CHAPTER IV
DESIGNING A PEDOTHERAPEUTIC PRACTICE

"The only man who is educated is the
man who has learned how to learn."
- Carl Rogers

1. INTRODUCTION

Problematic educating is the area of study of orthopedagogics. Irrespective of the restraining factors at the basis of the situation, or the outcome of the event, problematic educating still remains *educating.* Thus, there are no orthopedagogical categories. All of the pedagogical categories have relevance for orthopedagogics. It is just when the essences of educating, verbalized as categories, appear as attenuated or disturbed that problematic educating is pointed to. In order to be able to call an event of educating problematic, all of the pedagogical categories must be applied in the form of criteria.

It is with respect to evaluating or judging

(i) the initial state of the educative event,
(ii) the adequacy of the act of providing help, and
(iii) the outcome of the help provided

that an orthopedagogue must take into consideration the coherencies among all of the criteria (as established by all of the pedagogical perspectives). Orthopedagogical evaluation is only possible at the point of focus where all of the pedagogical perspectives converge.

When an educative event is labeled as problematic an orthopedagogue does a micro-analysis in order to particularize further the specific phenomenon. This exploring is embedded in the diagnostic that necessarily must be carried out before the therapy in order to be able to formulate a meaningful aim. As with evaluating, a pedagogue can only delimit and formulate an aim from a situation in which all of the pedagogical criteria are considered.

Also, with respect to planning, actualizing and evaluating parental accompaniment, an orthopedagogue must take into account a convergence of pedagogical criteria.

In Chapter III it is shown that all of the pedagogical categories appear in a pedotherapeutic event and that it indeed is educative help. Van der Stoep says that educating is actualized in teaching and that the meaning of teaching is in educating. In this light it is declared that pedotherapy indeed is teaching.

Teaching is functionalized in the form of a lesson. An adult will teach a lesson for a child in school and at home, but also during therapy. Didactic-pedagogics has already disclosed the structure of a lesson. It is possible to know, explicate and call a lesson into being in terms of its constituents. This lesson structure makes it possible for an adult to create with accountability a preformed field within which it is possible and even likely that a child will learn.

A therapeutic event carries a sense of urgency. Speedy and lasting results are a high priority. Restricted time is prominent. A pedotherapist dare not provide help in a haphazard way and expect fortuitous success. When he allows himself to intervene in the course of a child's becoming, naturally he cannot guarantee success but on the basis of his specialized skills he must make success likely. Thus, he must hold himself responsible for establishing his therapeutic practice.

Consequently, it would be meaningful, in light of the didactic-pedagogical insight into the lesson structure, to penetrate the pedotherapeutic event in order to also try to disclose a structure in terms of which a therapist can establish a practice.

2. THE PEDOTHERAPEUTIC SEQUENCE STRUCTURE

2.1 Introduction

Educating is given with being human. Where educating appears, errors in educating arise. Helping children in educative distress is not a recent phenomenon (Leder, 1968). Much about this has been

said and written. Because of the deficiency in fundamental scientific reflection by many of those who involve themselves in the practice of providing help, confusion has arisen and a call for order arises (Bergin and Strupp, 1972; Porter, 1968). "Those who are oriented towards problem solving, such as clinicians and the educators, and those who are oriented towards empiricism, such as researchers and experimenters, have a common cause in criticism of theory. They seek to bind themselves to method and facts .... Nevertheless, facts themselves cannot make a science. They must be ordered and organized into a meaningful and useful pattern" (Rhodes and Tracy, Vol. I, 1977, p. 14). This "pattern" or form in which what is essential to the phenomenon is cast, makes it knowable, understandable and able to be evaluated (Van der Stoep, 1972, p. 1). It also enables the practitioner to accountably call the event into being. To be able to establish a practice, the constituents or "building blocks" of the phenomenon must be at hand. Hence, a theory that discloses structure is in the service of practice. In this respect, the meaning of theorizing is in its serviceability to practice. In the language of Van der Stoep, theory without practice does not have a point of origin and a practice without theory is fathomless.

Where giving orthopedagogical help is functionalized as pedotherapy, it takes a form similar to a lesson. The aim indeed is that a child will learn something while an adult provides direction. Bergin and Strupp (1972, p. 436) state that researchers of the future must take into account the fact that therapy *"consists of a set of specifiable technical operations to reach specifiable objectives".* This has implications for establishing a practice but also for teaching pedotherapy to students. However, there are important differences in accent that differentiate the formal teaching lesson from a therapeutic "lesson". These reasons, along with the definite school connotation that adheres to the word "lesson", make it desirable to use the term "session" instead. The latter also has acceptance in the practice of providing help.

When a pedotherapist plans a session it appears that he must reflect on the matters of aims, content in terms of which he can reach the aims, the form in which this content is revealed and the activities necessary to set the matter in motion.

In the following, each of these constituents is viewed more closely.

2.2 Stating the aim

Stating the aim is not only the point of departure of each therapeutic event, but gives direction to all of the decisions and choices a therapist must make in his (i) designing the session, (ii) contributions during the session (iii) evaluating at the end of each session and (iv) concluding the therapeutic contact as a whole.

Aims are orienting beacons for a therapist. They not only indicate objectives but also present boundaries or limits. They prevent the therapy from falling into a morass of general (idle) talk or on the other hand degenerating into an exercise of therapeutic techniques that, however interesting to a therapist, hardly bring a child closer to a solution to his problems.

Clear aims not only give impetus to the course of the therapeutic progression but they give direction and clarity to the therapeutic relationship. A therapist with an aim in view is not so co-involved in a child's distress that his empathy dissipates into sympathy. A purposefully established therapeutic relationship is stripped of detachment, chilliness, sensitiveness, possessiveness, inquisitiveness, familiarity and other side-purposes that predispose to failure.

De Cort (1973) indicates that in stating an aim for a teaching event, four matters arise, i.e., formulating, taking stock [inventorying], classifying and evaluating. This holds equally so for pedotherapy.

2.2.1 Taking stock

This has to do with compiling all possible aims that arise regarding a child-in-distress:

(i) A child run aground also is still not yet an adult who is involved in reaching full-fledged adulthood in all of its consequences.

(ii) A child is associated with on a specific level of becoming and development and there is mention of a particular

degree of being formed (i.e., the anticipated level pedagogically achievable).

(iii) The child of concern has specific potentialities and shortcomings in his personal actualizing and in his situation. This is related to the nature and scope of his problem.

(iv) The child comes from a specific cultural-social milieu with a specific cultural heritage and philosophy of life. He must achieve a place for himself in his community.

(v) Each child is always situated and in relationship to himself, his fellow persons, things (concrete and abstract) and God.

All five of these matters must be considered when compiling an inventory of pedotherapeutic aims.

The thorny question of how reconcilable is the therapist's own philosophy of life with what is generally accepted in the milieu of the child comes to a head here. A pedotherapist cannot hold out an aim that is irrelevant to or in conflict with what is regarded as valuable and proper in that milieu where a child must pave his way to adulthood. If pedotherapy steps over the racial and language dividing line it must be made viable and the therapist must assure himself of the accepted norm structure in the child's cultural-social surroundings and he must bring into consideration his own particular philosophy of life. Serious conflict impedes congruency (genuineness) in the therapeutic relationship.

With indirective pedotherapy a therapist does not force his particular hierarchy of values on a child but accompanies him on the way from accountability to taking his own position. Giving sense and meaning is a personal matter, something that is unique and peculiar to an individual (Ungersma, 1961). A pedotherapist can only accompany a child to make his own choices, to actualize his own potentialities. (Note well: all actualizing occurs by a self; no one else can ever actualize a child's potentialities for him, also not his meaning giving potentiality).

A pedotherapist can hardly proceed to inventorying the aims if he does not also attend to pedotherapy for the other leg of providing

orthopedagogical help, i.e., parental accompaniment. The aim of orthopedagogical help indeed is to deliver a child again to his natural educators. This is only possible when the parents' hierarchy of values is brought into accord with the [aims] inventoried. Also, in this respect the tri-polar nature of orthopedagogical help appears, i.e., the child, the parents and the therapist. This tri-polarity is the warp and woof of pedotherapy.

In addition to the above matters, any inventory of pedotherapeutic aims must also accommodate the following moments:

(i) eliminating factors that impede becoming.
(ii) putting becoming into motion by repairing [re-establishing] educating.
(iii) accelerating becoming to eliminate the retarded becoming.
(iv) re-establishing the future perspective between parents and child in order to carry on the accepted ways of educating.

2.2.2 Formulating

Besides collecting a multitude of therapeutic aims a pedotherapist must then attend to describing, delimiting, limiting and precisely verbalizing them. This involves concretizing the aims. Abstract aims often appear to be unfeasible in practice. A therapist must formulate the aims in clearly understandable language so that it

(i) is clearly brought forth as a specific direction giving, delimited aim for him;
(ii) will be understandable, illuminative and direction giving for the parents as co-involvers in the orthopedagogical event; and
(iii) can be verified and evaluated by other experts.

Concretely formulated aims, i.e., expressing them in terms of functional activities is a matter highly estimated by behaviorist oriented therapists. The aim is verbalized in terms of behavior. A therapist continually asks the question: what must a child be able to *do*? This method results in a great deal of clarity, delimitation and

ordering. It also avoids many false expectations and misunderstandings among therapist, parent and child. A disadvantage is that a therapist continually is tempted to consider only those aims that lend themselves to being formulated in terms of behavior. Aims concerning matters that are not easily read off of functional activities are left out of consideration. The state of matters such as valuing, accepting, sense of responsibility, respect, understanding and obedience indeed are read off of a child's behavior but if he formulates them in terms of their concreteness he will be obliged to limit himself to an accurate verbalization of its level of incidence or circumstances of actualization. He should then specify under which circumstances, in which situations and in interaction with who and what and what is expected of the child about how to behave. Such a being possessed with formulating in terms of specifiable behavior weakens the therapeutic event to a shadow of what it ought to be.

A useful middle way seems to be to formulate aims in terms of verbs. (In this regard, see the psychopedagogical categories all of which are formulated in terms of verbs; e.g., lived experiencing, experiencing, willing, knowing, behaving, distancing, exploring, thinking). This gives indications of behavior without so splintering the aim that the therapeutic effect is going to be lost.

The particular role that language plays in this matter is shown by Snyman (1979, pp. 156-157) when it is stated that the language in which aims are formulated provides a reflection of qualities but also an indication of didactic tasks. Formulating aims has implications for selecting, ordering and evaluating therapeutic content. If aim and content are the bricks in the structure of pedotherapy, language is the cement. The functions of language in the therapeutic event had failed to appear for a long time and urgently require research.

2.2.3 Evaluating

Before a pedotherapist can act according to the planned aims he must first evaluate each of them in light of:

a) their pedagogical desirability. In light of the scientific insights regarding childlike becoming, psychopedagogical categories

are applied as criteria to determine if the planned aim will contribute to reaching the overarching objective of all pedotherapy, i.e., the child's *becoming to adulthood.*

b) in connection with his diagnostic exploration of the potentialities and defects of a particular child during the diagnostic phase, a therapist decides if the aims are realistic. He continually asks himself if it is at all possible for this specific child in his specific situation to reach this specific aim.
c) a therapist also takes into account the generally accepted view of being human of the community to which he belongs and in which he will further become an adult. Values might be largely the same in different communities but the norm by which they are evaluated might differ. Hence, a therapist must be in touch with the child's background. Pedotherapy cannot occur in a void or foreign to life, isolated environment.

Wittkower and Dubreuil (1971, p. 9) mention that the pursuit of the demands of propriety of a specific community often leads to tension in an individual or between individuals. They make the following division of such factors:

(i) Taboos – in some communities particular roles are allocated to girls and boys according to tradition. No deviation from the desired behavior is permitted.
(ii) Satisfying values – a child strives so consistently after a norm that he exaggerates it in excess, e.g., obedience becomes a slavish docility.
(iii) Value-polymorphism – there are conflicting values within the same cultural structure, e.g., in a community with immigrants from different countries or parents with different religious convictions.
(iv) Culturally bound customs – in communities where superstition reigns supreme, children are subjected to ever present anxiety and even fear.
(v) Cultural bound views about educating a child – in a strong patriarchal system there is an authoritarian exercise of authority by men. However, other communities are so permissive regarding their children that it awakens uncertainty because of a lack of limits.

In evaluating aims a pedotherapist must consider all of the facets mentioned. It might first be necessary to proceed with a few sessions of parental accompaniment in order to get clarity about the parents' standpoint and possible opposition, suspicions and amooth over any indifference from the educators before he can proceed to the following step of classifying the therapeutic aims.

2.2.4 Classifying

This has to do with ordering the aims in a methodical system that will insure balance but will also result in a hierarchy of aims.

It is worth noting that taking stock, formulating, evaluating and classifying are not necessarily sequential phases in the therapist's preparation but rather are distinguishable facets.

The taxonomy of Bloom, known by all, that offers a refined division of personal cognitive potentialities has more value in the formal event of teaching in school than a pedotherapeutic teaching event. In Bloom's classification system, the center of gravity is with intellectual potentialities. The affective, normative and psychomotor potentialities are of equal importance for a pedotherapist. Emotional stabilization is a precondition for the course of pedotherapy. Aims that refer to actualizing emotional potentialities are not necessarily of greater value to a pedotherapist but with respect to the time imperative, there is a greater urgency on bonding.

In 1939, Rogers emphasized the value of a differentiated person image or person diagram that is obtained during the diagnostic phase. In terms of a micro-analysis of a unique child's person structure on the one hand and a macro-analysis of childlike psychic life structure (as disclosed by psychopedagogics) on the other hand, it is possible to delimit specific learning aims. A pedotherapist is then protected against a one-sided emphasis on what is immediately obvious at the cost of other less obvious but equally important aims. An orthopedagogical diagnostic thus offers an image of the pedagogically achieved level of becoming in contrast to the psychopedagogically disclosed level achievable.

In classifying aims a pedotherapist differentiates among:

a) *Overarching aims,* i.e., those aims embedded in the eventual attainment of adulthood by a child and that correspond to the general aims of educating striven for by the parents. The categories of the fundamental pedagogical aim structures verbalize these aims.
b) *Implicit aims.* i.e., those aims that hold for all children at any given moment. Here belong matters such as a stable emotional life, an ordered cognitive structure of lived experiencing, adequate actualization of volitional life, unlocking self for reality, orienting self to reality and to harmonious co-existential relationships. Indeed, all pedagogical categories can be transformed into aims and placed in this type of aim.
c) *Explicit aims,* i.e., those aims of relevance to the unique child's situation of distress. The specific symptoms in which the distress is manifested should be taken into consideration. It is of cardinal importance that the positive attributes of the family are brought into consideration with specific aims. It is often advisable to find linkages with positive matters such as a genuine emotional bond and then from attaining less pressing aims to direct the therapeutic event to the cardinal problem area.

   Explicit aims are ordered hierarchically. Overarching and implicit aims are involved in each therapeutic session but with respect to explicit aims, a pedotherapist makes a choice in planning each individual session. The hierarchical ordering is thus continually subjected to reconsideration.

With respect to the matter of aims, the value of a thorough diagnostic phase cannot be overemphasized (Rosenthal and Levine, 1971). A childlike deviation does not arise overnight. It has a beginning and consequences. It is not a simple matter of here and now. It is not possible to understand and change the dialectic event of appeal and response if a pedotherapist does not have a frame of reference in terms of which he allow his provision of help to progress purposefully.

2.3 Content

2.3.1 Introduction

In a teaching situation at school a teacher only has a limited choice of content. He is bound to a prescribed curriculum determined by government authorities. The prescribed curriculum holds for all children who find themselves in a particular grade level at that period of time. He does have a choice of examples. A child has minimal choice. He is exposed to the content in directive ways that he must master within a given period of time.

In a teaching situation at home a parent selects content on the basis of the cultural demands of his community and his own intuitive knowledge of his child's level of becoming. There is a fluid time limit for bonding. The selection of content often occurs haphazardly according to the demands of the moment. Also, in this case a child has little say in the choice of content. A parent chooses content for a single child or in behalf of all of the children in the family.

Although therapy is a teaching event and cannot be realized other than in terms of content it figures in a qualitatively different way in pedotherapy. There is no curriculum of selected, ordered and evaluated content. The approach as is shown in some structured behaviorist oriented programs of behavior modification where indeed selected content is inserted in behalf of all children showing a specific symptom, is rejected as pedagogically unaccountable because it misunderstands a child's uniqueness, the unrepeatability of his specific situation, his possibilities of choice and his openness.

2.3.2 Choice of content

During non-directive therapy a therapist does not choose contents that are going to be presented. He also does not initiate the event in terms of content but transfers all initiative and, thus, all responsibility to the child.

Pedotherapy can never be nondirective because a child, by definition, is not yet morally independent and thus cannot carry

responsibility for himself. Secondly, he has at his disposal limited experiences and his grasp of reality is still so incomplete that he has a limited radius of contact regarding the content. A child in distress finds himself in a difficult situation regarding the meanings he gives to reality and thus is inclined to a skewed vision. Consequently the responsibility for the content rests with the therapist.

With respect to pedotherapy, in truth there is no curriculum of content but the therapist also does not have an unlimited choice of therapeutic content. The specific nature of the problematic educative event indicates the therapeutic content. A child behaves in a specific way on the basis of the *sense* and *meaning* that he gives to life contents on an affective, cognitive and normative level. It is on the basis of this inadequate or mis-signifying of content that he is involved in pedotherapy. *During pedotherapy there must be a change or development of meaning given to this content. This problematic content must figure in one or another way;* the child must *re*-encounter what is now problematic so he can signify it differently or more adequately.

Which content the therapist is going to present is disclosed during the diagnostic phase. At the end of the exploratory phase a therapist ought to be able to complete the following:

Content	Ways of signifying		
	Affective	Cognitive	Normative
a. The child's signifying himself			
b. The child's signifying others			
c. The child's signifying things			
d. The child's signifying God			

Obviously, each part does not need to be filled in. Only *inadequate* meanings and the level of inadequacy are indicated. Often it is only possible to complete the scheme after therapy has begun and the therapist has come to greater knowledge and insight about the child. Exploring and therapy overlap. Diagnosing is not a single event.

A therapist should now be able to determine if his provision of help must be directed to an ordered cognitive grasp of matters and things or a more adequate emotional signifying of himself, or his normative attunement toward God, etc.

It must be emphasized that all of these matters are mutually related and can never be isolated in watertight compartments. The above scheme only helps the therapist order the problematic in a system such that he can purposefully direct his helping practice to what is relevant.

Now a pedotherapist completes a similar scheme that is a complement of the first. That is, he indicates *with what* the inadequate meanings must be *replaced.* This anticipation of the desired is closely related to stating explicit aims and formulating concrete aims. For example, a therapist not only should indicate that he will change labile emotional meanings of self to stable emotional meanings. He must particularize this further and indicate what the child must accept, feel, trust, value, etc. regarding himself.

The diagnostic phase should also give the pedotherapist an indication of which one of the two pedotheapeutic forms he can apply best with this specific child, i.e.:

a) indirective or symbol therapy, or
b) directive pedotherapy.

The matter of therapeutic form is considered in section 2.4 but is also touched on in this context because it has relevance for the choice of content.

If a therapist decides on directive pedotherapy he can present the content as such to a child and the conversation carried on is *directly*

about what is relevant. A therapist exercises a choice in selecting exemplars in terms of which he wants to change specific meanings. Not all content necessarily is suitable for use as pedotherapeutic content. Thus, a therapist must plan a curriculum for a specific child because he is going to select, order and evaluate exemplars in light of the therapeutic aim (Hill, 1975, pp. 241-246).

The following are some criteria for evaluating therapeutic content:

a) Is the content such that it contributes to grasping coherencies in reality?
b) Does it have meaning for both therapist and child?
c) Does the therapist command such content?
d) Does it lend itself to what is deemed valuable in the child's cultural community?
e) Does the content direct an appeal to the differentiated application of personal potentialities?
f) Does it agree with the child's level of becoming?
g) Does the content include the possibility that overarching, implicit and explicit aims can be realized in terms of it?
h) Does the content possess situation-surpassing possibilities so that transfer from the particular therapeutic situation to the generally broader life situation can occur?

In the case of indirective or symbol therapy the selected content figures in an *indirect* or concealed way and a conversation is had in terms of symbols. During indirective pedotherapy a child has input into the choice of therapeutic content. During the diagnostic phase a child is given the opportunity to engage in projection.

According to Van Niekerk (1978, p. 136), etymologically the word projection has its origin in the Latin *proicere* meaning "to throw forward". D. J. van Lennep describes projection as the phenomenon where someone attributes characteristics, affects, behaviors, attitudes and relationships to one or more persons that rather are [more] applicable to the judging person than to the judged person or persons. However, it serves to point out that this "throwing forward" of meaning, i.e., the child's ascribing or giving meaning can also be to things and is not limited to other people.

Projection does not occur only regarding “fending off” painful or threatening or unacceptable meanings; a child can also attribute favorable, pleasant, non-threatening, non-painful meanings to something or someone else. Thus, he attributes his particular, personal meanings to them. Such a person or thing that the child invests with particular meaning symbolizes the meanings he attributes to them. He casts his personal, particular meaning in a specific image (Lubbers, 1971, pp. 33-36).

These symbols or images that are invested with specific meaning by a child figure as content during indirective symbol therapy. The therapy is qualified as *indirect* because use is made of substitute content. The problematic or inadequate meaning still continues to figure in connection with the adequate meaning aimed for but now in the form or image that the child himself has given to it. Thus, the child chooses the form in which the therapeutic content appears.

When a pedotherapist has delimited his therapeutic aim and has made a choice of content in terms of which he will realize the aim in directive or indirective ways, he then proceeds to the following actual matter, i.e., reducing the content.

2.3.3 Reducing the content

Naurally, any human problem situation is an extremely complex matter. Because of his being a child he is not-yet-adult and not yet able to analyze and order the complex whole of his situation with respect to its “wheat and chaff”. A child becomes enmeshed in details, in trifling incidentals that then obscure the essentials of the matter for him. This holds even more so for a child in distress. Because of his labile affect, he is often so emotionally flooded that he is not able to actualize his cognitive potentialities as desired. Even the simplest ordering can evade him. This leads the pedotherapist to at least supplement this deficiency. The pedotherapist does not allow the already flooded child to plod on until after unnecessary confusion and wasted attempts he accidentally stumbles across the solution himself.

In order to be able to handle what is really relevant to the problem, a pedotherapist must analyze that content to which the child gives

inadequate meaning. "In dealing with all themes there is mention of core facts that carry the insight and incidental facts that make interpretations, applications etc. possible" (Van der Stoep et al., 1973, p. 33). In didactic theory, these core facts are known as *elementals.* Elementals are reduced content; they indeed are focal points that indicate the core of the matter (Kruger, 1975). In his analysis of the problematic a pedotherapist continually tries to determine what it is that a child must feel, know, or recognize, or understand or grasp; i.e., what must a child *do* to give adequate meaning to the content. Thus, a therapist determines which elementals a child has not properly mastered. These elementals must then be brought within the child's reach because the therapist has unlocked reality for him and made it accessible to him.

When a child has mastered the elementals he can apply them as *fundamentals.* Fundamentals are a didactic subject term that means that via mastering an elemental he can himself accountably give sense and meaning to the reality represented by the content. In doing so transfer occurs from the therapeutic situation to life reality. In a therapeutic situation elemental mastery occurs so that he can apply it as a fundamental outside of the therapeutic event. Fundamentals have a strong moment of transfer and also have an analogical nature. Fundamentals are acquired knowledge that lead to a meaningful existence (Kruger, 1975). Via applying elementals as fundamentals changes in meaning occur. What the child previously knew imperfectly he now commands. What was strange is familiar and thus less threatening. What had been emotionally shocking because of the imperfect grasp that he had of it is now changed into known, mastered content. Cognitive order gives rise to emotional stability. This teaching effect of emotional security is the most important component in therapy according to Leuner (1969, p. 61).

In the case of directive pedotherapy a therapist is not going to work authoritatively. He does not force any solutions or insight on the child but carries on a dialogue with him in a direct and direction-giving way about the content itself. In the case of indirective symbol therapy, the matter of presenting reduced content is more involved. The child chooses [produces] projective symbols that then figure in place of the original content. Not all symbols are

necessarily useable therapeutically. The therapist selects the symbols. Initially, he reduces them to their elementals. If there is enough correspondence between the elementals of the original content and those of a symbol, the symbol can be used therapeutically. Then, indeed, it can serve as substitute content and the possibility remains that the child can acquire a grasp of the relevant elementals. The symbol is then used as an example [of something more general, i.e. the original content]. The symbol, as substitute content, then figures further in the same way as does the original content does during directive pedotherapy. Rogers (1939, p. 345) says, "Transfer of training is facilitated when there are many common elements between the two situations". The child masters the elementals in symbolic form but, as fundamentals, turns them into real content in life situations.

Reduction of content is a matter that many pedotherapists have omitted for too long. As a result, the fact is that their success often merely is haphazard.

The transformation of elementals to fundamentals lays the foundation for the pedotherapeutic dynamic. This is where the problem is solved.

2.3.4 Asking questions

Learning is a primordial phenomenon that is given with being a child. A therapeutic event is a learning event. It is one of those phenomena of the psychic life of a child that has been thoroughly studied but about which the last word has not been spoken.· With reference to a penetrating study of the essences of the phenomenon, Sonnekus (1968, p. 48) concludes, "Learning is essentially then a search for sense and meaning by means of childlike ways of being as modes of experiencing that are pathic as well as normative." This has to do with a child seeking what is meaningful.

· In this connection, see the contributions of German psychologist of thinking such as Oswald Kulpe and Otto Selz, behaviorists such as Thorndike and Watson, Gestalt psychologists such as Kofka, personological psychologists such as Stern (Nel, Sonnekus and Gerbers, 1965, pp. 72-77) and the contributions of the great child psychologist, Jean Piaget (Stagner and Karwoski, 1952, p. 400).

Lived experiencing meaning is not only the result of childlike learning but it is a precondition for actualizing it. Without lived experiencing the meaningfulness of the content, childlike learning is arrested. Before his intention to learn can be brought into motion, a child must be aware on an affective, cognitive and normative level of being called. Not only does the content address a child such that it awakens his wonder but he accepts the fact that it touches him as a unique individual and that it indeed contains a task for him to which he must respond. In this way dialogue is brought into motion.

This matter has particular relevance for pedotherapy. Before a child can unlock himself for reality in any way at all, enter into dialogue with it, try to acquire a grasp of it or be ready to appropriate and embed it in his possessed experience, he must experience himself as being called by that reality. In other words, he continually asks himself: What does this have to do with me? This question-asking on an affective, cognitive and normative level (i) brings the intention to learn into motion, (ii) awakens relevant possessed experiences such that they are available in the form of remembered content as foreknowledge and (iii) creates a disposition of expectation or anticipation that serves as a preformed field [precondition] for the further course of therapy.

Any exposure of therapeutic content, whether directive or indirective, must touch a child as a question or problem-for-me. It is the therapist's task to transform the therapeutic content into a relevant question. This is a knotty matter since the degree of successfulness of posing a question to a large extent determines the success of the subsequent phases. In his preparation, a therapist must provide answers to the following questions:

a) Which aim is envisaged for the specific session?
b) What mode of conversation (i.e., directive or indirective) is most appropriate for the particular child?
c) Which contents lend themselves to attaining the aim?
d) What is the state of the child's possessed experiences with respect to the content aimed at?
e) What is the child's experiential habitus, i.e., on what level does he best carry on a dialogue with his world?

Subsequently, the therapist must bring these five matters into consideration and in their light formulate a question that is relevant for a specific child in his specific situation.

It is important to point out that posing the question does not necessarily need to occur verbally. With reference to the response provided to question (e), a therapist can choose a therapeutic technique, e.g., drama, art, play, human modeling, an imaginary trip, etc. For example, the question can take the form of presenting brightly colored paint, a brush and paper, or a (Rorschach) projection plate, or a toy, a puppet or a drawing that the child has made. It is here that the ingenuity, resourcefulness, sensitivity, insight and experience of the therapist are of decisive importance. There are no standardized questions or assignments that meet the demands of all therapeutic events. Each therapist, child and situation is unique, singular and unrepeatable. Consequently, there can be no mention of group pedotherapy or pedotherapeutic programs. A pedotherapist must continually plan anew for each child.

2.4 Form

2.4.1 Introduction

An elevation in the level of dialogue that a child carries on with his world does not arise by itself. A therapist's task is to design a series of situations during which the child can become acquainted with the content in such a way that his lifestyle will change in accordance with his changed attribution of meaning.

Childlike learning during a therapeutic event cannot be fortuitous. The therapist must so harmonize form and content that a child can attain the greatest possible degree of differentiated personal actualization.

2.4.2 Choice of ground forms

A person cannot live other than as a human being. The phenomena of teaching and learning are embedded in a human form of living.

Van der Stoep (1969) has shown that the didactic ground forms are not and cannot be other than ordinary human ways of living, i.e., conversing, playing, assigning and exemplifying. The same holds for a therapeutic event. A therapist cannot intervene with a child in any other way than as a human being. Pedotherapy is not foreign to life. All pedotherapeutic methods rest on the life forms of conversation, play, assignment and example.

The nature of the content together with the personal likes and dislikes of the therapist and child indicate a choice of ground form. A particular therapeutic content allows itself to be best presented in terms of an example while another lends itself to conversation, play or carrying out a specific assignment. The choice of a ground form has relevance for the choice of a technique or a method. It might happen that more than one ground form will be incorporated together or separately into a session.

The design that a pedotherapist establishes during his preparation is at best an anticipation of the therapeutic course. It is no rigid form through which a child is deliberately pushed. The most elegantly planned course often fails because no person is completely knowable. Also, a child-in-distress is indeed a mystery, unpredictable and continually becoming. Therapeutic planning is a strategy in terms of which the therapist initiates, brings into motion and steers the event. The child is a full-fledged conversational partner who with his part in the event can give it a different direction from what the therapist had planned. A wise therapist identifies and uses the therapeutic moments that arise unexpectedly. Sensitivity and intuition are among the most precious human potentialities and must never be stifled by rigid planning. Additions or repetitions are taken into account in planning the subsequent session.

2.4.3 Choice of a methodological principle

On the basis of a therapist's knowledge of a child's actualization of learning, his lived experiencing habitus and state of becoming acquired during the diagnostic phase, he decides on a methodological principle. This choice of method or procedure has

significance for the child's acquisition of insight and giving meaning during the therapeutic event.

With respect to pedotherapy, there are two methodological principles, i.e., the directive and the indirective. Each will now be examined more closely.

2.4.3.1 The directive principle

The concept directive has a two-fold meaning. The first refers to the direct, plain, straightforward way it manages the content. The problematic in its reality is the direct theme of conversation, i.e., is presented as the therapeutic content.

In the second directive refers to the nature of the therapist's contribution. He indicates relevant direction, i.e., he openly gives direction to the event. He directs the event such that a child masters specific insight during the teaching.

During directive pedotherapy, language is prominent from the beginning of the event. This does not mean that conversation is the only appropriate ground form; on the contrary, a therapist can use example, assignment or play equally well individually or in combination, but conversation is always at least involved.

Once again, this puts the important matter of language in the spotlight. Via language he –

- establishes a relationship;
- orients the child to the situation;
- structures the event;
- directs an appeal to the child to participate in the event;
- unlocks reality and makes it accessible to the child;
- evaluates the child's progression;
- accompanies and supports him affectively, cognitively and normatively;
- sets time limits; and

- makes himself knowable and accessible.·

When, during directive therapy, a therapist presents the solution and tries to persuade the child to accept it, the quality of the therapeutic relationship is of decisive importance. The language in which a therapist clothes the matter influences if the child is going to step up to the content that naturally is problematic for him. The affect that the therapist's language expresses will influence if a child is going to venture under the accompaniment of this stranger and explore this threatening content.

The directive methodological principle lends itself to application in various therapeutic techniques, e.g., counseling conversation, the accompanied daydream, the imaginary trip, dramatizing, question-and-answer, modeling and more. However, a child is always addressed in the first person. "I" is the self directly involved with the content. In responding, a therapist refers to the child as "you". In directive therapy, the subject is never anonymous. This provides the child an opportunity to appropriate the solution as a solution-for-me.

Although directive therapy has many inductive moments, now it links up with the deductive approach. That is, a child is led to apply general principles or rules to presented data and then draw appropriate conclusions. In the therapeutic situation, this assumes the child has a relatively extensive and varied possessed experience that the therapist can refer back to. This also influences the arrangement of unconsolidated, unassimilated and even traumatic possessed experiences. In terms of a principle or rule a child can put into perspective the still unordered data.

The directive principle of ordering figures with increasing prominence the older the child is. It is useable with children of about ten years and older as well as with some younger children with good cognitive potentialities.

· For a complete discussion of the place of language in the event of teaching there is reference to the work of R. Snyman (1979).

It cannot merely be assumed that functionalizing, i.e., the adoption in everyday life of insights acquired during the therapy, will occur. First, the therapeutic content must be chosen with care (see section 2.3.2). Second, the appropriation of insight occurs when a child experiences the problem as relevant and the solution as "solution-for-me". It is the skillful therapist who unfolds the situation such that the child himself will "disclose" those solutions that the therapist had aimed for. In his choice and reduction of content, the therapist anticipates that sufficiently relevant elementals are disclosed so that the child's therapeutic experiences are to the point, relevant and applicable in his confrontation with the everyday life reality.

Using the directive methodological principle requires careful preparation, talent, skills and experience of a pedotherapist in order to prevent him from falling into the old pothole of so many "providers of help" and the child being delivered a moral lecture. With this, pedotherapy declines as a phenomenon and becomes involved with ordinary everyday, although well meant, meddling.

2.4.3.2 The indirective principle

The concept indirective refers equally to the way the content is managed and the nature of the therapist's contribution. First, the problematic as content is not in its original form of appearance but is represented by symbols. Thus there is an indirect association with this reality. Naturally, direction giving by the therapist occurs regarding possible solutions or alternatives but also not directly with the problem, but he carries on a conversation in the child's symbol language, thus indirectly.

This approach is appropriate for most young children (to about ten years) as well as for older children for whom reality is so painful that they ward off, avoid or evade it. Children who are emotionally offended to such an extent that they do not readily come to an ordered cognitive attunement regarding the problem, often show a readiness to converse about the problem in a more distanced, objective and thus for them a less threatening way.

The child is given optimal opportunity to arrive at projection. Projection is a two-fold event (Gouws et al., 1978; Wohlman, 1974; English and English, 1958), i.e.,:

(i) On an unconscious level, a child ascribes to another his own unacceptable desires, inclinations, shortcomings, attitudes or feelings. The other is then a reflective image of the self. The child puts his avoided self in the other. The other is everything he does not want to be himself. The other need not necessarily be a person; it can also be an animal or object that he describes anthropomorphically.

(ii) A child interprets things, concrete and abstract, according to his personal interests, desires, fears and expectations. This especially comes forth if the things are not clearly structured. The less structured the appeal, the greater opportunity to give meaning on the basis of a unique, personal attribution of meaning. Thus, for example, a child attribute emotional value to a color, recognize an animal in a piece of clay or label a departure as unfriendly.

A child not only projects via the spoken language but also via written language, play, graphic expression (such as drawing and coloring) and dramatic expression (such a gestures and facial expressions).

Through projection a child ascribes characteristics, puts meaning into, gives his own specific meaning to the object. Thus there is mention of an addition to, an expansion of meaning. Indeed the child makes the projection-object a personal symbol. This means something else for him than what is generally accepted. Gouws et al. (1979) define a symbol as “any object (including word or drawing) that represents another object or thought”. When a therapist uses the symbol or symbol language in his conversation with the child, the child understands them in terms of the specific meanings that he himself has ascribed to them. Thus, in the therapist’s conversation he reads those meanings that have specific relevance for him as a unique person. The therapist uses the child’s

symbol language to change or broaden meaning according to circumstances.

There then follows a transfer of meaning that refers to adopting or appropriating meaning via the symbol. This event can be labeled "reverse projection" [Afrikaans = trujeksie]. It is a flowing back of meaning from the symbol to the child. [It is an assimilation of the child's projection after it has been modified by pedotherapeutic intervention]. Projection is allocating meaning to the symbol by the child. The interaction between projection and "reverse projection" via the symbol makes possible a therapeutic change in meaning.

Through the intervention of the therapist it is possible for the child to find the desired solution. He can now arrive at a more adequate attribution of meaning to what initially had been unacceptable or inadequate meaning. What for him was so threatening or painful that he could only converse about it symbolically now has new sense and meaning. Because this is a more adequate giving of meaning he has a better grasp of the concerned piece of reality and with this it loses its unknown, strange and threatening nature. It is then no longer necessary to deal symbolically with the content. The child no longer experiences a need for projection. He arrives at deprojection (According to Lubbers, 1971, pp. 105-107, deprojection is an indication of the success of the therapy).

Indeed, now the child is ready to express the problem in words. Language in the true sense of the word once again takes a prominent place in the course of therapy. Linking up to the evaluation of the pedotherapist, the therapy might be terminated or it might be desirable to consolidate the results with more directive subsequent pedotherapy. The child is now ready to put the initial problematic content into words.

The indirective approach requires lots of repetition. Indeed, involved is linking up with the indirective principle of teaching where presented data are explored with the child and subsequently he is led to disclose rules or the accepted norm. Via stabilizing the child's emotional life, because he explores the problem in a painless, non-threatening way, he can arrive at cognitive ordering and consequently also give normative meaning adequately. By

unraveling the becoming-restraining event, once again the child's becoming adult comes into motion. Becoming adult always remains the overarching aim of all pedotherapy.

2.4.4 Choice of principles of ordering

In connection with the evaluation at the end of each individual session, in his planning for the subsequent session a therapist must once again choose the way in which the therapeutic content must be ordered. Weakly ordered content glosses over the elementals and allows the child to land in a maze. In order to ensure that progress is possible, that the whole relevant field is disclosed, that the child can arrive at an elevation in level via an elevation in dialogue, a therapist must order the content.

In choosing a principle of ordering, the child's level of readiness must continually be taken into account as well as the aims of the specific session. There are mainly four ways of ordering from which a therapist can choose:

a) *Chronological ordering*

The content is presented in a chronological sequence so that a child can acquire insight into the nature, origin and consequences of the problem. After all, each child problem has a longer or shorter beginning; child derailment does not happen overnight and unfortunately it is not remedied overnight. Thus there is a course of time during which the matter has taken a particular turn. Gaining insight into the chronological course of the educative restraining factors is illuminative of one's own role and also that of others.

It should be pointed out that a therapist can begin his search with the contemporary situation and similarly from the past.

It is obvious that a child's level of readiness is of decisive importance for choosing this way of ordering. It is less useful for young children who still live in a world of here-and-now, children with memory problems, weak potentialities for cognitive ordering or

children who cannot readily come to logical conclusions because they remain bound to the concrete and cannot abstract.

b) *Linear ordering*

A therapist supports a child to analyze the content into its constituents and then to again synthesize then into a whole in which he now sees new coherencies. One theme is worked through after another as they logically follow each other. For example, it should be possible to explore the mother-child-relationship with a child; then the father-child-relationship and after that, the other family relationships or school and peer group relationships if they seem to be necessary.

This way of ordering is appropriate for children with strong affective distress. Immediate help can be provided regarding pressing needs. Via cognitive ordering a child can proceed to determine his own priorities and his normative giving of meaning.

c) *Punctual ordering*

Pivotal points of the content are presented as themes. From a central theme, relevant matters are penetrated. E.g., from an exploration of the demands of propriety with respect to spending free time, themes such as occupational future, learning problems, trust between parent and child etc. can be brought up. A therapist continually selects therapeutic content that shows broad possibilities of amplification and application. It appears to be a useful approach in the case of young children and children whose thinking initially progresses in a disordered way. It gives the therapist an opportunity to further supplement and verify his diagnostics.

d) *Concentric ordering*

Therapeutic content is presented and then continually repeated in a more extensive and penetrative way. The technique by which the dialogue is carried out can continually change but there usually is mention of a progression and not merely a repetition in the sense of duplicating. For example, a theme that has figured during the

imaginary journey can subsequently be further explored with play therapeutic techniques or drama therapy.

This approach is useable in the case of children who initially have difficulty verbalizing and who must gradually use language to express [themselves]. Young children, children with attenuated possessed experience and also children with weaker intellectual potentialities benefit from this way of ordering.

2.5 Strategies

2.5.1 Introduction

The orthopedagogical event of providing help is tri-polar. In order to eliminate the difficult situation a contribution is required from the therapist, the child and the parent(s).

Pedotherapy and parental accompaniment progress together. They are dependent on, supplement and provide momentum to each other.

As a result of this, in his pedotherapeutic planning, a therapist will continually consider the contribution of the parent. It is beyond the scope of this study to further explore this parental contribution. Thus, attention is given only to the strategies the therapist uses to make the child's most desirable contribution possible.

It is well to note that the most careful preparation cannot guarantee the results of pedotherapy. A therapist can do nothing to insure what a child will do. A child indeed is an open possibility, has the choice of actualizing his willing and is never completely knowable or predictable. As always unknown he is a full-fledged conversational partner during the pedotherapeutic event and on his own initiative he can give a different turn to the event than what the therapist expected.

At the very least, this means that the therapist must now throw overboard all of his preparation and planning and blindly work out of the blue. [However, his] careful planning makes it possible to design a situation in which it is possible and even likely for the child

to participate in the event in the anticipated way. Because from the beginning the therapist had done overarching, long-term planning, it is possible for him, in a specific session, following the need of the moment, to change his particular strategy and still remain on course with respect to the overarching aim, the implicit aim and even a different explicit aim from the anticipated one for the specific session.

Subtle sensitivity and empathy as well as a vigilant intuition remain the therapist's most precious weapons in any therapeutic situation. They deter him from clinging persistently to a specific technique or, in spite of himself, carrying out his prepared session even though he will loose the child on the way. A pedotherapist must be ready to extemporaneously explore the unknown with a child. He must be able to improvise. He must be able to choose quickly in light of the prevailing situation but above all he must be prepared to *venture.* First and foremost, pedotherapy is a joint venture into the future.

There are manifold techniques available to a pedotherapist. Combinations of two or more techniques make a broad series of variations possible. The choices a therapist can arrive at are co-determined by the:

- nature of the problem
- aim
- therapeutic content
- level of readiness of a child and his personal likes and dislikes
- experience and skill of the therapist and his unique therapeutic style.

In connection with the choice of technique, a therapist plans for aids and the room where the therapy is going to occur.

2.5.2 The locale

It is necessary that a session progress in an office or room where a child feels safe and welcome. Furniture and especially the color combinations on the walls, curtains, rugs and upholstery create atmosphere. It was already shown that *sensing* is a first, intuitive,

pre-cognitive matter that initiates and accompanies childlike learning [and can be influenced by this atmosphere]. It is necessary that any wall decorations or ornaments be as neutral as possible and do not direct a suggestive appeal or elicit incidental, uninvited projections or disturbances. Other children's drawings or artwork often are alarming to an emotionally labile child. He also uses them as criteria for judging his own attempts. Even his own artistic expressions can direct an unexpected negative appeal to him on a later occasion. A therapist can use this to advantage provided he controls it and does not leave it to chance.

The nature of the furnishings is extremely important. Older children are ill at ease in a room with a sandbox, toys and miniature furniture. For them, they are an indication of the therapist's judgment of his state of becoming. On the other hand, a younger child feels like an intruder in a room where he must carry on a conversation with the therapist while sitting in a big chair at a desk. One must be on ones guard against a too elegant, luxurious room from which children in less privileged circumstances will feel alienated. Dignity and warmth must be striven for so that the child can have the impression that this is a space that has been prepared for him with care and in which, above all, he is welcome.

2.5.3 Aids

The technique of which a therapist is going to avail himself determines the aids he is going to implement. Projection plates, pencil and paper, drawing, modeling and other art materials, prints, posters, marionettes, puppets, dollhouse with dolls and furniture, building blocks and construction material, woodworking and arts and crafts are only a few possibilities. Whatever aids a therapist uses, he must take care that they are clean, taken care of, nice, hygienic and attractive. A yellowed, crumpled projection plate directs a specific appeal to the child's emotions, construction toys with missing or broken parts confuse an unordered thinker and a little piece of paper that is hastily torn out of a tablet, hardly elicits a child's intention to learn.

The aids must be planned beforehand and prepared for use. Unnecessary and irrelevant material must be removed. Cleanly

prepared aids testify to a child that he is highly regarded as a person, that he is welcome, that his arrival has been prepared for and that a contribution is expected from him.

2.5.4 Techniques

2.5.4.1 The information conversation

This technique rests on the [didactic] ground form of conversation and can be applied directively or indirectively.

The conversation is initiated by a question from the therapist that puts the therapeutic content in a problematic light for the child. Because he signifies this as a "problem-for-me" this elicits in the child a becoming aware of deficient knowledge. By conversing or by additional questions the therapist shows the relevance of the content for the specific child or he leads the child to formulate it himself. Alternatives are explored, a situation analysis is made and the self-exploration occurs.

Through questioning-and-answering, communicating or reflecting logotherapeutic moments are disclosed. The child is supported to grasp his own uniqueness, the unrepeatability of the situation, acceptance of what can't be eliminated, realize his own potentialities and accept his own role in his becoming.

Genuine conversation exceeds the mere exchange of words and therefore one must continually be on guard against the therapy become a shallow and congenial everyday chat. A wise therapist uses silences therapeutically. Van den Berg (1969) says being together is the contact within which we know that we are understood. We can be silent with another without tension or alarm.

In order to enter a genuine conversation the conversational partners must accept mutual responsibility for the course of the event, have a readiness to encounter each other in the world of the other and dare to venture together on a new stretch of life's path.

A therapist always remains true to his own view of life while he supports a child to acquiring his own view of life. The following moments flow from this:

a) the therapist accompanies the child pathically-affectively to disclose information about his emotional distress;
b) he supports him to gnostic-cognitive ordering and a systematic structuring of the content;
c) he accompanies the child normatively by exemplifying and via identifying to arrive at his own view of persons and of life.

Because the conversational partners are mutually involved, anyone is free to end the conversation. This inalienable right of the child must be respected. Breaking away must remain experientially possible. Under no circumstances must the child be under the impression that he is obligated to participate.

2.5.4.2 Play therapy

Child play is one of those phenomena of being human that is difficult to capture in a definition. Gilmore (1971) conveys a number of essences of child play as disclosed by leading investigators:

Play is an activity that is carried out for the sake of the activity itself (Dewey); it provides pleasure (Allin and Curti); it is a way of passing time (Patric and Lazarus); it is a way of exercising those skills that a child is going to use as an adult (Groos); in and through play a child acquires his cultural heritage (Wundt); play is the result of incomplete cognitive becoming that results in reality not yet being fully structured (Lewin and Buytendijk). Thus, play is a way of establishing a relationship with reality. In and through play a child carries on a dialogue [with reality] and he gives meaning to and receives meaning from it. It is in all of this that the therapeutic utility of play is found.

Child play assumes many forms. Not all are therapeutically useful: M. Lowenfeld (Jackson and Todd, 1950) divides child play into phases that are in step with childlike becoming:

- play as physical activity;
- play as expression of possessed experience;
- play as fantasy; and
- play as environment-constituting, i.e., creative and experimental activities.

Jackson and Todd (1950) emphasize in their work, *Child treatment and the therapy of play,* that play, in itself, is not therapeutic but that it can be used therapeutically. In the hands of a pedotherapist it is a [therapeutic] medium. Play therapy rests on the [didactic] ground form of play.

During the diagnostic phase a child is encouraged to play. It is thus necessary that the playroom is fully equipped to accommodate play expression on all four levels. If a child shows that he is ready to play on the second or third level he is given optimal opportunity to project and choose symbols. Then the therapist interprets the symbols in light of other diagnostic data and decides if the symbols are therapeutically useable (See sections 2.3.3 and 2.3.4). Subsequently he will work in indirective ways.

A pedotherapist designs a play situation in which the child is confronted with the content in terms of his symbols. The therapist is an active participant in the event; e.g., he plays with, asks questions, analyzes the situation, provides commentary, identifies and interprets; he lends a hand in constructing or expanding on the scenes and assumes for himself the role of one or more characters. In doing so he unfolds the event such that the child discloses precisely what he has had in mind.

There is the danger that a therapist can interpret the child's symbols incorrectly. In this case the entire dialogue comes to a dead end. Child and therapist simply do not understand each other; they do not speak the same language. The therapist must continually verify if the child indeed grasps which meanings he wants to convey to him. Evaluating is an activity that accompanies therapy throughout its course. Does the child understand and accept what the therapist says to him; during the therapeutic event does he acquire a bit of life experience that has relevance for his real life situation? The elementals that he discloses and masters in

his play have relevance for the problematic situation in which he finds himself. Because they are his symbols that he himself has chosen and to which he has allocated or deposited meaning he can again borrow from, take over or assimilate (reverse projection) their meaning. An expansion and/or change in meaning has thus occurred. The child has a more adequate grip on reality. He has thus emancipated to a higher level of becoming.

In his article "Persuasive doll play: a technique of directive psychotherapy for use with children" Mann (1957) describes directive play therapy with young children. The therapist himself arranges the play scene analogous to the child's real situation. The child does not himself choose the doll with which he will identify but one is assigned to him. The therapist then plays the role of the parent and supplements the role by giving additional explanations and commentary. Mann (1957, p. 15) exemplifies the father doll who says to the son doll: "We cannot love you if you are naughty. Heed your sister rather than hit her". According to Mann the child then uses this advice in his life situation.

This approach is pedagogically unacceptable and in essence amounts to child manipulation in behalf of the parents. Mann misunderstands the child's need to want-to-be-someone-himself and his possibility to choose his own position and attribution of meaning. He is given no role in his own becoming; indeed his human dignity is attacked. At the same time Mann leaves the experience of meaning based on genuine learning to chance. If the child in the above example hurts his little sister because he thinks his parents prefer her over him, this deduction springs from his possessed experience and giving personal meaning. This position by no means is changed by his experience with the dolls. Thus, no change in meaning has occurred and a change in behavior is haphazard and short-lived. In ignoring didactic-pedagogical principles, childlike learning becomes attenuated or stagnates.

Play therapy in the form of doll play is also useable with older children, even teenagers, provided the play materials are adapted accordingly. Instead of soft, flexible baby dolls, a dollhouse, tea set, doll clothes, feeding bottles, etc. dolls with the appearance of older children, teenagers and adults are used. A large variety of

characters of both genders and of all ages are used. The dolls need not be realistic; styled figures, even wire baskets are useable. Then the child is asked to solve the problem situation as set up by the therapist. In the set up of the initial situation, the child himself chooses the doll that represents a particular person. A directive approach can be taken in which case one of the figures will be "I". In the case of an indirective approach, the figure with which the child identifies is referred to as "he" or "she". The therapist never puts the child in the scene as a "producer" or "script writer", doesn't analyze the situation and try to find an acceptable solution for the characters in the play. Once again the therapist plays with, takes an active part in the event and directs the child to attain relevant insight.

2.5.4.3 The imaginary journey

A firm relationship of trust and understanding between therapist and child is a precondition for using this technique that has elements of both Desoille's "Reve Eveille" and Hanscarl Leuner's "Guided-Affective Images".

During the course of the event the therapist usually is in the child's field of vision to use the appeal of the moment. This contributes greatly to the child's feeling of security and offers the therapist the opportunity to show his empathy.

The event is brought into motion because the therapist requests the child to make a representation of an open piece of field. The therapist only indicates that the field is a point of beginning or departure and leads the child by questions, commentary, comments, etc. to further constitute the play, e.g., by adding trees, mountains, a river, houses, a path, train station, airport, a dam, marshes, etc. He himself also populates the field with people, animals or fantasy figures in accordance with his preferences. With each session there is a departure from this field that the child has created as safe, secure place and afterward there again is a return to it. During his imaginary journey from the field, the child has the opportunity via projection to create symbols that the therapist uses to bring about a transfer of meaning.

Care must be taken that the diagnostic possibilities hidden in this approach do not overshadow the therapeutic moments. A danger is that the therapist will too quickly lead the child from one play to the following without the situation of concern first being thoroughly experienced and assimilated. In the language of Lubbers (1971, pp. 98-105) this would mean that the narrative image, i.e., what sketches an event, dominates. By his accompaniment, the therapist slows down the flow of the narrative and he gives the child an opportunity to use more substantive images in which the affect dominates. When the child describes a specific emotional climate or atmosphere, the therapist provides help with giving affective and normative meaning.

In confronting what is threatening to him an affectively unstable child is inclined to fight or flee. It is the therapist's task to indicate alternative solutions. The fact that the child gets the best of the difficult situation, that he masters it and achieves success influences his possessed experience and favorably effects his attribution of meaning to himself in relation to what is threatening. Hanscarl Leuner (1969, pp. 16-20) makes a refined classification of alternatives that the therapist can imagine when a child's choice seems to be inadequate:

a) Help by a friend – the help of any of the child's symbols that he has represented with desirable meaning is enlisted, e.g., a horse gallops away with him, or a bird comes to his aid.
b) Confrontation – he is encouraged to stand his ground and insist on his rights. The adversary is stared in the eyes until he realizes that the child is not going to flee but also is not hostile.
c) Feeding – an excess of food is offered to what is threatening. In doing so, via satiation he is appeased into a more favorable emotional state.
d) Reconciliation – the aggressor is befriended by seeking physical rapprochement. He becomes calm if he is caressed and pampered.
e) Charms – by the use of implements or aids such as a rope, a ladder or a cordial the situation is so changed that the child avoids the problem.

f) Exhaustion and destruction – the threat is chased until he collapses in exhaustion, or he commits suicide. This solution must be used with great caution because it is possible that the child can identify with the aggressor. In such a case he would interpret the matter as an attack on himself.

The imaginary journey as a pedotherapeutic technique is successful with children whose current situation no longer leads to conflict but where attributing negative meaning still exists. Affectively blunted children, however, have difficulty fantasizing. They need more repetition and practice before a therapist can proceed to changing meaning attribution. Children with poor interpersonal relationships also hardly dare to journey with a person. The technique presumes a genuine relationship of trust and understanding between adult and child.

2.5.4.4 Art therapy

This technique must not be confused with the practice of the fine arts. The esthetic quality of the final product is not relevant but the creative activity is (Lowenfeld, 1969, pp. 10-12). The name of the technique refers to the fact that the media used (clay, paint, pastels, crayons, pencils, paper, brushes, etc.) are the same as the means to which a graphic artist avails himself.

The aim of presenting such media is that the child will also represent reality by actualizing his representational potentialities in the forms of imagining and fantasizing. The technique is based on the ground form of assignment. However, care must be taken that the assignment to create something is given as informally as possible, preferably in the form of an invitation. Then the child has an opportunity to take the initiative and make choices.

Freud, as cited by Leuner (1969, p. 4), says, "... it is possible for thought-processes to become conscious through the reversion to visual residues (and) in many people this seems to be a favorite method ... *Thinking in pictures."* Regarding this matter, Leuschner (1961) believes that optical correctness is not important for the child in his representational expression. He gives again in his image what he means, thinks, wishes and knows. His representation of

reality is a way of giving form to what he cannot or will not talk about (Lubbers, 1971, pp. 33-34).

Via the unstructured material the child gives form to and makes concrete what he averts and cannot express in words. It is precisely the indeterminate that is pliable. By his own choice, a child can give form to it (Langeveld, 1967, pp. 71-96). When a child must express his own intentions, feelings or standpoint, this obliges him to draw from his own experiences, thus to investigate himself (Leuschner, 1961).

Lubbers (1971) believes that only when a therapist encounters and accepts a child in his avoided world can he feel secure with him. Rogers (1969) warns that when a child dares to expose himself to another and the other does not understand, this gives rise to the danger of loneliness, withdrawal and isolation. If a therapist succeeds in building a bridge via the symbol and encounters the child in his difficult situation, they can proceed to changing meaning via giving form together (symmorphosis). From this being close with each other and giving form together the therapist can bring about changes in the inadequate meanings and the child can arrive at "reverse" projection. To bring about change in meaning a therapist necessarily introduces change regarding the child's visual images. Leuschner (1961, p. 93) says changing as correcting a child's giving form is the way an adult influences a child. Pedagogic correction is what is appropriate. The appropriateness of a solution is an affective, cognitive as well as a normative matter. If a child can accept the solution in these three ways as meaningful-for-me an elevation in becoming occurs which means he has emancipated to a higher level of formed-ness. "A child way of living that changes above all must be viewed as a living that assumes new direction" (Langeveld, 1967, p. 70).

From the nature of the matter, art therapy is only possible with children who have already attained a level of becoming where they can give two-dimensional form to their expressive means, or can represent reality three-dimensionally by using modular techniques. Van Lennep (1958) presents the following division of phases of child drawings:

(i) Naming scribbles – Initially, longitudinally, a child engages in mere muscle activity after which he makes circular scribbles. As soon as he names his graphic expression, i.e., distances himself from it such that he can refer to it as something outside of himself, he genuinely draws.

(ii) Affect perspective – This phase arises from about four years of age. The child repeatedly gives global impressions by accenting those things that carry the greatest emotional weight. There is still little attempt at cognitive control. Indeed he orders reality such that he can group and abstract what is important for him.

(iii) Schematizing – At about six years of age, a child is inclined to oversimplify and stylize. The emphasis is on form. He repeatedly sketches the same schema, e.g., a human body, a house or a tree.

(iv) Reality phase – Near his teens a child tries to draw true to reality. He brings perspective to his drawings and is attuned to detail. The mutual coherencies among the constituents and the changeability of the situation are expressed in movement. He uses foreground to emphasize what is important. Details are no longer omitted but are put in the background.

According to Leuscher there is genuine art expression only when a child strives for esthetic values in his drawings. This occurs during the teens.

Art therapy is a useful pedotherapeutic technique with children who have difficulty with verbal expression. Although initially conversation as a ground form, and with this language as a form of dialogue, is in the background, gradually it assumes a more prominent place. When a child no longer needs to be defensive he can name what initially was threatening. Then on the basis of this affective stability, a therapist can use language as a conversational medium to accompany him further to cognitive ordering. Children who yearn for affective expression hardly bother themselves with elaborating and do not care for smooth surfaces, drawing uniform lines and the precise use of colors. Paint, brushes and large sheets

of paper are ideal expressive media. Children with a strong cognitive disposition show an affinity for a pencil, paper and eraser. The expression can be continually changed until the desired result is attained. A restrained child who has difficulty projecting is concerned about elaborations, proportions, etc. He continually finds errors in his product and embarrassingly identifies himself with it. The end product deviates too much from his anticipated image. He rejects it and distances from it and it cannot be applied as a useful therapeutic symbol. Modeling clay, *papier mache* and other plastic materials are suitable for such children.

Art therapy is very suitable for use with aggressive children. Because of the changeability and destructibility of the projected image these children readily lend themselves to communicating in this way. Moustakas (1959) believes that if a child is given the opportunity to use the cathartic possibilities of the medium, he lends himself to a move from the initial, primary pathic-affective attunement to a more cognitively controlled expression of the symbol.

Via applying art therapy as pedotherapy, a therapist can affectively accompany a child to the affective actualization of potentialities, cognitive support to the cognitive realization of his unique potentialities and also support on a normative level to realize his personal normative potentialities.

2.5.4.5 Human modelling

This technique rests on the ground form of example. Assignment and conversation indeed figure but to a lesser degree. Although the technique lends itself very well to an indirective approach it offers many opportunities for applying the directive approach.

At the beginning a therapist presents a variety of materials to the child with the request that he must create a person from the materials. Useable materials are wool, glue, pipe cleaners, felt, clothes basket, string, paper, plastic clay, papier mache, doughy clay, paint, wood, ice cream sticks, empty cotton reels, cardboard clothes, etc. The variety must be as great as possible in order to offer the child an opportunity to himself form a unique person with

his choices. In giving form to the unstructured materials there are included rich possibilities for expression and projection. They also offer the therapist the opportunity to create relationships and symmorphosis. "Empathy is a binding factor in the interpersonal relationships and is present long before verbal communication becomes possible", says Coetzee (1974, p. 26), the father of this technique.

After a visibly perceivable human characterization has been created, the request is directed to the child presenting the person to the therapist, verbally or in writing. Subsequently, the therapist analyzes the data and selects therapeutically useable content from what the child has provided. Then the content is transformed into a meaningfully stated problem and presented to the child. Now therapist and child carry on a conversation in terms of this characterization of a person with problems.

The therapy proceeds indirectively in the sense that it is "he and his problem" that the child discusses, unravels and solves. Thus, on a cognitive level, analysis, synthesis and ordering occur. Throughout, a child experiences that this is his person that he himself has created and whose life he himself has helped form and direct. Each problem that is successfully gotten the better of results in stabilizing the child's emotional signifying of himself, his fellow persons, and his relationships to things and matters.

In terms of the example of the person modeled, the therapist is given the opportunity to disclose the needed elementals. Throughout, the therapist is a conversational partner, adviser and fellow traveler. In so doing, he unfolds the event such that the child is indirectly steered toward a solution. The child acquires the opportunity to obtain a grip on the new and also to realize it within the security of the therapeutic situation. Elizabeth Hurlock (1974, p. 526) says, "because the child is incapable of perceiving below the surface of the speech and behavior of others, he often fails to grasp the true meaning of the motivations behind their speech and behavior". Human modeling gives the therapist the opportunity to supplement this lack.

As with all forms of orthopedagogical help, in the case of the technique of human modelling it is extremely important that parental accompaniment proceed in parallel with pedotherapy so that the meanings a child acquires during therapy are not made devoid of his educative situation. His parents are and remain the most important formative influence in their child's life.

This technique is extremely suitable with young children, especially in combination with play therapy. Hurlock (1956, pp. 257-293) believes that young children at the ages of three to four years readily proceed to bring about a fantasy mate or character. It can also be used with equally great success with older children, even teenagers, in which case the child himself might show the analogy between his own situation and that of the modeled person and in doing so offers the therapist the opportunity to work more directively. "The child who gains the freedom to talk has gained the freedom to share himself", according to Allen and cited by Moustakas (1959, p. 23).

In his work, *Making your own personality; human modelling,* Coetzee (1974, p. 141) quotes Mook who says, "As he comes into contact with his primary experiences and discovers personal meanings, he can be helped to verbalize his experiences ... Words will renew their power and communication with others will become rich again". Thus it seems that language has a particular role to play in this therapeutic technique.

Human modeling is only useable with children whose language skills are such that a meaningful verbal conversation with them is possible and who have the personal potentialities to be able to think, reason and draw logical conclusions on an abstract level. An anxious child who remains bound to the concrete in his thinking does not readily lend himself to the degree of distancing and objectifying that are necessary to apply this technique.

2.5.4.6 Concluding view

In planning the strategies for bringing the therapeutic event into motion, a therapist takes into account the three-fold nature of the orthopedagogical event of providing help and thus he plans for:

(i) his own contribution to the child and parent(s);
(ii) the anticipated contribution of the child to the therapist and parent(s); and
(iii) the parents' contribution to their [parental] accompaniment and their role in the course of educating their child.

Pedotherapy and educative accompaniment are two sides of the same coin. Both promote and confirm each other. Pedotherapy without the support of educative accompaniment at best is a risky matter and can only bring about the appearance of an elevation in level [of becoming adult]. No child can become a proper adult without being educated. Thus it appears that the task of the therapist is to repair the educative event to such an extent that educator and child can venture into the future without his contribution. Providing orthopedagogical help has progressed successfully when the therapist has become superfluous.

2.6 Evaluating

Evaluating is embedded in the structure of pedotherapy. After all, the event is called into being because of the therapist's evaluation of a child during diagnostics. Pedagogical diagnostics has a two-fold aim. The first is to enable the therapist to help a child learn to know in an ordered way and to explore his situation. The second aim is to evaluate his becoming in order to weigh his attained state of becoming against the achievable. The result of this evaluation indicates the nature and scope of the gap that can be eliminated via providing pedotherapeutic help. The sense of the therapeutic event lies in the results of evaluating.

Pedotherapy begins as a result of an evaluation and also culminates in the evaluative phase of therapy. Irrespective of these two clearly specifiable moments of evaluating in the course of therapy, evaluating occurs throughout its sequential phases.

From the first moment a therapist evaluates if his greeting, welcoming and orienting stabilize the child emotionally, give him cognitive order and normative propriety. He implements

psychopedagogical criteria in order to provide an answer to and evaluate the child verbally and/or nonverbally in light of the overarching aim, the implicit aim and also the particular explicit aim that he has delimited for the session. Fundamental pedagogical criteria are implemented to evaluate the nature and quality of the relationship established. During the beginning phase of therapy the therapist evaluates in light of his didactic-pedagogical insight if a child answers his appeal by shifting his intentionality to attending and thus opening himself for and lending himself to the event to follow. The therapist evaluates fundamental pedagogically if the association between him and child offers the possibility of intensifying to an encounter.

After the initial orientation event the question posing phase follows during which the child experiences himself as appealed to, answerable, a-person-with-deficiencies-confronted-with-a-problem. Once again the therapist evaluates from a psychopedagogical perspective what the quality is of his personal actualization, but also didactic-pedagogically if the preformed field, as such, is prepared, if the child will allow himself to be accompanied by the therapist so that he can learn. The fundamental pedagogical criterion of *engagement* is implemented to determine if the child holds himself co-responsible for the relationship. This serves as a precondition for the following phase. The didactic-pedagogical criterion of *imperativity* enjoys particular prominence during this phase.

Also, during the phase in which the new content is uncovered as new meanings and, indeed, an exposition of the new occurs, the therapist evaluates psychopedagogically as well as didactic-pedagogically if becoming and, especially, learning are actualized. He continually controls (verifies) if, via delimiting, reducing and objectifying the various modes of learning, he can arrive at attributing adequate meaning. Until a child can apply the new meanings as beacons for orienting [himself], it is necessary that the therapist evaluate his own accompanying fundamental pedagogically regarding a healthy balance between intervening and concurring.

During the closing phase of the therapeutic session, distancing occurs between therapist and child and the intensity of the

relationship diminishes. There is a return to association. Evaluation during this phase, however, is brought to a head because all of the pedagogical criteria are introduced to verify the contribution of the therapist, the child and the result of the learning event. During the evaluation phase at the end of the therapeutic session sequence, the specific aim of the lesson is considered and the therapist evaluates whether the session in its entirety indeed has succeeded, that the child is ready to leave the therapist and return again to his problematic situation.

Through evaluating, one session is coupled with another. On the basis of the results of a particular session, the therapist anticipates and plans the subsequent session. Thus evaluating forms the links between the various sessions.

Pedotherapy, as educating, is not a continuous event. It is a temporary intervention regarding the parent-child relationship and it also progresses in a demarcated period of time that continually is transitioned to the next by a periodic breaking away during which the direct contribution of the therapist is interrupted and a continuation of giving orthopedagogical help occurs with parent and child. Before the subsequent session can be realized, first the therapist must evaluate the progress (or not) since his previous intervention and relate this to his evaluation at the end of the previous session and in light of these two outcomes, allow the subsequent session to move forward. The ending phase of each session is thus also orienting for the therapist because he then verifies what the lasting effect of the previous session is; he also evaluates whether his anticipation of the presently attained level of the child's becoming was correct. If so, he can proceed with his aimed strategies; if not, there must still be accompaniment.

It is obvious that during preparation and planning a therapist can only anticipate on the basis of his expectations of parent and child. No planning, however thorough, can ever be guaranteed to be appropriate. Indeed, a person is unpredictable and so is the future. A therapist cannot predict a child's course of becoming. Thus he must continually "keep his ear to the ground", be sensitive to and empathic with the feelings of the child and his parents, be prepared on the basis of his evaluation to change his plans and to improvise

in light of his long-term planning of his overarching, explicit and implicit aims. A therapist dares never to be a slave to his plans and strategies; on the contrary, they must always be flexible in order to be of service to the matter. Rogers (1939, p. 218) refers to techniques as "Tools of an artist rather than mechanical devices". The same holds true for preparing and planning.

With regard to providing orthopedagogical help, evaluating forms its warp and woof. It precedes the therapeutic course, the individual sessions end with evaluating and providing help in it totality also does. Indeed, evaluating forms the focal point at which all of the pedagogical categories and criteria figure.

3. SCHEMA FOR PLANNING A PEDOTHERAPEUTIC PRACTICE

The practice of pedotherapy shows such a diversity when it is in function that there can be no mention of an equivalent form of progression. Each child, therapist and problem situation is unique and so is each therapeutic situation. There are no standardized approaches or methods that can be duplicated from one session to a subsequent one, from one therapist or another. Ungersma (1961, p. 38) warns that no approach can claim to be a universal antiseptic. Pedotherapy also does not provide a magic means for straightening everything that is awry.

The schema offered below only serves as a guide for a therapist in planning his practice so that he can reflect on the way he can give direction to the learning event in terms of a frame of reference.

Planning and preparing for each individual session is of cardinal importance in order to insure that the practice does not progress haphazardly and have a fortuitous character. Preparation that results in an accountable, purposeful anticipation of the sequence of sessions forms the watershed between well-meaning meddling in another person's life and providing professional help.

In his preparation for a therapeutic session it serves the therapist well to attend to the following matters:

a) *Stating the aim* – After completing the diagnostic phase a therapist can order the explicit aims hierarchically. Thus, he selects aims for each individual session. In addition, the implicit and overarching aims are taken into account.
b) *Content* – On the basis of his reduction of the problematic, a therapist selects therapeutic content in terms of which the aim is possibly reached.
c) *Methodological principle and ground form* – A choice is made of these matters in accordance with the principle of ordering that is chosen during the comprehensive, preliminary planning. In light of the evaluating during the prior session, it might be considered necessary to change the selected principle of ordering.
d) *Strategy* – The choice of ground form, methodological principle and content illuminates the technique to which the therapist commits himself in order to be able to realize the aim. In light of this chosen technique, a therapist chooses media and aids and plans the locality of the event.
e) *Sequence within a session* – There is not a fixed sequence of the course of the different phases in the therapy, but each of the following distinguishable phases require the therapist's consideration during his preparation:

    (i) *Orienting*
    The introductory greeting and orienting of the child to the sequence of the event thus far and what is yet to come are of cardinal importance. During this phase a therapist brings the child to pathic rest, points out beacons of knowledge to him in terms of which he can orient himself and that direct an appeal to him to intensify his intentionality. The child has the opportunity to take up and order his relevant foreknowledge that will serve as a point of departure for the current session.

    (ii) *Stating a question*
    A therapist confronts a child with the therapeutic content in such a way that he can signify it as a relevant problem-for-me. The child experiences that he is answerable. This questioning might speak to his affective, cognitive or normative personal

potentialities. The wonder that is aroused contributes to a focusing of his attending and to a positively directed intentionality.

(iii) Exposing [presenting]
During this phase a change or broadening in meaning occurs. It is the phase for which a therapist must allow for optimal flexibility in his preparation since the child now steps forward more prominently as a conversational partner and largely influences and directs the course of the session. The thorough preparation and initial steps that the therapist has done creates the preformed field and makes it possible and even likely for the child to reach the desired aim.

(iv) Controlling [verifying]
During this phase a therapist controls [verifies] if the child has adopted the meaning and evaluated whether he has mastered the content on an affective, cognitive and normative level to such an extent that he is ready for the session to be ended and proceed to a periodic braking away. Thus the continuous evaluating culminates in this phase.

(v) Functionalizing
During this phase a child turns the acquired elementals into fundamentals. He is questioned from his life situation. An appeal is now directed to him and now he can respond in more adequate ways on the basis of the insight he has acquired during the session. In his planning of the correlated parental accompaniment, the therapist also focuses attention on this matter and it might be necessary to design situations in which the child has the opportunity for functionalizing.

4. CONCLUSION

In their work, "Changing Frontiers in the Science of Psychotherapy", Bergin and Strupp (1972, p. 8) say, "We also contend that many controversies surrounding the problem of therapeutic effectiveness can be resolved by the application of more complex and

theoretically diversified designs which employ a more representative sample of valid criterion measures cutting across theoretical dispositions and the habitual instrumentation biases of given experimenters".

The above schema is an attempt to respond to this appeal.