

CHAPTER VI

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. FINDINGS

It is a universal phenomenon that children deviate from the expected course of becoming adult. Not all become what they ought to be according to the expectations of the adult members of their community. Precisely what counts as “deviating” is a matter of differing opinions. Also, there is no consensus about the factors contributing to child deviancy.

Im studying the prevailing views of the reasons for child deviancy, it appears that there are seven distinguishable theories (see Chapter I). If each of these views is critically evaluated in terms of pedagogical criteria, it seems that each has its merits, but they only specify the pedagogical view of the coherence of educative input [e.g., teaching] and personal actualization [e.g., learning] and don't allow for the personal input and role of a child regarding his/her own becoming adult. Adherents of behavior-theoretical, psychodynamic, biophysical, sociological and ecological perspectives view a child as at the mercy of his/her innate inclinations and/or stimuli that accost him/her from his/her environment. In contrast, the “anti”-theoretic view is that a child has a unique role in his/her becoming and will develop him/herself to the best from nature, but that as a consequence of interference by fellow persons, he/she is prevented from realizing his/her inherent good.

The pedagogical view is that a child can only become what he/she ought to be when there is adequate accompaniment by educators such that his/her potentialities can be adequately transformed into realities. When deficiencies arise with respect to this dialogue, restrained becoming results. A child's course of becoming is delayed and he/she deviates from the level of becoming adult that is expected to be possible for him/her. It is recognized that there are educative-impeding circumstances that cannot be eliminated. Where parents and child are not able to realize the educative event

as it should be, a child's becoming is restrained and he/she deviates from the expected course of becoming. If, however, he/she attains such a level of becoming that is possible to reach under the circumstances, he/she is not referred for orthopedagogic help. A handicapped child is a task for pedotherapy, but a restrained child is not necessarily so. Biophysical, psychodynamic, ecological and sociological contributing factors might aggravate the educative event. Whether this is going to restrain a child's becoming will depend on the unique attitudes and attribution of meaning of those involved, i.e., parents and child. Thus, according to a pedagogical view, child deviation is ascribable to giving inadequate meaning, as a result of inadequate educating. This view of child deviancy is not as narrow as the other views mentioned.

Where child deviancies must be handled in practice. at least to some extent, there always is mention of educative problems, irrespective of the nature and scope of the other possible contributing reasons. Hence, the fact that all clinics included in this research used one or another form of advice to the parents concerning their educating their children. Clearly, definite and identified educative problems did not always occur. Often the educative problematic was glossed over with terms such as "negative environmental factors," as in the case of ecological and sociological approaches, or "inadequate responses," as in the case of the behavior-theoretical approach.

This misconstruing of the role of the problematic of educating in child deviation results in the help provided progressing with less purpose. By implication, orthopedagogic help is always for the sake of problems in becoming adult, but is presented in haphazard, hit-and-miss ways. This shortcoming is attributed to the fact that therapists fail to plan the therapy in the light of a convergence of knowledge regarding child becoming adult.

In chapter II, the contemporary practice of providing help is examined more closely. It is found that the therapeutic aim is formulated in the light of the view of causation. Only with two of the thirteen involved clinics were the results of the diagnoses organized in terms of a structural theoretical frame of reference, and the broader overarching aim was particularized into specific aims. With respect to aim formulation, there is a lack of guidelines

for practice. The same holds regarding planning and choice of therapeutic content.

In contrast to the vagueness that exists with therapists concerning delimiting specific aims, choosing therapeutic content, and coordinating helping a child with advising a parent, the choice of a technique seems to enjoy a priority. Preference is given to those techniques that give quick results. Owing to pressure from large numbers of children in need of help, shortages in trained personnel, full programs of parents who must accompany the children, financial considerations and coordinating the academic and school year, it is not practicable to use time-consuming techniques such as psychoanalysis and nondirective therapy.

Regarding the nature of the therapeutic relationship, there is a great deal of agreement, except for the nature and place of the therapist's maintenance of authority. Pedagogical authority is an essence of educating. Many therapists evade acknowledging their responsibility for accepting authority under the delusion that this will commit the therapist to the same tasks as a parent or a teacher. Also, they do not recognize that their therapeutic activities, the course of their providing help and aim are pedagogical in nature.

In chapter III it is shown that the pedotherapeutic event, in its essential nature, can be labeled an educative event, but that these essences of educating appear differently in a therapeutic event than in the educative event at home or at school. Indeed, the pedagogical essences that have been disclosed by fundamental pedagogics, psychopedagogics and didactic pedagogics appear in a therapeutic event. Providing help to a child distressed in becoming is a matter of educating.

A therapist provides help of a pedagogic nature (pedotherapy) in connection with a pedagogic matter (a problem in becoming). However, pedotherapy, as providing orthopedagogic help, is to be distinguished from educating. Educating is actualized between two poles, i.e., a child and his/her parents [or other adults]. Providing orthopedagogic help is realized among three poles, i.e., a child, his parents and a therapist. A therapist provides help to a parent, via educative accompaniment, and to a child via pedotherapy to re-

establish the normal course of educating, such that he/she (the therapist) becomes superfluous, and the two-pole event then can be realized further.

In chapter IV the structure of the pedotherapeutic event is disclosed. It has come to light that this structure can be schematized in such a way that a therapist can establish a practice in terms of the schema. Through his/her knowledge of the constituents of the phenomenon, he/she can plan strategies in such a way that he/she can create the event with a great deal of possible success.

In terms of a practical illustration, it was confirmed in chapter V that no planning, however carefully, can guarantee a therapeutic course. Pedotherapy is not a series of stimuli that a therapist applies to bring about a desired reaction. A child, as a person, as a totality in communication with his/her world, gives his/her own, unique, unpredictable tenor or character to the event. However, it remains the responsibility of the therapist to recognize alternatives and indicate directions to reach the aim. It is the child's task to accept or reject his/her appeal. A favorable outcome for pedotherapy cannot be guaranteed; it can only be made possible by the knowledge and skills of the therapist.

2. CONCLUSIONS

After finishing this research on the current state of the practice of providing help on behalf of children distressed in becoming, and the subsequent test of an alternative approach, the following conclusions are made:

The case study illustrates the usefulness of the theoretical framework for establishing a practice. It offers a pedotherapist firm beacons by which he/she can orient him/herself regarding the current state of relevant matters. With a reasonable degree of certainty and accountability, he/she also can get a preview of the possible further course of the provision of help, not just for a following session, but for the total course of the therapeutic event. A therapist no longer practices giving help blindly, and, in good faith, with his/her eye directed only to the following session.

He/she now has a global overview of the prevailing, as well as the planned situation, as it has taken form in his/her long-term planning.

In terms of planning for giving help as a whole and as the more particularized planning for each individual session, helping parents and/or teachers can be coordinated with the help given the child. In terms of planning the aims for pedotherapy, the input of parents (and other educators) are coordinated such that a child acquires optimal functionalizing opportunities where he/she can transform the newly acquired elementals into fundamentals so that the experiential residues regarding the changed attribution of meaning can be consolidated with his/her possessed experience. If a child's experiencing during the periodic breaking away between sessions conflicts with his/her pedotherapeutic experiencing, the new attribution of meaning is counterproductive, and results in cognitive confusion, affective lability and the negative attribution of meaning on a normative level. The child experiences a shock to his/her confidence and possibly concludes that he/she was misled because the new meanings he/she has acquired are not relevant to the events outside of the therapeutic situation. Pedotherapy, as providing orthopedagogic help, presumes input from the parents, child and therapist.

From this it follows that parental guidance and pedotherapy are two sides of the same coin. No child can independently walk his/her way through life, and even less so a child in distress. The help, support and accompaniment of a therapist is temporary and only serves as a link or a bridge until ordinary educating is reestablished.

To be able to reestablish the parent-child relationship to such an extent, and make the therapist superfluous, pedotherapy and parental guidance must be synchronized. It is doubtful if this event can progress satisfactorily if the help given the parent and child occur separately. Parents not in close contact with the child's pedotherapist cannot give their necessary cooperation in purposeful, focused, planned ways.

This does not deny that parents possibly can profit from attending groups and other discussion sessions that are led by other

therapists. This can make a valuable contribution to forming an inclination and creation of a preformed field. The acquisition of insight possibly can be hastened in this way. However, such sessions, at most, can be labeled as parent orienting, but can never be a substitute for parental guidance as the other side of their child's pedotherapy. Parental guidance and pedotherapy jointly form the provision of orthopedagogic help. One throws the other into relief.

Without systematizing, ordering and coordinating pedotherapy and parental guidance in terms of thorough planning, it is a question of chance if the relevant therapeutic content is going to arise. Without such planning, a therapist only can rely on his/her intuition and momentary insight.

To bring about a fruitful therapeutic moment and make it maximally available, a therapist must be thoroughly prepared and continually have the therapeutic aim with its complex diversity in sight. Pedotherapy often takes an unanticipated and unpredictable turn. Without fixed orientation beacons, therapist and child drift along without direction. Each situation is unique and unrepeatable. A squandered therapeutic opportunity is irrevocably over.

The results of this investigation, i.e., the establishment of guidelines for designing a pedotherapeutic practice, not only have relevance for practicing orthopedagogues, but includes implications for training students in orthopedagogics. The structure of the pedotheapeutic event is disclosed and illuminated from an orthopedagogical perspective. The theory results in and flows into a practical approach in terms of which even a less experienced therapist can be expected to establish an accountable practice.

The exemplar of pedotherapeutic help to a child restrained in becoming illustrates that, although a pedotherapist can plan the course with a degree of certainty, his/her plan always remain flexible and leaves room for the personal role of a unique person that never can be fully knowable and predictable. A pedotherapeutic event is a teaching event and, as such, didactic pedagogics always has relevance for it. However, a session can never progress as a lesson and as the school's teaching event is

formalized. Where curriculum bound content is dealt with, a teacher takes the initiative and plays a principal role during the discussion. In the case of pedotherapeutic content, that carries a strong emotional load, and that undergoes changes in nuances from day to day on the basis of the after-effect of the orthopedagogic help, in the planning, room must be left for improvisation.

Despite careful planning that testifies to theoretical insight, pedotherapeutic success to a very high degree is co-determined by the talent and experience of the therapist. Talent, training and experience supplement each other. One cannot replace the other.

Because of the emphasis on normative giving meaning that rests on affective stability and cognitive order, pedotherapy is less useful with feeble children. Pedotherapists also make an appeal to a child's language skills. Children with serious uncorrectable language problems might possibly find less benefit from this way of receiving help. When a child's problems are due to or co-determined by biophysical problems, medical or paramedical help is indispensable. If educative impediments occur from the social environment, social work help is recommended, and pedotherapy cannot be relied on exclusively. Educative problems that involve existential distress require pastoral help. In such a case a pedotherapist is one of a team of experts with a role in and contribution to the provision of help.

However, when it is a *child* being helped, educating always arises. An orthopedagogue, as an expert in educating, thus has a *coordinating* role to fulfill to ensure that the help from related scientific areas for dealing with the symptoms and eliminating impediments to educating will be extended to elevating the child's becoming. Not all factors that impede becoming can be eliminated. This requires that the orthopedagogue bring the child to an acceptance of what can't be changed. Irrespective of the composition of the helping team, an orthopedagogue has a coordinating and follow-up task. Because the optimal becoming adult of a child in educative distress is his/her area of study, he/she is well equipped for the task.

The *structure* of the pedotherapeutic event disclosed is a universal matter. However, when a practice is established in terms of such knowledge of the phenomenon, one works with specific *contents* that reflect specific views of life. These life-view matters that figure as contents vary from case to case according to circumstances. The pedotherapeutic sequence schema that results from the theorizing allows room to accommodate a variety of views of being human and the world. It is not limited to use within a specific culture or way of thinking.

Also, the usefulness of pedotherapy is not limited only to remedying specific problems. A variety of techniques can be used pedotherapeutically. This matter has yet to be examined adequately and, thus, falls outside of the scope of the present study. However, it can be anticipated that approaches that seem to be useful are studied with the aim of applying them in orthopedagogic contexts.

Practice has shown beyond any doubt that the effective elimination of a child's deviancy cannot occur outside of the event of educating. Providing help to a child has its own nature that cannot be confused with helping adults with psychic life problems. The situatedness of a child, the nature of his/her distress and needs, as well as the aim of his/her becoming (i.e., adulthood) differ from an adult such that help is not to be provided in the same way. The essential differences between providing help to a child distressed in becoming and to an adult with psychic life distress is so immense that it justifies a separate name.

Not only does the term *pedotherapy* refer to the child-directedness of the provision of help, but also to the essential pedagogical situatedness of all children. It is just this situatedness that forms the warp and woof of the approach. Whoever practices pedotherapy acknowledges the essential nature of a child [as being educatively situated].

3. RECOMMENDATIONS

This study and investigation of the essential nature of pedotherapy and description of a possible way to design an accountable practice, is only a beginning attempt. There is no claim that this is the only

or necessarily the best approach. The last word in this respect has not yet been spoken. In the light of current insight into providing help to children distressed in becoming, however, it is an accountable approach that is shown to be practically useable. It is anticipated that in the future possible alternative schemas will be proposed for establishing a pedotheapeutic practice, or that the schema resulting from this study will be refined. This would require further research of the pedotherapeutic practice.

It is recommended that orthopedagogues in practice, such as, e.g., the helping services of the Transvaal Education Department and other educational institutions, inform themselves of the results of this study. Where yearly, they are inundated with a large number of children needing orthopedagogic help, it is necessary that the orthopedagogue apply his/her services in the most effective way possible. Henceforth, they will be able to plan their pedotherapy more purposefully and accurately, and proceed in light of the orthopedagogical insight to which they have come.

It is recommended that research be attuned to the differentiated use of the session sequence schema. From greater practice, it might seem more beneficial to children in a specific phase of becoming than with others. There might even be a variation or alternative approach more desirable for use with children who have certain problematic symptoms in common such as specific learning restraints, children in homes for children, children with physical problems, school readiness problems, etc.

Mutual acceptance of parent and child, as well as acceptance of possible impediments to educating that can't be neutralized, are of cardinal importance for successful pedotherapy. To date, little is known about the essences and essential nature of pedagogical acceptance. In this context, this is a question posed to fundamental pedagogics. Such knowledge and insight should throw additional light on the therapist-child relationship. Where this adult and child are not bonded by fate over the long term, and also not blood related, is authentic mutual acceptance as complicated an event as between natural parent and child? If fundamental pedagogics would disclose this phenomenon in its nature, essential characteristics and mutual coherence, a therapist would be able to

establish a relationship with the parent and child with greater certainty. In addition, he/she would be able to support them more adequately in accepting each other and their situatedness, if necessary. As therapeutic content, acceptance often figures in pedotherapy, as well as in parental guidance.

A study of the characteristic personal qualities of successful pedotherapists could make a great contribution to the selection of students for training as pedotherapists, and the inculcation and refinement of those personal potentialities of relevance not only to pedotherapists in training, but also to practitioners.

The structure of the pedotherapeutic relationship is a matter that has already been thoroughly studied and the nature of the pedagogical relationship between parent and child is known. To date, the third leg of the event, i.e., the relationship between the educator and the therapist has been left behind as an area of study.

Also, the event of parental guidance is a learning event, but now in an andragogical situation. Forming opinions, modifying dispositions, acquiring insight and discarding prejudgments are but a few matters a therapist must know about in his/her intervening with the parents in order to supplement and consolidate his/her pedotherapeutic input. In his/her relationship to a child, a therapist maintains a relationship of authority based, among other things, on his/her attainment of a higher level of becoming. As an adult, he/she is morally independent and he/she can and must carry the responsibility for the pedotherapeutic event. He/she sponsors a child in his/her care. In the event of parental guidance, a therapist also is involved in a relationship of authority, but now because of his/her greater scientific knowledge, and without vouching for them as morally independent adults. Authority is an essence of providing orthopedagogic help. However, it appears in different ways while providing help to child and to an adult. A relationship of authority is only one constituent of the event of providing orthopedagogic help. It is necessary that the entire matter of relationship in the event of providing orthopedagogic help be thoroughly studied and examined.

In the present study, directive and indirective pedotherapy are distinguished. Practice has shown that the two forms often alternate with each other. Practice benefits from these different approaches, provided that there be further research with specific reference to a child's level of becoming, the nature of his/her problem and the media or aids the therapist uses. It would be insightful if the time factor could be considered in such research, i.e., if it can be indicated how many sessions, over which period of time, are necessary to bring about changes in meaning and how lasting the new insights are.

The function and place of language in the pedotherapeutic event still is an uncultivated area of research. Also, its differentiated use should be closely examined, e.g., in cases where non-verbal expression techniques initially are used. Language is always of relevance in pedotherapy. The role of language within an individual session, and also in the total course of pedotherapy, must still be elucidated. Within a South African context, language differences between therapist, parents and child are an essential question. What role does language play in providing orthopedagogic help to persons with socio-economic, cultural, national and race differences? Answers to these questions have implications for training orthopedagogues.

It is further recommended that research be undertaken to determine the usefulness of various therapeutic techniques from a pedotherapeutic perspective. Techniques that rely on bodily movements, such as mimicry and eurhythmics, still are largely overlooked. The study of and research on the nature and place of physical [bodily] therapy as a pedotherapeutic approach has been omitted for too long. In practice, sometimes this technique is applied to a child in unaccountable ways, i.e., from other than a pedagogical perspective, and in haphazard ways. That knowledge of a child's *physicality* [bodiliness] can be of great value to an orthopedagogue is long known, and a defect in such knowledge is a gap in experience. It is a task for physical education, as a distinct pedagogical perspective, to disclose such relevant insights. Their pedotherapeutic usefulness then can be examined in terms of the existing insights about a child distressed in becoming.

A longitudinal study of child becoming from a psychopedagogical perspective would provide an orthopedagogue refined criteria of becoming by which he/she could evaluate what a child's attained level of becoming is before and ought to be during and after pedotherapy. This would also contribute greatly to a refined formulation of aims. Also, with respect to parental guidance, a therapist could more accurately direct parental expectations and demands of their child.

The gigantic contributions to child knowledge of studying the child psychic life from a psychopedagogical perspective is readily acknowledged. There already are refined insights regarding the essences of the psychic life. For example, it already is possible to differentiate between the level of affective and cognitive lived experiencing. However, normative lived experiencing has not yet been disclosed to the same extent. The contributions of this study in this respect must be viewed as a first or introductory attempt. Further study of normative lived experiencing from a psychopedagogical perspective also will have relevance for an orthopedagogue.

Research on the contributions of the personal talent of the therapist to the success of pedotherapy is recommended. It is a fact of experience that some adults are more successful as pedotherapists than others. It is generally accepted that providing help to children distressed in becoming assumes specific personal qualities of the adult. What the precise nature of these qualities is, if they are already recognizable before training and if they can be further refined through training, are not yet known. The availability of such knowledge would have implications for the selection and training of students as pedotherapists, but also for the self-control and aim of each pedotherapist in practice. Pedotherapy is a learning event not only for the troubled child but also for the adults involved with him/her in the event. To be able to let his/her own input occur more accurately and with greater accountability, a pedotherapist must be appropriately aware of which human qualities he/she must concentrate on. In doing so, he/she also can find greater benefit in the pedotherapeutic learning event.

4. IN CONCLUSION

Pedotherapy, as a specialized provision of help to a child distressed in becoming, can contribute greatly to establishing a defensible early success. The two-fold nature of orthopedagogic help, i.e., to the parents and the child, makes it possible to break the vicious cycle that often arises. The troubled child of today is the inadequate parent of tomorrow. Via pedotherapy, it also is possible to provide a troubled child an opportunity to optimally transform his/her personal potentialities into actualities from an adequate educative situation. The manpower shortage and political-economic task that confronts our national situation today make a defensible solution imperative. This investigation with its conclusions and recommendations is a modest attempt to contribute to a solution to this urgency.