

CHAPTER ONE FOUNDATIONS OF PEDOTHERAPY

1. A historical-critical foundation of pedotherapy

"The initial consideration in understanding the relationship between phenomenology and psychotherapy is that we confront directly the work of Sigmund Freud. If we try to bypass Freud, we shall be guilty of a kind of suppression. For what Freud thought, wrote, and performed in therapy, whether we agree with it or not, permeates our whole culture, in literature and art, and in almost every other aspect of Western man's self-interpretation. Freud obviously had more influence on psychology and psychiatry than any other man in the twentieth century. Unless we confront him directly, consciously, and unflinchingly, our discussions of therapy will always hang in a vacuum". (Rollo May⁽¹⁾)

The history of child therapy (child analysis) began in 1906 when Sigmund Freud (1856-1939), for the first time, applied psychoanalytic therapy to a young child. This is the famous case of "Little Hans," about which Freud reports in his article of that time, "Phobia of a five-year-old boy". Freud's help was enlisted in the treatment of Hans, who suddenly began to experience excessive anxiety (e.g., nightmares) that he would lose his mother; also, he developed a phobia for horses.

Freud's view mainly amounts to the fact that traumas of childhood sexuality give rise to neuroses in adults. Freud interprets Hans' anxiety and fear in terms of the Oedipus complex; i.e., his real anxiety stems from his desire to have his mother for himself. His fear of horses is really an expression of his interest in the sexual. In addition, Hans' anxiety can be attributed to infantile masturbation.

Freud introduced this oedipal situation into the lives of all children. "Long before he was born, I knew that a little Hans would come who would want his mother so much that he would fear for his father".
(²)

Freud's analysis of little Hans is an identifiable beginning point for professional intervention with a child who finds him/herself in educative distress*

"Freud himself said that Hans' child neurosis is the type and model of all child neuroses. Anyone who is occupied with treating emotionally disturbed children comes to a particular moment when it is necessary to express himself regarding the treatment of little Hans. Therefore, it seems important to me to place points of criticism and agreement next to each other and consider other methods of treatment", writes Dumont. ⁽³⁾

Although Freud refers to "pedagogical measures" which must be used to force a patient to a new choice, and although his followers also advocate a degree of "pedagogical guidance"⁽⁴⁾, nonetheless, Freud separates educating and therapy. In contrast with Freud's view, the following is strongly emphasized: **pedotherapy is orthopedagogy** (corrective educating, re-educating), i.e., pedagogy (educating).

According to Freud, a patient must be brought to a **re-lived experience**, as a becoming aware again of unresolved conflicts from earlier childhood so that emancipating (from the conflicts) and healing are made possible. Thus, in theory and practice, he/she is directed to his/her past—thus, this is a retrospectively directed therapy, with the aim of re-lived experiencing directed to the past. In the present study, the author attributes a new, phenomenological meaning to the category **re-lived experience**, in the sense that pedotherapy involves supporting a child to a re-lived experiencing, as re-defining his/her own situation (see below). Thus, pedotherapy, just as are other forms of therapy which rest on a phenomenological foundation, is a prospectively directed therapy with the aim of re-lived experiencing directed to the future.

The following are presented as the four main schools or directions in therapy, each with its own variety of modified branches:

(i) The psychoanalysis of Sigmund Freud: Some of the most important followers of Freud are Adler, Stekel, Jung, Otto Rank,

* The concept "educative distress" is chosen over the current "emotional disturbance" because it deals with interpsychic or relational conflicts (in the child-adult relationship, as primarily a pedagogic relationship), rather than with intrapsychic conflicts.

Ferenczy, Reich—and, in more modern times, Karen Horney, and Harry Stack Sullivan. The most important advocates of a psychoanalytically grounded play therapy are Anna Freud, and Melanie Klein;

(ii) The "Client-Centered Therapy" of Carl Rogers: His followers, especially those who have specialized in play therapy, as child therapy, are Virginia Axline, Hayworth, Tausch and Tausch, Ginott, Moustakas, and Allen.

(iii) The logotherapy of Viktor Frankl: Ungersma.

(iv) The Guided Daydream of Robert Desoille: J.H. van den Berg has had good success with this method, while Lubbers, with his image communication, also links up with it (see Chapter Four).

In current child therapy, the following four main directions, approaches, or schools are distinguished, as far as working-hypotheses, methods, and aims are concerned:

(i) Child therapy on a psychoanalytic foundation (Anna Freud):

Here the aim is for a child to become aware (re-lived experience) of, until now, unconscious conflicts in "adjustment"--difficulties, traumas, and "deviant mechanisms"--and bring them to a level appropriate for his/her phase of life, and to where he/she no longer has other difficulties.

According to this method, making-aware is the core of therapy, and is the key to a cure. The feelings of anxiety or guilt, which can arise with this method, then are solved in the situation of transference with the analyst--by identification, and by "abreaction" of tension. In this way, a child's conflict is eliminated.

(ii) The Jungian method (Frances Wickes):

Negative (unconscious) influences are exposed and, thus, a child becomes enlightened and emancipated from them. In his/her most fundamental relationships, a child must feel secure to thrive. Here the unconscious symbolism of child play is emphasized. A child is a personality itself, which must arrive at individuation.

(iii) The nondirective method (C. Rogers and Virginia Axline):

Through a client-centered situation in a playroom, a child's difficulties are echoed, and he/she is emancipated from them by means of reflecting his/her own tensions, and frustrations; he/she then can become aware of his/her own potentialities, and fully actualize them: a recognition of his/her authentic self, which leads to growth, further maturation, and self-actualization (fulfillment). Also, Rogers indicates how important it is for a child to feel that he/she is safe in his/her youth. This psychic growth, and increased satisfaction lead to better "adjustment" in society ("socially effective citizens").

(iv) The Relationship-theory (Fr. Allen):

Here the aim of treating a child is "to help the child help himself".

Through adjusting relationships (child-therapist, child-milieu, therapist-child's milieu), self-awareness is restored. Here, great value is attributed to playing out a child's problems, although verbal contact is very important. ⁽⁵⁾

The aim here is not to give a comprehensive description, and evaluation of the therapeutic methods of Freud and the initiators of the other therapeutic schools. Rather, the aim is to place these therapeutic approaches in a historical-critical framework to orient the reader regarding the nature and possibilities of a responsible pedotherapeutic method based on a phenomenological foundation; the aim also is to present a critical view of what was previously done regarding a child-in-distress, and to point out moments which are useful in designing a phenomenological-pedotherapeutic theory and practice.

Below, the approaches of Freud, Rogers, and Frankl are evaluated from a pedagogical perspective, while the method of Desoille is discussed in Chapter Four.

(a) The psychoanalysis of Sigmund Freud

The stream of thought of depth psychology (psychoanalysis and its various branches) is the most prominent example of a therapeutic theory, which has as its foundation a naturalistically oriented [philosophical] anthropology. This anthropology is strongly influenced by the natural sciences in the eighteen and nineteen

hundreds; for example, Darwin's materialistic-evolutionary anthropology was a reaction to the romantic and idealistic views of his time. In addition, this naturalistic anthropology holds the following views, among others: the principle of causality (of mechanistic lawfulness) is absolutized; a person is viewed as an extension of the animal and, thus, of nature—h/she is an elevated animal form; ontogeny is viewed as an abridged and accelerated recapitulation of phylogeny; there is no difference in nature between person and animal, but only a difference in degree. Thus, a person clearly is a biological being, a psychophysical, or biophysical (animal) organism with no **spirit**, no conscience, no values, no religiosity. Further, Freud subscribes to a psychic determinism; psychic occurrences are (instinctually) causally determined (e.g., the causal connection past-present). This determinism nullifies the reality and meaning of being-human (Sartre). It undermines a person's sense of responsibility. Missing from Freud's view are essential modern phenomenological concepts, such as encounter, openness, Mitsein (Being-with), communication, understanding, concern about another's well-being, and fulfillment, authentic trust, the need and possibility to go out to another, a participation in the other, the risk which participation always has, and the need for persons to actualize their own being (Rollo May).

Finally, Freud stresses that a person is an instinct-driven* being. He views a person merely as a product of his/her drives and environment. For him, a person has no freedom; thus, he/she is not free to choose. The dynamic of human behaving is traced back to the simplest possible terms. Further, this rules out responsibility, morality, and self-reliance as voluntary choices, and leads to fatalism, pessimism, or skepticism.

Freud's psychotherapy is not elaborated on here. As stated, this is a retrospective method, i.e., the analysis is directed to ferreting out traumas in the past and, thereby, finding the causes of the disturbances (neuroses). These causes are always sought in the earliest years, and often in one's sexual life. Freud's therapy also is

* Compare the following views:

Freud (psychoanalysis): The sex drive is at the root of a person's behavior (will to pleasure).

Adler (Individual psychology): Striving for power is at the root of a person's behavior (will to power).

Frankl (Existential analysis): Sense and meaning are at the root of a person's behavior (will to meaning); a person strives for the meaningful. You are responsible for your existence.

directive: a therapist decides which contents of awareness and instincts must be ousted, which are satisfied (allowed), and which must be sublimated. Freud's division of the psyche into conscious, pre-conscious, and unconscious is well-known as is his conception of the structure of personality (Super-ego, Ego, Id): The Super-ego censors the Ego, which confronts reality, and which, in its turn, must control the Id (the seat of libido).

According to Freud, a neurosis is the collapse of the Ego, i.e., the Ego no longer succeeds in having the Id under effective control; its power of integration has weakened. Thus, a neurosis means a weakening of the Ego. An emotional disturbance, or neurosis arises from the conflict between what a person **wants** to do (Id-sex drive), and what a person is **allowed** to do (Super-ego).

With his psychotherapy, Freud's aim is to strengthen the Ego so that it again can fulfill its regulating and integrating functions.

Ego-strength occurs by:

(i) Delving into the past to find the origin of the derailment--in accordance with the psychoanalytic interpretation of the past. Then, an "emotional unloading" must occur, i.e., the state of anxiety must be decreased. Thus, unconscious contents must be made conscious by abolishing the event of repression, and by allowing repression to occur in the reverse direction. Anxiety disappears when memories are brought to light--made conscious again (re-lived experienced). The problem is solved by rationalizing what is in awareness (in terms of the framework of the Oedipus complex).

(ii) "Emotional" support to a patient by a therapist, e.g., by suggestions about future behaviors, acceptance, confrontation with facts which the patient must understand and accept.

(iii) Giving intellectual support, i.e., the problem is discussed rationally (talked out). Naturally, this occurs with psychoanalysis as the background.

The following are the methods of psychoanalytic therapy:

(i) Obtaining a clinical history of the patient, which describes his/her own past problems, etc., and about which direct questions

are answered. This method is applied by nearly all schools, but here it occurs and is interpreted from a psychoanalytic standpoint.

(ii) The patient expresses everything which comes to mind. Forgotten and repressed contents then are interpreted as causes of feelings, thoughts, and behaviors. A thorough knowledge of the patient is a requirement. Here a therapist is a sympathetic listener. Free-association relieves the Ego of repressed impulses--repressed contents must ultimately be brought to the surface. This strengthens the Ego again.

(iii) Forming transference: By free-association, repressed impulses are cast back on the therapist, i.e., as it were, the patient goes into the therapist. He/she really charges his/her difficulties to the therapist and, thus, discharges them from him/herself. It is a transfer of one's difficulties to the therapist. Thus, the patient forms an inseparable bond (dependency) with the therapist. Initially, this is a good thing. But the relationship is a transference neurosis. This relationship ultimately requires a distancing between the two. This distancing must come gradually from the patient him/herself. Compare the case, e.g., between a male therapist and a female patient. The therapist must know when he should conclude the therapy.

Transference is worked out by decreasing and interrupting support, and by the patient being allowed to proceed more on his/her own. The patient is cast back to the outer world, and his/her contact with it is reestablished.

(iv) Intellectual insight into the trauma, and conflict is acquired.

(v) Hypnosis: the disturbed situation is lived experienced again.

(vi) Dream analysis: latent contents are placed against manifest contents. A dream is the fulfillment of unfulfilled desires and wishes.

(vii) Projective techniques: T.A.T., Rorschach.

(viii) Analysis of resistance: the patient draws a "blank", or is confused, and offers such resistance against the contents that he/she wants to avoid because they are of little interest, or because they are too intimate (associative blockading).

Criticism of Freud's psychoanalysis especially has come from a philosophical-anthropological perspective (Frankl) (see below), from psychological, and psychiatric perspectives (J.H. van den Berg), and from a pedagogical perspective (phenomenological pedagogues and pedotherapists).

Three examples of such evaluations of Freud's conceptions are useful in orienting the reader regarding the acceptability of psychoanalysis, in general, and, more specifically, as a therapeutic method with children:

(i) J. H. van den Berg⁽⁶⁾

The cause of neuroses is not the instinctive past of the patient. The nature, frequency, and appearance of neurotic disturbances depend on time and place. Thus, the cause of neurotic disturbances must be sought in society with its neurosis-producing factors. Neuroses are social diseases (socioses). See Karen Horney regarding social causes. The most important neurosis-producing factor is **anomie** (lawlessness, disorientation). An anomic social life disorients the individual (the anomic disconnection of the spiritual sector).

Loneliness is the first symptom of contemporary neurosis--the symptom which, psychologically, is inseparably connected with **anxiety**. The psychoanalytic method of treatment belongs to the past. A characteristic of the new therapeutic conversation is to allow the patient to lived experience (attribute meaning) differently. Compare re-lived experiencing, in a phenomenological sense, with re-lived experiencing, in a psychoanalytic sense. It deals with helping one find and maintain one's place among persons (compare humanization; compare the pedagogical situation as a place among persons). It involves helping one know where one stands (also pedagogically). It concerns helping one determine one's own place in life (orientation), in accordance with one's potentialities.

(ii) J. J. Dumont ⁽⁷⁾: (refer to little Hans)

All neuroses are not unresolved conflicts from early childhood years. Then, what about child neuroses? A child still lives in a time within which the basis for the neurosis is laid. The idea of a child neurosis, as well as its underlying developmental psychology, is derived from the psychoanalysis of adults. Dumont rejects the

primary significance of sexuality, as well as the role of the unconscious, as primary events. The Oedipus complex is and remains a myth. The positive side of child psychoanalysis is that the child acquires a scheme as solution. He/she must view his/her anxiety as an expression of his/her unconscious Oedipus complex. The strange, vague, incomprehensible, unclear anxiety (dreams) acquires a comprehensible, manageable, acceptable assimilable framework, i.e., the Oedipus complex. Fear of the horse really is fear of his father. Nothing points to Hans' hate for his father, except the theory. The Oedipus view (scheme) helps bring about structure where confused feelings, and drives impel, it helps by creating order, naming, indicating place, and determining relations. Thus, the myth helps to give form.

"The operation of the Oedipus myth is only explicable in that it structures, orders, and clarifies, **but it is impossible to accept that it offers a model to define universal content.** The choice of the Oedipus myth suggests these contents are universal. Science can go no further than to determine general factors it can use to account for a type of disturbance in emotional, or socio-relational development. **"To refer to a person, in general, beforehand, and point out the role conflict plays in each person, is to reverse the step from mythology to science"** according to Dumont⁽⁸⁾. (My emphasis).

(iii) Van Haecht ⁽⁹⁾: (One of the most optimistically disposed regarding the encounter of phenomenology and psychoanalysis).

There is a transition possible from psychoanalysis to phenomenology. Psychoanalysis acquires its true significance in the framework of phenomenology. The real significance of psychoanalysis is that it shows that a purely biological function, such as the libido, contains a whole history which, necessarily, must be made explicit, and which is constituted by the intentional relationships of a subject to his/her surrounding world. From an existential view of the libido, one sees it as a source of possible projects, meaningfully creating psychic attitudes. The erotic world, indeed, is one of the most important levels of the lifeworld, and the analysis of such a sphere of meaning is sheer phenomenological work. In modern psychopathology, one finds the same evolution in accordance with the phenomenological. There is an attempt to understand abnormal phenomena as possible structures of the human situation. These are lived experience which must be

described in the framework of a general anthropology, and which must be made explicit by the phenomenological method.

Van Haecht places the historical character of both directions of thought in the foreground--both have to do with the problematic of the historical character of being human.

Additional points of criticism against Freud are the following:

(i) The anthropology (person-, world- and life-view) underlying psychoanalysis is entirely unacceptable because of its naturalistic [natural science] nature. Further, it is characterized by different "isms": pan-sexualism, determinism; rationalism (the psyche is completely understandable rationally), evolutionism, hedonism (a person has no will; his/her only goal is pleasure, e.g., sexual pleasure; life has no higher meaning than the pursuit of pleasure), dualism (a person is always caught in a struggle between two conflicting forces, but is not free to choose). With respect to ethical and religious values, Freud holds the following view:

Conscience is the inheritor of the Oedipus complex. The only drive is the libido, which strives for pleasure, and aggression. Thus, he does not recognize morality or religion. For Freud, conscience is tyrannical, and his notion of religion is merely traditional, and exists only out of feelings of guilt and compulsions. He has no view of a Creator, as a creative force, or religion, as a creative vision.

Also, for him, no creative power exists. A person's creations are only expressions of the libido; inspiration forming a higher power simply doesn't exist. Everything is merely transformation.

Finally, Freud's entire view is extremely mechanistic. Over and over again, he imports physiological and other natural science concepts, and generally refers to mechanisms, apparatuses, energy, etc. In this connection, Ruttin⁽¹⁰⁾ says: "For anyone who experiences the unpleasant occurrence of neurotic ways of behaving intuitively, understands that psychoanalysis, in its classic form, a mechanistic doctrine. Also, Freud says that the cause of all human behavior is in the individual's past. In his view, a person reacts from an unconscious sphere of drives, and is a prisoner of his/her "psychic apparatus," not only in his/her dreams".

Thus, the patient is seen as being controlled by mechanisms; a therapist then is the one who understands the technique used for treating the mechanisms.

Despite the naturalistic interpretations underlying the psychoanalytic view, and its initial overemphasis of the biological-materialistic, later psychoanalysis underwent a certain "humanization", and more human categories played a greater role in practice. Thus, there is a clear contrast between this naturalistic theory, and the real events in psychoanalytic practice (therapy). In real therapy, it is pretty much impossible not to include the human levels of a spiritual and existential nature (e.g., values) --Janse de Jonge.

(ii) Psychoanalysis is presumed to be a scientific method of investigation, which is directed to bringing to light unconscious contents and relations, but its scientific character is seriously doubted. The Oedipus complex is a myth which must be demythologized, i.e., we must allow it to be a **myth**, instead of the basis for a scientific theory about the origin and treatment of child neuroses.

(iii) In psychoanalysis, as a therapeutic method, the meaning of the past predominates, instead of being directed to the patient's future.

(iv) Psychoanalysis is involved with the study of the causative connections among psychic phenomena (causal-isms). However, little attention is paid to the personal quality of lived experience, i.e., how a person him/herself represents his/her situation. Thus, Freud is not acquainted with phenomenology, and all psychic events are viewed in a physical, or physiological light. A person, as a totality, is overlooked by dividing up a human being's unity (atomism). In the views of the conscious and unconscious, these two "events" are separated too absolutely.

(v) The view that sexual urges, although of great importance, together with aggressive urges, underlie all actions is much too narrow. The view that a person is primarily a driven being, as the puppet of his/her urges and early childhood, is entirely unacceptable. Also, infantile sexuality is overemphasized. A person's social inclinations and religious longings are not sufficiently acknowledged.

(vi) Another objection is that Freud generalizes too easily, e.g., the libido, as sexual, and aggression, as drive, are the basis of everything; everyone goes through the Oedipus complex.

(vii) The last objection is that Freud too easily applies the abnormal to the normal. What he observes in abnormal persons, he summarily uses to explain normal persons.

It is especially in evaluating Freud's ideas and methods from a pedagogical perspective that they appear to be unacceptable and un-pedagogical. For example, by using the Oedipus hypothesis as a universal schema in terms of which all child neuroses must be explained and treated, he denies the unique being, the unique course of becoming, and the unique (pedagogical) situation of each child.

Freud separates educating and therapy—thus, he does not recognize a therapeutic situation with a child as a pedagogical one. For him, a therapist is pedagogically neutral, and therapy takes place in a pedagogical vacuum (De Miranda). Such a situation is a violation of child-being (De Miranda). Viewed from a pedagogical perspective, a child is always **pedagogically situated**, and a therapeutic involvement with him/her is always purposive, intentional **re-educating**. For Freud, an orthopedagogic (pedagogic) moment is missing from therapy. Fundamental pedagogical structures are neither recognized nor acknowledged, i.e., pedagogical authority, understanding, encounter, engagement, and intervention (approving or disapproving) are not actualized in his therapy. No pedagogical categories or criteria arise. The therapist remains an onlooker for a child, instead of a co-participant; the therapist does not accept pedagogical responsibility for a child.

The following important facts are misunderstood by Freud:

Pedotherapy involves an adult-child relationship, which essentially is a pedagogical relationship. Educating "is an inculcation of an authentic appreciation of values, norms, authority, and the cultural heritage, including a sense of what is proper".⁽¹¹⁾ The pedagogical aim in therapy is to support the child-in-distress so that he/she can reach his/her destination (full-fledged adulthood, responsibility, moral independence). Also, regarding the therapeutic help a child receives, the full implications of the following pedagogical question hold true: "How must the understanding educator, as an

authoritative and trusting person, and as representer of the norm-image of adulthood, support a child by means of his associating and encountering an authority questioning child, who is a potentiality in becoming, who wants to be someone himself, and who is entrusted to an educator so that he can increasingly be considered an adult?"⁽¹²⁾

Freud also ignores the following: a child is **spirituality**, he/she is a valuing being and, therefore, "the pedotherapist's intervention with the child...must be guided by a hierarchy of value preferences". ⁽¹³⁾

Freud's errors of judgment are certainly the result of his not having at his disposal an accountable theory [i.e., child philosophical anthropology] of the nature of a child. In psychoanalytic therapy, there is too little pedagogical intervention; the therapist is too passive. In agreement with Freud, Melanie Klein purposefully avoids all pedagogical influencing, and in her play therapy, it is entirely in the background, and she even allows the child to **lead his/her own life** him/herself.

A principle of psychoanalytic treatment is the verbalization of all unconscious material. However, this method of treatment cannot be used with a child because of his/her inability to verbalize. In addition, it is difficult for a young child to rationalize his/her problems, and get insight into them, precisely because of his/her pathic attunement to reality. Also, a child is not yet adult, not yet responsible. Thus, he/she cannot be thrown back on him/herself to help him/herself. He/she is helpless, in need of help, he/she seeks assistance and support. He/she does **not** get this help and support from the psychoanalytic approach.

Finally, psychoanalysis is too retrospectively directed. Although we cannot ignore a child's past lived experiencing and, thus, must be thoroughly considered, this is a one-sided way of viewing pedotherapy. Pedotherapy must be future directed. As a pedagogue, the therapist is clearly concerned with the child's future, i.e., with his/her becoming adult. Therefore, one should proceed, not only retrospectively, but also prospectively.

Irrespective of the above critique, there are some important merits of Freud to be noted, and they are mentioned:

He brings attention to the importance of the unconscious, in general, and to early childhood. Although he does not see personality as a unity, still he refers to the mutual connections within the psyche. His work is related to the Understanding Psychology (of Dilthey), in that he tries to push through to a person's deepest motives, and hiding places and, in doing so, to reveal a person's psychic life. His determinism, although overdone, also indicates causality in the psychic life. His dynamic view of the psychic is valuable. He places the power of instinctive drives in the foreground. His great merit is that he began to exploit the importance of the Id. His pan-sexualism, although exaggerated, is of great importance, since he shows that the sex drive plays an important role in life. The method of free association has cathartic value. His concepts of the "mechanisms" of repression, sublimation, identification, transformation, complexes, etc. are of great value. The psychology of dreams was helped greatly by Freud. In addition, his views have had pedagogical implication, since they have shown how hazardous conflicts can be.

(b) The "Client-Centered Therapy" of Carl Rogers ⁽¹⁴⁾

As with all other directions in therapy, Rogers' school is a reaction to the psychoanalytic conceptions of Freud's interpretations, his hypothesis of compulsion, the fact that the power to grow lies on only one path, and that a child is dependent, in a double sense (as the child of his parents and as the neurotic child of the therapist). Freudian therapy is directive, therapist-centered, authoritarian, domineering, controlling--external influencing, where the therapist accepts the major responsibility to direct the patient's lived experience, and even daily behaviors. In contrast to this approach, Rogers' therapy is nondirective, client (child)-centered, democratic, permissive, participative--internal influencing, where responsibility for personal development is placed on the client him/herself. It is assumed that the client (child) can solve his/her own problems. Therapy proceeds in a sphere of friendship, trust, acceptance, and patience. The client's longing for moral responsibility (adulthood) is aroused and used. Here, the client's feelings are emphasized rather than his/her symptoms. An outstanding characteristic of this approach is the attitude of total permissiveness on the part of the therapist.

The origin of Client-Centered Therapy (C.C.T.) is the so-called "will-therapy" of Otto Rank, and the "relationship therapy" of Jessie Taft.

The latter emphasizes the relationship in therapy: a client is treated permissively and may express anything; the child-therapist relationship is the basis for growth and "development".

The methods of C.C.T. are the following:

To establish a permissive, nondirective relationship, the therapist honors positive and negative principles. He/she avoids giving advice, and counseling, reassurance, persuasion, questions, interpretations, criticisms. He/she especially tries to recognize the client's feelings, or to unconditionally affirm and accept everything the client says. Sometimes he/she clarifies the role of therapist and client (structuring: he/she allows the client to know that he/she is accepted, and that they will work together to solve the problem--there is a warm, positive attitude). Still, there are reassuring moments, such as acknowledging feelings, the therapist's tone of voice, choice of words, interested facial expression, and his/her general attitude. The therapist avoids interpretations (suggesting a motive) of the client's behavior but rather suggests that he/she can give an explanation him/herself. The therapist does not take responsibility for the client's choice of behavior. The therapist assumes that the client can find a suitable solution to his/her problem. He/she accepts the client and responds to his/her feelings, whether they are positive or negative, and if they are about the client, his/her knowledge, or the therapist him/herself. Everything the client says is accepted; the therapist's warm and permissive attitude allows him/her to feel he/she is understood, and that he/she is free to solve his/her problem in his/her own way.

The first conversation is usually one of catharsis (talking out; purifying; working out) --the client pours out his/her problem. Then, the therapist structures the situation; but the client takes responsibility and arrives him/herself at an acceptable (for him/her) practical understanding of and solution to his/her problems. Where the client initially gives very negative expressions, gradually positive attitudes toward situations arise, along with an increase in insight (e.g., into his/her own childhood, his/her own being a person). The client recognizes that the essential event is finding a solution and choosing to take (or not) these necessary steps. Then, he/she chooses activities which must lead to the solution of his/her problem and tries them out (tentative testing). After a real change, he/she feels ready to deal with most of his/her problems on his/her own initiative. Then, the treatment is ended.

Regular, fixed sessions are planned--one or two per week. Extra conversations are prohibited to avoid over-dependence. The therapist-client relationship is professional and business-like (non-affective), although it is warm, and understanding.

As a theoretical foundation for his therapy, Rogers stresses the following four basic premises:

- (i) An individual has at his/her disposal motivation for growth, health, and "adaptation";
- (ii) C.C.T. emphasizes the "emotional" side of the "adaptation", rather than the intellectual;
- (iii) The method is directed to the immediate situation, rather than to the "emotional" situations from childhood;
- (iv) The therapeutic relationship is itself a growth-experience.

Rogers emphasizes the client's subjective lived experiences in the situation. He subscribes to a theory of personality based on 19 postulates, which amount to the following:

An individual exists in a continuously changing experiential world, of which he/she is the center; he/she reacts as a totality to it, since he/she experiences it as reality. His/her basic strivings are to actualize, maintain, and enhance him/herself. His/her behavior is directed to this goal. Emotions accompany and give rise to this behavior. The basis for understanding behavior is the internal frame of reference of an individual him/herself. Part of the experiential world is gradually differentiated into the self. The structure of a self is formed through interaction with the environment and others--an organized pattern of characteristics, relationships, and values of the I. Experiences are organized in a relationship to the self. Behavior is usually congruent with the concept of self and follows the experiences and needs of the self. Psychic maladjustment exists when individual experiences are not organized into the whole of the self-structure—then, a basic, or potential psychic tension arises. Psychic adjustment exists when the self-concept is such that a person's individual experiences can be assimilated in relationship to it. Unassimilated experiences are perceived as a threat. This leads to a rigid organization of the self-

structure for him/her to maintain him/herself. In the absence of threat, the self-structure can be revised to assimilate all sorts of lived experiences. As all lived experiences are organized into an integrated system, the individual is viewed and accepted more, in contrast to others, as a separate individual. This event includes a continual change in his/her value-system.

This method usually succeeds best with students: they are intelligent, not too emotionally bonded to a family, they have maturity without rigidity, are free from excessive environmental limitations, and want self help. It is also useful with marital problems, vocational guidance, parent-child problems (with play therapy), emotional problems of normal persons, and mild psychoneurosis. It is less successful with persons of low intelligence, and persons older than fifty. The client must be able to verbalize, and not be too dependent.⁽¹⁵⁾

Thus, according to the view of C.C.T., the child must solve his/her problems on his/her own initiative by getting a grip on his/her feelings because he/she becomes aware of them, not as symbols, or expressions of hidden motives, but as attitudes, attunements, and "behavioral fixations". The therapist is a friendly, understanding mirror which the child holds in front of him/herself. Thus, he/she helps only as a partner, and tries to grasp and understand the child's feelings; he/she tries to disengage his/her own attunement and view, and experience the world of the child through the eyes of the child.

A first point of criticism regarding Rogers' therapy is that of Dumont.⁽¹⁶⁾ For him, this involves the question: what is "neurotic" regarding children? As the authors of the nondirective method indicate, their method only works with non-structural, functional, emotional disturbances which must be viewed as learned behaviors to be unlearned. (Also, the problem must not be too serious, and the method works best with educative difficulties, which almost go away by themselves--Dumont). Dumont⁽¹⁷⁾ also notes the following:

"Also, here once again, just as with psychoanalysis, the to be treated disturbance is defined from the therapeutic possibilities. As we study the many case descriptions of Axline, Hayworth, and Moustakas, and notice which categories are excluded by Tausch, we get the impression that the group [of categories] from which nondirective therapy gets its direction is rather small. The idea of a

frustrated, traumatized, emotionally neglected, restrained, neurotic child is one construction of one theory which states that to open, unlock, and unblock a restrained emotional development is the exclusive definition of therapy. In practice, we especially see restless, tense, aggressive, disturbed concentration, superficial, extrovert, learning difficult, educatively difficult, labile, chaotic, structurally poor, and moderately intelligent children, mostly from slight functional neurological disturbances. There seems to be an inverse relationship between the amount of literature on the neurotic child, and the frequency of its occurrence in children. In my opinion, nondirective psychotherapy reflects this discrepancy".

As we evaluate further Rogers' views and therapeutic attitude against the background of the image of a child which we, in modern pedagogics hold, and against the background of the fundamental pedagogical structures,⁽¹⁸⁾ the following objections hold:

(i) A child on his/her laborious road of becoming, cannot solve his/her own problems.* For this, he/she has a need for just this help in becoming (as educating) from an adult. C.C.T. overestimates and exaggerates a child's potentiality to solve his/her own problems, to him/herself make choices and decisions. That is, he/she cannot assume responsibility for his/her own personal development—he/she is not-yet responsible.

He/she is not yet able to interpret his/her own lived experiences and behaviors (as affectively disturbed, he/she is too pathically flooded, and as a child, in each case, is too pathically attuned); he/she cannot yet arrive at insights into his/her own problems.

(ii) The permissive, nondirective, democratic attitude, which characterizes the therapy of Rogers, is pedagogically unacceptable. In his/her educative distress, a child does not want to be treated in a nondirective way. He/she needs an adult to **direct** his/her lived experiences and behaviors and, in doing so, direct him/her **normatively**. In C.C.T. the pedagogical relationship of trust is absolutized, and the pedagogical relationship of authority is altogether not actualized. It is a requirement that acceptance, tolerance, participation, affirmation, friendliness, trust, and indulgence be actualized in a pedagogical situation, but then the

* This "do-it-yourself" as well as permissive attitude is, naturally, American oriented.

complementary side, consisting in the educative content, i.e., the exercise and acceptance of authority, cannot be ignored. A child's need for guidance, accompaniment, approval, and disapproval, but especially his/her need for consistent, sympathetic, authoritative guidance is overlooked by the Rogerian attitude.

(iii) In nondirective therapy, the normative also does not appear; minimum limits are set, while an absence of constraints, prescriptions, suggestions, pressure, correcting, disapproving, interfering, etc. do not prevail. Rogers' aim is to accept **everything** the child does, all his/her expression, irrespective of their level or nature, and "to leave the major responsibility in the hands of the child". In this way, especially the pedagogical aim structure of **norm identification** is lost sight of.

(iv) Rogers overlooks the problematic pedagogical situation of a child-in-distress. How can the child solve his/her own problems when the un-pedagogical deeds and neglect of his/her educators have given rise to them?

(v) The child-centered therapist wants to create for the child an optimal "opportunity for development". Therefore, therapy occurs in a sphere of freedom, where the child feels that here, he/she can and may do everything, that here, he/she "can be him/herself". Therefore, the therapist sits to one side, with a distanced attitude, and takes notes. The therapist is **by**, but not **with** the child.

Being-by each other (pedagogical association) does not progress to being-with each other (pedagogical encounter).⁽¹⁹⁾ Thus, pedagogical association is actualized, but pedagogical encounter, and pedagogical engagement, are not. Further, Rogers wants to avoid the child's dependency on the therapist, and he wants to keep the therapeutic relationship businesslike; both are aims which are not to be realized in therapy with the child.

(vi) According to Snyder,⁽²⁰⁾ a requirement for success with this method is that the client be intelligent, that he/she not be affectively attached, that he/she be "mature", free from excessive environmental limitations. In addition, he/she must be able to verbalize, and not be too dependent.

A comparison of these demands with the child's potentialities and situation lead to the conclusion that not much success can be expected with this method.

(vii) Rogers' psychology has a naturalistic-evolutionary orientation; among other things, his choice of concepts is an indication of this, e.g., growth, adaptation, organism, reaction, behavior (as an attempt to satisfy needs), organization, assimilation, process.

Dumont⁽²¹⁾ offers the following excellent summary of the whole matter:

The aim is the **real growth** of the person (see Moustakas: **Existential Child Therapy**). The existential does not lie in the relationship between therapist and child. The framework of educator-educand falls away, and there is no educative situation, or of an analogue of an educative situation, which is foundational for child therapy. Even more, another positive characteristic is missing here because the adult deals with the child from what is an incomprehensible distance for the child, and engagement is lacking. This distance is a therapeutic moment in C.C.T., but this view of therapy cannot serve as a model for re-educating (as a condensed and concentrated educating).

The child him/herself arrives at clarity and equilibrium with difficulty; he/she makes difficult choices and decisions. To elevate his/her wanting-to- become-someone-him/herself is incomplete (from a fundamental pedagogical view). A tolerant educative attitude is optimistic and humane-idealistic. The nondirective attitude clearly recognizes the pedagogue. Acceptance, tolerance, participation, affirmation are facets of an educative attitude which a pedagogue and orthopedagogue must actualize. However, this attitude is only one facet of a therapeutic attitude which is required for children.

As a method, C.C.T. is appropriate for a very small group of children. As an attitude, it is only manageable in child therapy and, more broadly, in orthopedagogics, if it is supplemented, and accompanied by other equally important aspects, according to Dumont.

Although it certainly contains some meritorious aspects, the author strongly rejects the nondirective approach, and states that orthopedagogic caution must be used against attempts to import this method into the terrain of educating.

(c) The existential-analysis and logotherapy of V. Frankl ⁽²²⁾

"All therapies have a philosophy, but few are so explicit in their relation to a philosophic view of the world as is existential analysis" (W. van Dusen).

Under the titles, "From psychotherapy to logotherapy," and "From psychoanalysis to existential-analysis", Frankl begins his "general existential-analysis" with the following statements: Psychotherapy in psychoanalysis aims to make psychic contents conscious. In contrast, logotherapy wants to make a person conscious of his/her **spiritual contents**; especially he/she will be **made conscious of his/her responsibility**. Logotherapy is psychotherapy "of the spiritual"--existential-analysis is psychotherapy of the spiritual, of responsibility-consciousness. ⁽²³⁾

Frankl grounds his logotherapy in the following [philosophical] anthropological formulations: Being-human means being-aware and being-responsible⁽²⁴⁾; one finds one's calling, and fulfills it and, in this way, one finds and fulfills oneself⁽²⁵⁾; a person is morally accountable—he/she can choose freely, and he/she can act responsibly.⁽²⁶⁾ Frankl holds the view that, because a therapist is continually confronted with world-view problems (especially the question of the meaning of life), he/she has the basic right to also exercise a spiritual (and not only a psychological) influence in his/her treatment.⁽²⁷⁾ Traditional psychotherapy is inadequate with regard to spiritual problems. Logotherapy points the way to inner freedom, and to a person's lot. It aims to "educate" a person to an awareness of his/her being-responsible, by which he/she then can also still give meaning to his/her difficult life and content. ⁽²⁸⁾

In his objection to the **isms** which characterize a naturalistic anthropology, as well as to Freud's psychoanalysis, Frankl formulates his personological anthropology, i.e., his three-dimensional ontological structure of being a person. Where Freud views a person as a psycho-physical (thus two-dimensional), instinctively driven being, and where a person is depersonalized by his atomism and an automism, Frankl views a person as a somatic-

psychic-spiritual being. For him, being-human means being-a-person; the personal core is the spiritual unconscious, and here resides one's responsibility, conscience, religiosity, values, choices, decisions (some, in opposition to drives), freedom, the ethical, the erotic, sense of guilt, self-consciousness--it is the I who decides, who is not driven by drives, but who strives for the meaningful, who will fulfill his/her calling, who can responsibly choose and act. This spiritual-unconscious (spiritual dimension) is the real driving and guiding force behind a person's acts and restraints.

In his logotherapy, Frankl explicitly brings up the matter of life values. His philosophy of the meaning of life, of death, of suffering, of work, and of love⁽²⁹⁾ is very valuable for anyone involved in a situation of existential distress. According to Frankl, a person's **attunement** (e.g., to values), with respect to his/her lot, is very important because one often cannot do much about one's lot, but the healing and liberating come from the spirit, because a person has arrived at the desired attunement. Instead of analyzing a person, Frankl rather understands the person in his/her distress, and he/she can do this from his/her own experience of suffering.

The merit of Frankl's modes of being lies in the fact that his anthropology (with points of criticism) is very acceptable to pedagogics, in general, (as indicated by Denel⁽³⁰⁾ and Schoeman⁽³¹⁾, among others), as well as in the possibility of logotherapeutic moments in pedotherapy (as especially noted by Nel.⁽³²⁾ See the section in Chapter Two titled, "Logotherapeutic moments in pedotherapy"). Specifically, thus, has to do with educating and re-educating a child by guiding him/her to a meaningful life, a forming of will, and conscience, to choices, to obedience, to the acquisition of freedom, etc. A child must be made aware of his/her responsibility, and of his/her calling--also of his/her own task, which a person has obligations, and not only rights and privileges.

It is correct that a therapist must not just sit back and let a child go his/her own way, but that he/she must understand the child, and intervene in his/her becoming, and introduce norms—he/she must teach the child values. He/she must help him/her assimilate and accept his/her lot, his/her defect, his/her own problematic situation^{*}. Frankl states directly that this intervention, this help

* It is this **assimilation** and **acceptance** that the author equates, in the present work, with **re-lived-experiencing** as re-defining, as giving new, different, positive sense and meaning.

and guidance can only occur through an encounter with the child in need of help.

However, the assertion that logotherapy with children is pedotherapy (as stated by, among others, Nel⁽³³⁾, and Faure⁽³⁴⁾) is not pedagogically grounded. Logotherapeutic moments are not readily achieved with a pathically flooded child-in-distress. Although such logotherapeutic moments can be actualized (especially with an older child in conversational therapy), pedotherapy implies much more than merely logotherapy with a child, and pedotherapy is an entirely different, special form of treatment. Frankl has treated adults exclusively (anxiety and compulsion neurosis) and, therefore, his logotherapy and "medical ministry" are especially directed to the derailed and neurotic adult and his/her problems. A logotherapeutic situation is primarily a relationship between two responsible adults. Compare this with a pedotherapeutic situation, as a pedagogical situation, where a morally independent, responsible adult encounters a not-yet morally independent, not-yet responsible child.

The basis of logotherapy is Frankl's theory of existential-analysis, and not the pedagogical situation, as is the case with pedotherapy. If we agree that logotherapy with children is pedotherapy, there is a risk that we will design a pedotherapy which is merely an applied child logotherapy, where the existential-analytic and logotherapeutic techniques are simply applied to the treatment of a child-in-distress.

In addition, it cannot be expected that a child becoming adult can freely and responsibly choose or **independently** tackle the problem of existential meaning (as this influences his/her own life distress and potentialities) --as logotherapy demands of a person.⁽³⁵⁾ Also, with his/her pathic attunement, a child is still not able to understand, grasp, and see the deeper meaning of life. Much higher life-values are not yet achievable by him/her.

As far as his anthropology is concerned, Frankl tends to fall into a "dimension-ism", with his view of three "dimensions" of a person. It is not only the spiritual dimension which exists and activates a

Logos means **sense** (meaning); logotherapy thus means a therapeutic working through the attribution of sense and meaning.

person. He/she does not **have** three dimensions, he/she is one being (an existential totality).

Frankl separates, e.g., the spiritual core from the psychic (e.g., drives) ways of being human. The author contends that spirituality "acts" throughout the psychic life. A person's values and feelings are not only tied to the spiritual dimension. (Compare Max Scheler's value modalities: the values of sensory feelings; of bodily and vital feelings, of mental feelings; and of spiritual feelings). The meaning of all educating is not to awaken and form the spiritual dimension (the spiritual, existential "center"), as is asserted following Frankl. What then of bodily (physical) educating?

Ungersma⁽³⁶⁾ further states the following logotherapeutic demand: "...the traveler must make his own **choice**, for he travels alone". This demand cannot hold with respect to a child. On the one hand, pedagogics clearly says that, initially, choices are made **for** a child, later choices are made **with** him/her, so that still later, he/she is able **him/herself** to choose. On the other hand, it is emphasized that a child does not travel **alone** on his/her way to adulthood. The feeling is that, in logotherapy, his/her treatment does not follow his/her state of becoming. Consequently, it seems that there is little, if any, need for pedagogical authority in a logotherapeutic situation.

Thus, it seems that logotherapy, as a therapeutic method with children, sets its demands too high, especially for a young child, and, therefore, it is not an appropriate form of treatment for a child-in-distress. Nowhere in the current logotherapeutic and pedagogical literature is it shown how the meaning of life, etc. precisely are awakened in a child via logotherapy.

Some merits and points of criticism are made regarding each of the above three schools of therapy, but a common and conspicuous objection to them is that all are based on a theory of treatment, and not on the pedagogical situation and, thus, none meets this primary requirement for an accountable pedotherapy. Therefore, if we take any one of these three as the basis for designing a pedotherapeutic theory and practice, our pedotherapy merely amounts to an applied child-psychoanalysis, child-centered therapy, or child-logotherapy.

2. Child [philosophical] anthropology as a foundation of pedotherapy

The pedotherapeutic event, as a pedagogical event, is exclusively an interpersonal [interhuman], or anthropological event and, therefore, the foundation of an accountable pedotherapy must lie in an acceptable child [philosophical] anthropology. The problems of pedagogics and pedotherapy can only be solved if these disciplines rest on the foundation of a child-image which is expressive of the nature of a child.

"All therapies have a philosophy..." (W. van Dusen). Therapeutic theory and practice are always strongly influenced by philosophical tendencies, and the [philosophical] anthropology from which they have sprung. Also, this theoretical investigation implies a view of a person (child), and if this is not explicated now, the reader is left to decide from what perspective the author views a person (child). Therefore, here there is a distinction between a naturalistic anthropology (which essentially is mechanistic, biologicistic, behavioristic, deterministic, etc.), and a modern philosophical anthropology (which is more personological in nature).

According to a naturalistic anthropology, a person is merely a psycho-physical being, or organism which reacts to stimuli; he/she is merely an extension of the animal (and, thus, of nature); he/she is bound to mechanistic and biological laws to which he/she is subjected, and causally determined. As a result of this nihilistic line of thought, human existence is viewed as the expression of being **surrendered** [to nature] (it is a closed human image).

Further, a naturalistic anthropology provides a predetermined person-image, and definitive statistical interpretations and explanations of human existence; it aims at inferring ready-made fundamental definitions of a person from a categorical conceptual system--thus, it aims at an unchanging ontology of a person. This naturalistic anthropology, as traditional [philosophical] anthropology, **does not yet see the essence of being-human (existence)**. Also, entirely unacceptable is this anthropology's linking up with a dualistic-substantialist view of a person (separation between psyche and body), and the resulting monisms, as views of persons where the psyche is absolutized (spiritualism), or the body is absolutized (materialism).

According to the mechanistic view of this anthropology, a person is an extremely complicated apparatus, a functioning

instrumentarium, which receives stimuli and reacts; his/her "behavior" is a product of "psychisms", i.e., of the functional whole of mechanisms and processes. The psychic apparatuses function lawfully; the preconditions (laws) of this functioning can only be ferreted out. If we had a complete blueprint of this machinery, then all human "behavior" could be predicted. Drives, motives, and the unconscious function mechanistically to reduce tension. Psychic "processes" are causally bound to each other.⁽³⁷⁾

In the light of this naturalistic person-image, educating (and, thus, also therapy) is viewed as an extremely mechanistic-behaviorist event. According to B. F. Skinner⁽³⁸⁾, e.g., educating is merely a question of "behavioral engineering": desirable characteristics are **trained in**, learned; undesirable characteristics are **trained out**, unlearned. Human behavior must be determined and controlled from the outside. Then we can train a person to be "happy, informed, skillful, well-behaved, and productive". Skinner does not recognize, e.g., the idea of religious, or moral tension. A person does not need to do something him/herself, either for his/her daily bread, or for his/her moral and other perfection. It is merely a question of scientific conditioning. Virtues such as "self-control", or "personal responsibility" are neglected.

Noorham⁽³⁹⁾ summarizes this person-image as follows: "The anthropological image becomes strongly reduced to its natural scientific, technical and measurable aspects. All sorts of forms of living, such as religion, concepts, such as self-learning, striving for a better life, working on yourself, conscientious decisions and personal choice are pushed overboard. When if any method of conditioning is used, and if a person-image is accepted that arises in this way, perhaps a person begins to exist as a being without essences".

As a result of the above person-image, several therapeutic approaches have arisen which are mechanistic and behaviorist in nature, and which are based on learning, the development of habits, reinforcement by rewards, and repetition as a means of learning new behavior, conditioning, etc. This mechanistic line of thought leaves little room for spontaneity and personal freedom (the reverse of quantifiability and predictability). Also, drives and processes are overemphasized in therapy.

A good example of such a therapeutic method currently popular, and in general use, is behavioral therapy or "behavior modification". Accordingly, therapeutic methods and techniques, which are based on learning experiments with persons and animals, are used to eliminate undesired, "non-adaptive" behavior. Behavior therapy, then, essentially is nothing more than applied learning psychology.

Often, these methods amount to simple "tricks". With this therapeutic practice, the child's wanting-to-be-someone, as well as his/her human dignity are overlooked since, in superficial, mechanistic, behaviorist ways, it is attempted to get the child to learn or unlearn a behavior--similar to the conditioning of animals. Problems which are addressed with these methods are, e.g., adjusting appearances, and modifying symptoms.

Instead of the therapist, in each unique therapeutic situation, allowing him/herself to be guided by his/her pedagogical intuition, a behavioral therapist continually surrenders the child to specific therapeutic techniques, methods, programs, procedures, recipes, prescriptions, schemes, models, manipulations, planning, strategies, "tools, tricks, tasks", etc. An example of such a behavioral therapy is the structuring treatment of Redl and Winemann. Other advocates of the "modification of behavior" approach are, e.g., Eysenck, Krasner and Ullmann, Dupont, Engeln, Gelber and Meyer, Heiner (Netherlands), Neale--and too many more to mention!

Other approaches which overlook the child in his/her being-human, in his/her human dignity, in his/her uniqueness and, in his/her wanting-to-be-someone, are the following: programmed instruction, psychoeducational processes (e.g., Hollister, Goldstein), group therapy (e.g., Slavson, Ginott), conversational groups ((e.g., R.C. Anderson), process theory (e.g., Rogers), deconditioning (e.g., Lazarus), re-educative program (Redl), life space interview (Redl), educational engineering (Hewett), operant techniques, desensitization methods (Wolpe), therapy based on learning theories (Ross), etc.

"The child-in-distress wants to be someone himself. This means that, also in the pedotherapeutic conversational situation, he must be given the opportunity to be different from others. Thus, all recipe-like behavior with him must be avoided, and this means that the possibilities of an encounter between pedotherapist and child-

in-distress must be free from fancifully constructed and artificial theories", writes Landman. ⁽⁴⁰⁾

In contrast to the above naturalistic anthropology (which, e.g., is the foundation of the approaches of Freud and Rogers), the author subscribes to a different philosophical anthropology.

Philosophical anthropology is a field of philosophizing which studies being-human **in his/her totality in relationship to his/her world** (Bollnow). Additionally, it is described as a radical, and total reflection on the **humanness** of a person--a search for what it is which makes a person a person. It is an accountable vision of a person, on a phenomenological basis, which views him/her as a somatic-psychic-spiritual being (thus, also a moral being) and which, as an always provisional person-image, views him/her as definable without end, unfathomable--as an **open question**, as never complete. A person also is founder and shaper of the world in which he/she lives and dwells; his/her existence is viewed as **openness**; he/she is not something with characteristics but is an initiator of relationships (Buytendijk).

This **open person-image** sees ever new possibilities in a person as openness; rather than seeking a conclusive answer to the question regarding being a person, it keeps open the discourse about the essence of [being] a person. The bases for this phenomenological anthropology are the phenomena and actions of a person **him/herself**.

Philosophical anthropology originated in the existential conflicts of modern times, thus, also in existential philosophy. Accordingly, a person is a unique individual who can make **choices** and be accountable for them; human existence is existence-in-freedom; a person **exists** and, thus, self-actualizes him/herself.

Phenomenological anthropology also includes a **personological image of a person**, with its fundamental concepts: person, intentionality, existence, being-in-the-world (Dasein), being-in-the-world-with-others (Mitsein). Accordingly, being human is viewed as **being-a-person**; a person is not bound to nature and driven by instincts (in the same way that an animal is). Here, categories are used which call into existence the humanness of a person, and which emphasize the **radical difference** between a person and any organism. This being-different is indicated by the word **spirit**. A

person is not a **thing and** must not be studied as if he/she were. His/her behaviors and lived experiences must not be viewed as causality, but rather as intentionality. Phenomenological anthropology understands a person from the meaning of his/her situations and world. He/she notices that there is an **indissoluble relatedness** between person and world. Thus, in place of a causal-explanatory (quantitative) method, a phenomenologist subscribes to an understanding (qualitative) method.

Phenomenological anthropology does not view a person merely as a psycho-physical being or organism; a person is [disclosed by phenomenology as] a somatic-psychic-spiritual totality-in-communication-with-his/her-world; he/she is a conscious being, a self-conscious being; a being with historicity; with a sense of values, with a sense of guilt, with a conscience; he/she is an existential being, which refers to his/her potentiality to step outside him/herself and, in doing so, to actualize him/herself.

Ruttin ⁽⁴¹⁾ supplements this personological person-image as follows:

“The **person** is the subject of all his doings; his words and deeds portray him and form the material from which we come to know better the behaving person himself. His life history is a continuous succession of actions that he carries out himself. His psychic life cannot be subsumed under valid laws. The subject's lived experiences and behaviors are a result of his relation to the situations he finds himself in. Much of his lived experiences and behaviors cannot be studied under laboratory conditions (under the demands of objectivity and exactness).

Here we have to do with the subjective moment, the personal, the subject-body; the portrait of human personality is a personal self-determination”, writes Ruttin. ⁽⁴²⁾

The human being is a person: an animal only **lives**, a person lives and **lived experiences**: he/she gives an account of him/herself. ⁽⁴³⁾ A person, who also knows despair, responsibility, and guilt must discover his/her place in the world; he/she also can give of him/herself without losing him/herself. A child must actualize him/herself in terms of preferred norms (life examples).

Where, until recently, all communication between persons was described with concepts from the world of technique (e.g., contact),

now it involves (and in the present phenomenological child anthropology) a personal **encounter**, which precisely underlines the humanness of communication. ⁽⁴⁴⁾

The following summarized person-image which, according to Noordham ⁽⁴⁵⁾, holds for educating, in general, also clearly holds more specifically for pedotherapy:

The person's (child's) exceptional position is emphasized. If a person is to accomplish his/her task well, then he/she must be free from all instinctive and vital drives: only the non-anxious, non-neurotic person deals properly with things and plays with the world. This non-anxiety is a result of firm (but not coercive!) guidance during youth, which provides security and safety. Learning, intelligence, language, and sexuality are always human[ized] for a person, and are not exactly comparable to those of an animal.

Only a person can think about him/herself, give an account of him/herself, and give answers to the typical questions arising within human existence. He/she is a rational and moral being, he/she lives in a community, he/she has the task of forming him/herself; he/she occupies a special place among other beings: he/she is without essences. Indeed, a person is rooted in nature, but acquires his/her stature in culture. Therefore, he/she must be educated to a particular adulthood, according to Noordham. ⁽⁴⁶⁾

Further, reference is made to the modern anthropological views of Buytendijk, and Langeveld about children and youth. According to Buytendijk, in his/her **exceptional position**, a person has no milieu, but rather a situation which, simultaneously, is a **gift** and a **task**; therefore, his/her dialogic response is not a "reaction" but a "creative achievement". A person continually discovers new values and gives new meaning. This is not so with animals. Youthful movement expresses that child and young persons face things pathically; adults stand gnostically, more matter of fact in life, they also are more stable. ⁽⁴⁷⁾

Langeveld ⁽⁴⁸⁾ means by the concept "development" of the child that his/her becoming and changing are in the direction of adulthood. This does not only include physical growth, but also the acquisition of moral maturity. It is more than merely growing or maturing. It also includes the fact that the child makes something of him/herself; he/she develops and changes him/herself. "I become bigger" does

not only mean that his/her body becomes larger, but it means that something new arises: additional **meaning is given** to the world. Langeveld emphasizes this unique **giving form (giving meaning)** by a child. (On the significance of Langeveld's moments of becoming for pedotherapy, see section 5 below).

Thus, the author chooses an anthropology which views a child as a dynamic and dialectic being, as openness, and as always (pedagogically) situated with the potentiality to **become different through attributing meaning**. It is this modern philosophical anthropology which must serve as the foundation for designing an accountable pedotherapy.

3. Fundamental pedagogics as a foundation of pedotherapy

The pedotherapeutic situation always implies a pedagogical situation, and pedotherapeutic influence is possible only through a pedagogical encounter. The foundation for pedotherapy cannot be one or another theory of treatment, but only a pedagogical situation. Therefore, it follows that the part-discipline of the pedagogical situation which is concerned with uncovering fundamental pedagogical structures, i.e., fundamental pedagogics, is foundational to pedotherapy.

If pedotherapy is re-educating, is pedagogy, then, e.g., fundamental pedagogical structures (analyses of the essentials of the phenomenon educating) also hold for pedotherapy, and a pedotherapeutic situation.

According to Landman,⁽⁴⁹⁾ therapeutic action can only be typified as pedagogically permissible and accountable if it is characterized by, among other things:

(i) the establishment of the pedagogical relationship structures of understanding, trust, and authority in authentic ways;

(ii) the flourishing of pedagogical association to an encounter, and the maximal use of educative and re-educative moments which become visible in this encounter;

(iii) attaining pedagogical aims, i.e., pedotherapeutically lead a child back onto his/her path to adulthood, followed by further pedagogical guidance or accompaniment to adulthood; and

(iv) implementing some basic pedagogical principles. Thus, fundamental pedagogical structures must be actualized in pedotherapy.

Further, Dumont's (50) view of the relationship between educating and therapy is insightful: Educating is not only a reopening of (psychoanalysis), or a reliance on reservations addressed (nondirective methods), but also providing possibilities, and showing the way. Therapy is not something accomplished outside educating, in a separate place, at a certain time, free from the life situation, sometimes in contrast to the life situation.

"In the therapeutic event, one finds nothing not found in educating. Concepts such as tolerance, affirmation, stimulation, structuring, suggesting, directing, etc. are applied as much in an educative as in a therapeutic situation. The difference is that, in a therapeutic situation, they occur in a different manner--more explicitly, more intensely, more emphatically, more completely, or more precisely, more verbally or concretely, but always as a sort of concentration, 'as in a high-pressure-chamber'", as Redl says. Thus, it is a concentrated educating or, in other words, educating itself is therapeutic: orthopedagogic.

"They emphasize the points of difference between the relation educating-child therapy. Some even speak of an exclusive relation, generally realizing too little what educating is, and seeing it as something secondary to development, although it is evident that only educating makes what is abstractly understood as development possible" says Dumont.

"In practice, trust in a child's power of growth, trust in his making-his-own-possibilities, and acceptance of the actual level of each moment are one whole, and this also makes it possible to realistically **help [a child] to progress further**" (my emphasis).

Child psychotherapy and orthopedagogics are not two alternative, exclusive modes of treatment conceivable apart from each other. The concept [child-] **therapy** is only acceptable as a concentrated, condensed form of pedagogically founded treatment. Also, it is decidedly wrong to allow the content of therapy to clash with what, in pedagogics, is viewed as the pole of allowing growth. As an analogy of pedagogics and orthopedagogics, therapy can assume all

forms which lie between this pole and that of giving guidance. Just as little as therapy can be identified with the one, orthopedagogics can be identified with the other pole. Also, such a representation of matters does not do justice to the reality of educating and to difficulties in educating, according to Dumont. ⁽⁵¹⁾

In connection with the above relationship between educating and therapy, Langeveld ⁽⁵²⁾ observes the following: Therapy is re-educating. Therapy only has meaning because of an already incorrectly laid educating. Therapy does not **create** what is offered in and through educating, i.e., the fundamental emotional basis for participating in the life of a person him/herself. Thus, therapy not only fails because of the incompetence of a therapist, or because a therapist and therapy are rejected as unacceptable, but also when, in a strict sense, it elevates nothing. Here, a complete surrender of the therapist to the child is desired, by which he/she becomes the fully loving companion for a child-in-distress (--the father, the mother), and, hence, therapy is **pure educating**. In each morally acceptable relationship between adults and children, is the seed of an educative relationship. (Thus, also in an accountable pedotherapeutic relationship--the author).

Since the **fundamental pedagogical structures** mentioned above, and their actualization (adequate or not) are useful, and have significance for pedotherapy, these structures are presented in terms of Landman's ⁽⁵³⁾ phenomenological analysis of the pedagogical situation, along with a description of each moment with which the actualization of these structures is related.

(a) THE PEDAGOGICAL RELATIONSHIP STRUCTURES

(i) The pedagogical relationship of trust

Two preconditions for a child's trust in an adult are that the adult **accepts** him/her (as a child--as he/she is; and as what he/she can, must, will, ought to become--an adult), and that the adult shows respect for his/her **dignity as a child**. Actualizing this relationship of trust is what makes a child ready to **venture** along with, as well as apart from the adults. A conflict in trust leads to a child's insecurity and uncertainty, which give rise to him/her not wanting to explore. Also, he/she must be accepted in **love** before he/she experiences security (Langeveld: here the lived experience of security is only present when love is shown). Also, he/she must be **lovingly cared**

for before he/she explores with security. ("Love and care are basic, their absence has disastrous consequences"⁽⁵⁴⁾).

Other important moments here are interest, protection, support, readiness to care, sympathy (feeling-with), sociality (we-ness), stable affective relations (bonding), emotional security (emotional, pathic rest) of a child, safety, understanding, confidence, one-ness. (One-ness and safety are present in love; loneliness and insecurity arise from anxiety--Carp). Further, a parent must allow his/her child to carry responsibility--thus, show trust in the child. A child must experience that he/she is welcome, that he/she is at-home with his/her parents, that he/she is received there; that his/her parents take care of him/her. With the inadequate implementation of this relationship, a child can become traumatized by a defect in love and care. With a defect in trust, he/she cannot share his/her anxiety with his/her parents and, therefore, he/she becomes a pedotherapeutic problem.

(ii) The pedagogical relationship of understanding

The educator must **know** a child (his/her nature and his/her destination); he/she must show an **understanding** about and a **conception** of him/her. Often, parents have their own conception of **their child** to which their wishes, expectations, demands, and norms are attuned. Their view is that of an idealized, normal child to which their own difficult to educate child corresponds hardly at all. This gives rise to pedagogical and affective uncertainty in the parents, such that their child also lived experiences uncertainty; in addition, the fact is that he/she is a child who is not understood (see below).

Only accurate knowledge of the conditions for physical development, psychic becoming, and spiritual unfolding in the various periods of a child's life enable us to give support to him/her. This protects us from discouraging the child by demands which are too high and allows us to create the preconditions for a sphere of security and loving interest, according to Muller-Eckhard.
(55)

(iii) The pedagogical relationship of authority

A child has a need for consistent, sympathetic authoritative guidance. This authoritative guidance must be stable and not labile,

or impulsive. Such authoritative guidance especially provides a child with normative confidence, certainty, security. In addition, this relationship implies moments such as setting limits, making demands, prohibiting, exemplifying norms and values, as well as moments such as disciplining, routinizing, ordering, guiding.

(b) THE PEDAGOGICAL SEQUENCE STRUCTURES

(i) Pedagogical association: Educator and child are **by** each other. Through the one-ness and we-ness which arise, a child feels safe (from loneliness and insecurity).

(ii) Pedagogical encounter: Here educator and child are **with** each other; they enter each other's experiential world. Here **we-ness** means that there is a [shared] world between them. It is only through this pedagogical encounter that pedagogical influencing is possible.

(iii) Pedagogical engagement: This points to the responsibility-for-relationships of educator as well as educand [child]. Here they are **for** each other.

(iv) Pedagogical intervention: This can take the form of pedagogical corrective action (disapproval, punishment, prohibit) as well as pedagogical approval (allow, praise, prize, accept).

(v) Return to pedagogical association: Here a child can again be him/herself, he/she can peacefully assimilate an educator's intervention with him/her so that, by giving meaning, he/she can grasp what was and is held before him/her.

(vi) Periodic breaking away: Here a breaking away from the pedagogical association and encounter occur, i.e., child and educator temporarily withdraw themselves from each others presence. Thus, the pedagogical sequence includes moments of encounter, breaking away and encounter again. This periodic breaking away implies that an educator gradually makes him/herself superfluous to a child--this is practice, so that complete (pedagogical) separation will one day be possible.

(c) THE PEDAGOGICAL AIM STRUCTURES

The following aim structures are directed to a child's future and destination (adulthood):

- (i) Meaningfulness of existence.
- (ii) Self-judgment and self-understanding.
- (iii) Respect for human dignity.
- (iv) Morally independent choosing and acting.
- (v) Responsibility.
- (vi) Norm identification.
- (vii) Outlook on life (philosophy of life)

(d) THE PEDAGOGICAL CATEGORIES AND CRITERIA

The following are possible pedagogical categories (means of thought), which also can be used as criteria for evaluating an educator's activities:

- (i) Venture-with-the-other.
- (ii) Thankfulness-for-security.
- (iii) Responsibility-for-relationships.
- (iv) Hope-for-the-future.
- (v) Task-of-designing-potentialities.
- (vi) Fulfilling-destination (adulthood).
- (vii) Respect-for-dignity.
- (viii) Task-of-self-understanding.
- (ix) Freedom-to-responsibility.

In an accountable pedotherapy, the pedagogical relationship, sequence, and aim structures must be actualized. Pedagogical categories are expressions of what is essential for a pedotherapeutic event; pedagogical criteria must be applied to evaluate the therapeutic activities of a pedotherapist.

For the sake of designing a pedotherapy on a pedagogical foundation, in the present study:

(i) the **pedagogical relationship structures** are viewed as the **precondition** for the pedotherapeutic event;

(ii) the **pedagogical sequence structures** are seen as equivalent to the **course** of a pedotherapeutic event;

(iii) the **pedagogical aim structures** are considered to provide some **criteria for evaluating** the pedotherapeutic event.

These essentials of pedotherapy are described in more detail in Chapter Three.

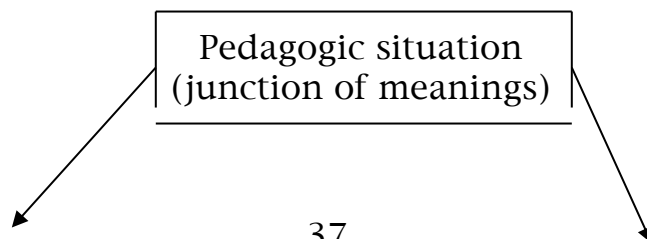
4. Psychopedagogics as a foundation for pedotherapy

Pedotherapy has to do with the essential question: In terms of **lived experience**, what happens when an adult's attempts to educate fail because the fundamental structures are actualized inadequately, or not at all, and when, through re-educating, a child is brought to the desired attunement? For an answer to this question, it is essential that yet another part-perspective, which has lived experience as its fundamental category (basic, fundamental concept), serves as a foundation for pedotherapy⁽⁵⁶⁾, i.e., psychopedagogics.

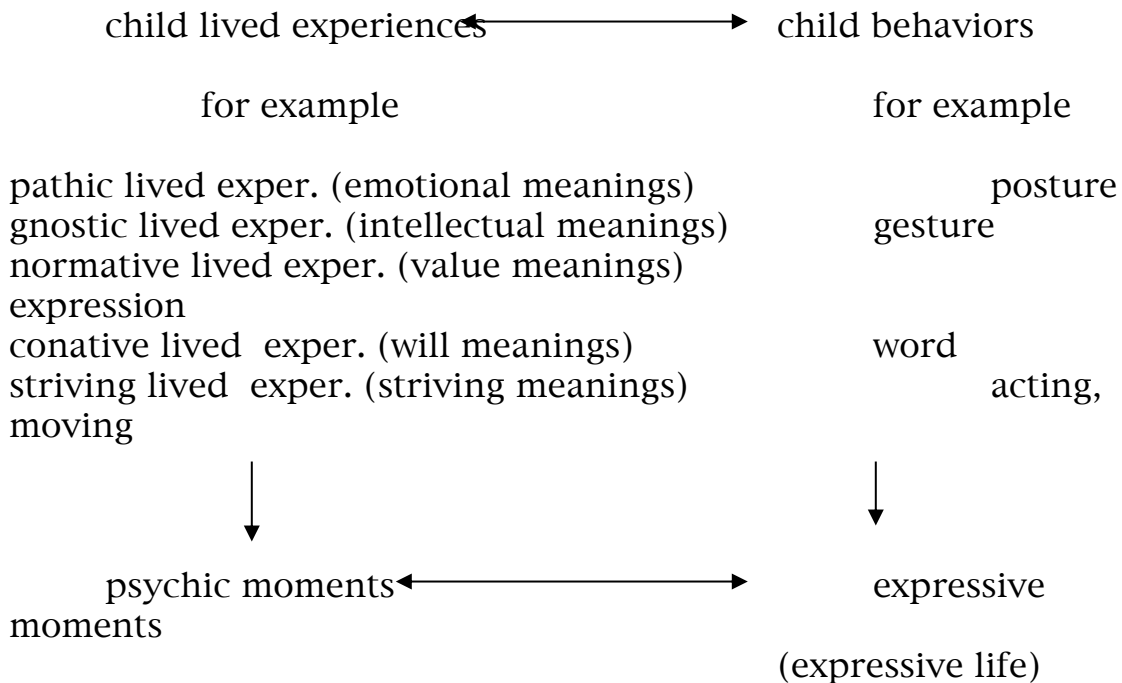
Psychopedagogics studies the convergence of the course of a child's becoming and the guidance of that becoming. For this part-discipline, the central question is about child lived experiencing and behaving, as well as the question about the normative flavor of a child's lived experiencing and behaving.

The psychopedagogical question and perspective includes a fundamental interest in a child and his/her daily lived experiences; a penetration of child lived experiences and behaviors in their mutual relations and in their connections with a child's situation. To (psychologically) understand a child, he/she must be viewed in his/her primordial (pedagogical) situation [at home]. The basis for an accountable psychopedagogics, as part-discipline, does not lie in isolated lived experiences and behaviors, but in this (pedagogical) situation, within which an educator is necessarily confronted with moments of child lived experience, as psychic moments.⁽⁵⁷⁾

This formulation is schematized as follows⁽⁵⁸⁾



Lived experiences and behaviors
are circularly related



The most important question is not about a person's behaviors, but about his/her sense and meaning (lived experiences). According to Rutten, ⁽⁵⁹⁾ "An inexhaustible theme is human lived experiencing".

To appreciate the benefit and importance of the concept lived experience as a psychopedagogical category, an exploration of the concept, a penetration of the phenomenon, a detailed description of lived experience, and a pedagogical account of child lived experience must be provided but is not done here in detail. In this regard, the reader is referred to some recent literature. ⁽⁶⁰⁾ Here, a brief indication of the place of the concept lived experience in psychopedagogics, a definition of lived experience, and some of its distinctions suffice:

All psychic life, all conscious life, all psychic factualities are reduced to two basic psychic phenomena (basic states), i.e., feelings (pathic lived experiences) and thoughts (gnostic lived experiences); these two are reduced to a general, aggregate concept, and collective fundamental form, i.e., lived experience. ⁽⁶¹⁾ Considering this, **lived experience** is a fundamental category of psychopedagogics.

As a fundamental form and aggregate concept, lived experience is defined as follows: **Lived experience is the personal** (pathic-gnostic-normative-conative striving), **intentional** (sense-giving, sense-taking, taking a position, meaning-giving) **continuous activity of being-aware of reality.** ⁽⁶²⁾

Moments of lived experiencing, which are emphasized here, especially regarding the psychic event in pedotherapy, are those of **giving sense**^{*}, **giving meaning**^{**}, and **attunement** (taking up a position). It is through his/her lived experiences (as giving sense and meaning) that a child-in-distress must acquire a grasp of reality (e.g., by attributing a meaning, other than anxiety, to a situation). A child's becoming different is actualized by giving sense and meaning. This view has important implications for pedotherapy, and it is in this light that the following is strongly emphasized: this study is not concerned with a behavioral therapy, or an emphasis of a child's behaviors, since his/her disturbed behaviors are usually the **results** or **symptoms** of his/her disturbed lived experiences. Therapy directed to a child's behaviors (e.g., "modification of behavior") often implies merely the treatment of symptoms, and devotes much time to removing symptoms, or "adjusting appearances". (Compare, e.g., the problem of bed-wetting). Our concern in the therapeutic event is the psychic aspect or, in other words, a focus on moments of lived experience, as psychic moments in a pedotherapeutic situation.

Further distinctions are those among pathic, gnostic, and normative moments of lived experience: The pathic moment is the emotional moment (affective, subjective, sensing); the gnostic moment is the knowing moment (cognitive, objective, perceiving, thinking, etc.). Feelings and thoughts are two basic psychic phenomena, i.e., a person is always primarily either pathically or gnostically directed (attuned) to reality. Pathic lived experience is the necessary origin, the prepared field for gnostic lived experience. To really know, to order, to think, to grasp, a child must loosen him/herself from his/her subjective sensing, and distance him/herself to a more gnostic level (self-distancing).

* Compare Husserl's pronouncement: Intentionality is essentially an act of **giving sense**.

** Compare Linschoten's pronouncement: lived-experience is a **meaning-giving activity**.

A child shows a pathic disposition, or habitual pathic attunement when his/her lived experiencing is predominantly pathic, when he/she habitually (usually) is subjectively-affectively attuned to reality. Naturally, the contrast of this is a gnostic disposition.

It is emphasized that a pathic disposition is a continuing aspect of gnostic lived experiencing, or of a knowing directedness, and that a gnostic disposition is always emotional.

Because pathic lived experiencing is the first and primordial moment of lived experiencing, one cannot expect anything other than a pathic disposition with a little child (e.g., infant, toddler, preschooler). With an older child (from approximately 9 years), as well as with a puber, adolescent, and adult, a gnostic disposition is expected. However, with serious and long-lasting affective disorders, as well as whenever there is pathic flooding of the gnostic, a child continues to cling to his/her pathic disposition and does not distance him/herself to a gnostic disposition.

Lived experiencing is originally pathic, but in moments when there is an appeal to do something (e.g., moments of actualizing intelligence), a child must be able to leap from emotional lived experiencing to a knowing directedness, he/she must be able to progress from the pathic to the gnostic. Clearly, a child's becoming occurs in terms of a progression from a pathic to a gnostic disposition. (From a child's way of lived experiencing to an adult's way).

Additionally, it is stressed that, in the experiential world, there is no separation between pathic and gnostic moments, as if reality in one moment can be lived experienced either entirely pathically or purely gnostically. (Compare the empiricist's separation of "thought" and "feeling"). The indication of pathic and gnostic moments is only a distinction for the sake of scientific clarity. Pathic and gnostic are viewed here as an inseparable, coupled event; as a position, as content, and as an activity, lived experiencing (pathic and gnostic) forms a unity.

The concepts pathic or pathic-gnostic lived experience, thus, refer to moments of lived experience which are predominantly pathic, but which most decidedly also have a gnostic side, however slight this might be. Similarly, the concepts gnostic or gnostic-pathic lived experience refer to lived experiences which are actualized primarily

gnostically, but which, at the same time, these lived experiences are also emotional.

Further, reference is made to the matter of normative lived experience:

Since lived experiencing is an event of intentionality, all giving of sense and meaning, position taking, and change (to a world-for-me) occur in terms of norms and values. Therefore, each moment of lived experience also is an existential, or axiological moment. Every lived experience is, thus, at the same time, a lived experience of values.

Consequently, the concern here is with the sense and meaning a child's lived experiences have for him/her, with his/her lived experiences of sense, meaning, and values. Hence, his/her experiential world also must be viewed as a world of sense, meaning, and values.

Also, the unity of pathic and gnostic lived experiencing, on the one hand, and normative lived experiencing, on the other hand, cannot be stressed enough; in other word, on all levels of lived experiencing (pathic and gnostic), there is normative lived experiencing.

Finally, reference is to the possibility that, with respect to the categories of lived experience, some psychopedagogical criteria can be designed for evaluating a child's lived experiences in a pedotherapeutic event, e.g., to evaluate the pedagogical permissibility of a pedotherapist's intervention with a child.⁽⁶³⁾ (See Chapter Three in this connection).

5. The psychology of becoming as a foundation of pedotherapy

For a penetration of what, in terms of lived experience, gives rise to a child's derailment, and what must be lived experienced in pedotherapy, it is essential that the principles of becoming, as set forth by Langeveld⁽⁶⁴⁾ in his **Ontwikkelingspsychologie** be used as a foundation of pedotherapy.

According to Langeveld,⁽⁶⁵⁾ educating a child is more than merely "feeding and protecting," if he/she is ever to prosper as a person. Also, a child has a need for a certain loving pampering and, if this is deficient, then his/her becoming occurs in unfavorable ways.

His/her helplessness is not rectified merely by physical care. He/she has a need for something more, i.e., to **lived experience safety**. This experience of safety is only present in manifestations of love. That a child is not hungry, thirsty, cold, or agitated is **not** a sufficient response to what he/she needs for his/her becoming, writes Langeveld. ⁽⁶⁶⁾

Thus, he ⁽⁶⁷⁾ views the following four moments of becoming as essentials, or principles of a child's psychic development:

- (i) the **biological** moment;
- (ii) the moment of **helplessness**;
- (iii) the moment of **safety and security** ("safe security");
- (iv) the moment of **exploration** (reconnoitering); **and emancipation** (becoming free).

The ways in which these moments are actualized amounts to the following:

(i) The **biological moment**: This principle is the driving force of life, in general, and is encountered on the vital level (However, see the moment of bodily lived experience). Thus, biological defects, deficiencies, deviations, or limitations (e.g., blindness, brain-damage, epilepsy) strike a child in his/her entire becoming and direct a strong and specific appeal to an adult for his/her supplementary help and support. Under this moment, Langeveld particularly understands a child's physical growth and development—his/her physical health, care, feeding, clothing, lodging. Although this is a biological given, it has extremely important implications for the pedagogical.

(ii) The **moment of helplessness**: Because of the extreme helplessness of a child, he/she is dependent on the help, support, and care by an adult, as educator. It is precisely this helplessness which makes educating necessary and directs an appeal to an educator to provide loving care. Thus, a child also experiences this helplessness as a need for loving care.

Biological shortcomings, poor emotional care, or inadequate physical care give rise to a child experiencing a stronger helplessness, since he/she then cannot "conquer" this moment of helplessness. An educator helps a child by supporting him/her to

accept and assimilate his/her biological deficiencies through sufficient loving physical care.

If a child does not receive this help and loving care, he/she remains stuck in the vital-pathic, and he/she becomes restrained in his/her development. If he/she does receive this help, he/she overcomes his/her helplessness. This gives him/her the impetus to flourish further, since he/she now has at his disposal sufficient safety, security, confidence, tranquility, and satisfaction, and he/she experiences no unnecessary tensions and anxieties.

(iii) The **moment of safety and security**: If a child is unable to overcome his/her helplessness, he/she feels him/herself to be so unsafe and insecure that he/she will not fully explore his/her world; he/she will not fully venture into his/her world. Thus, he/she will also lag in his/her total becoming. That is, a child must have a background of safety from which he/she can explore what is for him/her an unfamiliar and unsafe world, since his/her active going out to the world means for him/her that he/she exposes him/herself to the uncertain; i.e., he/she ventures, and he/she longs for a safe place to which he/she can return whenever he/she is threatened by helplessness and insecurity.

A safe child, thus, **ventures** because he/she **feels** safe, i.e., he/she must **be affectively ready** to participate in the world; a child who experiences safety goes out to his/her world to fully **explore** (reconnoiter) and discover it. Thus, the pathic provides a preformed field for exploration. In this exploration, he/she constitutes his/her own world and attributes his/her own sense and meaning to it and transforms it into his/her own unique lifeworld.

(iv) The **moments of exploration and emancipation**: A child's intentionality is reflected in this principle. If he/she is impaired in the above three moments, i.e., if he/she is **biologically** lacking, feels excessively **helpless** and **insecure**, his/her exploration of his/her world will stagnate, and this will restrain and derail him/her on his/her way to adulthood. Then he/she does not become **emancipated** to full-fledged adulthood and independence. Thus, the moment of emancipation is embedded in the moment of exploration, which implies that the educand [child] is someone who wants to be someone him/herself. This involves a child exploring his/her world and emancipating him/herself; thus, it is a matter of

self-actualizing and self-realization. Essentially, emancipating means setting free, or actualizing a child's potentialities.

The question which arises now is how can a child, in his/her helplessness, ventures out of his/her state of security to acquire all sorts of new experiences by which he/she creates the possibility of experiencing a state of insecurity again? As far as his/her safety and security are concerned, he/she always turns back to them because, in going out to the world, frustration and failure are possible. Why does he/she leave his/her safe place, expose him/herself to insecurity, and venture into the unfamiliar? The answer lies precisely in the moment of emancipation: a child is a being who **wants to be someone him/herself**.

In the following, it is indicated how the first three moments, i.e., the biological, helplessness and safety are predominantly lived experienced pathically by a child, although these **pathic** lived experiences also have a knowing side for him/her. On the other hand, the moments of exploration and emancipation are viewed as moments which, although affective, are predominantly lived experienced **gnostically**.

The biological moment, as a moment of bodily lived experiencing, clearly is a moment of vital-pathic lived experiencing. The lovingness, emotional richness, and emotional warmth, with which a child's care is paired, are lived experienced by him/her on a vital-pathic level. It is his/her **body** which is cared for, pampered, caressed, and coddled, and this is pleasing in a vital-pathic sense. A child's lived experience of helplessness also is a pathic lived experience. He/she **feels** helpless. He/she livedexperiences this (especially pathic) helplessness as a need for loving care and, thus, as an affective need for pathic support.

When these two moments are conquered, a child feels safe, secure, and certain (once again, an affective intention), and he/she is ready, especially in an emotional sense, to explore his/her world. Sonnekus calls this an affective readiness to participate. A child is affectively ready to intelligently explore, go out to and explore his/her world cognitively. Thus, his/her lived experience of a safe space is a pathic lived experience.

Now, when he/she explores his/her world, clearly there is a knowing directedness. Although an affective activity, his/her exploration of

the world is seen as a knowing or intellectual breaking through and, thus, is especially lived experienced gnostically. Also, his/her emancipation can be viewed in terms of becoming, always as an emancipation to a higher (gnostic) level of lived experiencing. Emancipation, as a setting free, and as a child's actualization of potentialities of lived experiencing, is a unitary pathic-gnostic event.

The "conquering" of the biological moment, and the moment of helplessness by feelings of safety and security, and by progressing to moments of exploration and emancipation, imply a distancing from pathic to gnostic moments of lived experiencing. In other words, this is a progression from a feeling way of lived experiencing (biological moment, moment of **feeling** helpless, moments of **feeling** safe and secure) to a knowing directedness (exploration as a **reconnoitering**, and emancipation, as a **knowing** on a continually higher gnostic level).

If the first two moments are not overcome, a child lived experiences a strong helplessness; he/she lived experiences him/herself as insecure and uncertain, as well as anxious and tense. This means pathic lived experiences which then **overflow** into his/her knowing directedness. He/she remains stuck on a vital-pathic level of lived experiencing, and his/her exploration and emancipation stagnate, along with his/her total psychic-spiritual becoming. The resulting phenomenon of infantilization indicates that his/her lived experiences appear too childlike (infantile) in comparison with the expected level of pathic lived experiencing for his/her age and, hence, there is infantile lived experiences.

The concept **infantile lived experience** indicates that he/she cannot make the leap from emotional lived experiencing to the gnostic, which he/she cannot distance him/herself from the pathic to the gnostic. Infantile lived experience, thus, indicates a pathic imprisonment, or a habitual pathic disposition from needless, excessive feelings of helplessness, insecurity, uncertainty, and anxiety.

As this study progresses, it will become clear what the implications of these moments of becoming are for the educative neglect of a child, as well as for the pedotherapeutic adjustment of the disturbed lived experience image of a child-in-distress.

6. Orthopedagogical foundation of pedotherapy

Orthopedagogics is the scientific domain at the foundation of pedotherapy. Pedotherapy is always orthopedagogics (re-educating, corrective educating).

Nel and Sonnekus⁽⁶⁸⁾ describe orthopedagogics as that aspect of pedagogics which tries to re-educate a child with somatic, psychic, or spiritual (or also somatic-psychic-spiritual) deviations by specialized, corrective pedagogical means, with the aim of reaching his/her attainable level of adulthood.

Vliegthart's⁽⁶⁹⁾ definition of orthopedagogics briefly amounts to the following: Orthopedagogics is the science whose object is to educate children with serious impediments in being educated.

Dumont⁽⁷⁰⁾ notes the following regarding orthopedagogics and therapy: The object of orthopedagogics is to educate aggressive, asocial, restrained, insecure, nervous, anxious, behaviorally disturbed, impulsive children. Before the existence of orthopedagogics, these children were treated from a psychotherapeutic perspective in the form of institutionalized care for children difficult to educate, which was strongly influenced by the existing psychotherapeutic schools so strongly that the foundations of practical work were influenced by this. This influence is even more strongly demonstrable where the concern for a child difficult to educate has directly initiated the therapeutic task.

"Thus, it seems that before orthopedagogics, a significant inventory of a great number of treatment models existed. Often, they made the background and medium of the practice of providing treatment explicit. At the same time, from an orthopedagogic standpoint, these treatment models should be carefully and critically studied: which of them offers a theory for educating an emotionally disturbed child? In the light of conceptions of therapy, often one model is chosen over orthopedagogics, sometimes because of the therapeutic school it expresses", writes Dumont.⁽⁷¹⁾

(In the present study, the author has tried to meet the demand stated here, that the existing models of treatment be carefully and critically investigated from an orthopedagogical, i.e., pedagogical, perspective).

Orthopedagogics is directed to a child's pedagogically **distressful situation**, and to his/her **disturbed lived experiences and behaviors** in their relation to this situation. It also aims at breaking through this distressful situation by "adjusting" a child's disturbed lived experiences and behaviors (through pedotherapy).

In the orthopedagogic field of work, which includes orthopedagogical theory and practice (diagnostics and giving help), three central categories are distinguished:

(i) The central category in **orthopedagogical theory** is **being-different**, i.e., a **lived experience of self as being-different***: Vliegthart⁽⁷²⁾ states that the being-different of all children found in the orthopedagogic field of work is a fundamental given. With these children, a lived experience of oneself as being different⁽⁷³⁾ is evident. The essence of this is a self-devaluation⁽⁷⁴⁾, a subjective lived experiencing of the deviation as something which makes one inferior to those around one.⁽⁷⁵⁾ These children are **different**, and this changes the educative situation; often the educators have difficulty being attuned to and understanding (the pedagogical meaning of) this "**difference**". These children lived experience **differently**. They lived experience themselves as **different**, their world as **different**, they show a **different** disposition, they attribute **different** meanings (psychopedagogical implication).⁽⁷⁶⁾ (However, in his/her distress, each child is **uniquely different**). Consequently, an orthopedagogue must especially direct him/herself to the lived experiences of these children. Indeed, help regarding the subjective lived experiences of the "different" child is the central task of an orthopedagogue, according to Vliegthart.⁽⁷⁷⁾

(ii) The central categories of **orthopedagogic diagnosis** are **disturbed lived experiencing and behaving**. In orthopedagogic diagnosis, the moments of a child's disturbed lived experiencing and behaving are explored and described.

(iii) The central category of orthopedagogic assistance (and, thus, pedotherapy) is **support to re-lived experiencing**: This means that the primary concern in **pedotherapy** is to **support a child to re-lived experiencing**, as a re-defining, in the sense of attributing new,

* **Being-different** is the fundamental pedagogic meaning of this category; **lived-experiencing of self as being-different** is the psychopedagogic meaning of this category.

different, desirable meanings to his/her own situation; it is "giving meaning based on positive lived experiences". (78)

The following are synonymous with this support to re-lived experiencing, which also is what essentially occurs in pedotherapy:

Educating to taking-a-distance (Vliegenthart);
breaking through the distressful situation;
acceptance and assimilation;
seeing with another eye (Lubbers);
taking a position (Sonnekus);
de-infantilizing;
symmorphosis (giving form/meaning together) (Lubbers);
assimilating a personally determined position (Lubbers);
attunement (Nel).

In connection with the concept "attunement", Nel's (79) description of pedotherapy is significant: Pedotherapy is the "use of specialized methods and techniques to bring the child to a correct psychic-spiritual **attunement**" (My emphasis).

With respect to child lived experiencing, the primary pedotherapeutic task is that of re-lived experiencing so that the pathic, gnostic, and normative moments necessary for his/her becoming can be actualized, so that unactualized lived experiential potentialities can be actualized, and so that deficient lived experiences can be supplemented.

Pedotherapy is re-educating and re-orienting; it is supporting and guiding to a re-attunement (80) and, thus, to a re-lived experiencing. This event includes a child's acceptance of him/herself, of his/her unique situation, of his/her unique lived experiences, a self-actualization, and a surpassing of him/herself. (81)

According to Joubert, (82) a child in an orthopedagogic situation must first lived experience reality differently, go forward in new ways, and then become different, or change--this is re-orientation. A child's attunement is of essential importance for his/her self-actualization. Hence, pedotherapeutic help must be directed to the re-orientation of his/her unique situation so he/she can arrive at a modified lived experiencing, and self-actualization. This includes an understanding of a child's experiential world and appealing to him/her to change and reinterpret it. This requires intervention in

the existing (lived experienced) reality, and transforming it into a different, positive, and more assimilable, and realizable reality. ⁽⁸³⁾

This experiential world modification is viewed here as re-lived experiencing: the lived experiencing of "new" sense and meaning of reality, or lived experiencing reality as new and different.

Orthopedagogic help is supporting and appealing to a child to positively and responsibly actualize his/her strongest potentialities ⁽⁸⁴⁾ --also potentialities of lived experiencing. A child "makes from his being-in-the-world a positive being in the ways of **living** and **lived experiencing**", according to Joubert. ⁽⁸⁵⁾

Moustakas ⁽⁸⁶⁾ calls this moment of re-lived experiencing (as moment of attributing and lived experiencing "new" sense and meaning) an **existential moment**. It is the moment of being-conscious (lived experiencing) and discovering (awareness and enlightenment) the moment of searching, struggling, choosing, convicting, yielding, resisting, entrusting, maintaining—thus, of actualizing potentialities. ⁽⁸⁷⁾ In this moment, a child discovers new meanings and values. ⁽⁸⁸⁾ It is a moment of self-discovering, self-actualizing, self-transforming, and self-unfolding ⁽⁸⁹⁾. Thus, in an orthopedagogic event, a child is required: "To begin to actualize his own special potentialities", according to Moustakas. ⁽⁹⁰⁾

Because a defensive attitude (Lubbers), as a way of lived experiencing, or as attunement, is unfavorable for a child's becoming, the concern here also is with a re-attunement or re-lived experiencing a child's defensive attitude. Demands and tasks which have been set too high or too early lead to conflict in a child, which then forces him/her into an entirely troublesome lifestyle and attitude toward life. He/she wants to escape his/her lived experienced situation of conflict and is driven to a defensive attitude as a way out of his/her need and distress. Then he/she chooses one of three possible directions of flight, each of which, intrinsically, is a primordial lived experience of a defensive attitude. Muller-Eckhard ⁽⁹¹⁾ calls them the three fundamental lived experiences of a defensive attitude:

- (i) a fleeing forward (aggression) [future];
- (ii) a fleeing into oneself (isolation) [present];
- (iii) a fleeing back (regression) [past].

Also, regarding this lived experience of a defensive attitude, he/she must be supported to a more favorable re-lived experiencing, because the above three ways of escaping restrain his/her becoming.

Thus, in pedotherapy the concern is with re-educating a child who deviates in his/her lived experiences and experiential world, i.e., by supporting and guiding him/her with the aim of actualizing the highest attainable level of pathic, gnostic, and normative lived experiencing.

Finally, a recent formulation by Vliegthart is presented here because it too is a foundation for a pedotherapeutic event. With respect to the educative situation in an orthopedagogic field of work (thus, also in the pedotherapeutic situation), for Legendary⁽⁹²⁾ this has to do with the removal of distorted educative "factors" by educative means, and he makes the following important statement: children who fall under educative care must be reached by educative means (deliberate, consciously planned, goal-directed educator activity) which arise in ordinary educating through educative factors (association, the factual milieu).

The author views pedotherapy as a means of educating. That is, pedotherapy is a more directed educating aimed at returning a child to his/her usual way of being educated.

What is attained with everyday educative "factors" must be brought about by educative means. This formulation by Vliegthart has the same ring as the following statement by Lubbers⁽⁹³⁾: Symmorphosis (giving form/meaning together) in daily life is comparable to that of image therapy. Image therapy (as methodically guided symmorphosis) is necessary if symmorphosis in daily life has failed.

These two statements simply amount to the following:

According to his/her own norms and values, an adult wants a child to attribute similar sense and meaning to reality*. He/she supports and leads a child to do this because it is through this giving sense and meaning that a child acquires a grasp of reality. Thus, in childhood, the acquisition of meaning is a matter of parents and

* Educating is always helping a child with meanings (Landman).

children together (Lubbers). In the usual, daily pedagogic situation, this symmorphosis (joint meaning) is actualized in the association (and encounter). When, because of an unfavorable educative situation, or defects and derailments of a child, this joint giving meaning fails, symmorphosis must occur in deliberately, consciously planned, goal-directed, methodically guided ways, i.e., as educative means, as pedotherapy. In other words, when a child's lived experiences in his/her original pedagogic situation are unfavorable for his/her becoming, he/she must be supported to re-lived experience in a pedotherapeutic situation. For example, if he/she no longer feels secure with his/her parents and, thus, his/her pedagogic situation signifies excessive anxiety, a professional (pedotherapist) is needed to rid him/her of his/her anxiety through symmorphosis. Because a pedotherapist also is a pedagogue, he/she knows what lived experiences are favorable for a child's becoming.

Both these statements have significance regarding what essentially is actualized in a pedotherapeutic event.

In the next chapter, a brief critical overview is given of the three main schools which are currently followed as therapeutic models of treatment, from the perspective of several pedagogical pronouncements, structures, categories, criteria, moments, principles, etc. to serve as foundations for designing an accountable pedotherapy. Also, some facets of a pedotherapeutic problematic are dealt with.

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