

## CHAPTER FIVE SYNTHESIS

In **Chapter One**, the author places the methods of three of the most important therapeutic schools (Freud, Rogers, Frankl) in a critical-historical framework, otherwise the present reflections on the foundations of an accountable phenomenologically based pedotherapy would have taken place in a vacuum.

First, from **Freud's** analysis of little Hans, points of criticism and merit are made concerning the psychoanalytic system. The primary objection to Freud is that he separates educating and child therapy. Throughout the present study, it is emphasized that **pedotherapy is orthopedagogics (and, thus, pedagogics or educating)**. Where Freud's patient brings content from the past (retrospective direction) as a re-lived experiencing, as a being conscious of it again, modern pedotherapy involves giving support to the child for a re-lived experiencing, as redefining his/her own problematic situation (prospective direction).

Further, in light of the following objections, **Freud's psychoanalysis is deemed to be pedagogically unacceptable**: the naturalistic philosophical anthropology underlying psychoanalysis; the -isms which characterize his views; the unscientific nature of the Oedipus-scheme; disregard of a person's situatedness, as well as of his/her lived experiences of his/her situation; in Freud's child-analysis, the pedagogical is not actualized; pedagogical questions and aims are not raised by psychoanalysis; the child does not receive the help and support from the psychoanalytic approach which he/she needs, and thus, the demands placed on his/her potentialities are too high. Still, Freud's contributions have pedagogical implication, since he is the first to notice the full importance of the child's lived experiences, and he shows how detrimental conflicts can be.

**Rogerial** therapy overestimates and exaggerates the child's potentialities to understand and solve his/her own problems. Also, the permissive relationship characterizing this school is pedagogically unacceptable. This is because **the relationship of trust is absolutized, and the pedagogical relationship of authority**

**is not actualized.** Instead of a **norm-centered** relationship, nondirective therapy is **child-centered**. The child's problematic educative situation is overlooked. **Pedagogic encounter and engagement** are not actualized in client-centered therapy. Most of the aims of this therapy cannot be attained with a child because many of the preconditions for its success cannot be carried out by the child. Finally, this method is appropriate for an exceedingly limited number of children, and it is firmly rejected despite some merits.

**Frankl's** personological philosophical anthropology, and his emphasis on a person as **spirituality** is very acceptable to the pedagogue. The life-demand that a person actualize values, especially established values, also is clearly valid in pedotherapy, as a pedagogic event. It is appropriate that the pedotherapist direct him/herself to making the person requiring help aware of spiritual contents, and that he/she establish an **encounter** with him/her. However, it is alleged that **logotherapy** with children **is not pedagogically grounded**. Pedotherapy is something else, and something more than logotherapy with a child. Logotherapy is primarily directed to the problems of **morally independent adults**; its basis is Frankl's existential-analytic theory, and not the pedagogical situation. Pedotherapy must not be viewed merely as applied child-logotherapy. With respect to freedom, responsibility, independence, choices, and the actualization of higher values of life, this therapy places demands on the child's pathic, affective attunement which are too high. Thus, it is not a suitable form of treatment for the child-in-distress.

**The general objection** to the therapeutic approaches of Freud, Rogers, and Frankl is that **all three have a theory of treatment as their point of departure, and not the pedagogical situation**. Not one meets this primary **requirement** for being an accountable pedotherapy. If one takes one or another of these three as one's point of departure, one's "pedotherapy" merely amounts to an applied child-analysis, child-centered therapy, or logotherapy.

Because pedotherapy is an **interpersonal** event, the author has laid down an acceptable child anthropology as its foundation. A naturalistic image of the child is rejected as unacceptable with the consequence that behaviorist approaches to therapy also are rejected, including behavior modification. These therapeutic practices overlook the human dignity of the child, and the fact that

he/she wants to be someone him/herself. They are primarily directed to techniques, programs, tools.

In contrast to this naturalistic anthropology, the author recognizes a modern philosophical child anthropology where the child-in-distress is viewed in his/her totality in relation to his/her world. Here, there is a search for the childness of the child-as-an-open-question. The child is a unique initiator of relations, he/she is always new possibility, he/she can choose, and he/she can be accountable, he/she exists via self-actualization. He/she is a person, intentionality, Dasein, Mitsein, spirit. He/she is always (pedagogically) situated. His/her becoming is actualized by his/her giving meaning to the world.

A pedotherapeutic situation implies an educative situation. **Pedotherapy is educating.** Thus, its basis cannot be a theory of treatment, but only the pedagogical situation. Therefore, **fundamental pedagogics**, with its disclosure of structures fundamental to educating, provides a **foundation** for pedotherapy. These structures are clearly valid for the pedotherapeutic situation, and therapeutic actions with the child are only pedagogically permissible and accountable if the pedagogical relationship, sequence, and aim structures are actualized. Pedagogical categories (structures) express the essential occurrences in pedotherapy; it is with reference to pedagogical criteria (structures) that pedotherapeutic actions are evaluated.

Considering the above, in the present sketch of pedotherapy, the **pedagogical relationship structures** are the **precondition** for the therapeutic event, the **pedagogical sequence structures** become its **course**, and the **pedagogical aim structures** provide the **criteria** for evaluating its results.

Concerning the question of the lived experience of educative neglect, and its pedotherapeutic correction, **psychopedagogics**, with its fundamental category of **lived experience**, provides an additional **foundation** for pedotherapy. This part-discipline (of pedagogics) is concerned with the question of a child's educatively situated lived experiencing and behaving. Moments of lived experiencing which are emphasized during pedotherapy are **attributing sense and meaning**, and **attunement**. By means of these moments or aspects, the child's **change** in becoming is actualized. Important distinctions are made among the **pathic**

(affective), gnostic (cognitive), and normative moments of lived experiencing. The child's becoming occurs in terms of a distancing from a habitual pathic (affective) to a gnostic (cognitive) way of lived experiencing. Hence, in pedotherapy, the child must be supported and guided in these ways.

Because the moments of becoming, described by Langeveld, have significance and implications regarding the origins and correction of educative difficulties, **his psychology of becoming** is posed as yet **another basis for pedotherapy**. In terms of his theory of becoming an adult, if the **biological moment**, and those of **helplessness, security, exploration, and emancipation** progress **unfavorably**, the child is a pedotherapeutic problem; on the other hand, **security and exploration must be actualized in pedotherapy**. Of the above moments, the first three (biological, helplessness, security) are primarily **emotional** lived experiences for the child, while the latter two (exploration and emancipation) indicate that the child directs him/herself to his/her world **cognitively**, and that his/her becoming is being actualized on a higher level of lived experiencing.

**Orthopedagogics** is the scientific domain underlying **pedotherapy**. Pedotherapy is always orthopedagogics. Here, the concern is with educating a child with serious restraints in his/her being educated. It is specifically the task of orthopedagogics to carefully study and evaluate, from a pedagogical perspective, existing models of child-therapeutic treatment.

The central category of orthopedagogic theory is **the lived experience of being-different**, characteristic of all pedagogically restrained children. Essentially, this is a lived experience of **being inferior**. **Assisting** these children regarding their subjective lived experience is the **central task of the orthopedagogue**. The **central categories of diagnostics** are **disturbed lived experiences and behaviors**. The **central category of giving assistance** (thus, also of pedotherapy) is to **support the child to a new lived experiencing**, as attributing new, favorable, positive meaning to his/her own situation. This support is synonymous with Lubber's concept of symmorphosis (to give form/meanings with the child). Thus, pedotherapy is corrective educating, as a reorienting; it is support for readjusting and actualizing the child's potentialities. A defensive attitude (aggression, isolation, regression) is unfavorable for a child's becoming, and he/she must be supported to attain a new, more favorable lived experiencing of this. What is attained by

educative factors (everyday symmorphosis), during adequate educating, must be brought about by **educative means (pedotherapeutically guided symmorphosis)** with an educatively distressed child.

In Chapter Two some facets of problems appropriate for pedotherapeutic intervention are discussed. First, the child's **distressful situation** is described as **resulting from pedagogic neglect**, i.e., by not actualizing or inadequately actualizing the **fundamental pedagogical structures**. Defective educating means, for the child with disturbed lived experiences, not actualizing his/her pathic [emotional], cognitive, and normative potentialities for lived experiencing. The distressful situation is also presented as an inter- and intra-psychic situation of conflict where, by deficient educating, the child's needs, yearnings, and initiative are thwarted.

Some essentials of the distressed child's pathic (emotional) unrest are his/her lived experiences of **being-different, being-inferior, loneliness, insecurity, helplessness, uncertainty, and anxiety**. These labile emotional lived experiences are usually related to a disordered gnostic (cognitive) lived experiencing (also, the pathic and gnostic cannot truly be thought of as separate from each other). The separate meanings and the mutual relations of these basically negative pathic lived experiences are indicated. The child lived experiences his/her distressful situation primarily in an emotional (pathic) way and, therefore, **the first pedotherapeutic task is to stabilize the child emotionally**.

**Guiding educators** (e.g., parents) means that, by giving advice and support to the child's educators, the pedotherapist provides an occasion for **abolishing the child's pedagogic distress**. Problems of educating are always **relational** and, therefore, problem-directed pedotherapeutic assistance must be **paired with family therapy**. The family is often the origin of the child's problem, and then deficient educating must be first corrected there. Thus, **helping a child** in educative difficulty is a **combination of general-pedagogical influencing in the family, and pedotherapy**. Hence, the primary task of the orthopedagogue is to advise the educators of the child in distress so that a favorable pedagogic situation can be created. The pedotherapist, as well as the educators have the task of providing security. The result of the orthopedagogue guiding the educator (parent, teacher) is that he/she will educate with greater understanding and certainty.

Questions about the encounter, engagement, and intellectual potentialities of the child-in-distress, as well as about his/her constitutional, affective, situational, temperamental, and organic condition provide valid criteria for deciding how treatable the child receiving deficient educating is. In this regard, the following borderline cases are presented: the child with less than average intelligence, and the child with organic defects. Factors which can lead to the failure of therapy are a lack of communication between the child and therapist, an inadequate understanding of the problem, as well as other shortcomings regarding the child, and the help given.

As a final pedotherapeutic facet, it is strongly emphasized that, in pedotherapy, there is a clear concern with **norms and values**. A primary task of the pedotherapist is to actualize values with the child. In pedotherapy, categories, such as **values, meaning, self-fulfillment, identification, and becoming** are valid.

**In Chapter Three, the essentials of pedotherapy** are presented as indicating the **preconditions, the course, the criteria, and the phases** of the pedotherapeutic event. From the question of what is lived experienced in pedotherapy when the **pedagogic relationship structures** are actualized, some additional preconditions are noted. In this respect, **the primary precondition for pedotherapy** is the establishment of a **secure and safe space as "our" space**. In addition, a **desired affective bonding** between therapist and child must be brought about. Also of great importance is the principle that the child lived experience him/herself as **understood**, and that his/her need for **authority, certainty and security** are met in the pedotherapeutic relationship.

As the pedotherapeutic event takes its course, the [fundamental] **pedagogical sequence structures** become completed by and intertwined with the [fundamental] **pedagogical activity structures**. In terms of these two structures, the desired pedotherapeutic course of activity is constituted, as well as the related course of pedotherapeutic lived experiences. The sequence and the activity structures then are viewed individually to indicate, in more detail, their specific significance in the pedotherapeutic event.

After this, some criteria are presented for evaluating the pedotherapist's intervention with the child-in-distress. The aspects

of the fundamental **pedagogical aim structures** are changed to pedotherapeutic criteria. Here, the primary question is whether the child is being **supported toward adulthood**. Next, criteria offered by several authors are cited. Then, attention is given to criteria derived from the essentials of lived experience, and to criteria for evaluating the results of pedotherapy.

Finally, with reference to Lubber's expositions, the following four phases of giving assistance are differentiated: establishing **communication**; helping the child give **meaning (form)**; **dialogue** via images (e.g., drawings), and the pedagogic **conversation**. Each of these four phases includes a few pedotherapeutic sessions, so the course of pedotherapeutic treatment is repeated a few times within each phase.

**In Chapter Four**, in addition to the logotherapeutic aspects of pedotherapy, three forms of pedotherapy are considered in some detail, i.e., **play therapy**, **image therapy**, and **conversational therapy**; also, the pedotherapeutic possibilities of the **Guided Daydream** are investigated.

Finally, the following aspects are established as essential and common to the different forms of pedotherapy (i.e., play, image, and conversation):

(1) The pedotherapeutic situation is an **educative situation**. Therefore, the **fundamental pedagogical structures** must be actualized in all forms of pedotherapy. These structures are:

- (a) the **pedagogical relationship structures**: trust, authority, understanding;
- (b) the **pedagogical sequence structures**: association, encounter, engagement, intervention, etc.;
- (c) the **pedagogical activity structures**: giving meaning with increasing responsibility, norm exemplification and emulation, venturing (risking) with each other pedagogically, etc.;
- (d) the **pedagogical aim structures**: independence, responsibility, self-understanding, and self-judgment, etc.

(2) More important than any pedotherapeutic means or consideration of methodology is the fact that, in pedotherapy an attitude of authentic **personal communication** must be actualized via pedagogical encounter, being-together and the participation of the child and pedotherapist.

(3) In pedotherapy, a **means of communicating** is used, i.e., a play-, an image-, or a conversational-means. Of course, combinations are common. **Play, image, and conversation** also are the means for problem disclosing and releasing (liberating) in pedotherapy.

(4) The pedotherapist supports, directs, and guides the child in a **symbolic exploration of the problem area** via the above-mentioned means. This problem area forms **the common world lived through** by child and pedotherapist. However, the child's problem often remains anonymous, and is communicated indirectly. The lived experience of safety and security when with the pedotherapist is a precondition for the child wanting to further explore the different meanings which can be given to his/her problem. In the **safe presence** of the pedotherapist, the child is **confronted symbolically** with his/her unassimilated lived experiences.

(5) A positive mutual **affective bonding** between child and pedotherapist must occur.

(6) By means of the above-mentioned communication and guided exploration, the possibility is created for enabling the child to assimilate the new meanings of his/her situation, if **symmorphosis**, as the guided attribution of meaning, is actualized. That is, symmorphosis means that the pedotherapist, by suggesting changes in the meanings of the child's productions, encourages and supports him/her to give the most favorable meanings to his/her problematic lived experiences.

(7) **Catharsis** (cleansing, purifying, discharging, becoming enlightened, relaxing) and **mimesis** (expressing, depicting, imitating) are actualized, by which a solution, a way out, a way to proceed is discovered for educating the child.

(8) The **symbolically discovered solution** (assimilating, giving new meanings) must be actualized by the child **in his/her daily life**.



(9) The **aim** of pedotherapy is not for the child to "adjust" to his/her environment, but to **re-educate** (correctively educate) him/her to attain full-fledged **adulthood**.

(10) The projective and expressive media currently used in **pedodiagnostics** have possibilities as **pedotherapeutic media**. Consequently, several **combinations** of pedotherapeutic forms (e.g., play) and pedotherapeutic media (e.g., drawing a person) are possible.