

CHAPTER 4

PLANNING AN ACCOUNTABLE ORTHOPEDAGOGIC THERAPEUTIC PRACTICE FOR THE AFFECTIVELY DISTURBED CHILD

1. INTRODUCTION

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

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

symptoms, but especially eliminating or neutralizing the factors contributing to inadequate educating" (36).

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

Since pedotherapy is a pedagogical matter, the following are reflections on some pedagogical foundation, which serve as guidelines for planning a pedotherapeutic practice.

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

2.1 The fundamental pedagogical foundation of pedotherapy

2.1.1 The pedagogical relationship

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

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

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

The pedotherapist must allow the child "to experience what it means to trust each other" (34, 143). Pretorius (21, 28) indicates that,

when there is a conflict in trust, the child becomes a task for pedotherapy. Lubbers (16) emphasizes that the conflict in trust must be eliminated, and since "the relationship of trust is mainly a pathic-affective relationship" (29, 42), the child becomes affectively stabilized merely through actualizing an adequate relationship of trust. Within such a relationship, he/she will **feel** him/herself **accepted** and, this, will provide him/her with the **confidence** and **security** by which he/she will be **emotionally** ready to explore his/her problem. Thus, actualizing a **relationship of trust** is the first step on the way to stabilizing the affectively disturbed child.

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

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

Actualizing an adequate pedagogical relationship (of trust, understanding and authority) in the pedotherapeutic situation itself offers the **possibility for affective stability**. In addition, it also creates the climate within which the association between therapist

and child can proceed to an encounter (Landman) and, thus, the therapeutic event can take its course.

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

2.1.2 The pedotherapeutic aim in fundamental pedagogical perspective

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

2.1.2.1 Meaningfulness of existence

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

According to Nel (18, 61), an understanding of the meaning of life calls for a great measure of **responsibility**. Through awakening the child's conscience, notion of values, and sense of responsibility, he gradually gains insight into the meaning of his life (18, 57). In the pedotherapeutic situation, the affectively disturbed child must be guided so that he/she lived experiences his/her existence as a being responsible for actualizing his/her personal potentialities.

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

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

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

2.1.2.2 Self-judgment and self-understanding

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

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

2.1.2.3 Respect for human dignity

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

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

To have regard for his/her own dignity at his/her disposal means that he/she should know that he/she has the task of actualizing values. Here, there is mention of **task acceptance**. Therefore, the

affectively disturbed child must progressively be made aware that he/she lives in a manner worthy of a human being only when he/she **fulfills his/her obligations** and, thus, acts in agreement with the contents of adulthood. The pedotherapist also must give him/her the opportunity "to learn to know the valuable (values), to actualize and to use them as norms and, thus, to 'practice' his human dignity so that eventually, as an adult, he will pursue human dignity in an independent and responsible way" (10, 57).

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

2.1.2.4 Morally independent choosing and acting

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

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

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

2.1.2.5 Responsibility

Beginning early in life, the child must be accountable for the ways he behaves. This also holds for the affectively disturbed child but, because of his lability, he is not ready to assume responsibility, and from his disturbed behavior it is evident that he is not able to do so. Therefore, it is necessary that the demand to assume responsibility be made of him/her in the therapeutic situation, and that he/she be emotionally supported to accept full responsibility for his/her choices and actions.

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

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

2.1.2.6 Norm identification

Since educating is a normative matter, because of his/her being problematically educated, the affectively disturbed child often cannot live in accordance with the demands of propriety and, thus, cannot be a full-fledged participant in his/her own educating. "Thus, pedotherapy must be directed to helping the disturbed child define him/herself within a moral order. The child who cannot differentiate among values will have a poor insight into the demands of propriety from life" (7, 56). Thus, the pedotherapist must present a particular hierarchy of values to him/her so that

he/dhe can construct a system of norms and values regarding what is good and right. Without the normative, educating is not possible, nor is re-educating as pedotherapy (12, 62).

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

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

2.1.2.7 Philosophy of life

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

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

he/she lives. Eventually, he/she must arrive at an unconditional obedience (or commitment) to the proper, as it is presented to him/her by the pedotherapist, and as something which speaks from his/her own philosophy of life.

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

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

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

2.2 The psychopedagogical foundation of pedotherapy

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

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

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

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

2.2.1 Affective or emotional guidance in the pedotherapeutic situation

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

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

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

2.2.2 Cognitive or knowing guidance in the pedotherapeutic situation

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

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

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

2.2.3 Normative meaning-giving guidance in the pedo-therapeutic situation

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

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

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

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

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

2.3 The didactic-pedagogical foundation of pedotherapy

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

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

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

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

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

2.3.1 The pedotherapeutic aim in didactic-pedagogical perspective

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

Analogous to the above distinctions by Van der Stoep, Van Niekerk (35) discerns a **pedotherapeutic aim** in the pedotherapeutic situation, which consists of a **guidance aim**, and an **orientation aim**. Further, he indicates that pedotherapy is not merely on the same

level as a lesson; therapy includes and implies more, because it involves **changing meaning**. He emphasizes that, indeed, pedotherapy involves **existential changes in meaning** and, thus, **changes in the person** (35).

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

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

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

2.3.2 Reducing the orientational content in the pedotherapeutic situation

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

Since there isn't a pedotherapeutic curriculum, the pedotherapist faces a unique task. "An orthopedagogic diagnosis provides an image of the quality of the actualized pedagogical relationship, as well as of the child's actualization of his psychic life" (36). By means of this diagnosis, the pedotherapist identifies the **unfavorable** meanings in the experiential world of the affectively disturbed child, and in the light of these meanings, decides what the favorable meanings ought to be. For example, he/she must ascertain which of the child's **feelings, emotional lived experiences, dispositions, attitudes, desires, thoughts, knowledge, and**

behaviors should be changed, or supplemented in terms of the norms according to which he/she ought to live in his/her concrete situation (24, 148). Thus, the pedotherapist reduces to their essentials the favorable meanings selected **from what ought to be**.

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

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

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

2.3.3 Stating the problem in the pedotherapeutic situation

Effective learning occurs especially "when a very definitive problem is offered the pupils" (33, 28). It is appropriate to mention that stating the problem must not be thought of apart from the reduction, because it is precisely through the latter that what is problematic about the theme stands out. These comments by Van der Stoep have relevance for pedotherapy, since stating the problem

is the way the orientational content is placed in the experiential world of the affectively disturbed child. For this reason, the child's **intention** to change his/her behavior will reflect the degree to which he/she lived experiences a particular theme as a problem (34, 151).

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

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

2.3.4 Ordering the orientational content in the pedotherapeutic situation

The reduced essentials of the orientational content must be arranged or ordered into a meaningful structure so that, during the pedotherapeutic event, they can systematically and purposefully lead to problem solving. Van der Stoep (33, 41) emphasizes "that the content cannot function meaningfully in planning the lesson aim unless it is ordered in meaningful ways". Thus, the orientational content which is going to be featured in the pedotherapeutic situation, must be ordered in such a way that it leads to the pedotherapeutic aim (35). To be able to attain this aim, the pedotherapist must attend to the same **forms of ordering** (e.g., linear, chronological; in this connection see 33, 91-94), as does the teacher in designing a lesson.

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

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

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

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

3. THE PRACTICE OF ASSISTING THE AFFECTIVELY DISTURBED CHILD

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

3.1 Pedotherapy

3.1.1 The pedotherapeutic procedure

As is evident from the above, the pedotherapeutic situation is essentially a "**formally structured educative situation** within which

the child is purposefully involved in changing the mis-actualized potentialities of his/her psychic life-in-education. This change must occur to such a degree that eventually he/she can attain the level of becoming adult were, according to his/her potentialities, he/she ought to be. This implies a corrective act of educating regarding his/her disturbed experiences, will, knowledge, and behaviors to reestablish the dialogue with his/her educators, and with life contents (24, 143).

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

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

This method of therapy differs essentially from the forms of psychotherapy mentioned in Chapter 3 and, therefore, pedotherapy is not merely a child psychotherapy. Furthermore, pedotherapy is actualized in an **educative connection**, and it takes its course especially within the framework of the **lesson structure**.

3.1.2 The course of pedotherapy

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

3.1.2.1 Actualizing foreknowledge

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

3.1.2.2 Stating the problem

The pedotherapist allows a problem to arise from the foreknowledge, by which the child can lived experience the inadequacy of his/her insights. This problem, which must be formulated such that it is worthwhile for the child to respond to it, is necessary for the successful course of the therapy session, since effective orientation or learning is only likely to occur if a definitive problem is presented to the child (see section 2.3.3). The problem must be stated as a question "which directs an appeal to the questioning consciousness of the pupil" (27, 28). The **willingness** to

solve the problem is only then awakened in him/her. The affectively disturbed child usually does not lived experience the favorable meanings, which serve as themes for changing meaning, as a (solution to the) problem. Therefore, the pedotherapist must guide him/her to discover his/her affective lability as a problem and, in this way, awaken in him/her the will to stability.

3.1.2.3 Exposing the orientational content

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

3.1.2.4 Actualizing (controlling) the orientational content

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

3.1.2.5 Functionalizing

The new content with which the child has become acquainted cannot remain limited only to the pedotherapeutic situation but, from now on, he/she should be able to **live** in terms of it. Therefore, during functionalizing, the new content must be put to use (function) so it can be used with insight (33, 177) in similar

problem areas. This implies, e.g., that the affectively disturbed child must be given the opportunity to apply being free from anxiety, being without tension, showing trust, courage, etc. to new situations.

3.1.2.6 Evaluating

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

3.2 Parental guidance

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

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

Since the reason for the problem is found in family relationships, assistance entails "primarily re-establishing interpersonal relationships in the family much sooner than undoing undesirable actions" (34, 165). Therefore, for Pretorius (20, 131) the core of

parental guidance is "the elimination of the disturbed relationship, and finding a more solid education-promoting parent-child relationship". According to him (20, 131), parental guidance occurs in a series of advisory discussions which revolve around the following matters:

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

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

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

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

4. REFERENCES

1. BONDESIO, M. J.: **Gedra as psigopedagogiek perspektief op die wording van die breinbeskadige kind.** D.Ed. Dissertation, University of Pretoria, 1977.
2. CROUS, S. F. M.: **Die problematiek van te vroeë skoolverlating en die moontlikheid van pedotherapeutiese hulpverlening,** M.Ed. Thesis, University of Pretoria, 1975.
3. DU PLESSIS, P. J. J.: **Sosiopedagogiek: Opvoedingsweklikheid en maatskaplike werklikheid,** McGraw-Hill. Johannesburg, 1974.
4. DU TOIT, A.: **Ouerbegeleiding as sosiopedagogiese hulpverlening,** M.Ed. Thesis, University of Pretoria, 1978.
5. DUMONT, J. J.: Orthopedagogiek, pedotherapie en opvoeding, in: **South African Journal of Pedagogy**, Vol. 3, No. 2, 1969.
6. FAURE, J. S. M.: 'n Moderne pedagogiese benadering van spel, **Opvoedkundige Monografiee, No. 7,** HAUM, Pretoria, 1963.
7. FAURE, J. S. M.: Die pedagogiese diagnostisering van gedragsmoeilike kinders deur middel van spel, met verwysing na bepaalde pedagogiese kriteria, **Opvoedkundige Monografiee, No. 10,** HAUM, Pretoria, 1966.
8. FRANKL, V.: **Waarom lewe ek,** HAUM, Pretoria, 1975.
9. LANDMAN, W. A.: **Fundamentele pedagogiek in die onderwyspraktyk,** Butterworths, Durban, 1977.
10. LANDMAN, W. A.: **Leesboek vir die Christen-opvoeder,** Third Expanded Edition, NG Kerk Boekhandel, Pretoria, 1974.
11. LANDMAN, W. A.: Pedagogiese kriteria by die gesprekstherapie, in: SONNEKUS, M. C. H. (Ed): **Psychologia pedagogica sursum!**, University Publishers and Booksellers, Stellenbosch, 1970.
12. LANDMAN, W. A. and GOUS, S. J.: **Inleiding tot die fundamentele pedagogiek,** Afrikaanse Persboekhandel, Johannesburg, 1969.
13. LANDMAN, W. A. and KILIAN, C. J. G.: **Leesboek vir die opvoedkunde student en onderwyser,** Juta and Kie, Cape Town, 1972.
14. LANDMAN, W. A., KILIAN, C. J. G., and ROOS, S. G.: **Denkwyses in die opvoedkunde,** N G Kerk Boekhandel. Pretoria, 1971.
15. LANDMAN, W. A., ROOS, S. G. and LIEBENBERG, C. R.:

- Opvoedkunde en opvoedingsleer vir beginners,**
University Publishers and Booksellers, Stellenbosch, 1971.
English translation:
georgeyonge.net/node/119
16. LUBBERS, R.: **Voortgang en nieuw begin in de opvoeding,** Second Edition, Van Gorcum & Camp, Assen, 1971.
 17. MOUSTAKAS, C. E.: **Psychotherapy with children,** Harper and Row, New York, 1959.
 18. NEL, B. F.: Die grondbeginsels van 'n pedagogiesverantwoorde pedoterapie, **Jubileumlesings,** HAUM, Pretoria, 1963.
 19. OLIVIER, B. J.: **'n Empiriese ondersoek na die grondslae van pedagogiese terapie,** D.Ed. Dissertation, University of South Africa, 1976.
 20. PRETORIUS, J. W. M.: Gesprekshulp aan ouers en jeugdige ter opheffing van leerprobleme, in: VAN NIEKERK, P. A. (Ed): Hulpverlening aan kinders met leerprobleme, Publication Of the University of Pretoria, **Nuwe Reeks No. 123,** 1977.
English translation:
georgeyonge.net/node/80
 21. PRETORIUS, J. W. M.: **Grondslae vn die pedoterapie,** McGraw-Hill, Johannesburg, 1972. **English translation:**
georgeyonge.net/node/81
 22. PRETORIUS, J. W. M.: **Die problematiese opvoedingsituasie,** McGraw-Hill, Johannesburg, 1976. **English translation:**
georgeyonge.net/node/89
 23. PRINSLOO, H. M.: **'n Ondersoek na moontlike ortopedagogiese momente ten aansien van die opvoeding van die kinderhuiskind,** M.Ed. Thesis, UP, 1979
 24. RABE, P. P. J.: **Die pedoterapeutiese opgawe ten aansien van die geestigopatiseerde kind,** M.Ed. Thesis, UP, 1979.
 25. SCHOEMAN, S. J.: Pedagogiese momente by die antropologie van V. E. Frankl, **Serie Verdiept Inzicht No. 17,** Amsterdam, 1961.
 26. SONNEKUS, M. C. H.: Die kind met leerprobleme in die praktyk: 'n Multidissiplinere benadering, in: VAN NIEKERK, P. A. (ED): Hulpverlening aan kinders met leerprobleme, Publication of The University of Pretoria, **Nuwe Reeks No. 123,** 1977.
English translation:
<http://www.georgeyonge.net/node/80>
 27. SONNEKUS, M. C. H.: **Onderewyser, les en kind,** University Publishers and Booksellers, Stellenbosch, 1975.
 28. SONNEKUS, M. C. H.: **OUER EN KIND,** Perskor, Johannesburg,

- 1976.
29. SONNEKUS, M. C. H. (Ed): **Psigopedagogiek: 'n Inleidende orienteering**, University Publishers and Booksellers, Stellenbosch, 1973.
 30. SONNEKUS, M. C. H. and FERREIRA, G. V.: **Die psigiese lewe van die kind-in-opvoeding: 'n Handleiding in die psigopedagogiek**, University Publishers and Booksellers, Stellenbosch, 1979.
 31. VAN DER STOEP, F.: **Didaktiese grondvorme**, Academica, Pretoria, 1969.
 32. VAN DER STOEP, F.: Wie is die kind met leerprobleme?, in: VAN NIEKERK, P. A. (Ed): **Hulpverlening aan kinders met Leerprobleme**, Publication of the University of Pretoria, **Nuwe Reeks No. 123**, 1977. **English translation:** georgeyonge.net/node/80
 33. VAN DER STOEP, F., VAN DYK, C. J., LOUW, W. J. and SWART, A.: **Die lesstruktuur**, McGraw-Hill, Johannesburg, 1973. **English translation:** georgeyonge.net/node/43
 34. VAN NIEKERK, P. A.: **Die onderwyser en die kind met leerprobleme**, University Publishers and Booksellers, Stellenbosch, 1978.
 35. VAN NIEKERK, P. A.: **Ortopedagogiek kollokwium vir M.Ed. en D.Ed. studente**, University of Pretoria, 12 June 1979.
 36. VAN NIEKERK, P. A.: **Die ortopedagogiese benadering tot enurese**. Lecture given during interdepartmental discussion, Faculty of Medicine, University of Pretoria, 16 June 1979.
 37. VAN NIEKERK, P. A.: **Ortopedagogiek kollokwium vir M.Ed. en D.Ed. studente**, University of Pretoria, 11 August 1979.
 38. VAN NIEKERK, P. A.: **Die problematiese opvoedingsgebeure**, University Publishers and Booksellers, Stellenbosch, 1976.