on the pathic, because he/she is not able to take and sustain a more distanced, cognitive perspective.

In contrast to the current view of the psychology of consciousness, where thinking is seen as a psychic function, here **thinking** is viewed as a mode or way of actualization. This moment of lived experience is a cognitive mode of learning and is a search for and acquisition of a grip on reality as a problem.⁽²⁴⁾ Essentially, thinking means transcending the pathic to the cognitive, where the former is a precondition (see sensing) for the child to thinkingly go out to the world. The current view that the retarded child's thinking is bound

to the concrete-visual, and that he/she has difficulty abstracting, is generally acknowledged ^(25, 26). Once again, this points to the retarded child's imprisonment in the pathic, and to his/her inability to adequately actualize him/herself via the cognitive moments of his/her lived experiences such as thinking.

As a mode of learning, **remembering** is a preponderantly cognitive moment of lived experience in a child's self-actualization. Here, the concern is not with memory, as a function of consciousness, but with remembering as a human action. Following Straus, ⁽²⁷⁾ as further developed by Sonnekus, ⁽²⁸⁾ remembering is postulated as a distanced, cognitive way of being. In remembering, a person enters a two-fold relationship with his/her lived experience of time: The **act** of remembering, as the lived experience of the **present**, and the **remembered content**, as the lived experience of the **past**. Because of its temporal structure, the remembered is always connected with a person's historicity, as a history of **his/her** relationships within the horizon of his/her personal time. This personal lived experiencing of time, via remembering, is closely connected with the child's becoming; thus, remembering is essentially a reflection on, or thinking about and a returning to one's **own becoming in time**.

It is expected that the retarded child will have difficulty self-actualizing via remembering, as a cognitive moment of lived experience. According to Baker, ⁽²⁹⁾ it also appears that the retarded child is not able to remember "unusual assignments", while Straus ⁽³⁰⁾ asserts that a person, in his/her involvement with reality remembers primarily the remarkable, the strange, the **new as meaningful**. This latter view indicates that remembering is related to intelligence, and further confirms that the retarded child, who is limited in his/her potentiality, will have difficulty self-actualizing via remembering.

The view that memory is increased proportionately by repetition, ⁽³¹⁾ and that the "level of memory" of the retarded child is often above his/her level of intelligence ⁽³²⁾ are no longer accepted. ⁽³³⁾

Finally, the **actualization of intelligence** is mentioned as a preponderantly cognitive moment of lived experience. Since this topic is already dealt with, here the emphasis is on its actualization as a cognitive moment of lived experience, and as a mode of self-actualization. The supposition is that the retarded child, via this/her most fundamentally cognitive moment of lived experience,

within the framework of his/her intellectual limitations, is under actualized, this matter is treated presently. The supposition regarding the under actualization of intelligence is also supported by the fact that the retarded child has difficulty in self-actualizing, via the preceding cognitive moments of lived experience (i.e., perceiving, thinking, and remembering), all of which are intertwined with intelligence, as a mode of being, and they especially are implicated in its actualization.

E. MEANS OF ACTUALIZING INTELLIGENCE

What **means** are available to the child and, specifically, the retarded child, for actualizing his/her intelligence, and how adequate is this actualization by these means?

1. Language as a means

Language is a spiritual ⁽³⁴⁾ matter, which implies that the person, as a totality, communicates with his/her world through sound-symbols. One of the most important functions of language, as a symbolic matter, is to create a distance between an I and others or things. ⁽³⁵⁾ Language enables a person to take an existential position regarding things, which means that forms are given to them and one's image of the world is constructed. ⁽³⁶⁾ In other words, language is a means of constituting and, thus, is a means of actualizing and of distancing.

Burt ⁽³⁷⁾ and Veedder⁽³⁸⁾ indicate that the retarded child has a deficient command of language. Burt describes the retarded child as possessing "a defective verbal imagery." Therefore, as a totality in communication with his/her world, it is expected that the retarded child will be restrained in his/her language, as a mode of being, and will **further** under actualize his/her potentialities (and especially his/her intelligence) because of his/her inferior means of implementing and actualizing language. Since he/she distances and constitutes through language, he/she will have difficulty doing this adequately, and he/she will remain stuck on a pathic level.

2. Language as a means of thinking in actualizing intelligence

When language is discussed, **thinking** cannot be ignored because of the intimate connection between them. Kwant⁽³⁹⁾ refers to this close connection with the concept "interchange of thoughts".

Constituting a world occurs through naming things, which is the linguistic medium for a knowing and distinguishing involvement with the world.⁽⁴⁰⁾ As a means of knowing, language also is a means of ordered understanding and the relationship between language and thought acquires a fixed form in language expression as is shown in the breadth and content, as well as in the depth of cognitive life.⁽⁴¹⁾ Sonnekus⁽⁴²⁾ summarizes the parallelism between language and thought (thinking) by postulating that language acquisition is directly in the service of the course of thinking, especially in the sense that distancing from and transcending problematic relationships to the reality, with which the child is confronted, promote **conceptual relationships**. In this confrontation with the world, as a chaotic world of visualizations, it is brought to an ordered, encompassing structure by the act of naming, and through naming, there is an emancipation from the concrete and, in terms of acquired language symbols, a further abstraction occurs,⁽⁴³⁾ which is directly connected with thinking. Thus, Nel⁽⁴⁴⁾ rightly notes that thinking stagnates and does not develop without language but, on the other hand, language doesn't develop if there is no thought out of which forms of language can crystallize. Consequently, language development involves a direct and mutual connection with the unfolding of thinking.

Since thinking is mentioned as a cognitive moment of lived experience, in that light, it is anticipated that the thinking of a retarded child will occur on a concrete-visual level. In this regard, Nanninga-Boon⁽⁴⁵⁾ mentions that, with subnormal intellectual ability (thus, the retarded child), the development of speech is bound to the concrete, and this is shown in the thinking and the forms of language displayed. In other words, it is expected that language, as well as thinking, will move on a concrete-pathic level, and is an additional indication that the retarded child is not predisposed to adequately actualize his/her potentialities.

3. Language as an affective means of actualizing intelligence

The connection between language and affect also deserves brief mention. Buytendyk⁽⁴⁶⁾ states that a person's world, in essence, is a world which must be actualized through feeling. A person in the world is affectively in the world. Heidegger⁽⁴⁷⁾ also proposes "Befindlichkeit" (attunement or feeling) as a fundamental structure of Dasein. Whatever a person does, he/she always finds him/herself

in an emotional mood or attunement⁽⁴⁸⁾. Even the most matter of fact, the most objective thought does not withdraw from the affective; the latter always manifests itself⁽⁴⁹⁾. In none of the major works of the psychology of becoming is it disputed that the child's affective mode of expression is conspicuous in the child-world relationship.⁽⁵⁰⁾ A person's existential situatedness, his/her dialogue with the world is a dialogue permeated with affectivity.

The affective moment of a person best expresses itself in language, whether sound or symbol, such that affect and language show a particularly close relation.⁽⁵¹⁾ Van der Stoep⁽⁵²⁾ and Pos⁽⁵³⁾ further stress that language itself not only lends itself to affective expression, but that it also awakens lived experiences because the conceptual symbol arouses in the listener, or reader a distanced understanding of the affective. It also is important to mention that a person's affectivity largely directs his/her cognitive potentialities and, therefore, their implementation or actualization.⁽⁵⁴⁾ This actualization, therefore, takes place through language, which also is the carrier of affect.

Considering the above, it is expected that the retarded child, because of his/her deficient control of language, will be handicapped in his/her affective development. Inversely, language will not be unharmed when his/her affective life does not flourish adequately (and remains bound to the pathic) which, in turn, can lead the retarded child, who possibly lived experiences him/herself as being different, to under actualize his/her potentialities. As an intellectually restrained person, he/she is restrained in his/her totality and, therefore, in actualizing his/her intelligence.

This dynamic interaction between language and affect implies that the retarded child also is restrained in his/her affective ways of being, that he/she will have difficulty authentically directing and actualizing his/her cognitive potentialities (especially intelligence) because he/she has a deficient control of language, an important means of actualization.

F. SYNTHESIS: MODES OF ACTUALIZATION

The following is a summary of the retarded child's modes of actualization.

All the modes or ways of actualizing his/her potentialities, specifically his/her intelligence, are available to a retarded child. From the above discussion, it is evident that this actualization will be more pathic and less cognitive for a retarded child. This pathic boundness, which means the affective is not flourishing, and contributes to an inadequate coordination of his/her cognitive potentialities. Thus, it is evident that the retarded child will lived experience more pathically, and will have difficulty in actualizing him/herself (self-actualizing) via the cognitive moments of lived experiencing. It also is evident that this child has a deficient means (language) of actualization. That is, an under actualization of intelligence is foreseen. If this is found, it is a serious problem for the retarded child because he/she already has a poor intellect at his/her disposal. Thus, as a dynamic, reciprocal restraint, the retarded child is impeded in a three-fold way: he/she has poor intelligence (cognitive deficiency), **as potentiality**, at his/her disposal, and he/she is restrained because he/she does not have at his/her disposal adequate means (language) for **actualizingthe** potentialities which he/she does have. The result is that the retarded child is restrained in the entire scope of his/her becoming.

G. ORTHOPEDAGOGIC-ORTHODIDACTIC TASK

With reference to the introduction to this chapter, it now can be asked if it is at all possible to provide the retarded child with pedagogic (more specifically orthopedagogic) assistance and support so he/she can achieve a level on which he/she can actualize his/her potentialities more adequately? For example, is it possible for an orthopedagogue or pedotherapist, in cooperation with the parents, to bring the pathically flooded retarded child to a distancing, and if so, how? Must such a child become confused by such help? Must he/she receive relatively more protection and security, or must he/she be given more opportunities for exploration and, thus, for emancipation? On the other hand, does this child have any insight regarding his/her experience of security? Does he/she realize that he/she must direct him/herself to the cognitive? It cannot be denied that these questions refer to an enormous orthopedagogic task. As already mentioned, this is a matter which requires more comprehensive research than is the aim of the present study. Such a study must incorporate an **orthopedagogic** investigation of the retarded child, as a restrained child.

From an orthodidactic perspective, there also is a task. What can the **school** do to help this child? Is there existing accountable didactics for the actualization of his/her intelligence? As a provider of assistance and support, is the teacher sufficiently trained as an orthodidactician? Is the curriculum sufficiently linked to the world of the retarded child, and is it conducive to actualizing his/her intelligence? Or, on the other hand, is this a teacher with the "usual" training who follows the usual curriculum with these children--but on a lower level? Once again, reference is made to a field which requires further research, i.e., **didactic**, as well as **orthodidactic** research.

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