

## CHAPTER 4

### PLANNING AN ACCOUNTABLE ORTHOPEDAGOGIC THERAPEUTIC PRACTICE FOR THE AFFECTIVELY DISTURBED CHILD

#### 1. INTRODUCTION

In light of the previous chapter, it is clear that there are a variety of approaches, methods and techniques for assisting the affectively disturbed child and each can claim some degree of success. Almost without exception, the previously mentioned methods and techniques, which were mainly designed for use with **adults**, also are used in the "treatment" of affectively disturbed **children**. Such practice is acceptable because most of these approaches recognize the role of educating in the origin of the affective disturbance. Consequently, it should be possible to establish a number of guidelines from these different approaches that would insure a high degree of success in the "treatment" of affectively disturbed children. However, as already mentioned, in providing assistance itself, these approaches give no additional attention to educating and especially to correcting failures in educating. Also, little attention is given to the "otherness" of the child in contrast to the adult. Without expressing any criticism, this precludes any of these approaches from making the claim of being pedagogically founded. However, the author stresses once again that further research is needed regarding the pedagogic implications of these approaches.

Without at all being eclectic, from a discussion of the different forms of **psychotherapy** (Chapter 3), two matters derived from them have relevance for giving pedotherapeutic assistance to affectively disturbed children. These are: (i) the importance of the therapeutic **relationship**; and (ii) the thorough **planning** of the course and aim of the therapeutic event. However, it must be stated very clearly that the therapeutic relationship should be an educative (pedagogic) relationship with all that this entails (see below). As far as the planning is concerned, this must not be directed so much to eliminating symptoms as to correcting the **disharmonious educating**. Thus, pedotherapy involves "not merely eliminating symptoms but especially eliminating or neutralizing the factors contributing to inadequate educating" [in Afrikaans] (36).

As discussed in chapter 1, the child always is educatively situated, and therefore the origin of affective disturbances usually is evident in the child's educating. Consequently, the affectively disturbed child is primarily a task for orthopedagogics (see chapter 1) which is directed at eliminating the disharmonious educating. From this, a two-fold task is indicated with respect to assisting the affectively disturbed child. First, the disharmonious educating has to be corrected by means of **parental guidance** (see below) and, second, the child's affective lability has to be neutralized with the aid of **pedotherapy**. Since the child (including the affectively disturbed child) **always** is educatively situated, the helping situation also essentially is an educative one and, thus, **pedotherapy** is authentic **pedagogic therapy**. In this connection, Olivier [in Afrikaans] (19, iii) says: "Pedagogic therapy is pedagogics and rests on the same principles and makes use of the same means. The pedagogic-therapeutic situation, through and through, also is an educative situation within which all of the pedagogic structures become actualized". Also, Dumont [in Dutch] (5, 54) says: "Therapy is not something that is actualized somewhere outside of educating ... apart from the life situation ... In the therapeutic event, there is nothing analogous that cannot be found in educating ... each (helping) situation for emotionally disturbed children must be structured and planned from the same fundamental (pedagogic) thought". In light of the above, we can link up with Van Niekerk [in Afrikaans] (34, 139) who describes pedotherapy as: "**Planned** special giving assistance to the child in a problematic educative situation with the aim of correcting it and of accelerating his learning and/or becoming adult". This assistance is an attempt to help the child view his problematic situation in another light and "to attach a **different meaning** to it" [in Afrikaans] (34, 140). Essentially, pedotherapy involves a child who needs to be **supported** to a "re-lived experiencing as a re-defining" (21, 140) of his situation. Through pedotherapy, the child has to give new meaning to his situation and thus eliminate the affective disturbance.

Since pedotherapy is a pedagogic matter, the following are reflections on some pedagogic foundations that serve as guidelines for planning a pedotherapeutic practice.

## 2. PEDAGOGIC FOUNDATIONS FOR PLANNING A PEDOTHERAPEUTIC PRACTICE FOR THE AFFECTIVELY DISTURBED CHILD

### 2.1 The fundamental pedagogic foundation of pedotherapy

#### 2.1.1 The pedagogic relationship

Because the pedotherapeutic situation is a particular pedagogic one, the same principles hold good for both. Since inadequately actualized fundamental pedagogic structures gives rise to the affective disturbance, this implies that their adequate actualization is the first fundamental precondition for the pedotherapeutic situation. This can materialize only when pedagogic association is able to proceed, through a conspicuous and surprising attraction (between pedotherapist and child) to a pedagogic encounter within which there is a continual willingness by the therapist, as particular provider of support, to be present so he can be accessible in order to respond to the call of distress from the support seeking child (15, 21). According to Landman (11, 46), therapeutic action can be typified as educatively accountable only when characterized by:

- \* the establishment of the authentic pedagogic relationship of understanding, trust and authority;
- \* the flourishing of pedagogic association into pedagogic encounter and the optimal use of (fruitful) educative moments which become discernible in the encounter;
- \* the realization of the pedagogic aim; i.e., guiding the child pedotherapeutically back on the road to becoming an adult followed by a pedagogic guiding forward to adulthood; and
- \* the observance of the fundamental pedagogic principles.

The first task of any therapy, and thus of pedotherapy, is to establish a relationship within which the therapist and the child truly can have an encounter. Such a relationship can be actualized and prosper only when it is based on mutual trust, understanding and obedience to authority (see 15, chapter 1).

The pedotherapist must allow the child "to experience what it means to trust each other" [in Afrikaans] (34, 143). Pretorius (21, 28) indicates that when there is a conflict in trust, the child becomes a task for pedotherapy. Lubbers (16) emphasizes that the conflict in

trust has to be eliminated, and since "the relationship of trust is mainly a pathic-affective relationship" [in Afrikaans] (29, 42), the child becomes affectively stabilized merely through actualizing an adequate relationship of trust. Within such a relationship, he will **feel** himself **accepted** and this will provide him with the **confidence** and **security** by which he will be **emotionally** ready to explore his problem. Thus, actualizing a **relationship of trust** is the first step on the way to stabilizing the affectively disturbed child.

Actualizing a **relationship of understanding** in the pedotherapeutic situation implies that the therapist "understand the **child** and his **destination**, and the child progressively understand what it is the educator (therapist) stands for" (my emphasis) [in Afrikaans] (10, 24). This does not mean that the child as a particular child with his problems, interests, achievements, etc. merely has to be understood but also that he must be understood "from a longitudinal perspective" [in Afrikaans] (34, 125). This assumes that the pedotherapist knows "what 'normally' can be expected from a child of a particular age" (34, 126). It is only in comparison with the expected that the "otherness" of the child becomes discernible (1, 148). In addition, a relationship of understanding implies that the pedotherapist keep in view a clear **aim** for the child and for eliminating the affective disturbance. This especially points to a thorough **planning** of the pedotherapeutic event.

During the pedotherapeutic event, the therapist needs to "confront the child with authentic pedagogic **authority**" [in Afrikaans] (34, 143). According to Landman [in Afrikaans] (12, 9), there exists in the child a "yearning for authority and sympathetic authoritative guidance". Moreover, he says: "Only when the educator is in a position to sympathetically and authoritatively guide can he begin educative activities and awaken trust ...". As such, establishing a relationship of authority has particular relevance for the pedotherapeutic situation because authoritative guidance provides the child with certainty, stability and safety--things that the affectively disturbed child lacks. Clearly, sympathetic authoritative guidance is a means to affective stabilization.

Actualizing an adequate pedagogic relationship (of trust, understanding and authority) in the pedotherapeutic situation thus, in itself, offers the **possibility for affective stability**. In

addition, it also creates the climate within which the association between therapist and child can proceed to an encounter (Landman) and thus the therapeutic event can take its course.

The pedotherapeutic situation, as a particular educative situation, always revolves around the child-in-education. By implication, pedotherapy holds in view the same ultimate aim as does educating (i.e., the child's adulthood). Olivier [in Afrikaans] (19, 44) says the being-by each other (association) in the pedotherapeutic situation must proceed to a sincere being attuned to (being-with) each other (encounter) "and in this way insure that the educand can be placed under the **educative aim**" (my emphasis). The affectively disturbed child, as a child whose becoming is restrained, is not headed for the educative aim, i.e., "the attainment of adulthood" [in Afrikaans] (10, 26). Therefore, the pedotherapist has to see to it that the child in the pedotherapeutic situation actualizes the **pedagogic aim structure** in an increasingly adequate way (See 13, 167).

### **2.1.2 The pedotherapeutic aim in fundamental pedagogic perspective**

Even though each therapy session in itself has a particular therapeutic aim (see below), still the **ultimate** pedotherapeutic and educative **aim** essentially do not differ from each other. Therefore, above and beyond its particular aim, each session should always have the ultimate aim (adulthood) in view.

#### **2.1.2.1 Meaningfulness of existence**

Owing to the affectively disturbed child's emotional lability, he lived-experiences meaninglessness and, therefore, he also lived-experiences his existence as less meaningful (29, 28). A primary precondition for lived-experiencing meaning is that he be affectively stabilized by the adequate actualization of the educative relationship.

According to Nel (18, 61), an understanding of the meaning of life calls for a great measure of **responsibility**. Through awakening the child's conscience, notion of values and sense of responsibility, he gradually gains insight into the meaning of his life (18, 57). In the pedotherapeutic situation, the affectively disturbed child needs

to be guided so that he lived-experiences his existence as a being responsible for actualizing his personal potentialities.

According to Landman (10, 84), the adult learns how to lead a meaningful existence and that he may not place demands on life. Responsibility implies that the person is the one who has to **answer** to the demands of propriety by adequately actualizing his potentialities for proper adulthood. He is indeed **questioned** by life, and he must respond to life--he has to **answer to** life in a responsible way (6, 56). Consequently, in the pedotherapeutic situation, the child needs to be given the opportunity to **accept responsibility**.

In addition, for Landman [in Afrikaans] (10, 84), to live meaningfully, a person "has to cultivate **the contents of adulthood**". If anxiety, tension, experienced inferiority, etc. are present, the child will not be willing to communicate with life contents (37). In the pedotherapeutic situation, the possibility has to be created for the child to "practice", under the guidance of the pedotherapist, these contents of adulthood so that he can cultivate them for himself as a proper adult (these contents of adulthood to be practiced are, e.g., breaking away from lack of exertion, venturing with each other, thankfulness for security, longing for the future, actualizing potentialities and freedom toward responsibility).

By means of pedotherapy, the therapist must so guide the affectively disturbed child that he gives meaning and content to his life and in doing so, answers for (accounts for) his existence.

#### 2.1.2.2 Self-judgment and self-understanding

Becoming adult implies that the child must critically judge himself in order to come to a better self-understanding. Because of his affective lability and distorted behavior, the affectively disturbed child usually equates his "otherness" with "inferiority" (36, 10). From this, it is evident that he judges himself very unfavorably, and this increases his affective lability even more. Consequently, in the pedotherapeutic situation, with the pedotherapist's assistance and necessary support, he must be confronted with himself so he can acquire an understanding of himself and of his positive potentialities in order to break through his problematic situation.

Thus, the task of the pedotherapist is to guide the affectively disturbed child to additional self-understanding. This implies that the child, via pedotherapy, needs to come "to an understanding of his own ability to be and to an understanding of what he ought to be and to become" [in Afrikaans] (11, 50). To the extent that his self-understanding progresses and he comes under the power of his own potentialities, he becomes aware that he can overcome his unique problem and that he can use his potentialities to establish a new relationship with his world (2, 44). Thus, he must come to understand his own positive potentialities as well as to understand what his obligations include and what responsibilities can be required of him.

### 2.1.2.3 Respect for human dignity

For the affectively disturbed child, his "otherness" is lived-experienced as being inferior. That is, he lived-experiences his human dignity as an "inferiority". For this reason, it is necessary that, in his otherness, he be seen as a special person by the pedotherapist in the therapeutic situation. However, he must not be viewed merely on the basis of his otherness "but in particular because he is a unique way of being-in-the-world" [in Afrikaans] (14, 25). This means that the pedotherapist needs to recognize the affectively disturbed child as a unique and singular being in his worthiness (dignity) as a person, and he has to be regarded as such. Moustakas [in English] (17, 5) says: "The therapist considers all the child's ways and values with respect because they are the child's ... In every aspect of the relationship the child is seen as an individual with an ever-present capacity for self-determination".

Not only must the affectively disturbed child be regarded with human dignity, but he should "through educating (re-educating) progressively discover (re-discover) his own human dignity and continually confirm it through his unique way of being-in-the-world" [in Afrikaans] (3, 32). To become aware of his own value, in the pedotherapeutic situation he must be supported to live in accordance with particular values. He also needs to be guided to apply these values as norms in accordance with which he **will** live.

To have regard for his own dignity at his disposal means that he should know that he has the task of actualizing values. Here there is mention of **task acceptance**. Therefore, the affectively disturbed child progressively needs to be made aware that he lives in a manner

worthy of a human being only when he **fulfills his obligations** and thus acts in agreement with the contents of adulthood. The pedotherapist also needs to give him the opportunity "to learn to know the valuable (values), to actualize and to use them as norms and thus to 'practice' his human dignity so that eventually, as an adult, he will pursue human dignity in an independent and responsible way" [in Afrikaans] (10, 57).

The affectively disturbed child not only needs to be guided to the discovery of his own human dignity but also be guided to regard the human dignity of others (10, 85). Through showing regard for the child's human dignity, the pedotherapist awakens in him a regard for his own human dignity as well as for that of his fellow persons.

#### **2.1.2.4 Morally independent choosing and acting**

Because of educating gone wrong and the resulting disturbed behavior, it is clear that the affectively disturbed child has difficulty in making truly independent choices and decisions. Therefore, he needs to be supported by the pedotherapist to accept responsibility for the choices he makes in the therapeutic situation. Only then can he learn to accept responsibility for **all** of the choices and decisions he makes not only within therapy but also outside of it.

In therapy, the affectively disturbed child has to be given the opportunity to make autonomous choices and decisions and to implement them independently. Especially, it must be demanded of him that he accept responsibility for the consequences of his actions. Thus, he needs to be made aware that responsibility for his choices is a personal responsibility that should not be shirked or pushed off onto someone else (10, 86). This implies that he must learn to act in accordance with the demands of propriety.

To eventually be able to choose and act in morally independent ways, the affectively disturbed child has to be guided to be faithful or true to his choices and, thus, to act on them so that eventually he can himself become the adult he ought to be.

#### **2.1.2.5 Responsibility**

Beginning early in life, the child must be accountable for the ways he behaves. This also holds for the affectively disturbed child but, because of his lability, he is not ready to assume responsibility, and

from his disturbed behavior it is evident that he is not able to do so. Therefore, it is necessary that the demand to assume responsibility be made of him in the therapeutic situation and that he be emotionally supported to accept full responsibility for his choices and actions.

As already mentioned, responsibility is closely related to the word "answer" (or "response"). "By describing a human being as responsibility, one is viewing him as an answering being" [in Afrikaans] (25, 47). This implies that a person's life is not a search for answers but rather that his life itself is an answer to each situation within which he finds himself. According to Frankl [in Afrikaans] (8, 93), a person can give an answer to life only "if he behaves responsibly toward himself". Also, life has a character of setting demands and a person must answer them. Through pedotherapy, the affectively disturbed child's responsibility for his life task has to be awakened. Consequently, for Schoeman (25, 48), responsibility is recognizing and accepting one's life task as a mandate. "Each person has his particular task and calling in life; each person needs to fulfill a concrete responsibility" [in Afrikaans] (8, 92).

In the pedotherapeutic situation, the affectively disturbed child must progressively be offered the possibility to accept the consequences of his own choices and actions. He also must be expected increasingly to accept responsibility for his role in establishing the pedotherapeutic relationship so that eventually, as an adult, he will accept responsibility for all of his relationships (10, 17).

#### **2.1.2.6 Norm identification**

Since educating is a normative matter, on the basis of his being problematically educated, the affectively disturbed child often is not able to live in accordance with the demands of propriety and, thus, cannot be a full-fledged participant in his own educating. "Consequently, pedotherapy has to be directed to helping the disturbed child define himself within a moral order. The child who cannot differentiate among values will have a poor insight into the demands of propriety from life" [in Afrikaans] (7, 56). Thus, the pedotherapist has to present a particular hierarchy of values to him so that he can construct a system of norms and values regarding

what is good and right. Without the normative, educating is not possible nor is re-educating as pedotherapy (12, 62).

From the above, it is evident that the pedotherapist "wants to convey some of his values to the child. To do this, he has to consciously and purposefully hold before the child his personal response to a situation, his point of view and his valuative position" [in Afrikaans] (21, 60). Since the affectively disturbed child is a derailed being who is not yet an adult, he cannot be left on his own to discover his own values and norms and, therefore, these need to be exemplified and presented to him by the pedotherapist.

As already mentioned, it is especially through actualizing values that human existence acquires sense and meaning. "In so far as he actualizes values, this gives meaning to his existence", according to Schoeman [in Afrikaans] (25, 44). By living up to the norm for the sake of the norm itself, the child lived-experiences the sense and meaning of his life. Only when he lives up to the norm for the sake of the norm itself" will he no longer be a child but an adult who can exemplify what is proper to another" [in Afrikaans] (10, 39).

### **2.1.2.7 Philosophy of life**

It ought to be clear that pedotherapy is not possible without norms and values since they determine its content (2, 50). Therefore, it is understandable that the pedotherapist's own hierarchy of values will play a prominent role in his therapeutic intervention with the affectively disturbed child. It is indeed the case that he will present to the child his own position in particular situations based on his principles of life. The aim of educating and, thus, also of pedotherapy is to assist the child to progressively live in accordance with the philosophy of life of his parents and, therefore, also of the pedotherapist (10, 88). This does not imply that the pedotherapist should force his own value system on the affectively disturbed child but rather that the child, by living up to the pedotherapist's example, arrive at his own position regarding reality and, indeed, at his own philosophy of life.

From the above, the affectively disturbed child must build up a rank-order (hierarchy) of value preferences analogous to the example set by the adult. This rank-order should be in accordance with the demands of propriety advocated by the group within which he lives. Eventually, he has to arrive at an unconditional obedience

(or commitment) to the proper as it is presented to him by the pedotherapist and also as something that speaks from his own philosophy of life.

A person's philosophy of life, thus, has a demand making character that requires of him that his life should progress in a particular direction in all situations. Landman [in Afrikaans] (15, 106) also states that a philosophy of life is not something for a specific occasion, "but it compels a person to make something of an opportunity. That is, it continually appeals in all circumstances, for a particular way of acting, which is in accordance with the demands of propriety which speak and direct an appeal from a particular philosophy of life".

Consequently, a philosophy of life is an important matter in providing assistance to the affectively disturbed child. Acquiring his own philosophy of life implies that he eventually will no longer do what is proper merely because the pedotherapist expects it of him but rather he will do it for the sake of the proper itself.

Although actualizing the pedagogic relationship structure is not everything around which pedotherapy revolves, still it is the fundamental context within which the entire event is embedded. Since pedotherapy is not essentially different from educating, the pedagogic aim structure also serves as the ultimate aim of pedotherapy. From the above, it follows that actualizing the essentials of educating, as explicated by fundamental pedagogics, lays the foundation for pedotherapy.

## 2.2 The psychopedagogic foundation of pedotherapy

(The author readily acknowledges that the following discussion primarily is based on Sonnekus' (24) psychopedagogic explication of the lesson situation).

Since providing assistance to the affectively disturbed child clearly involves a child who does not adequately actualize his **becoming** adult (see chapter 1), it is necessary to search for relevant psychopedagogic insights. From a psychopedagogic perspective, the educative aim is the adequate actualization of the psychic life of the child-in-education (30, 311). Thus, psychopedagogics provides a very clear indication of **how** the adult ought to **accompany or**

**guide** the child to adequately actualize his psychic life; therefore, psychopedagogics clearly has relevance for pedotherapy.

Sonnekus (30, 293-297) differentiates three ways of accompanying the child (i.e., affective, cognitive and normative guidance) by which an attempt is made to ensure that his psychic life is adequately actualized. Thus, in order to bring the affectively disturbed child's attained and attainable levels of becoming (Van Niekerk) into harmony, it is necessary that these three forms of guidance be actualized in the pedotherapeutic situation just as they are in a lesson or any educative situation.

### **2.2.1 Affective or emotional guidance in the pedotherapeutic situation**

Educating, and thus pedotherapy, especially addresses the child **emotionally**. Therefore, an interpersonal situation such as the pedotherapeutic one is supported or impeded largely by the **emotional relationship** between the pedotherapist and the child. The pedotherapist is responsible for establishing a **warm, intimate and trusting atmosphere** within which the child can solve his problems. Such a relationship is characterized by mutual trust, mutual understanding and the unconditional acceptance of each other (30, 294). A pedotherapeutic situation within which adequate emotional guidance is actualized creates a basis for adequately actualizing the child's psychic life.

Since the concern here is with the affectively disturbed child, establishing an emotionally stabilizing relationship is of extreme importance. Such emotional guidance makes the child ready to open himself to the pedotherapist's intervention and to himself explore the orientational content (see section 2.3). This gives rise to an experiencing and lived experiencing of **certainty and security**; as a result, he feels relaxed and at ease, and in this way the first precondition for affective stabilization is fulfilled.

Although affective guidance plays an important role in pedotherapy, it does not exhaust this event. However, it does form the foundation without which therapeutic success simply is not possible. Affective guidance is not thought of apart from cognitive and normative guidance; indeed, they form the whole of educative activities by which the child is guided to adequately actualize his psychic life.

### 2.2.2 Cognitive or knowing guidance in the pedotherapeutic situation

Adequate cognitive or knowing guidance only is possible if it is founded on a stable emotional life. According to Sonnekus (30, 295), this form of guidance primarily is directed to actualizing the child's **cognitive learning potential**, and for pedotherapy this implies **explicating, explaining, ordering** and **synthesizing** the orientational content. Because of the emotional lability of the affectively disturbed child as well as the inadequate actualization of his gnostic-cognitive lived-experiences, he often shows an attenuated possessed experience (or past learning) with respect to life contents. Therefore, the pedotherapist is confronted with the task of cognitively guiding him to knowledge of, insights into and an understanding of the contents of adulthood.

In order to adequately guide him cognitively, the pedotherapist must thoroughly take into account his level of becoming and especially the level on which he implements his cognitive potentialities (see Chapter 2, section 1.3.2.3). Only then can the pedotherapist unlock the orientational content in such a way that it becomes accessible to him.

Cognitive or knowing guidance further implies "a purposeful striving by both the adult (therapist) and the (affectively disturbed) child to learn to better understand and to unconditionally accept each other" [in Afrikaans] (30, 35). The pedotherapist only can come to know the child by purposefully interacting with him (23, 31). If he does not enter into an encounter with the child, it is clear that he cannot know him and, therefore, he cannot support him in acquiring the contents of adult life.

### 2.2.3 Normative meaning-giving guidance in the pedotherapeutic situation

In light of the fact that the child eventually has to live as an adult in accordance with the norms of adulthood, it is clear that educating is a normative matter. Also, the child has a need for such normative guidance since it provides normative certainty, stability and security (22, 20). In his educating, the adult thus presents norms to the child that must be accepted and appropriated by him (28, 9). This implies that he has to **identify** himself with the adult as the

representative of the norms. However, in this connection, Prinsloo [in Afrikaans] (23, 32) says: "Love for and trust in the educator is at the basis of the child's acceptance of his educator's authority. Thus, it is clear that acquiring norms basically is an **emotive matter** which occurs in the pedagogic situation" (my emphasis). From this it is obvious that the affectively disturbed child's appropriation of norms is faulty, and this often can be observed in his anti-normative behaviors.

Thus, the pedotherapist is confronted with the task of normative guidance, not only by **presenting** norms to the affectively disturbed child but especially by **exemplifying** them in such a way that he **will** identify with them. With this in mind, the pedotherapist must be accountable to himself for the norms he consciously or even unconsciously presents and exemplifies to the child (34, 5). With reference to the lesson situation, and by implication also to the pedotherapeutic situation, Sonnekus [in Afrikaans] (30, 296) mentions that the adult's example is a "powerful weapon of educating" in his normative meaning-giving guidance. He says that "because of the teacher's (pedotherapist's) personal being and on the basis of his exemplification of particular norms, values and dispositions, the child then strives to be and to become like him".

Since acquiring norms occurs by means of **identification**, the initiative for this activity is in the hands of the child himself (28, 9). From a psychopedagogic perspective, however, the question is **how** this occurs. The implication for the pedotherapeutic situation is that the pedotherapist should present the orientational content in such a way that its **sense** and **meaning** will speak to him. Whether the child interprets this content as meaningful is determined by **how** he is **affectively and cognitively guided**. The **nature** of the affective (labile or stable) and the cognitive (unordered or ordered) qualify the **nature** of normative meaning-giving lived-experiences. If the pedotherapist's guidance results in "affective stability and cognitive order in the child, he paves the way for effective learning. This means that the child is affectively stabilized, because of a secure, relaxed lesson (pedotherapeutic) climate and an ordered cognitive accompaniment, to such a degree that he discovers the meaning of the content and makes it his own. This content, which he finds meaningful and useful, becomes possessed experience and brings him closer to the aim of educating" [in Afrikaans] (30, 296).

The affective, cognitive and normative ways of guidance, viewed in their mutual relatedness, thus are of particular importance for the pedotherapeutic event because the adequate actualization of the psychic life is not possible without them. Consequently, above and beyond his ultimate aim of adequately actualizing the psychic life, the pedotherapist has the task of stabilizing the affective, ordering the cognitive and giving sense and meaning in the normative as the immediate aim of each therapy session. By means of these three forms of guidance, the affectively disturbed child thus can be emotionally stabilized and be supported, via adequately actualizing his psychic life, to eventually live in accordance with the norms of adulthood.

### 2.3 The didactic-pedagogic foundation of pedotherapy

From the discussion thus far, it is evident that pedotherapy revolves around the pedotherapist presenting and representing **orientational content** to the affectively disturbed child so he can identify with it and thus live in accordance with it. Ultimately, this amounts to the fact that he "learns" how to "behave" in terms of this content (34, 148). These orientational contents, as contents of adulthood, form the core of the pedotherapeutic event and, with the help of guidance from the therapist, the child himself gives them meaning and they then are added to his possessed experience. From this, the didactic imperative clearly is of relevance to the pedotherapeutic event.

Van der Stoep [in Afrikaans] (32, 53) speaks very clearly about the didactic flavor of pedotherapy when he says: "The functionalizing (implementing) of any orthopedagogic ... insights means planning the teaching practice so that all details must ultimately be 'cleared' for their didactic consequences .... In concluding this matter, in the experiential world, teaching has only one meaning; however, it can be practiced differently and in accordance with different aims". According to him, orthopedagogic assistance "unquestionably leads to an eventual teaching plan irrespective of the reasons for such a problem". It is obvious that designing a pedotherapeutic practice has to be done according to the didactic-pedagogic principles of the **lesson structure** (see 33). The pedotherapist gets the scheme for this assistance from general didactic theory that he then has to **particularize** for a specific affectively disturbed child. "Fundamentally, then, pedotherapy does not differ from teaching,

although there are functional differences in the ways the didactic structure is implemented", according to Van Niekerk [in Afrikaans] (34, 146).

It is appropriate to briefly mention that although pedotherapy and teaching essentially are not different, still there really is not a **pedotherapeutic curriculum** (34, 148). It is true that some themes can figure more often than others in the pedotherapeutic situation and thus surely constitute part of the content presented to a particular child. The fact is, the pedotherapist first has to identify, by means of his **diagnosis**, the **unfavorable** meanings in the child's experiential world, and in light of them, he needs to determine the **favorable** meanings to replace them (34, 147). It is this content that then serves as the pedotherapeutic curriculum **for a particular child**. This content is referred to as **orientational content** (34, 147) because it is by means of this content that a **change** in the child's meanings occurs. After the orientational content has been identified for a particular child, it needs to be communicated to him in a suitable **form**.

Since pedotherapy is an off-shoot of the teaching event, it is obvious that the four basic **forms** of living (31, 106), i.e., **conversation**, **play**, **work** (assignment) and **example** are implemented by the teacher (pedotherapist) in order to involve the child with the content (33, 61). On the basis of these forms of living, Pretorius (21, 81) distinguishes three forms of therapy as modes of communicating, namely, **play-**, **image-** and **conversational-therapy** (example, the fourth form, is used within these three). This matter will not be reflected on any further here, but it will be raised in the example presented in the following chapter.

### 2.3.1 The pedotherapeutic aim in didactic-pedagogic perspective

As already mentioned, the ultimate aim of teaching and, therefore, also of pedotherapy is adequately actualizing the child's psychic life or adulthood. Effective teaching does not readily occur without a clear aim and, consequently, regarding the lesson situation, Van der Stoep (33, 39) discerns a **teaching aim** that is built on both a **lesson aim** and a **learning aim**.

Analogous to the above distinctions by Van der Stoep, Van Niekerk (35) discerns a **pedotherapeutic aim** in the pedotherapeutic

situation which consists of a **guidance aim** and an **orientation aim**. Further, he indicates that pedotherapy is not merely on the same level as a lesson; therapy includes and implies more because it involves **changing meaning**. He emphasizes that, indeed, pedotherapy involves **existential changes in meaning** and thus **changes in the person** (35).

Since the concern here is to assist the affectively disturbed child, a valid pedotherapeutic aim is abolishing the problematic educative event and the correlated restraint of the child's becoming adult. To succeed, the pedotherapist must have as his objective the effective "teaching" of the orientational content to the affectively disturbed child, and the child needs to "learn", for example, not to be afraid, frightened or uncertain, not to neglect his obligations, to trust, to have courage, to not be aggressive (see 35).

In order to design his pedotherapeutic practice so he can achieve the above aim, analogous to Van der Stoep's (33, 32) comments, there especially are three matters which he must not lose sight of:

- \* reducing the orientational content;
- \* stating the problem which he identifies;
- \* ordering the orientational content.

### 2.3.2 Reducing the orientational content in the pedotherapeutic situation

With regard to reducing the content in the lesson situation, Van der Stoep [in Afrikaans] (33, 33) says this refers to the fact "that, in the first place, a teacher has to discover the essential facts regarding a chosen theme which are of importance for understanding the problem raised by that theme". To be able to reveal these important essentials, the teacher has to know this content extremely well (33, 33).

Since there really isn't a pedotherapeutic curriculum, the pedotherapist faces a unique task. "An orthopedagogic diagnosis provides an image of the quality of the actualized pedagogic relationship as well as of the child's actualization of his psychic life" [in Afrikaans] (36). By means of this diagnosis, the pedotherapist identifies the **unfavorable** meanings in the experiential world of the affectively disturbed child and in light of these meanings decides what the favorable meanings ought to be. For example, he has to

ascertain which of the child's **feelings, emotional lived-experiences, dispositions, attitudes, desires, thoughts, knowledge and behaviors** should be changed or supplemented in terms of the norms according to which he ought to live in his concrete situation (24, 148). Thus, the pedotherapist reduces to their essentials the favorable meanings selected **from what ought to be**.

For example, if his aim is to support the child to be **free from anxiety**, he first needs to determine the meaning of being free from anxiety for **this particular child** (35). That is, reduction implies that the essentials of the theme to be featured in the pedotherapeutic situation be identified beforehand. There also has to be a search for suitable ways of conveying these essentials. Consequently, the pedotherapist needs to plan ahead **what** he is going to say and do and **how** (35). In addition, reduction implies that the pedotherapist reduce his anticipated conduct and actions to their essentials (34, 148). Only then can he "teach" the essentials so that the child can "learn" them and change his meanings.

In reducing the orientational content, the pedotherapist also has to keep the child and the adequate actualization of his psychic life in mind. Referring to the lesson situation, and this holds true for the pedotherapeutic situation, Sonnekus [in Afrikaans] (27, 26) says that for any concept, the teacher (pedotherapist) "must first unearth its essentials from within the child's **possessed experiences**". If this is done, he will become **affectively** stabilized and be **willing** to explore and discover additional essentials and, through lived-experiencing their meaningfulness, these contents will become integrated into his possessed experience.

Thus, it is evident that the reduction is of particular importance to the pedotherapeutic situation. It not only culminates in a "pedotherapeutic curriculum" for a particular child, but in this way the foundation is laid for stabilizing his affectively disturbed lived-experiences.

### 2.3.3 Stating the problem in the pedotherapeutic situation

Effective learning occurs especially "when a very definitive problem is offered the pupils" [in Afrikaans] (33, 28). It is appropriate to mention that stating the problem must not be thought of apart from the reduction because it is precisely through the latter that what is

problematic about the theme stands out. These comments by Van der Stoep have particular relevance for pedotherapy since stating the problem is the way the orientational content is placed in the experiential world of the affectively disturbed child. For this reason, the child's **intention** to change his behavior will reflect the degree to which he lived-experiences a particular theme as a problem (34, 151).

Usually the affectively disturbed child doesn't lived-experience the favorable meanings that figure as themes for reorientation. Therefore, the problematic nature of the particular theme has to be laid out by the pedotherapist in such a way that it becomes a "meaningful, conspicuous question which is worth the trouble of being answered" [in Afrikaans] (33, 38). What the affectively disturbed child **must** discover (rediscover) regarding his situation and himself first has to be lived-experienced as a problem. This is important because it is this lived-experienced problem that ultimately leads to effective learning and, consequently, to "changed" behavior.

From a psychopedagogic perspective, "stating the problem means **stating a question** which is going to be posed to the child, and it must direct an appeal to his questioning consciousness" [in Afrikaans] (27, 28). Before such an appeal can be directed, it follows logically that stating the problem has its point of departure in the child's **world of lived-experience**. Then this awakens his **will** to become involved with exploring the orientational content and in this way arrive at a solution to the problem and to affective stability.

#### **2.3.4 Ordering the orientational content in the pedo-therapeutic situation**

The reduced essentials of the orientational content have to be arranged or ordered into a meaningful structure so that during the pedotherapeutic event they can systematically and purposefully lead to problem solving. Van der Stoep [in Afrikaans] (33, 41) emphasizes "that the content cannot function meaningfully in planning the lesson aim unless it is ordered in meaningful ways". Thus, the orientational content that is going to be featured in the pedotherapeutic situation has to be ordered in such a way that it leads to the pedotherapeutic aim (35). To be able to attain this aim, the pedotherapist needs to attend to the same **forms of ordering**

(e.g., linear, chronological; in this connection see 33, 91-94) as does the teacher in designing a lesson.

Also, the ordered content especially needs to be connected to the child's "own order-directed cognitive lived experiences" [in Afrikaans] (27, 30). However, this guided ordering by the pedotherapist does not lead only to **cognitive** order. Through lived-experiencing orderliness, he also lived-experiences affective stability and this favorably touches his total psychic life.

At this stage of his planning, the pedotherapist has (33, 42):

- \* reduced the orientational content to its essentials;
- \* formulated the problem in a meaningful way;
- \* ordered the orientational content in such a way that it can be meaningfully worked through to the orientational aim.

In carrying out this planning, it needs to be kept in mind that it occurs in an educative connection and therefore all of the pedagogic essentials have to be implemented to ensure successful pedotherapeutic progress.

### 3. THE PRACTICE OF ASSISTING THE AFFECTIVELY DISTURBED CHILD

According to Van Niekerk (38, 70), the orthopedagogic program of providing assistance begins with a search for insights into the **problematic educative event** and, in particular, into the reasons for it. This implies that the program for giving assistance already begins with **orthopedagogic diagnosis**. Such diagnosis "involves a penetration of the child's 'different' actualization of his psychic life-in-education as well as a penetration of the inadequately actualized fundamental pedagogic structures and the child's interpretation of all of this" [in Afrikaans] (38, 72). From these statements, the **duality** of the orthopedagogic practice of assistance is clearly indicated: first, **pedotherapy** with the child in order to guide him to a **redefinition** (21, 2) of his situation, and second, **guiding the parents** with the aim of **eliminating** the problematic in their educating their child.

#### 3.1 Pedotherapy

### 3.1.1 The pedotherapeutic procedure

As is evident from the above, the pedotherapeutic situation essentially is a "**formally structured educative situation** within which the child is purposefully involved in changing the mis-actualized potentialities of his psychic life-in-education. This change has to occur to such a degree that eventually he can attain the level of becoming adult where, according to his potentialities, he ought to be. This implies a corrective act of educating regarding his disturbed experiences, will, knowledge and behaviors in order to reestablish the dialogue with his educators and with life contents" [in Afrikaans] (24, 143).

To attain this aim, in pedotherapy use is made of an **indirect approach** among others (35). This indirect approach is closely connected with the phenomenon of **projection**. Projection is viewed everywhere as the phenomenon where a person attributes to another characteristics, opinions, ways of behaving, attitudes and relationships which are more applicable to the judge than to the judged (16, 76). This means that the opinions, thoughts and deeds with which the child cannot live are **attributed** to the other, and it is precisely here that the pedotherapist comes forward to guide the child to **changes in meanings**.

During the diagnosis and also later in the pedotherapeutic situation, the child creates characters that for him serve as symbols onto which he can project. He then projects onto the symbol his problematic education as well as his disturbed lived-experiences of it. Then, the pedotherapist, in collaboration with the child, solves the problem around the symbol. For the child, the symbol is reality and because he **identifies** with it, the solution to the problem also is reality for him. In summary, the child projects his problem on the symbol, the pedotherapist solves the projected problem and the child **identifies** with the solution and in this way lived-experiences his own situation as changed. Thus, his problem is eliminated via the symbol. It is appropriate to mention that a more **direct** approach can be followed with older children and especially the adolescent.

This method of therapy differs essentially from the forms of psychotherapy mentioned in Chapter 3 and, therefore, pedotherapy is not merely a child psychotherapy. Furthermore, pedotherapy is

actualized in an **educative connection** and it takes its course especially within the framework of the **lesson structure**.

### 3.1.2 The course of pedotherapy

The aim of assisting the affectively disturbed child is to **stabilize him affectively** and, consequently, to abolish the gap in his becoming adult. To succeed at this, the pedotherapist first needs to determine, by means of the diagnosis, what **themes** should be raised during the pedotherapy sessions. Second, these themes can be unlocked for the child according to fundamental pedagogic (9), psychopedagogic (30, 33) and didactic pedagogic (33) insights in the same way that a teacher does in a lesson and according to the following phases. In this way, the child can reorient himself to his situation.

#### 3.1.2.1 Actualizing foreknowledge

During this phase of the therapy session, the child is made aware of **existing knowledge** regarding the theme under consideration. "Thus, there is a search for meaningful connections between the foreknowledge and the new knowledge in order to ensure that the latter will be lived-experienced as meaningful" [in Afrikaans] (33, 171). Actualizing foreknowledge has to "direct an appeal to the child's possessed experience which has been built on content invested with meaning" [in Afrikaans] (30, 298). Since the already known contents are pursued here, this phase provides the possibility for affective stabilization. With the affectively disturbed child, the pedotherapist has the task of searching for links with **stable lived-experienced contents** that are connected with the present theme. Because the overarching aim of assisting the affectively disturbed child is stabilizing the affective, the pedotherapist has to pay particular attention to planning this phase. Thus, during actualizing foreknowledge, the first precondition for affective stability is fulfilled. In this way, the child's "readiness, as emotional readiness" [in Afrikaans] (28, 58), to change meanings is awakened.

#### 3.1.2.2 Stating the problem

The pedotherapist allows a problem to arise from the foreknowledge by which the child can lived-experience the inadequacy of his insights. This problem, which must be formulated such that it is worthwhile for the child to respond to it, is necessary for the

successful course of the therapy session since effective orientation or learning only is likely to occur if a definitive problem is presented to the child (see section 2.3.3). The problem needs to be stated as a question "which directs an appeal to the questioning consciousness of the pupil" [in Afrikaans] (27, 28). The **willingness** to solve the problem only then is awakened in him. The affectively disturbed child usually does not lived-experience the favorable meanings, which serve as themes for changing meaning, as a (solution to the) problem. Therefore, the pedotherapist has to guide him to discover his affective lability as a problem and in this way awaken in him the will to stability.

### 3.1.2.3 Exposing the orientational content

To adequately actualize the therapeutic event, in this phase, the child clearly needs to "**feel** ready to open himself further in order to learn to know and gain the new content" [in Afrikaans] (30, 301). Therefore, this now involves making discernible and unlocking those essentials by which the problem is solved, and thus the child lived-experiences additional affective stability. Following Van Niekerk (34, 148), in this phase the child who lacks affection needs to be confronted with affection by the pedotherapist, he has to learn not to be afraid, not to wet his bed, not to neglect his duties, to trust, to will, to have courage, etc. Thus, he now indeed needs to "learn" how to "behave" himself.

### 3.1.2.4 Actualizing (controlling) the orientational content

The pedotherapist also needs to assess the child's insight into and especially his attribution of meaning to the essentials because meaning is changed precisely through attributing a different meaning. The child has to be given the opportunity to himself handle and use the new insights (33, 176). In truth, in this phase, the child is guided to self-actualize the essentials of the theme. According to Sonnekus [in Afrikaans] (27, 63), this phase particularly involves "**assessing the state of his stable affective lived-experiences** coupled with his ordered cognitive lived-experiences which pave the way for his lived-experiences of meaning" (my emphasis). Through actualizing the orientational content, the pedotherapist has to see to it that the content becomes part of the child's possessed experience.

### 3.1.2.5 Functionalizing

The new content with which the child has become acquainted cannot remain limited only to the pedotherapeutic situation but from now on he should be able to **live** in terms of it. Therefore, during functionalizing, the new content has to be put to use (function) so it can be used with insight (33, 177) in similar problem areas. This implies, e.g., that the affectively disturbed child has to be given the opportunity to apply being free from anxiety, being without tension, showing trust, courage, etc. to new situations.

### 3.1.2.6 Evaluating

After concluding a particular theme, the pedotherapist needs to evaluate the degree to which the child has given sense and meaning to the orientational content. From a psychopedagogic perspective, this involves evaluating the elevation which has occurred in the level of the psychic life (in particular the emotional life) of the affectively disturbed child. Thus, it has to be determined if changes in his meanings really have occurred. It should be mentioned that the actual evaluation lies in the question of whether in reality he also shows more affective stability.

## 3.2 Parental guidance

Since the author takes the view that the origin of affective disturbances often is evident in the child's **educative situation**, it follows that assistance be offered to the **family** as well as to the **child**. It is obvious that eliminating the labilizing aspects of the educative situation is necessary to successfully provide assistance. Besides, without the cooperation of the parents, successful assistance seems even to be impossible. This practice by which the parents become involved in assisting their affectively disturbed child is known in orthopedagogics as **parental guidance**.

Parental guidance means that the pedotherapist, "on the basis of pedagogically founded insights, tries to offer systematic and purposeful assistance to the parents by means of (andragogically) accountable guidance discussions and other forms of assistance to reorient them such that they can acquire a new focus in order to optimally execute their educative obligations in real ways" [in Afrikaans] (4, 112). Consequently, this requires that they be advised by the pedotherapist about the ways they ought to educate

their child so that his personal development can proceed adequately.

Since the reason for the problem is found in family relationships, assistance entails "primarily re-establishing interpersonal relationships in the family much sooner than undoing undesirable actions" [in Afrikaans] (34, 165). Therefore, for Pretorius [in Afrikaans] (20, 131) the core of parental guidance is "the elimination of the disturbed relationship and finding a more solid education-promoting parent-child relationship". According to him (20, 131), parental guidance occurs in a series of advisory discussions that revolve around the following matters:

- \* the results of the (orthopedagogic) investigation of the child are communicated to them. The problem is analyzed for them, and their own role in its origin is indicated;
- \* the possibilities and difficulties of totally or partially eliminating the problem are stated;
- \* their role in eliminating the problem is emphasized;
- \* concrete-practical examples for eliminating the problem, in light of its uniqueness, are indicated;
- \* their real cooperation is obtained in correcting all changeable factors of the problematic educative situation.

To eliminate the affective disturbance, the child's pedotherapy has to go hand-in-hand with parental guidance. Changes in meaning in the pedotherapeutic situation alone are insufficient if the child does not also lived-experience his real educative situation as changed.

By way of a synthesis, fundamental pedagogic, psychopedagogic and didactic pedagogic insights provide the foundation upon which the pedotherapeutic practice of providing assistance can be planned. By means of **diagnosis**, the meanings that the child must change are identified and, in light of them, there then is a search for contents by which he can **reorient** himself to his situation. These orientational contents are presented to the child in **direct** and **indirect** ways and also within the framework of the **lesson structure**. For optimal effect, the pedotherapeutic event has to progress in parallel with **parental guidance**.

The relevant essentials of the above fundamental pedagogic, psychopedagogic and didactic pedagogic insights **converge** in the orthopedagogic practice of providing assistance, and they are actualized as a **unity**. The essentials of the different pedagogic perspectives are not implemented apart from each other. This matter will be brought up in the following chapter by means of a practical example.

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