CHAPTER 6
THE HISTORICITY CONVERSATION

1. CONCEPTUAL CLARIFICATION

Understanding the child's experiential world involves determining **what** and **how** he/she has developed (become) from birth to the present. His/her **historicity** must be looked at, a concept which Nel defines as "the history of world relationships he has formed in the course of time".

In contrast to the past, as history of humanity, of nations, of cultures, and the arts and sciences, there is an individual's personal past in his/her course of becoming, which he/she cannot deny in the least, since he/she is "thrown" to a particular father and mother in a particular country and culture [which he/she has not chosen] (see 77, 26).

The relationships a child has built up in the past, co-determine his/her present, and continually refer to his/her future. To become adult requires him/her to continually present him/herself as past, present. and future and, thus, show him/herself as historicity (see 43, 7). According to Jaspers (see 41, 53), a person is historicity, as becoming in time, a being who unfolds him/herself in time. With reference to Bakker (7, 91-92), Kwant (115, 261 [in Dutch]) views a person as a "subject whose past is held onto, and which stretches to a future."

Essentially, historicity refers to the fact that a child has already actualized him/herself in the past, is actualizing him/herself in the present, and can actualize him/herself in the future (see also 258, 48-49). Heidegger (84) indicates that the past, present, and future, as forms of time, embrace each other, and are inextricably bound to each other for a person in his/her situation.

Phenomenologically, past also means historicity, i.e., the world relationships of a unique child, from which he/she cannot divorce him/herself. According to Heidegger (85, 6), a person's past is time actualized; and Hugenholtz (93, 59 [in Dutch]) understands by past

"the time incorporated into my being", and the past includes the totality of a child's experiencing, willful choosing, lived experiencing, etc. Hugenholtz says, "My past is the lived, the activities, the valued possessions of mine which I have become" (93, 59). Thus, the past does not speak for the time in which it occurred but in present personal actualizations; in other words, the past is what was as it now appears (77, 24). Van den Berg refers to this as the "presentative past" (272, 64). That which lies behind us, and that which lies before us, have real value because the present includes them (77, 26).

According to Heidegger (85, 6), a person's future is always approaching him/her and occurs in the present, after which it becomes historicity. He emphasizes self-actualization and being future directed, and refers to a **design** of the future, and to **self-actualization in time.** Thus, the future is what comes, as what now meets me, says Gouws (77, 26). Hence, to a large degree, the future is determined and colored by the past and present. Future also means **perspective, being-on-the-way to, being-directed-to, anticipating, moving forward, designing.** Thus, a child's present behaviors are continually co-defined by what he/she has experienced in the past, and what he/she aims for in the future. Linschoten (143, 245) refers to the fact that all present actions have a history [past], a time of unfolding, and a future horizon. Everything a person says and does is co-determined by the horizon of his/her personal history of world relationships (43, 8).

According to Heidegger (see 41, 73), a person always lives from the past to the future, and present designs are constituted out of the possibilities offered by his/her past.

Nel (76, 4) says that the present is defined by the past, but that the future also is defined by the present because the present is designed with an eye to the future. According to Van den Berg (268, 89), the present is an invitation from the future for one to become master of times which are past.

Essentially, historicity has to do with what is already actualized, what is being actualized, and what can be actualized; a person's historicity refers to actualizing his/her past, present, and future.

As one trying to understand the present meanings and world relationships of the child restrained in becoming adult, the

orthopedagogic evaluator must direct him/herself from his/her present to his/her past and future--both of which appear in the present as illuminating horizons.

In lieu of **historicity**, in the literature there also is reference to **anamnesis.** The word **anamnesis** is derived from the Greek **ana**, back + **mimnesko**, call to mind and, thus, it literally refers to **reminiscing** (see 77, 26; 215, 50, 598).

The historicity or anamnestic conversation is a verbal conversation carried on with other persons who are well acquainted with the child's historicity. Usually, this is carried on with other adults, such as parents, teachers, and doctors who can shed light on the child's educative situation and becoming adult. Especially the parents are involved, and, via the conversation, they enter an existential human relationship with the investigator.

2. CONDUCTING A HISTORICITY CONVERSATION

During the verbal conversation with the parents, the world relationships which the child has built up in the course of time are investigated. Conversations with persons other than the child him/herself are known as **hetero-historicity** or **hetero-anamnestic conversations.** However, when one carries on a historicity conversation with the child him/herself, it is called an **auto-historicity** or **auto-anamnestic conversation.**

2.1 The auto-anamnestic conversation

During the conversation with the child regarding his/her unique situation (see 282, 208), the orthopedagogic evaluator must ensure that there is a favorably prepared field, as a fundamental precondition for the investigation to progress (see 43, 41; 23, 445).

In chatting informally with a child, he/she should always feel accepted, even while there is indirect inquiry into his/her experiences of and meanings attributed to certain matters. The child must be the central speaker (see 282, 208-209) when not getting to the bottom of things, but be asked for information about his/her relationships with his/her family members, teachers, peers, after school activities, interests, dislikes, likes, etc.

The **problem** for which he/she has been brought to the orthopedagogue is kept **anonymous** and is not directly involved in the conversation. However, the impression should not be given to the child that he/she must answer a handful of questions. Evidence that the auto-historicity conversation **fails** is found when his/her participation is limited only to "yes" and "no" responses.

Gouws (77, 35) stresses the importance of a warm, cordial conversation. In this regard, he also refers to the meaning of a welcoming handshake, which attests to friendship, and love (see also 43, 41; 215, 598; 208, 431).

The "first look" is the beginning of the exploration of the orthopedagogic evaluator, and the restrained child, as conversational partners and the investigator must keep in mind that during the whole conversation, the child remains aware of his/her look. The nature of the investigator's look remains a co-determinant of the encounter and, for this reason, it should continually be evidence of "sympathy" (see 77, 36).

2.2 The hetero-historicity conversation

2.2.1 The conversational partners

Regarding a hetero-anamnestic conversation, the orthopedagogue deals especially with the help-seeking parents, and they venture with each other for the sake of their restrained child, and with the aim of rectifying the distressful situation.

The conversation should continually give evidence of mutual respect, trust, and acceptance between the conversational partners. Understanding the parents' and child's "problem" by the orthopedagogue and understanding by the parents that the orthopedagogue is going to ask questions which require frank and honest answers from them are necessary.

Here, a relationship of encounter also is a precondition for a successful conversation. This does not mean that at any moment the parent are forced to completely admit everything. The parent must know and feel that the investigator expects him/her to "open up", but that his/her dignity is never violated by attempting to unravel his/her deepest secrets (see 43, 34).

Because this conversation is mainly verbal, the orthopedagogue must continually account to him/herself for his/her use of language, and choice of words, and ensure that he/she remains understandable and accessible to his/her conversational partner, especially where the mother tongue is not the same.

There is a warning against an artificial, or excessive heartiness, and the conversation should be carried out in a natural, considerate, courteous, formal-professional, and interesting way (see 77, 27). The greeting should make the parents feel that the orthopedagogue shows a loving willingness to participate in the problematic educative situation within which they and their child are imprisoned. This loving interest is the best guarantee for a successful conversation.

The fact that this is a conversation where the "disturbed" world of the child is entered jointly, and because it is communicating with and sharing the child's experiential world, the conversation cannot take place merely in terms of a list of questions to be answered. Gouws (77, 27) says there is no place for a journalistic approach. Because an examining, inquisitive manner of questioning can easily be interpreted as merely prying, and evoke embarrassment, fantasies, and confabulations (77, 27), an authentic conversation must be carried on, and not merely a series of questions asked. The orthopedagogic evaluator also must know how to **listen,** and be attuned to understanding the messages embedded in expressions regarding sorrow, sadness, happiness, kindness, love, anger, hate, etc. However, the conversation can be "steered" by a **historicity form** (see section 2.3), which systematizes and organizes the most important aspects of the conversation.

As a participant in the historicity conversation, it is necessary that the evaluator is a schooled orthopedagogue, because he/she must **gradually** gauge the child's **inadequate** becoming adult in terms of orthopedagogic criteria. Also, the investigator must let him/herself be guided by his/her pedagogical intuition, but he/she must guard against his/her accepting his/her emotional knowing (intuition) leading him/her down an erroneous path (see 43, 34-35). Thus, he/she must have a critical attitude, and not merely accept everything, e.g., everything the parents might inform him/her of (see 215, 60; 77, 28; 43, 38), and especially, for example, if the mother easily bursts into tears and perhaps mentions that she should arrange to see a psychiatrist herself ... In addition, the

orthopedagogic evaluator always uses pedagogical observation as an aid, and all particulars must be noticed--especially, seemingly trivial matters cannot merely be ignored as meaningless.

2.2.2 The course of the conversation

Before beginning, the orthopedagogic evaluator obtains general **identifying** particulars, and finds out what the **problem** seems to be, and why the child is being referred to him/her.

Next, there are discussions about **the child's physical development,** because he/she must be viewed also as **corporeality** in his/her educative situation. It is determined whether there were any problems during his/her mother's pregnancy. His/her prenatal development is explored by inquiring, e.g., about whether his/her mother had any illnesses, and what her general health was; about the possible occurrence of German measles, viral infections, high blood pressure, toxemia, heart, or kidney disease, bleeding; about any medications taken, e.g., for headaches; about matters such as a threatening miscarriage, the use of antibiotics, x-rays taken. Here, it can be noted, for example, that of children born after a mother had German measles during pregnancy, 30% had cataracts, 50% were deaf, and 10% were mentally retarded.

In addition, it is inquired whether the birth took a normal course. How long was the birth? Was it "normal", or were instruments used, or perhaps was it a Cesarean? Anything unusual is questioned, e.g., the fact that the baby was born feet first, or with the umbilical cord around its neck, if the baby cried well; was oxygen administered, was a blood transfusion necessary? Was the baby perhaps premature?

Here it is mentioned that usually when a baby is born feet first, the birth is long and often there is an oxygen deficiency. Length of birth up to twenty-four hours can be considered normal, if there are no complications. For example, if the umbilical cord appears first, and the matter is not handled correctly, spasms can easily occur.

Also, what was the birth weight, and were there any possibilities of an inadequate supply of oxygen to the brain during and shortly after birth? The parents must be asked about the child's condition just after birth; was it perhaps a "blue" or "yellow" baby?

Details must be obtained about the child's feeding/eating during the first months of life, e.g., if he/she was fed by breast or bottle; if the child **sucked** well or if he/she could eat solid foods early. Were there any eating problems? Also, it is determined how his/her increase in weight progressed.

Then, there is an inquiry about the child's sleeping habits, if he/she was whinny, "well-behaved", active, or passive. It is also ascertained at what ages the milestones such as sitting, crawling, walking, and talking were reached. At six to eight months, the child should be able to crawl crosswise, i.e., the left leg and right arm, and the right leg and left arm are moved forward together in turn. At four to six months, he/she ought to be able to sit up, and at the age of approximately one year, he/she should be able to stand and walk. Regarding his/her bodily movements as such, it should be inquired whether he/she may have had a stooping posture, or have been clumsy, and whether his/her movements were coordinated.

Regarding **the child's language development,** the first authentic **word** is uttered at approximately twelve to fourteen months, and sentences appear at roughly two years. The parents should be questioned about the types of sentences used, whether they consist of nouns only, whether prepositions were used, etc. In addition, it must be asked whether a possible regression in language use occurred at any time. A thorough investigation of the child's language is important for obvious reasons. It has been found that a child with a hearing defect initially "gurgles" and "babbles", as does any other child, but that he/she stops doing this by twelve to fourteen months. Also, it has been found that a child who has problems **swallowing** may later show speech problems. In this connection, it is mentioned that the baby, for example, presses his/her tongue against the upper gums when he/she swallows. The possibility of respiratory problems should be checked, in addition to the possibility of breathing through the mouth, and inadequate motor development of the speech organs.

The parents should also be questioned about the child's speech as such, e.g., whether certain sounds like the "s" and "t" were omitted, and how "sensitive" he/she seems to be to environmental noise. Has he/she perhaps had to struggle with ear diseases? Is there perhaps of deafness in the family or of family members with speech or hearing problems? What amount of interaction or exposure was there to **language landscapes**? Was the baby perhaps so **well**

behaved that it was considered unnecessary to talk to or play with him/her? Did he/she have enough opportunities to hear language? Do persons outside the home readily understand what he/she says?

In particular, the parents should be questioned about **illnesses** the child may have had, and the orthopedagogic evaluator remains vigilant of possible indications of brain damage, symptoms of epilepsy, encephalitis, meningitis, etc. (see 216, 186).

Since excessive tension may be caused by diseases such as thyroid abnormalities, diabetes, incipient tuberculosis, hypertension, disturbances of the circulatory system, heart defects, blood diseases, and infections (see 216, 186), the inquiry must cover these possibilities. If any such diseases come to light, inquiry should be made of their duration and what the medical prognosis is.

Also, there is inquiry about whether there are family illnesses such as allergies and epilepsy, and about the possible presence of chronic family illnesses. In this connection, there must also be inquiry about whether he/she perhaps was inclined to put his/her clothes on wrongly, to hold books and pictures upside-down, and to forget what he/she had to go fetch or do.

In addition, it should not be forgotten to ask about his/her motor coordination, and movements, his/her body-image, and body knowledge (see 77, 33-34) and if perhaps there are bodily defects.

In particular, **the child's normative becoming** is also looked at, but especially in connection with exploring relationships of authority as such.

In a tactful way, it must be determined whether this is the parents' first marriage, and if the marital relationship is harmonious. If it is disharmonious. or if there is some form of family disruption, its nature and source should also be determined. In the case of divorce, the underlying reasons should be identified.

Furthermore, it must be determined how many brothers and sisters the child has, and if he/she is the oldest, middle, youngest, etc. child. It also is important to know what name his/her parents, siblings and friends call him/her. In this regard, a nickname is particularly significant in expressing the relationship between the name giver and the child.

In particular, the conversation is directed to exploring **the child's relationships** with his/her parents, siblings, friends, teachers, etc.; also with learning materials, the future, etc. This includes an exploration of his/her interpersonal relationships, attitudes in terms of behavior, trust or mistrust, love or hate, activity or passivity, friendliness or aggression, taking initiative or lacking purpose, laxness, feelings of safety, confidence, security, or his/her anxiety, distress, and uncertainty (see 43, 8; 26, 189).

Therefore, the investigator must guide the conversation in the direction of past educative events to explore and evaluate the pedagogically attained level in relationship to the pedagogically attainable level.

The quality of the actualization of the fundamental pedagogical structures must be explored penetratingly. To place the parents' educative approach in perspective, it is necessary that the orthopedagogic evaluator attain clarity from them about their own educative situations when they were children.

The parents should give a detailed account of the "problems" they may be experiencing with their child, and then there should be an exploration of incidents at home, in the child's play, in school, etc.

The exercise of authority should be investigated in the family and who the real person in authority is; whether there is agreement between the parents regarding the demands they pose; if they are inconsistent with respect to their demands, commands, expectations, actions, etc.; whether they are mutually honest in their relationship as parents as a result of a natural regard for each other, or whether perhaps there are signs of tension, distrust, quarrels, etc. It is determined whether obedience is demanded in terms of a sympathetic approach, or by compulsion, and what examples the father and mother themselves set regarding the sorts of expectations they have for their child.

Regarding the exercise of authority, there also is an exploration of possible spoiling or overprotection. Is too much expected of the child too soon, i.e., before there is adequate teaching or sufficient experience? A parent who spoils a child usually is the last one to become aware of it. It does not help to ask the parents if perhaps they spoil their child but, guided by intuition, they should be more

extensively questioned about this. Good-hearted permissiveness often is an attempt to keep the child dependent. It also should be determined to what extent the parents are able to go to the child's level of communication. Are their behaviors perhaps indicative of the attitude "Do as I say, and not as I do?" Are threats perhaps so excessive that the parents and child know that they cannot be carried out? Do the parents agree on the limits which are set? Does the mother perhaps try to be a "compensator" for the father's strictness? Are the control and management of the parents perhaps the result of a belief that the child **must not** make mistakes, fail, or waste time? Is everything that is expected of the child perhaps supervised excessively? Is he/she perhaps bombarded by excessive moralizing and prohibitions? Does he/she always clearly understand what is expected of him/her? Do the parents sometimes tell half-truths. or even lies? Is the child perhaps confused by rationalizations such as "Don't try to make things difficult", "But you must always give in", etc.? How about the use of punishment? Is the child sometimes **ignored**? This can be viewed as the worst and least just form of punishment. How does encouragement figure in? The question is if the child accepts the demands placed on him/her, and if his/her parents consider his/her level of becoming; does he/she show responsibility in accordance with his/her level of becoming, and how does this relates to his/her religious sense?

Exploring the quality of **the child's affective guidance** is of particular importance. It is best to begin with how the parents felt when they discovered that a little one was on the way, and to what degree he/she fulfilled their expectations regarding gender, appearance, troublesomeness, being planned for, etc., and how they now feel about his/her physical appearance with respect to beauty, ugliness, tallness, shortness, obesity, thinness, etc.

It should be determined whether his/her mother can feed her baby herself, and if she doesn't do so, what the reasons are.

Signs of possible affective neglect are looked for, such as rejection by the parents, excessively strong emotional ties with the child, ambivalent emotional relationships, etc.

The nature of the care of the child must be ascertained and, it must be gauged if it gives evidence of a space which provides safety and security. Stabilizing factors in the child's life should be identified.

In the case of an older child, it is important to find out whether he/she has his/her own bedroom, and place of study.

The affective relationships among the child and different family members must be explored thoroughly.

With respect to **the father,** it must be determined if the child is **unconditionally** accepted, and whether he/she **feels** and **knows** that he/she is accepted. Does he/she sometimes sit in his/her father's lap? What are the nature of the limits placed on him/her? What things do he/she and his/her father do together? Often, the father gives the assurance that he and his child do many things **together,** and on further investigation, this seems to be nothing more than merely being physically together. For example, if the father and the child regularly go watch rugby matches, and the child is busy behind the pavilion with other children kicking a ball around or spends most of the afternoon by the ice cream vendor, this is evidence that the father does not have a good understanding of what "doing things with a child" means.

It should be inquired whether the father and child sometimes talk alone with each other and if there is talk about things which are important to the child. It also is important to gauge how the father answers the child's questions. If the only topic of conversation is the child's school achievements or failures, and if these talks are always initiated by the father, it is at best evidence that father and child talk past each other.

A further question to be asked is whether the child is given a "free hand" to accept responsibility in accordance with his/her level of development and is given the opportunity to show that he/she is capable of handling it. It is often revealing to inquire about the specific achievements the father has praised, or given the child a pat on the back for, during the previous months. The degree to which opportunities are created for the child to identify with his/her father should be examined. Is a daughter perhaps "Daddy's good little girl" and who, in his eyes, can do nothing wrong?

The mother's relationship to the child especially must be thoroughly investigate, and this involves how she caresses, cares for, comforts, answers his/her questions, how much time they spend together, and what activities are done together; the nature of her demands regarding obedience and compliance must be ascertained,

as well as her handling of disobedience, bad manners, etc. In the case of the working mother, information is sought about the child's care during her absence.

What her own example is regarding behaviors she expects of her child, and if she is consistent regarding her requirements, demands, commands, and prohibitions; whether she perhaps accompanies him/her to and from school, transports him/her to and from extra-mural activities; whether she may be over-involving herself with him/her by meddling too much, overprotecting, over controlling (or not controlling enough), demanding too much, rejecting, etc. It should be determined whether the child perhaps is still sleeping with his/her mother, to what age she bathed, fed, and dressed him/her, and whether she is granting him/her the opportunity to experience some displeasure, and difficulties.

Also, it should be noted how the mother sees her child in comparison with other children, such as his/her brothers and sisters, cousins, and whether he/she perhaps is being **compared** unfavorably with them. Her attitude toward him/her as the eldest, youngest, or only child, as the only son among daughters, etc. also must be gauged.

The investigator must try to understand the mother, as a person, to be able to judge to some degree how she presents herself as an identification figure. Perhaps the child identifies him/herself with his/her mother's neurotic behaviors, e.g., her nervousness, vindictiveness, her excessive use of medications.

This exploration is especially directed to disclosing the affective development of the child, and the state of his/jer emotional life regarding stability, lability, or impulsivity, which are related to his/her **willingness** to explore, emancipate, distance, objectify, and differentiate him/herself (see 299, 83-115).

With reference to **the child him/herself**, inquiry should be made as to whether he/she exhibits symptoms such as nail-biting, asthma, enuresis, which can indicate anxiety, tension, and uncertainty. Also checked are any possible traumatic experiences he/she has had, and especially physical traumas, e.g., injury to body parts or **psychic** traumas. With reference to Erwin Straus, Lubbers emphasizes that trauma "means a 'transformation of the experiential world', and one incorrectly characterizes it in terms of the intensity of its effects.

The 'effect' is not a characteristic of the trauma, but is produced in the character which the person assumes as a **result of** the trauma" (150, 67), as is true for **all** lived experiences "which enter the person's world" (125, 98).

A trauma means that a child experiences some shockm which is of such a nature that it continues to persist with the same affective-emotional intensity. For example, a trauma can be based on a sudden shock-experience, such as the unexpected death of a loved one, or on a gradual shock-experience, such as the successive deaths of next of kin, the gradual loss of treasured possessions. The orthopedagogic evaluator must be intuitively attuned to detecting possible traumas.

Furthermore, the conversation must deal with the child's relationships with brothers, sisters, and other children, as well as the nature of his/her leisure activities, as seen by the parents. The question of toys should be investigated. Is he/she given the opportunity to make things, or is everything bought for him/her already assembled? Does he/she look after his/her toys? Does he/she prefer to play alone? Does he/she make friends with children his/her own age, or younger? Does he/she often play with friends? Are his/her friends allowed to come and play with him/her? When are they allowed to play?

Also, his/her **gnostic-cognitive guidance** must be explored. There is inquiry about possible indications of mental defects. Of particular importance here is the entire matter of the child's language development. There is inquiry into possible speech defects, such as stuttering, lisping, poor articulation. Looked into are whether the child asks questions, what kinds of questions he/she asks, and if they are answered adequately.

Regarding his gnostic-cognitive guidance, schooling has an important place, and it is important to gauge the parents' views of the child's relationships in his/her school situation. Hence, data must be obtained regarding his progress in school and the parents' expectations and support in this must be explored.

The following are questions which ought to figure in exploring the child's **readiness for school:**

Was he/she eager to go to school?

Was he/she already "reading" picture books?

Was he/she proud of his/her cognitive achievements, such as counting?

Was he/she able to concentrate for a reasonable length of time?

What responsibilities did he/she have at home?

Could he/she use a pair of scissors?

What chores could he/she carry out independently?

Could he/she wash and dress him/herself, and tie his/her shoes?

At what age was he/she toilet-trained?

How obedient was he/she?

Did he/ss/he know his/her name, surname, and address?

Did he/she have friends in the neighborhood?

Regarding **his/her school career** as such, concentration should be on things such as frequent changes of schools, if he/she has failed any grade, how he/she maintains him/herself regarding school work, friends, extra-mural activities; how he/she participates in the act of learning, and if he/she shows any particular uncertainties in this regard and, if so, whether this holds only for specific subjects, or across the whole spectrum of the learning event.

Moreover, his/her **willingness** to establish relationships as such, in the school situation must be thoroughly explored by, e.g., focusing on his/her relationships with teachers (especially liking or disliking specific ones, and conflicts with them).

Also discussed are the relationships between **the parents and the child's school.** Gauged are whether there is possible disharmony between them and particular teachers; their attitudes toward the teaching profession in general; whether they have sympathy with the school; whether perhaps relationships are initiated only by the school; whether they have a "dictatorial" attitude toward the school; whether they attend parent-teacher meetings, and what is discussed at them.

In addition, the parents' views of matters such as the following must be gauged:

How do they see their child in school: as shy, self-confident, reserved, docile, rebellious, etc.? Is he/she a class leader or not, and how do they feel about it. Does he/she identify with his/her

teachers? Is there perhaps mention of truancy, school phobia, or indications of an unwillingness to go to school?

The homework situation also must be thoroughly explored. Does he/she have homework? Does he/she perhaps deny having any? How faithfully and thoroughly does he/she do it? Does he/she have an appropriate place to study? Does he/she follow a study schedule? Regarding homework, what is the nature of his/her parents' help? What is their view of his/her achievements in relation to his/her potential? What are their future expectations for their child?

If possible, the child's teachers should be talked with, and the above can also serve as a guideline for this conversation.

By way of the historicity conversation(s), the orthopedagogic evaluator acquires a **provisional** indication of the meanings the restrained child has attributed to the educative contents. These results are continually evaluated in terms of **pedagogical criteria** and **educative norms*** to acquire a provisional indication of the child's pedagogically achieved and achievable levels of becoming adult.

From these data, the orthopedagogic evaluator establishes a provisional image of the restrained child's experiential world. This includes a summary of the state of his/her actualizing the forms and ways of becoming adult (especially regarding his meanings as inadequate personal meanings), **and** a summary of the educative guidance he/she is receiving (especially regarding its inadequacies).

In the **Historicity Form** provided below as an example, particular aspects are offered in an organized way which ought to be focused on during the conversation.

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* Pedagogic criteria refer to macro-structures such as trust and authority whereas educative norms refer to the quality of their implementation on a micro level such as rejection in the case of a relationship of trust and inconsistency in the case of authority. [Footnote added by G.Y.].

2.3 The Historicity Form

HISTORICITY IMAGE

1. General particulars

Last name and first names:
Name the child is called:
Date of birth:
Place of birth:
Date of investigation:
Age (years and months, e.g., 10:2):
School:
Name of principal:
Grade level:
Home address:
Telephone number:
Father: Initials:
Age:
Occupation:
Business address:
First marriage:
Mother: Initials
Age:
Occupation:
Business address:
First marriage:
Position of child in family (gender, name, age, school, grade level):
For example:
(F) Susan, 15:6, Academic H.S., 10th grade
(M) John, 12:7, Baywood Jr. H.S., 7th grade
(F) Anne, 6:4, Johnson elementary, 1st grade
Other members of the family:
Who has referred the child?:

2. Statement of the Problem

Reasons why the child is referred to the orthopedagogue:
When did the problem first become apparent?:
Any other investigations conducted:
Previous measures taken to deal with the problem:

3. Image of the Child's Becoming Adult

3.1 Physical development

Pregnancy: (mother's health, any medications, impending abortion, X-rays, German measles, etc.):

Birth: (duration, normal course, instruments, Cesarean section, position of the baby, problems with the supply of oxygen, RH-problems, "blue" or "yellow" baby, etc.)

Birth weight:

Breast-feeding up to (months):

Bottle-feeding up to (months):

Weight gain:

(Did the child **suck** well? When was he fed? On demand? At set times? At what age could he eat **solid** foods? Any problems with eating? Problems in learning to eat? Likes and dislikes of certain foods?)

Sleeping habits:

(Crying? Bedtime: early or late? Waking time: early or late? Sleeping disturbances: nightmares, etc.?)

Toilet training:

(Its nature. Early or late compared to other children in the family?)

When did the child begin to:

Sit:

Crawl (how?):

Walk:

Play development:

(Quantity, quality and level of play):

Discovery of language:

(When commenced? Opportunities to hear the language and see related contents? How much talking to self?

To what extent was the child addressed personally, and affectively?

Any speech abnormalities: stuttering, lisping, articulation? Do others understand what the child says?

Physical defects:

Illnesses:

Family illnesses:

Traumas:

Sensory perception: Vision:
Hearing:
Other:
Laterality: Hands:
Feet:
Eyes:
Ears:
Appearance: Posture:
Clothing:
Attractiveness:
Bodily forms: Excessively tall, short, fat, thin, etc., large or small hands, feet, ears, nose, hair, etc.:
Bodily movement: awkward, bent, etc.:

3.2 Affective becoming (development)

Helplessness:
Security:
Exploration:
Readiness to establish affective relationships:
With father:
With mother:
With other adults:
With other children:
With pets:
Self-assertive:
Withdrawing:
Guilt feelings:
Feelings of inadequacy:

3.3 Cognitive becoming

Opportunities for experiences:
Questions asked and answered:

3.4 Normative becoming

Independence (run errands, sense of duty, etc.):
Acceptance of authority:
Obedience:
Docility:
Responsibility:
Meaningfulness of own existence:

Self-evaluation and self-understanding:
Respect for human dignity:
Moral independence:
Identification with norms:
View of life:

3.5 Summary of the image of becoming

Affective: (Stable, labile, impulsive, uncertain, anxious, etc.):
Cognitive: (Ordered, disordered, chaotic, etc.):
Normative: (meaningful, meaningless, acts responsibly, etc.):

4. The Educative Event

4.1 Family relationships

4.1.1 Parent-child relationships Father-child Mother-child

(a) View of educative aim
(b) Opportunities for togetherness and encounter
(c) Acceptance and trust
(d) Understanding
(e) Authority
  Consistent
  Demands of obedience
  Intervention
  Agreement
  Periodic separation
(f) Activities (Is there being together meaningful?)
  Attributing meaning
  Exertion (effort)
  Normativity
  Venture
  Thankfulness
  Accountability
  Hope
  Design
  Respect
  Fulfillment
  Freedom

4.1.2 The child's relationships with other children

Acceptance:

Doing things together or being excluded:
Compared to other children regarding
Intelligence:
Appearance:
School achievements:
Manners:
Other achievements:

4.1.3 The child's relationships with other members of the family

(Grandparents, aunts, cousins, etc.):

4.2 School relationships

4.2.1 General

Age at school entry:
School readiness:

Learning historicity

Year	School	Class level	Grade

4.2.2 Learning problems

Reading:
Spelling:
Communication:
Sensory:
Other:

4.2.3 The meaning given to learning relationships

Parent-child relationships:
Teacher-child relationships:
Child-other children:
Child-learning task:
Child-homework assignments:

Child-extra-mural activities:

4.3 Other particulars

5. Provisional Image of the Child's Experiential World

5.1 Inadequate meanings (e.g., in terms of the aim structures)

5.2 Aspects of the psychic life under actualized

(a) Forms of actualization

Exploration:
Emancipation:
Distantiation:
Objectification:
Differentiation:

(b) Modes of actualization

Emotional life:
Intellectual (cognitive) life:
Volitional life:
Knowing life:
Behavioral life:

(c) Defective actualization [of the modes of learning]

Sensing: (e.g., anxiety, uncertainty, tension):
Attending: (e.g., fluctuating)
Perceiving: (e.g., inaccurate, sensory defects)
Thinking: (e.g., concrete-visual)
Imagining and fantasizing:
Remembering:

5.3 Inadequate educative guidance

Shortcomings in being-together and encountering:
Shortcomings in trust, understanding and authority:
Shortcomings in educative authority:
Shortcomings in educative activities:

Distorted meanings:

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ORTHOPEDAGOGUE

Once again it should be emphasized that the acquired historicity image is only a **provisional** image of the child's experiential world and, as such, only provides a meaningful **guideline** if confirmed or refuted by further research.