

CHAPTER 1

KNOWLEDGE OF THE CHILD IN A PROBLEMATIC EDUCATIVE SITUATION IS NECESSARY

1. INTRODUCTORY ORIENTATION

Today it is generally accepted that while a person is a **child**, his/her **destination** is the world of the **adult**. When he/she has reached this destination, he/she is no longer a child, and no longer is educatively situated, and he/she takes his/her place in life as an adult.

In addition, it is accepted that the adult has the prerogative of helping the child reach this destination, and gradually leave behind his/her being a child. Also, in the first place, the child **him/herself** is involved in his/her becoming adult, a matter which includes him/her continually **changing as a person** by expanding his/her own experiential world by broadening his/her horizon of knowledge, as well as the stability and consistency of the meanings which life has for him/her.

This **event of becoming different**, in which each child is involved, is known as **education**. Langeveld (124, 141) states that without education, a human child will not fully become a person, and he adds, "the fact that a human is a being who educates, was educated, and is dependent on education, is itself one of the most fundamental characteristics of the image of a person" (124, 141).

Thus, the child's becoming different is dependent on two parties: the **child him/herself**, and the **adult**, who guides him/her. His/her level of becoming adult is also viewed as his/her possessed experience, which is a meaningful coherence, and is the result of the quality of his/her self-actualization of his/her psychic life-in-education, as well as the quality of adult guidance to such self-actualization.

This event occurs in the reality of educating, and **pedagogics** is the science which is involved with this reality. According to Landman (118, 5), the educationist thoughtfully searches for **meaningful forms of living, by which the reality of educating is constituted**, and attempts to answer the following questions: What is

characteristic of educating? How does it make itself knowable? How does it differentiate itself from other human activities? (118, 5).

The practice of pedagogics is carried out by **disclosing essential meanings**, by bringing to light meaningful ways of living which appear as pedagogical ways of being (Landman, 118, 9). The pedagogue designs pedagogical categories, as expressions of what is essential to educating (see 123, 1-11).

Because of its complex nature, the pedagogue must concentrate on particular phenomena within the reality of educating. This has led to the development of related, autonomous part-disciplines within the autonomous science of pedagogics.

Also, pedagogics has clearly shown that the child's becoming adult can never be guaranteed because he/she, the adult, or both, might participate inadequately in the educative space in which they find themselves. Thus, the child's becoming adult does not occur automatically according to a determined process of maturation. In this connection, Langeveld observes that ... "to the extent that educating really **succeeds**, everything is not mechanically taken in and recorded as it is presented, but is elaborated on. This elaboration can progress unfavorably so that the result is superficial, poor, wrong; it also can proceed favorably and also turn out to be superficial or incorrect in a favorable sense if, e.g., the pedagogically undesirable appears not to be noticed, not explained well, or is considered to be trivial" (124, 135 [in Dutch]).

Consequently, when **educative failure** appears within the reality of educating, as an experiential fact, **orthopedagogics** involves itself with it and, as a pedagogical discipline, reflects on the disharmonious, the confused, or attenuated appearance of the essentials of educating (299, 59-60).

Each community experiences that some of its members do not accept the increasing demands of life, in accordance with their potentialities. Such persons usually demonstrate by various actions that they do not accept the demands of becoming an adult.

At the basis of each inadequate response to the appeal to participate adequately in his/her becoming adult, lies insecurity, and anxiety,

which compel the child him/herself to even tyrannize his/her fellow persons, but only to receive help.

From the earliest of times, attempts were made to get the child, "derailed" from the path to adulthood, back on the path by means of some form of "special" help.

Historically, the position has been that the child handicapped in becoming adult is viewed as a young **patient**, who in one way or another must be "cured", and the fact of re-**educating** is entirely overlooked. Intervening with these children and, especially based on the medical priority which has characterized such intervention, allowed this popular view to become so "natural" that the child restrained in becoming adult is viewed as having a "problem" which must be "cured", just as one who has a **sickness**. In this regard, psychology has an important role, and current practice still is that it is viewed as a "supplementary medical profession", and these experts must be registered with the South African Medical Council to be allowed to provide so-called paramedical services (see art. 1 (i), (11) and 34 (xv), (xvi) and 191 (f) of 46). Since this type of service also is viewed as the "correct" help for the child restrained in becoming adult, it deserves brief attention.

2. THE APPARENT EMBEDDEDNESS OF ORTHOPEDAGOGIC PRACTICE IN PSYCHOLOGY

From early on, general psychology has found application in a variety of areas such as, initially, in psychotechnics, and later in applied psychology (see 113, 183). It also has found application in various other fields, such as, e.g., psychiatry, social work, criminology, and teaching. Generally, it is readily accepted that children's "problems" can be researched and "handled" merely psychologically. There is agreement that psychology can provide answers to the question of a child's so-called "psychic distress", and it is especially "clinical child psychologists" who espouse the view that it is psychology, via the science of medicine, which bestows legitimacy on the orthopedagogic profession (see 45).

Without further scientific accountability, it is accepted that the task of the child psychologist is to "treat" the child with "emotional disturbances", and it is summarily accepted that "the child with problems", as is the "adult with problems", is the domain of clinical child psychology. Thus, it is not strange that the psychological-

psychiatric perspective still predominates in many instances, and that current orthopedagogics also is embedded in this perspective.

In practice, it happens fairly generally that children who find themselves in problematic educative situations are "studied psychologically" by persons who are primarily trained as psychologists, and by means of psychological tests and measuring devices, after which psychological techniques and psychotherapeutic methods are applied to the child without considering his/her educative situation. Moreover, this practice has given rise to several misunderstandings, such as should the task of the pedagogical specialist merely be to instill **norms** and **knowledge**, while the psychiatrist, psychologist, or medical practitioner should take care of the child's basic "change in personality". In other words, the diagnostic task and therapy should be reserved for the psychologist, while the pedagogue only must be responsible for teaching.

The impression is created that the difficulty "is placed **in** the child", as it were, and, as such, can be isolated and indicated by the psycho-diagnostician. In practice, this usually works out such that the medical practitioner, psychiatrist, or psychologist does the **diagnosis**, and the pedagogue must "**handle the remediation**" as a prescription, in terms of a syndrome, or profile of figures derived from this expert's practice. The task of how the child must now be handled is reserved especially for the pedagogue.

The opinion that it is only a psychologist, or psychiatrist who can draw conclusions about the child's psychic life, must be vigorously rejected. Also, the argument that it is only a psychologist who might and can implement psychometric media ("tests") is a flagrant error of judgment because the orthopedagogue is also well-grounded in **psychopedagogic** knowledge by which he/she understands the child's psychic life; in addition, he/she is thoroughly schooled in the use of psychometric procedures with the help of which he/she is able to explore and evaluate the quality of actualization of aspects of the psychic life of the child-in-education.

It remains an open question how the psychologist or psychiatrist can understand and "influence" the child's "basic personality" without first considering his/her pedagogical relatedness because outside it, neither the essence of the child nor the actualization of his/her psychic life can be clearly understood.

It is stated unequivocally that no psychologist, ~~as~~ psychologist, can practice authentic orthopedagogic work, neither orthopedagogic evaluation nor pedotherapy, since he/she does not have the indispensable pedagogical schooling. Therefore, strictly speaking, terms such as "child psychologist", or "pedologist" are problematic. Even when the phenomenological psychologist's area of study is considered, it has to do with the psychic life of a person in his/her situation. The situation of the child, as a person, **always** presumes, while he/she is a **child**, a **pedagogical situation**, and when his/her psychic life is studied, this should not occur outside his/her pedagogical situation. For this reason, only the pedagogical situation is the appropriate point of departure in studying the psychic life of the child.

The psychic life of a particular child who is "derailed", "retarded", or "handicapped in becoming adult", thus, also can only be disclosed by attending to how it is actualized in a "perplexing", or **problematic educative event**. The expert who discloses the child's psychic life-in-education is the **orthopedagogue**.

The fact that it is still accepted that general psychology provides the theoretical foundation for educational psychology (see 161), and also for assisting children with educative and learning problems (and the fact that many professional "educators" accept this notion without protest, and without this position embodying the essentials with which they are actually busy involved in their practice) should be viewed as a contribution to the current low status and misunderstanding of the teaching profession, in comparison with particular other professions.

The orthopedagogic task still is often practiced by persons who have little knowledge of the pedagogical and orthopedagogic. Thus, in some school systems, there are still "school psychologists" in service, notwithstanding the fact that the task they have to perform is an authentic orthopedagogic one.

The retention of the name "school psychologist", regarding this specialized expert in educating and teaching only shows very clearly the lack of insight on the part of the responsible authorities regarding the task of this discipline. Those who still live in a school world where **school psychologists** should **treat** difficult to educate children, learning restrained children, or children restrained in

becoming adult, can be accused of **essence blindness** (see 123, 11) since they overlook the essentials of so-called "emotional disturbances", which often are nothing more than symptoms of **educative problems**, and not the "real" problem itself.

The same untenable practice also is still in fashion regarding so-called child psychotherapy, where psychotherapeutic methods and techniques are applied to children, and the interpretations relevant to an adult person with problems are merely transferred to the child with problems.

In terms of psychotherapeutic interpretations, such as those of Freud, Jung, Alder, Allen, Rogers, Frankl, Moustakas and others, the child then becomes "psychotherapized". Also, the method usually is the same and amounts to determining causes and effects: **diagnosis, prognosis, and therapy or treatment**. Usually, the "idea of living out one's urges" is evident, and Nel (158, 53) says this and the "idea of adaptation", as principles of educating, belong to the most subtle principles of personal subversion still in existence.

By means of psychology, the naturalistic oriented image of a person is imported into teaching practice, and the child becomes bound to mechanistic and biological laws according to which even the "deviant" child's "problems" are subject to a causal determinism, and the child is surrendered to decisive statistical interpretations, and explanations of his/her existence (see 170, 6 et seq.).

The practice of remedial teaching, also in South Africa, in fact, has not yet progressed any further than a diagnosis and treatment of symptoms. It still happens in teaching that, e.g., a teacher discovers that a particular pupil, say in arithmetic, stagnates, and then the child is referred to a "remedial teacher" for assistance. In terms of an impressive "battery" of standardized diagnostic tests, he/she usually confirms that this is so, and that the classroom teacher's perception is correct, and usually this concludes the "advice".

The practical therapy offered by the remedial teacher often amounts to little more than a mere treatment of symptoms, because what is fundamental to the specific learning difficulty cannot be disclosed by means of standardized diagnostic arithmetic and language (reading and spelling) tests. On the one hand, the child, as a potentiality-actualizing subject [person] is overlooked and, on

the other hand, the pedagogical (i.e., didactic-pedagogic) situation (now as a distressful situation) is ignored.

The unaccountable arrangement then is that when the child's problems spring from the school situation, this is a matter for the specialized pedagogical auxiliary service to intervene with and if the problem springs from the family situation, then the child is referred to the Department of Social Welfare (see 47). This practice cannot be justified on any scientific grounds.

Any involvement, or focus on the "symptoms" or "defects" as such, and where the pedagogical aspect is ignored, disqualifies the evaluator, and therapist as a **pedagogue**, and obstructs gauging the essentials of the impediments to becoming adult in the problematic educative situation.

The orthopedagogue must not let a particular symptom, defect, or deficiency, no matter how serious, lead him/her to overlook the child's educative distress, because such a child's becoming adult is restrained, which means that what is pedagogically attained is not in keeping with what is pedagogically attainable.

3. THE ORTHOPEDAGOGIC FIELD OF WORK

As pedagogics, orthopedagogics asks the fundamental question about the nature of becoming adult, particularly. about problems in becoming adult. A search is launched for everything relevant to educative problems and distress, and their possible prevention or elimination.

Thus, orthopedagogic theory is the result of a scientific penetration and description of the nature of the educative situation of the child **restrained in becoming adult**, and as such, this is knowledge of the essentials of the problematic educative situation. Consequently, in orthopedagogics, the emphasis is more particularly on the child's **inadequate** self-actualization of his/her potentialities to become adult, as well as on his/her being **inadequately** guided by the adults.

Each child who, in one way or another, is **restrained** in his/her becoming adult, and is in a **different** educative situation than a child who is adequately **becoming** adult. Scientific orthopedagogic work is directed precisely to this different situation, as a

problematic educative situation. The cardinal question is how such a child's becoming adult is actualized **differently** (inadequately) under the guidance of adults, and how the **distressful situation** can be eliminated (258, 11).

Orthopedagogic theory is always functional in practice where there is an attempt to eliminate a **restrained** child's **problematic** educative situation. To find answers, the orthopedagogue is obligated to do research about and have expertise in different aspects implied by the problematic educating.

As a scientific discipline, orthopedagogics is rooted in pedagogics, and can derive its **autonomy** from nowhere else (see 299, 59). In orthopedagogics, there is mention of the disconcerting appearances of the pedagogical essences. The cardinal question is in **what** respect does the child, the adult, or both, **inadequately** participate in the educative event.

The study of the various essentials of educating as such, is done by the different pedagogical disciplines. The orthopedagogic field of work is entered only when these essentials appear confused and, e.g., there is a **disharmony** regarding educating, teaching, and actualizing the psychic life. Thus, an orthopedagogic study implies that its point of departure always is from the knowledge already established by pedagogics.

Because this has to do with answering the question of how this unique child can now be further helped, and since this question cannot be answered from a particular pedagogical **part-perspective**, the orthopedagogue must **integrate** all the relevant aspects from all the different pedagogical disciplines, with the aim of adequately answering it.

Just as knowledge of the different disciplines is foundational to the practice of subject teaching, it also is foundational to orthopedagogic practice.

When a child is identified as **restrained in becoming adult**, there is an **inadequate** actualization, e.g., of the fundamental pedagogical structures, on the one hand, and an under actualization of the child's psychic life-in-education, on the other hand.

To determine the nature of the inadequacy of the educating, and of the under actualization of the psychic life, fundamental pedagogical, psychopedagogical, and didactic pedagogical criteria are used after the orthopedagogue has integrated them, as **orthopedagogic** criteria.

Thus, to gauge the nature and cause of an educative **failure**, the categories of the relevant disciplines are put in **orthopedagogic** perspective and implemented.

Orthopedagogic practice clearly requires a comprehensive pedagogical perspective, because the orthopedagogue must pick out the **ortho-aspects** regarding each different pedagogical discipline which can be relevant, and organize them as orthopedagogic theory, and apply them in his/her practical intervention with the restrained child.

Functionalizing the orthopedagogic insights, thus, means designing a practice of providing orthopedagogic assistance, by which all particularities ultimately are elucidated in their pedagogical consequences. The question who is the child restrained in becoming adult necessarily must be supplemented with a more precise "with respect to what must he/she be re-educated?" Re-educating, as helping a restrained child, is nothing more than educative assistance; but now it is particular educative help made practical on a differentiated basis, and which complies in various respects with immediate aims.

The practical aim of orthopedagogic intervention with a child is to abolish the problematic educating. This requires an understanding of the **problematic** as such.

Van der Stoep (283, 54) indicates that, from the nature of the matter, all general theory concentrates on the general, or macrostructure. This macrostructure provides the guidelines for a practice, in the sense that it refers to particular aims for planning. The macrostructure provides a particular contribution to a person's insight concerning particular problems, because it draws the boundaries within which such a particular problem ought to be intercepted. In addition, Van der Stoep (283, 54) says that orthopedagogics cannot remain bogged down in problem boundaries, general guidelines, or aims to implement its practice. Orthopedagogics is a functioning field of problematic educating,

which confronts it with different demands than a theoretical discipline such as, e.g., general didactics.

The macrostructure also contributes significantly to the preconditions which must be fulfilled before a particular restraining problem, e.g., **rejection by the mother**, can be individually defined and a therapy designed. The "rectification" of such a problem provides a provisional solution, in the sense that it entirely or partially neutralizes resistance, or inadequate guidance, and the child is given entry into a situation of adequate educative guidance which was formerly closed to him/her.

In providing orthopedagogic assistance, however, it is not sufficient to eliminate the **rejection**, because even after it has been entirely or partially removed, its effect still must be considered. Thus, with therapy, there also is mention of a practical educative design, a matter of particularizing, i.e., at least of the general pedagogical structures in accordance with the particular concerns. The explanation, and interpretation, the practice, and evaluation which must arise from these concerns within the framework and problem of a confused becoming adult are an out and out orthopedagogic matter which, in the general sense of the word, should, and can only be evaluated pedagogically.

The authentic macrostructure, which is central in the orthopedagogic situation, as a general guideline or aim, must be interpreted, and implemented in practice, otherwise, a haphazard success, or quality will be a characteristic of orthopedagogics, as a practical science. Such interpretation, moreover, is necessary to prevent the infiltration, to orthopedagogic status, of various areas of science, and their claims without any schooling in fundamental orthopedagogics.

For example, the macrostructure of **rejection**, for understandable reasons, often is vague in terms of the generalized insights which it express, and the orthopedagogue must eliminate this vagueness in his/her own particularizations. It is in the framework of these particularizations which the difference between orthopedagogic theory and practice is describable (see 283, 55). Van der Stoep (283, 56) says this means that, in so far as the practicing orthopedagogue is called to practice, he/she is called to particularize the macrostructure in one way or another, whatever the nature of such a macrostructure might be.

A problem of becoming adult, and an educative problem are always nuanced, i.e., the orthopedagogue continually is confronted with particular tasks within the boundaries of the macrostructure. There is mention of emphases, fixations, etc. The nuances of the restraints of becoming adult, therefore, compel nuancing from within the framework of intervening in the particular educative situation.

The general macrostructure within which the problem appears, brings to the fore an ability to guide by which orthopedagogics must arrive at a micro- or part-structure **"and which must be brought into correspondence with the details of the particular problem"** (283, 56).

A general explanation is not interpretable as a particularization. General guidelines regarding phenomena such as, e.g., overprotection, affective lability, anxiety, and rebelliousness only offer the orthopedagogue particular boundary lines within which the pedagogical macrostructure can be brought to the fore with the aim of particularizing it within the orthopedagogic context.

Regarding orthopedagogic intervention with a child, the Child Guidance Institute of the Faculty of Education at the University of Pretoria has taken a leading role. Since the 1960's, a variety of publications by persons connected with this institution have appeared within which it is shown how one must proceed to learn to know the child in educative distress, and what the assistance given to such children, and to others includes.

Prins (199) calls 1959 the pivotal year in the development of orthopedagogics in South Africa. With a publication series by the Work Community for the Advancement of Pedagogy as a Science at the University of Pretoria, clarity was brought to the issue of acquiring person images of children (see 198, 65). Research results and reflections were reported on pedagogic neglect (175), pedodiagnosics (172, 181; 229; 77; 281; 282; 76; 239; 172; 303; 304; 86; 61; 43) with particular reference to methods and media; also there were reports on orthodidactic diagnostics, and the child with learning difficulties, the intellectually retarded child (278; 298; 157), the handicapped child (178), the epileptic child (103), the brain-damaged child (173), the weak-sighted child (231; 279), the adopted child (122) and the child in affective distress (106).

Contributions to orthopedagogics were also made by others (242, 243), and the task and terrain of orthopedagogics gradually was clarified, and the intervention with children in educative distress was increasingly placed on a more accountable foundation.

Effective in 1973, the Transvaal Department of Education also appointed orthodidacticians, and in 1977, the name "School Psychological Services" was provisionally changed to "Specialized Pedagogic Assistance Services" and "School Psychologists" became "Orthopedagogues", which indicated a more accountable approach on the part of authorities regarding the task of these specialized teachers.

Because of the many-sided nature of the events of becoming, adult and educating, as well as the complex nature of the child's psychic life (emotions, cognition, willing, etc.), they can easily end in disharmony, which gives rise to tension and leads to unacceptable behaviors becoming manifested in a variety of symptoms. These symptoms are merely evidence of the child's insecurity and anxiety which are the result of a disturbed dialogue because of an unsuccessful adult-child relationship. Since the child experiences this unsuccessful relationship as a betrayal, he/she tries to avoid it. According to Lubbers (150, 69), for the child, the world acquires, in many respects, a fixed, unambiguous meaning, and other persons who inhabit this world are only acceptable to him/her in so far as they let themselves fit into this meaning: "then, they are not directly an enemy" (150, 69). In the ways the child withdraws from the problematic educative situation, he/she also gradually withdraws from many experiential possibilities.

When a particular child's becoming adult does not occur as it should, it is usually evident that the child is **conspicuous** regarding his/her behaviors, in the sense that they do not correspond with what, in everyday dealings, can be expected of him/her. Through rebelling, being aggressive, lying, neglecting obligations, in short, through showing learning and behavioral problems, he/she clearly makes him/herself conspicuous.

These symptoms are only indications that there is a **discrepancy** between the child's **achieved** and **achievable** level of becoming adult. Also, this is an appeal to the adult to now take "special" intervention with such a child, and help him/her with his/her "problem". Then, the educators are immediately confronted with

the problem of **where** educating has "gone wrong", and how this "erroneous" educating and "under actualizing" of talent have allowed the child to become "distorted".

To address these issues, one must know the child as a **person** in his/her educative situation. Only then can purposeful, planned assistance be provided so that the **discrepancy** can be **bridged**. This amounts to the child being supported to a "new" **readiness** to venture, as a purposeful resolve to enter the life situation, and modify meanings (regarding his/her possessed experience), along with **willing** and **wanting** to become involved so that the meanings he/she gives to the educative contents are in accordance with his/her potential for giving meaning.

To provide such assistance, it is obvious that it has to be based on particular **knowledge** of the **unique** child. The orthopedagogue must have insight into the **distorted** meanings attributed to life contents by the child restrained in becoming adult; indeed, the orthopedagogue must explore the **experiential world** of such a child, which involves familiarity with the real **course** of his/her becoming adult, and knowledge about what is at the basis of his/her **inadequate** becoming adult.

The demand to eliminate the reasons for the problem, and the possibility of accomplishing this with the greatest possible effect, and within the shortest possible time, in terms of particular life contents is not a matter of applying a couple of tricks or recipes. This means that orthopedagogic practice must change a particular macrostructure to a microstructure with respect to the particular child to again make his/her situation unproblematic.

This practice includes diagnosis (evaluating), pedotherapy, and advice to adults (parents, teachers) who are involved in the particular problematic educative situation.

With the aim of determining the microstructure for eliminating the problem, a disclosure of the constituents of the particular problematic educative situation is necessary. These constituents are defined with the help of orthopedagogic evaluation (diagnosis), a matter which is discussed later.

With respect to pedotherapy, since it is purposive, planned giving support to the child restrained in becoming adult, this implies

guiding him/her to adequately actualize his/her becoming adult;
indeed, this means helping him/her catch up in an aspect of his/her
becoming adult (see 197, 47).