

## CHAPTER 6

### SUMMARY, FINDINGS AND RECOMMENDATIONS

#### 1. INTRODUCTION

In Chapter 1, some questions are considered which converge on a clearly formulated problem (see section 1.2). In concluding this study, it is necessary to reflect on these questions to determine whether satisfactory answers are obtained. Then, from these findings, some recommendations are made.

The first group of questions concerns the place and role of the affective in personal actualization, as well as in eliminating personal **under** actualization. Second, there are questions of the educative flavor of existing psychotherapeutic practices, as well as the attention they give to affective stabilization for abolishing problematic behaviors. Third, questions of orthopedagogic intervention with the affectively disturbed child are considered. In this connection, there is question of the "methods" or "techniques" which the orthopedagogue can use to guide the affectively disturbed child to emotional stability.

With the above questions in mind, the aim of this study is, first, to indicate the place and importance of the affective life, and of affectively educating (guiding) the child to adequate personal actualization, and second, to indicate some guidelines for designing a pedagogically accountable practice of assistance to stabilize the affectively disturbed child. The answers to these questions are presented in the following synoptic summary.

#### 2. SUMMARY OF THE INVESTIGATION

As an introduction, in Chapter 1 it is indicated that vague and divergent definitions are attributed to the concept of children with "emotional problems". Therefore, it is necessary to give a description of this concept which is applicable to this study. Before presenting this description, the role of the child's situatedness and

of educating (as well as of disharmonious educating) in the origin of such problems is indicated.

A child is always in an educative situation and disharmonious educating leads to labilizing his/her affective lived experiencing. This then is manifested in one or another "emotional problem". In this light, "emotional problems" are viewed as symptoms of the child's labile or impulsive affective life, which arise from problematic or disharmonious educating and, therefore, indicate that he/she is affectively disturbed, and is restrained in his/her becoming an adult. With the above background, it is clear that providing help must be initiated by the orthopedagogue, because scientific assistance for these children must take their problematic event of educating as its point of departure.

Related to these questions, Chapter 2 focuses on the influence of affective educating on the child's personal actualization. To this end, psychopedagogy is appealed to, since it is the part-discipline of pedagogy which addresses this matter. For an understanding of how personal actualization occurs, the constituents of the psychic life are discussed separately, and in their interconnections. Then, a longitudinal view of the child's becoming adult is described from infancy to adulthood. Here special consideration is given to the place and role of the affective life, and of affective educating for the child's adequate personal actualization. Last, the influence of disharmonious educating on the child's personal actualization is indicated. In conclusion, disharmonious educating labilizes the child affectively. The task emerging from this is that assisting such a child must be directed to **affective stabilization**.

With the above in mind, the third chapter is devoted to exploring some psychotherapeutic practices of assisting the affectively disturbed child, to determine the extent to which they provide for affective stabilization. First, some general models are considered, and then client-centered-, behavioral- and family-therapies are discussed. Regarding these forms of therapy, special attention is given to their therapeutic methods, and there is an attempt to understand the emphasis they place on educating and on the "treatment" of the origin of disturbed behaviors, as well as the ways, if any, in which the child is affectively stabilized.

Because the origin of affective lability is usually found in the child's educative situation, and since he/she is always educatively situated,

Chapter 4 is devoted to designing an accountable pedotherapeutic practice for the affectively disturbed child. Since the pedotherapeutic situation is essentially an educative one, first, the **fundamental pedagogical foundation** of pedotherapy is indicated, which implies that the pedotherapeutic event occurs within an authentic pedagogical relationship between therapist and child. Therefore, pedotherapy is directed to abolishing the child's under actualization and guiding him/her to an adequate personal actualization. Because of this, there is a close connection with the psychopedagogic, and the **psychopedagogical foundation** of pedotherapy is indicated regarding the ways of guidance which must occur in the pedotherapeutic event. The course of pedotherapy occurs in terms of orientational content, from which the obvious **didactic-pedagogical foundation** of pedotherapy speaks very clearly. However, pedotherapy proceeds in more indirect ways, via the child's projections, to be able to [indirectly] guide him/her to existential changes in meanings. These pedagogical foundations of pedotherapy converge to a **pedagogical unity** in the pedotherapeutic practice, which is initiated in the same way as is a lesson.

In Chapter 5, the theoretical foundations presented in chapter 4 are illustrated by a practical example. Here it is shown how, with the help of orthopedagogic diagnostic media ("tests"), one can obtain a person-image of the affectively disturbed child and, in doing so, reveal his/her attribution of unfavorable meanings, as well as the problematic aspects of his/her educative situation which gave rise to them. Then, providing help, on the one hand, is directed to guiding the child to redefine his/her situatedness and, on the other hand, the parents are guided to eliminate their labilizing aspects of the educative situation.

In the following section, the most important results arrived at regarding the above issues are considered; in this light, some recommendations are made regarding assisting an affectively disturbed child.

### 3. FINDINGS

From the statement of the problem in Chapter 1, several questions arise which mainly determined the direction of this investigation. In conclusion, it is asked if the questions stated have been adequately answered. To this end, they are placed into three

groups, and the answers which have been given during this study are indicated.

### **First group of questions**

In Chapter 1 it is pointed out that the child with "emotional problems" is a child who, because of problematic educating, is affectively disturbed to such a degree that he/she is restrained in his/her becoming. In this light, it is claimed that giving assistance to such a child mainly amounts to stabilizing his/her affective life. From this, the question arose as to whether this claim is too general. Can affective disturbances, as well as "emotional problems" be eliminated simply by affectively stabilizing the child? Don't the symptoms which a child shows deserve attention? To answer these questions, it is necessary to clearly grasp the role of the affective in the total personal actualization of the child.

In Chapter 2 it is noted that the child's total going out to and involvement with reality is carried and qualified by his/her affective state. Indeed, the emotions are the basis or foundation for personal actualization. This is confirmed by the discussion of the different periods of life, from which it is repeatedly seen that affective stability is indispensable for adequate personal actualization. Thus, in all cases of affective disturbances, or restrained becoming, the affective must be stabilized to eliminate the restraint. Since a symptom only is an indication of restrained becoming and, since affective stability is a precondition for adequate personal actualization, affective stabilization is the only way to eliminate "emotional problems"; thus, it is **not** necessary to attend to the symptoms as such. Since a child is always educatively situated, such affective stabilization does not only mean that he/she must redefine his/her situation, but also that the problematic in his/her educating must be corrected.

### **Second group of questions**

For many years, intervention with the affectively disturbed child has been initiated from scientific perspectives not taking his/her educative situation as a point of departure. To what, then, can their success be attributed? Might it be that they, even unconsciously, in one way or another affectively stabilize the educatively restrained child? To what extent do they implement the essentials of educating?

To answer these questions, Chapter 3 is devoted to exploring the methods of some psychotherapeutic practices of giving assistance. Although not always done purposefully, all the forms of psychotherapy discussed stabilize the child affectively. In client-centered therapy, the affective is stabilized by establishing a warm, empathic, and understanding relationship, in behavioral therapy, by eliminating symptoms, and in family therapy, by improving the patterns of communication in the family. Also, these forms recognize the role of education in the **origin** of disturbed behavior. However, in the therapy itself, systematic attention is not given to this role. Educative essentials, thus, are merely actualized in inadequate ways, if at all, in these therapies. It also appears that these forms of therapy are not educatively accountable when used with children.

Although Rogers places great emphasis on the relationship, it is not an authentic pedagogical relationship since no real guidance is given the child, and especially the relationship of authority is mostly lacking. The child is guided to accept him/herself as he/she is, and not as he/she ought to be (in accordance with his/her potentialities, and the norms of adulthood).

Behavioral therapy is mainly directed at eliminating symptoms. Little attention is given to causal factors, and to the correction of educative relationships.

Even though family therapy is exclusively directed to the family, and the correction of patterns of communicating, this guidance does not occur within a pedagogical framework, and situations can arise which, e.g., undermine parental authority and, thus, are pedagogically unacceptable.

In summary, these forms of psychotherapy stabilize the child emotionally and, thus, are successful. As far as actualizing educative essentials is concerned, it appears that this mainly occurs in haphazard ways.

### **Third group of questions**

A last question for which a decisive answer must be attained is whether orthopedagogics has at its disposal a "method" or "technique" for guiding the affectively disturbed child to stability.

Also, a view must be given of the extent to which the parents of such a child are to be involved in assisting him/her.

In this connection, research indicates that the different part-perspectives of pedagogics provide the **foundation** for pedotherapy since, essentially, it is no different from educating. This form of therapy, then, implies that all pedagogical essentials are actualized in the pedotherapeutic situation; in addition, the child must be guided by [diagnostically disclosed] orientational content to give new sense and meaning to his/her situation. In this study, attention is focused on an indirect method which can be followed and handled in the same way as a lesson.

Since orthopedagogics looks for the origin of the disturbance in a disharmonious event of educating (as upbringing), it follows logically that, by means of guidance, the parents must also be involved in providing help to their affectively disturbed child. Thus, by means of pedotherapy **and** parental guidance, the affectively disturbed child is guided to affective stability and, in this way, gaps in his/her becoming are bridged.

#### 4. RECOMMENDATIONS ARISING FROM THE INVESTIGATION

As a result of the findings of this study, the following recommendations are made:

4.1 Since a child (and, thus, an affectively disturbed child) is always educatively situated, and since the origin of his/her affective lability is usually found there, it is recommended that this situation always serve as the point of departure for providing help;

4.2 From the above recommendation, it is necessary that anyone wanting to intervene with an affectively disturbed child be schooled to a high level in pedagogics, and especially orthopedagogics;

4.3 Assisting an affectively disturbed child must be authentic orthopedagogic help, and this implies that he/she must be affectively stabilized by means of pedotherapy and parental guidance;

4.4 Because existing forms of psychotherapy are not pedagogically accountable in their use with children, it is highly recommended that vigorous research be undertaken regarding the feasibility of

implementing these existing forms of psychotherapy in a pedotherapeutic manner;

4.5 Closer cooperation and mutual acknowledgment among the different fields of science which intervene with the affectively disturbed child are recommended;

4.6 Knowledge of and insight into the different pedagogical part-perspectives are viewed as a necessary foundation for assisting the affectively disturbed child;

4.7 Further research aimed at extending and refining pedotherapeutic practice is necessary.