CHAPTER I

ORTHOPEDAGOGICS AS A SCIENTIFIC FIELD OF PEDAGOGICS

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1. Background and rise of othropedagogics

As is known, since World War II there has been an increasing interest in orthopedagogics as a branch of pedagogics--or as I prefer to call it, a part-perspective of the science of pedagogics. Its history indicates that from the beginning of the 18th century on, orthopedagogic work has been carried out in a variety of institutions where it was demonstrated that children with deficiencies and/or deviations deserve care, training and loving treatment for the benefit of the particular children as well as for society. However, it was only later in the century that classes and schools for certain destitute children were called for, i.e., for deaf, blind and mentally deficient children. Here one thinks, respectively, of the first institution for the deaf of Abbe de l'Epee in Paris in 1770, the first institution for the blind of Valentin Hauy in Paris in 1784 and the first institutions and schools for the mentally deficient of Guggenbuhl in Switzerland and of Seguin in Paris in about 1840.[1]

Until the end of the 19th century a pre-scientific period[2] prevailed where helping children with physical deficiencies was of a practical nature. If a child had a profound "character defect", it was not thought about pedagogically but was moralized about. It is understandable that with the rise of psychology, especially psychoanalysis and psychiatry with it, at the end of the 19th and beginning of the 20th century, a more scientific approach to children's deviations and deficiencies arose. Here one thinks of the work of Ludwig Strumpell, **Paedagogische Pathologie** (**Pedagogic Pathology**) that appeared in 1890 and in which there was an effort to view deviant behavior from a scientific perspective. During this same period there was the rise of psychoanalysis and the analysis and treatment of children's deviancies became a matter for psychoanalysis and thus also for psychiatry. Here one thinks of Hans, the five year-old boy who in 1907 came to the attention of Freud for treatment of anxiety.[3]

It is well known that during the course of this century child analysis and child psychotherapy became part of the psychoanalytic school of thought that in due course also developed into various branches some of which had drifted away from psychoanalysis. For example, the non-directive therapy of C. Rogers, et al. is viewed as a psychological approach. This and other ways of psychologically approaching child psychotherapy arose especially after the 1930's.

It is very important to indicate that the psychoanalytic as well as the psychological approaches hold to a naturalistic anthropology with the consequence that in the midst of these naturalistic approaches, during the last two decades (1950's and 1960's) an anthropological-pedagogical-existential therapy has developed, or also an anthropologically accountable pedotherapy. This modern, anthropologically accountable pedotherapy--or also personological pedotherapy--that is the outcome of a 20th century philosophical anthropology, was deemed to be urgently necessary because the psychoanalytic-psychiatric-psychological approaches shove the pedagogic entirely into the background.[4]

However, the scientific approach during the course of this century was not only directed to the child with affective-striving disturbances but to the restrained child in his totality, i.e., with respect to teaching and educating the blind, the deaf, the orthopedic handicapped, the epileptic child; briefly, with respect to the physically handicapped and mentally deficient child. Especially after the 1930's, particular attention was given to children with learning difficulties, or as this is called today in the Netherlands, children with learning and educative difficulties. In the Anglo-American countries this is known as "remedial education". Although the work of Heinrich Hanselmann in Zurich, **Einfuhrung in die Heilpaedagogiek** (**Introduction to Therapeutic [Healing] Pedagogics**), that appeared in 1930, is still within the psychiatric-psychological school of thought, it clearly is the first work to deal with the question of the child with deviations and/or deficiencies in such a comprehensive way.

Actual pedagogic intervention with children really emerged after the second world war, thanks to the rise of a modern philosophical-anthropologically founded pedagogics on the European continent, especially in Germany, Switzerland, Holland and Belgium and which has been practiced and expanded in South Africa by the Faculty of

Education, University of Pretoria, since the beginning of the 1950's. In this regard, it is well to mention that the development of teaching the restrained child--physically as well as psychically-spiritually restrained--more or less has followed the same pattern as in Europe, namely, that the blind and deaf enjoyed attention in the early years, after which the mentally retarded (from the 1930's on) were focused on, while the cerebrally handicapped and children with learning difficulties came into the foreground in the 1950's.

The teaching of and educative intervention with the physically and/or psychically-spiritually restrained child, as briefly sketched here, has during the course of time acquired various names. In German speaking countries, the name "Healing pedagogics" or also "Special pedagogics" were used, in English speaking countries there is mention of "special education", in South Africa the name "special education" or "exceptional education" were used. With the rise of a more pedagogic approach after the Second World War, the name orthopedagogics, as a more comprehensive concept, came strongly into the foreground, especially in the Netherlands. Here there is reference to the **Tijdschrift voor Orthopedagogiek** (**Journal for Orthopedagogics**) that began in the Netherlands in 1961 and in which "orthopedagogics" is consistently used. This does not mean that we know precisely what is meant by orthopedagogics. On the contrary, the many-sided nature of the teaching and educative intervention with the restrained child hinders a scientific description of the concept as far as the content is concerned, the field that it covers and its place within pedagogics as a science. Thus, we are dealing with a young science--a part discipline of the pedagogic about which a great deal of thought is still needed. Here an attempt is made to briefly clarify the concept "orthopedagogic" and to account for it within the framework of the pedagogic.

2. The pedagogic foundation of orthopedagogics

According to Vliegenthart, orthopedagogics can be described as the theory--or also science--of the "educative activity" provided on behalf of the child who on the basis of his unique psychic and organic structure is seriously restrained in his current education. What more precisely is meant by orthopedagogics perhaps will become clearer. What needs to be emphasized is that it is a **science** of a **pedagogic or educative activity.** Thus, it entails reflecting on a particular phenomenon of an unusual circumstance. The particular phenomenon is that of an adult facing a child and which

constitutes a **pedagogic** situation. The **unusual circumstance** is a child who is restrained with the consequence that educating and teaching him differ from that of a normal child.

To indicate the pedagogic foundation of orthopedagogics it also is necessary to take the pedagogic situation as the point of departure and to illuminate aspects within it that are of fundamental significance for any child, also a restrained child, in his becoming adult. Although these aspects have been phenomenologically analyzed and illuminated by various writers, e.g., in the Netherlands, Germany and also here in South Africa, still it is necessary to briefly name them and indicate their connection with orthopedagogics for the sake of an ordered course of thinking. According to the phenomenological-anthropological view being a person, as a physical-psychic-spiritual being, thus as **Dasein** and consequently is an existential being who continually is meaningfully involved in his world and who is always in an existential situation. Thus, one can view the child in his becoming adult nowhere else than within his situatedness, i.e., within the existential situation of an adult facing a child. But as soon as one views the becoming child from this situation then one arrives at the anthropological truth that, as Langeveld says, a person is the only being who educates, is educated and is dependent on education. The situation within which an adult and child communicate necessarily constitutes itself as a pedagogic one.

If the pedagogic situation now is penetrated and analyzed phenomenologically, the following aspects as functioning essentials can be illuminated. **First** it is noticed that a little child is **helpless** and thus **seeks help and support**. This appeals to the adult to give help and support. How much more will a restrained child have a need for help and support and how much more will this direct a stronger appeal to the adult to provide this help and support. It is understandable that under such circumstances pedagogic intervention will be more intense--possibly different. Help and support by the adult do not imply that the child passively accepts them. He is always **Dasein** and also is directed to his world as wanting-to-be-someone himself and thus wanting help and support. When a child in one or another respect is deviant or deficient the need for help and support is greater.

A **second** inseparable aspect connected with the pedagogic situation--indeed, what makes it a pedagogic situation--is

sympathetic, authoritative guidance and the discipline related to it. This has to do with an adult being invested with authority that he is obligated to exercise in facing a child who in his helplessness shows respect for authority and accepts it in his search for direction and guidance. The emphasis is on **sympathetic** because the exercise of unsympathetic, unloving, dictatorial authority will allow all pedagogic intervention to fail. This holds especially for a restrained child who is very sensitive to his deficiencies and/or deviations who usually is more directed to the pathic than the gnostic and who often is strongly vital-bound and thus his affective life becomes flooded, especially in a formal pedagogic-didactic situation. This does not have to do with obedience as mere docility but with the recognition of the demands of propriety and respect of and deference to the person who is the conveyer of this knowledge. When the restraint is a serious mental defect, it is understandable that the demands of propriety will be difficult to understand on a gnostic level and sympathetic, authoritative guidance becomes a more difficult task.

A **third** meaningful aspect in the pedagogic situation is the relationship of **responsibility** of the adult as a person for the child as a not-yet-responsible person. Responsibility clearly is a spiritual or existential potentiality in the child that has to be gradually awakened and actualized by pedagogic intervention (by giving help and support in recognizing and respecting demands of propriety by means of sympathetic, authoritative guidance). The child is continually confronted with all kinds of values in life and is placed before all sorts of decisions. The help and support and the exercise of authority have to be such that they help the child on his **own responsibility** to find decisions, make choices and carry out activities. Here an educator-teacher is faced with an extremely important task when in a pedagogic situation he finds himself faced with a child with physical and/or psychic-spiritual deficiencies and deviations, and in this connection he has to remember that each handicapped child, according to his deficiencies and/or deviations, has a unique world relationship which the educating and teaching he has received have hampered in certain ways; and, consequently, **other** action has to be taken with such a child.

A **fourth** important educative aspect is that the situation is directed to the child **becoming morally independent** or an adult. It is understandable that the aim is to bring each child, also the physically and/or psychically-spiritually restrained, to adulthood,

but indeed moral adulthood, which obviously implies an adult who obeys authority and accepts responsibility. However, one needs to be cautious in stating adulthood as an aim because one can make the image of adulthood so idealistic that it is unattainable even for a normal child. As far as the restrained child is concerned, his deficiencies and/or deviations can be such that he can never reach the ideal of moral independence. However, this need be no criticism[5] of striving for moral independence as a form of being adult because **as far as a restrained child is concerned, he is striving for the eventual form of adulthood that is within his reach, given his particular deficiencies.** Paul Moor stresses this point by first indicating that "Above all, healing or therapeutic pedagogics has no other general aim than the pedagogic. Hence, healing pedagogics is pedagogics and nothing else."[6] "Healing pedagogics" or orthopedagogics is nothing more than **pedagogics** and thus strives for the same aim but, according to Moor, the particulars of orthopedagogics are in the fact that its activities are carried out under more aggravated and difficult circumstances. In each individual case, therefore, it has to be recognized that there are insurmountable limits and it is within these limits that the educative tasks have to occur or be carried out. Consequently, the educative aim to which the orthopedagogue has to direct himself cannot be dogmatic and fixed because often it appears that the preconditions for reaching such an aim are not present for a child so that the prospect of actualizing education itself is viewed as hopeless. For this reason, Moor states the aim of educating in orthopedagogics as follows, "We want to help the child such that he finds fulfillment in his future life that is possible for him."[7] By "fulfillment" is understood that in addition to a person's destiny also included is a task and a promise. The limitation, "that is possible for him", refers to the readiness to take into account what cannot be changed about the child.

In summary, it is noted that implementing the mentioned fundamental aspects in the pedagogic situation is aimed at forming the child's conscience--whether a normal or a restrained child. Thus, for pedagogics as well as orthopedagogics the basic aim is forming conscience. These four educative aspects are sufficient to show that **orthopedagogics is primarily pedagogics** and thus functions in a pedagogic situation as a **part-perspective within the framework of the science of pedagogics**.

This standpoint can be developed further by showing that it also holds true when one fathoms the child in his **becoming** within a pedagogic situation and illuminates certain **pedagogic moments of becoming** or what Langeveld[8] calls developmental moments or principles. The name **pedagogic moments of becoming** is chosen here because human becoming, or also a child's personal becoming, can only be actualized (responsibly) within a pedagogic situation. Langeveld and Buytendijk show how, viewed anthropologically, humanizing precedes a child's becoming and that this is followed and perfected by educating and thus is included in educating. A child comes into the world as a biological phenomenon with humanly disposed potentialities. Langeveld calls this phenomenon the **biological moment**. If one observes a child in his biological appearance, then his **helplessness** is noticed immediately as the second pedagogic moment of becoming. It is this helplessness that sets humanizing and educating into motion because it directs such a strong appeal for help to the parent that **loving care** appears in the pedagogic situation that puts humanizing-education into action. As a result the child's helplessness and thus feeling insecure is transformed into **feeling safe and secure** which arises as the third pedagogic moment of becoming. The feeling of security results in the further actualization of the child as "Dasein". A child who remains helpless and insecure, e.g., by faulty loving care or serious personal deficiencies, even if there is loving care, also remains stuck in the biological-vital and does not become humanized, at least not readily. If and when security arises, so also does the fourth pedagogic moment of becoming, namely, **exploration**, i.e., the child **ventures** by going out to his little world unaided in order to explore it. Inseparably bound to exploration is a striving by each child to **want-to-be-someone-himself** that is an additional pedagogic moment of becoming.

It is understandable that physical and psychic-spiritual deficiencies will have an extremely important influence on the pedagogic moments of becoming. A physical deviation already noticed at the beginning of a child's life in his biological appearance necessarily influences the nature of the pedagogic intervention (loving care) such that it can lead to the unpedagogic action of over-protection. Supposing, however, that the pedagogic action always remains on an acceptable level, throughout the life of a child with deficiencies and/or deviations, it will be **different** than for a normal child

because this child with his strong bodily **experiences*** will constitute a **different experiential world**** than a physically normal child. In this way, the pedagogic aspects of becoming will be functionally impeded. Whatever deficiencies or deviations a child might show, the functioning of the pedagogic aspects of becoming will not only be seriously disturbed in the early years of childhood but right across the school years and even beyond. Intensive research in our orthopedagogic institute with mentally deficient, deaf, poor-sighted, epileptic, and brain-damaged children and children with learning and educative difficulties has clearly shown that the parent as well as the educator-teacher is faced with a particular pedagogic task with these children because the way they constitute and relate to the world continually is **different** from the normal child. Here reference is to the findings of Sonnekus[(9)], Pretorius[(10)], Kapp[(11)], Mrs. Erasmus[(12)], Kotze[(13)], Van der Hyde[(14)], Nel[(15)] et al. For example, in connection with the poor-sighted child, Sonnekus says, "As a rule it is found that these children are unconsciously struggling against their total bodily being restrained while only an **experience** of the eyes decreasingly enters the foreground ... These children continually are in **affective distress**, are unrestrained, affectively poor and blocked as well as infantile in their outlook."[(16)] Again, Van der Hyde says, "The child with poor vision is someone who as a consequence of his physical defect is limited in his exploration and reconnoitering of the world and he has a great deal of insecurity, tension and feelings of being unwelcome. With children of poor vision there is a strong intention to achieve and in this manner to compensate for their physical defect."[(17)] The otherness of the deaf child, in light of his world-relationships and the correlated pedagogic tasks, is reflected in the research of Nel, Kapp and Erasmus. All of these studies involved establishing a person image of deaf children in a pedoclinical context. A child **experiences** intensely his hearing and language defects, an **experiencing** which is strongly affect-laden and which handicaps him in feeling safe in exploring his world. Where a blind

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* A key term that appears very frequently in this book is "lived-experience" (belewing). In psychopedagogic thought, "experience" means to undergo something whereas "lived-experience" is to attribute meaning to what was experienced. In English, the term "lived-experience" is awkward when used as often as it is here. Therefore, I use "experience" to mean both experience and lived-experience, but to preserve the important difference between them, when lived-experience is meant "**experience**" appears in bold type; when experience is meant, it doesn't. This strategy is maintained except in a few places--G.Y.

** I translate lived-experienced world (beleweniswereld) as experiential world --G.Y.

and weak-sighted child is mainly dependent on a haptic and acoustic world for his spatial orientation, a deaf child is dependent on the visual before him, on gestures and on the eventual acquisition of language for continually constituting his world.

One finds this impediment in constituting a world even more pronounced in children with multiple defects such as, e.g., brain damage. Kotze's finding in this respect is meaningful: "The brain damaged child lets himself be known as **other** in his situational relatedness in the sense that he establishes different relationships with reality. It has gradually become more obvious that this child struggles with his unique physicality as a body-with-deficiencies, that he pathically **experiences** his bodiliness such that this floods him and makes it difficult for him to arrive at a gnostic attunement to reality." Regarding my own research it is sufficient to indicate the particular tasks confronted by the parent and educator-teacher in the pedagogic situation within which he has to provide help and support for the becoming child with deficiencies and/or deviations.

Thus far it appears that the restrained child, just as the normal child, always finds himself in a pedagogic situation and thus is subject to the aspects of becoming included there and that the educator's aim is to potentialize and actualize his spirituality (conscience forming). Dumont emphasizes this aspect in the following words: "The aim of educating the deviant, handicapped child, the child in 'educative distress' (Van der Zeyde), in principle, is the same in orthopedagogics as in educating an ordinary child; actually it often becomes relativized by the imposed limitations, the child's diminished educability ... The difference between orthopedagogics and pedagogics is in the difference between educative means where the orthopedagogues' educative attitude is clearly the most important factor. But this difference in educative means is not such that within the orthopedagogic other means are used than in an ordinary pedagogic situation".[(18)]

According to Dumont, "This difference ... lies in the fact that the **same** means are used **differently**, more frequently, more or less emphatically, for a longer or shorter duration, more carefully or deliberately." Orthopedagogics is pedagogics, it rests on the same foundation but is an expansion into a unique part discipline (of pedagogics) because it is concerned with a child who **differs** from an ordinary child. The restrained child's being-different has already been broached many times, but the question is what is the

nature of this difference and what is its pedagogic significance. Space does not allow us to go into the particulars of the question of the child and his world relationships. However, briefly this concerns the child's "Dasein", his being-there, his existential being-in-the-world which also means "Mitsein" [being-with] (Heidegger). Thus, as Dasein, he is continually directed to his world, attributes meaning to the things and events in it and in this way constitutes his own experiential world. In this regard, Vliegenthart[19] indicates that a normal child who has normal sensory organs, the normal range of motor skills, the means of ordering his intellect and an emotional accountability is able to **choose** how he is going to constitute or design his world. A child's experience of the freedom **to choose** is limited by all forms of restraint, a limitation that, in the first place, is not experienced as a lessening of the possibility to constitute a unique world. It really is experienced as being unable to live in a world that "belongs to others". A child with disturbed motor skills is prevented from participating in the many games of his peers; this also is the case with a congenitally deaf or blind child. In addition to this, there is the experience that the other children obviously have information about things that they don't have. Then Vliegenthart says, "The daily experiential world of these children cannot be our exclusively shared world but differs mainly by a personal accent that makes or can make it different. **That his world is different is an unavoidable facticity** (Nel's emphasis). A child with intellectual deficiencies experience very early on being outside of our world and this does not become less profound and burdensome later."[20] Vliegenthart continues by indicating that in interacting with this life as a consequence of a different-bodiliness-world, the restrained child develops himself into a different person. As a unique being, a child makes or constitutes his world differently and the resulting opposition of the world in turn influences him as a person, and he experiences failure, being rejected by peers, being seen as different (as a cripple, deaf, etc.); the demands of being so different make the restrained child feel that he must not be "really like them", and the uncertainty of the educators whose intuitive naturalness in behaving with such a child is lost all play a role. It is precisely in this regard that orthopedagogics still falls short, namely, the study of the unique or different world of a restrained child is still at its beginning. As far as the intellectually less gifted child is concerned we can say that his thinking moves on a concrete level, that it is unordered, that he acts impulsively, etc.; viewed positively, we do not yet know what the

experiential world of these children is like. More specifically, as far as the mentally deficient child is concerned, Langeveld has said, "We need an anthropology of the mentally deficient (...) in order for us to grasp the mentally deficient person as a meaningful form of human existence."[21] Vliegenthart notes that the educator has to know this unique existence to be able to help him live his being-different with human dignity.

Consequently, orthopedagogics is inseparably bound to the pedagogic as a science; indeed, it is rooted in the pedagogic and arises from a phenomenological penetration of the child restrained in becoming in an educative situation and thus should be viewed as a part discipline of pedagogics.

3. The orthopedagogic as a complex scientific structure within pedagogics

Where in the previous section an attempt was made to demonstrate that orthopedagogics is pedagogics and thus is rooted in it, in this section the emphasis is on the fact that orthopedagogics is **a complex scientific structure**. It is obvious that we are dealing here with a **young science**. It is important to indicate its complexity and many-sided nature in its continual development as a part science of the pedagogic. In this complexity and many-sidedness it is seen that, first, it is concerned with a child in his **pedagogic situation**. For this it is necessary that the orthopedagogue have knowledge of theoretical pedagogics, as the core discipline, and of all of the part-sciences, especially psychological, didactic, social, physical and vocational orientation pedagogics. Second, it is concerned with the **restrained** child in his pedagogic situation. Thus, in addition to the above mentioned part sciences of the pedagogic, a related subdivision of psychological pedagogics is of fundamental importance here, namely, the doctrine or theory of the child with deficiencies and/or deviations in his physical-psychic-spiritual structure as they manifest themselves in his world relationships, or also the psychology of a child's being-different in his becoming toward adulthood, i.e., a pedagogically situated becoming.

As already noted above, physical handicaps play an extremely important role in constituting a different world. However, it is important to indicate that the science of medicine, as a **supporting** or auxiliary science, has a significant role to play in physical

education (physical pedagogics) as a part science of pedagogics. In other words, physical pedagogics, as part science of pedagogics, is dependent on numerous related sciences such as physiology, medicine with all of its branches, biochemistry, etc. as **supporting sciences**. The different world constitution of the brain damaged child or of the epileptic child are linked to the fact of his brain damage and its nature which only can be investigated and confirmed neurologically; indeed, a physician is necessary regarding a deaf, blind, hard of hearing child, one with poor vision, the chronically ill child, etc. The importance of the significant role of medical science in this respect certainly cannot be appreciated too much, but it is just as important to indicate that **here the science of orthopedagogics always has to be at the center** because the point of departure remains the child in his pedagogic situation. Thus, a physician can never be a pedagogue, and also is not a child's teacher-educator; he remains a colleague in the pedagogic situation who has to provide the pedagogue and/or teacher-educator with the extremely important medical knowledge and means of treatment which are accountable regarding the pedagogic and pedagogic-didactic forming of the child in his differently constituted world with all of its problems. This knowledge and treatment of a physically retarded child is immediately implemented by the orthopedagogue, orthodidactician in the child's behalf. This knowledge enables the orthopedagogue to know the state of the physically handicapped child and what pedagogic and didactic means have to be applied in the situation to help him in his becoming adult.

Similarly, Orthopedagogics (and pedagogics) can make use of other supporting sciences. Here one thinks of other human sciences such as psychology, ethics, and sociology that will not be considered. However, it is emphasized that these sciences will be of less--if of any-- value if they emanate from a naturalistic view of persons.

With all of the knowledge of the restrained child--theoretical-pedagogical, psychological-pedagogical, social-pedagogical, medical, etc.--the orthopedagogue has to treat or help the child. This helping action, which at its core is pedagogic action, on closer analysis appears to be a **particular and specialized helping**. With this we return to the definition of orthopedagogics in section 2 above, namely, that it is a science of educative action in behalf of a child who, on the basis of his psychic-spiritual and organic structure, is seriously restrained in ordinary education. Note it is because of this

restraint in ordinary education that particular and specialized educative activity is necessary which can lead to **re-educating** the child. It is an act of re-educating because with the usual methods of educating and teaching the restrained child will not attain the highest form of adulthood of which he is capable given his restraints. This particularized and specialized helping the restrained child as orthopedagogic help embraces two aspects which can be distinguished but not separated, namely the **orthopedagogic** or existential, spiritual formative aspect, where the emphasis falls on activating and potentializing the spiritual dimension of the restrained child (such as awakening responsibility, the deepest religious feelings, a sense for values, etc., thus forming his conscience); and the **orthodidactic aspect**, where the educator-teacher and the restrained child find themselves in a didactic situation, e.g., a formal teaching situation which has to do with instilling the learning content in the involved child and his mastering it by applying particularized and specialized teaching methods that try to bridge the learning difficulties caused by the restraint. Consequently, orthopedagogics embraces the **orthopedagogic** as well as the **orthodidactic**.

The question that arises here is whether the specialized educative approach, thus the orthopedagogic aspect, has to be distinguished from the usual pedagogic or educative aspect that one finds in a family or an ordinary school. If Grewel's explanation regarding this is correctly understood then he views the specialized educative or orthopedagogic aspect, as sketched here, as merely **pedagogic** help which is executed in the same way by the educator-teacher in an ordinary school. For example, with reference to "educating" a deaf child he says there is the danger that the pedagogue will engage in therapy and then says, "However, a deaf child doesn't receive therapy from the teacher **but is helped pedagogically** (Nel's emphasis) ... This holds for the poor learner, the slow child, the deficient and difficult child. The educator's task and also that of these children and youths is education."[(22)] According to Grewel, helping the restrained child, as pedagogic help, cannot be differentiated from pedagogic help for a normal child--he contends that in neither case is it therapy.

The standpoint endorsed here is that the restrained child, as "Dasein", is a being-different because of his restraints and thus he constitutes for himself a different experiential world. Consequently, the teacher-educator has to encounter him in this different world

and approach him with particular and specialized actions in his attempt to re-educate him. These particular and specialized actions decidedly are **in particular respects different types of actions than the usually pedagogic** and which are orthopedagogic in the narrow sense of the word and are pedotherapeutic in nature. In this sense orthopedagogic actions aimed at the spiritual or existential dimension are synonymous with pedotherapy.

It is very difficult to determine the boundary between ordinary pedagogic help and orthopedagogic or pedotherapeutic help. In this regard, nevertheless, it is commonly accepted that the image of the different world of the restrained child is strongly affect-laden and hinders the actualization of his "Dasein" and world orientation. The affect-laden nature of the particular world relationship of the restrained child is inseparably bound to the fact of the acceptance, or not, of the particular restraint, whether physical or psychic-spiritual. What **experiences** must a deaf, blind, brain damaged, crippled child have when he finds out that he is not able to carry out activities that other children can? Hence, the experiential world of the child with debilities is one of feeling frustration, inferiority, awkwardness, isolation, of not being-able-to-keep-up, etc. However, it is not only the restraint that is responsible for the different affect-laden nature of this experiential world but also contributing is the situation in which he finds himself, and especially the parent-child situation. In this connection, Vliegenthart[23] says, "It is a familiar experience that the relationship between parents and handicapped children has a higher risk of being restrained by various influences than is the case with the non-handicapped. This means additional difficulties in educating; indeed, difficulties not stemming primarily from the deficiency [as such]". In such cases, parents are confronted with extremely difficult tasks. An extremely important factor in this regard is that often parents are deeply shocked by the fact that their restrained child does not progress in the direction of the future image [about their child] that they represent to themselves. In this regard, the phenomenon of over-protection is mentioned which makes educating difficult. The difference between pedagogic and orthopedagogic measures also is presented by Valk. He emphasizes the spiritual aim of orthopedagogics and then says the following: "Where ordinary educative measures are adequate for attaining this aim, one speaks of the pedagogic. Where unusual measures are present one speaks of the orthopedagogic."[24]

In the above, the orthodidactic aspect of the orthopedagogic also is indicated. Indeed, it is an inseparable part of orthopedagogics. There is a tendency to separate it from the orthopedagogic and reduce it to a technique such as one finds the Anglo-American notion of "remedial teaching". In such a case, attention is focused on the shortcoming and not on the child as a person in his world relationships. This matter is dealt with by Prof. M. C. H. Sonnekus in Chapter IV and will not be discussed further here. However, the standpoint is **this**: whatever shortcoming a child might have includes shortcomings regarding his learning world as an experiential world which are going to be linked up with helping the child as a person in his differently constituted world, thus also with orthodidactic help where there is mention of certain orthodidactic methods and aids.

Thus far it is accepted that we become acquainted with the restraints of each child and then immediately proceed to providing orthopedagogic help (N.B. we do not speak of **treatment**--a term from the medical world with medical connotations). In reality it is a complicated procedure to diagnose* the child's restraints. In previous years this was merely a medical or medical-psychiatric diagnosis while the practitioner or teacher perceived the teaching aspect intuitively and on the basis of experience. In the decades just past, but especially in the post-World War II years, a complex evaluative procedure was developed in which the pedagogic is not only done justice but is its central starting point. Such a thorough evaluative procedure is necessary because it lays the foundation for the nature and form of helping the restrained child. Without going into details--because they have already been expressed in many of our writings[(25)]--it can be mentioned that there is a naturalistic--and thus also a natural science oriented diagnosis, better known as psycho-diagnosis that contrasts with a more pedagogically oriented evaluation. Contemporary psycho-diagnosis is based on a naturalistic-evolutionary construed anthropology of a person as a bio-psychic being, as a conscious being with psychic functions which are measurable and thus quantifiable. It is based on the excessive use of tests and test results that mainly are interpreted quantitatively. Pedagogic evaluation or pedoevaluation, and thus also orthopedoevaluation, is based on an accountable personological

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* I translate orthopedagogic/orthodidactic diagnosis, diagnostication as evaluation but I leave psychiatric, psychological diagnosis alone to keep it in the idiom of the medical model--G.Y.

anthropology on the basis of which a person is viewed as a somatic-psychic-spiritual being, primarily as a spiritual or existential being, and thus as a **person** in his world relationships. On this ground, a totally different approach to evaluating a person or also a restrained child arose--thus, an anthropologically accountable orthopedoevaluation. Space does not allow going into the particulars of the approach (for more particulars there is reference to the author's **Fundamental orientation in psychological pedagogics**, Chapter IV). Briefly, it is indicated that the point of departure of this approach is the phenomenological method, i.e., the phenomenological analysis of the child of concerned in his situation. In this connection, the **association** and **encounter** with the child, the **conversation** and **observation**, as fundamental pedagogic methods are of primary importance. The pedagogue, respectively orthopedagogue, makes use of **exploratory media**--known as "tests" in contemporary psycho-diagnosis--applied as aids that also are primarily interpreted phenomenologically, and on this basis a qualitative analysis is made of the eventual actions of the child. As a rule this involves an analysis of the child in a pedagogic situation and not so much a measuring of psychic functions and achievements. Such an orthopedagogic evaluation also includes an orthodidactic one. In other words, any child who has to be evaluated for learning difficulties (thus, orthodidactically) has to undergo an entire orthopedagogic evaluation because this has to do with the child in his world relationships and not with partial defects. The anthropologically accountable pedoevaluation is considered to be so important that even when normal children are brought to our child guidance clinic for vocational orientation guidance, such a child undergoes this evaluation.

Finally, we arrive at a most important difference between current psycho-diagnosis and pedoevaluation or orthopedoevaluation. In agreement with the naturalistic view of a person, a psycho-diagnostic approach is one of compartmentalizing and from this point on arises the notion of "teamwork" among the physician (and/or psychiatrist), the psychologist, the sociologist or social worker and the pedagogue. In this constellation, really the pedagogue plays a very small role. The data from each of the experts is eventually pooled from which a "personality profile" is constructed by all of them after which a "treatment" (N.B. not giving help) is selected. How an accountable unitary image--**a person image**--can be acquired from a medical investigation, a number of psychological data based on measures, a number of social data (the

so-called "case history" data) is not clear. Indeed, only a peripheral "personality profile" can be compiled, peripheral because it is not a person image that is viewed from the existentiality of being a person.

In a personological oriented pedoevaluation, respectively orthopedoevaluation, there also is a **team** working, **all with fundamental pedagogic schooling** and especially in psychopedagogics (respectively, psychological orthopedagogics), didactic pedagogics (respectively, orthodidactic pedagogics) and social pedagogics (respectively, social orthopedagogics). A necessary addition to the pedagogically schooled team is the physician.

As far as possible, however, the investigation of a child, except for a medical or psychiatric investigation (where absolutely necessary), should be undertaken by a psychopedagogue (respectively, orthopedagogue). **As far as possible**, it should be undertaken by one expert--preferably a psychopedagogue--because it is not always possible that one person is so broadly schooled and for this reason in the team there are those who, e.g., have been particularly trained in orthodidactics, play evaluation, in the use of language as an evaluative medium and in vocational orientation evaluation, whose help can be enlisted for certain children. However, it is clear that for whatever problem or restraint a child is investigated, he has to be subjected to a complete pedo- or orthopedoevaluation. The role of the teamwork does not concern so much mutual help with the evaluation but with the team or panel discussion where the investigation of each child is presented by the various investigators or evaluators and is discussed by the entire panel. The following can result from this:

a) More comprehensive and deeper deductions regarding the compilation of the child's person image;
b) further research in connection with certain aspects of the structure of a person in his world relationships, e.g., factors in connection with family background, possible pedagogic neglect, further orthodidactic investigation, etc.;
c) referral to a medical specialist for possible neurological or for endocrinological investigation; or for audiological study.
d) choice of the nature and duration of the assistance, e.g., pedotherapy, orthodidactics, vocational orientation;

e) decision that a conversation be conducted with the parents--by who?

4. Conclusions

In this chapter, an attempt has been made to provide an image of orthopedagogics as a part-discipline of pedagogics as it has developed in the last two decades after the Second World War. The importance of this development is, first, that the orthopedagogic is viewed from a modern philosophical-anthropological foundation and, second, that an accountable anthropological-pedagogical view has stemmed from this, a view in which the **pedagogic** for the first time in history is done justice. The following chapters attempt to show how complex othropedagogics is as a scientific structure within the more comprehensive scientific structure of pedagogics.

REFERENCES

1. Van Gunst tot Recht, de Zorg voor de gehandicapte in Europa, uitgevue door de Vereniging van Orthopedagogen en anderen wier arbeid orthopedagogisch gericht is, J. B. Wolters, Groningen, 1965, p. 37.
2. Van Gelder, L.: Een orientatie in de orthopedagogiek, Orthopedagogische Geschriften, J. B. Wolters, Groningen, 1965, p. 7.
3. Dumont, J. J.: Orthopedagogiek, pedotherapy en opvoeding, L.C.G. Malmberg, 's-Hertogenbosch, 1968, p. 1.
4. Van Gelder, L.: op. cit., p. 8.
5. Van Gelder, L.: op. cit., p. 22.
6. Moor, Paul: Heilpaedagogische psychologie, II Band, Hans Huber, Stuttgart, 1958, p. 12.
7. Moor, Paul: op. cit., p. 13.
8. Langeveld, M. J.: Ontwikkelingspsychologie, J. B. Wolters, Groningen, 1953, p. 41.
9. Sonnekus, M. C. H.: Die problematiek van die slegsiende kind, in: Opvoedkunde Studies No. 55, University of Pretoria, 1968.
10. Pretorius, J. W. M.: 'n Verkenning van die taalwereld van die slegsiende kind, Unpublished M. Ed. Thesis, University of Pretoria, 1968.
11. Kapp, J. A.: Pedokliniese ondeersoek na die leefwereld van did owe kind, Unpublished M. Ed. Thesis, University of Pretoria, 1968.
12. Erasmus (nee Nel), B.: 'n Ondersoek na die betekenis van liggaamskennis en liggaaamsbetrekkingskennis by die ontwikkeling van taal by die dowe, Unpublished M. Ed. Thesis, University of Pretoria, 1967.
13. Kotze, J. M. A.: Die leerwereld van die breinbeskadigde kind as beleweniswereld, Unpublished D. Ed. Dissertation, University of Pretoria, 1968.

14. Van der Heyde, G.: Die subjek-wereldverhouding van die swaksiende kind: 'n Verkennende pedodiagnostiese ondrsoek, Unpublished M. Ed. Thesis, University of Pretoria, 1968.
15. Nel. B. . Die wereldverhouding van die dowe kind, 'n psigologies-pedagogiese besinning, paper presented at Conference on Deaf Children organized by the Suid-Afrikaanse Raad vir Dowes, October 1964.
    Also see: Nel, B. F. and Van der Stoep, F.: Die Wereld-verhouding en taalimplementering by die dowe kind, N G Kerekboekhandel, Pretoria.
16. Sonnekus, M. C. H.: op. cit., p. 58.
17. Van der Heyde, G.: op. cit., p. 110.
18. Dumont, J. J.: Ontwikkeling in de orthopedagogiek, in: Tijdschrift voor Orthopedagogiek, Vol. 5, No. 3, 148-149.
19. Vliegenthart, W. E.: Anders-zijn en mee-gaan-doen, J. B. Wolters, Groningen, 1961, p. 4.
20. Vliegenthart, W. E.: op. cit., p. 5.
21. Vliegenthart, W. E.: op. cit., p. 7 quoted from Langeveld, M. J.: Projektive Untersuchungsmethoden bei Schwachsinnigen Kinderen, Zeitschr. F. Heilpedagogik, September 1952.
22. Grewel, F.: Orthopedagogiek en psychotherapie, in: Tijdschrift voor Orthopedagogiek, Vol. 7, No. 4, 96-97.
23. Vliegenthart, W. E.: De orthopedagogiek in de opleiding van onderwijzers bij het buitengewoon onderwijs, in: Tijdschrift voor Orthopedagogiek, Vol. 5, No. 5, 162-163.
24. Valk, J.: De inhoud van een orthopedagogische diagnostiek, in: Tijdschrift voor Orthopedagogiek, Vol. 2, No. 9, p. 247.
25. The standpoint of the Faculty of Education regarding the question of pedodiagnostics appears in the following works:
    i) Nel. B. F. and Sonnekus, M. C. H.: Das psychische Bild des Kindes mit Lernstorungen – eine Besprechung auf Grund der paedagogischen Diagnostizierung von Kinderen mit Lern-Stornungen, in: Fortschrifte der Heilpedagogiek, 1968.
    ii) Nel, B. F. and Gouws, S. J. L.: Voorbeelde uit die praktyk van orthodidaktiese diagnostisering in Opvoedkunde Studies No. 54.
    iii) Nel, B. F.: Pedagogiese verwaarlossing, in Opvoedkunde Studies No. 54. 1965.
    iv) Nel, B. F. (ed.): Aspekte van 'n modern-pedagogiese diagnostisering en behandeling van kinders met gedrags- en leer-moeilikhede, Special Issue Opvoedkunde Studies, 1966.
    v) Gouws, S. J. L.: Pedagogiese diagnostisering van kinders met leermoeilikhede, Opvoedkunde Monografie No. XI, HAUM, Cape Town, 1966.