

## CHAPTER III

### THE THEORETICAL FOUNDATION OF PEDOTHERAPY

“Ideas do not rise one time as  
do mushrooms ... In our  
supposed originality we  
continually think and  
rethink the ideas of  
our predecessors.”

- C. K. Oberholzer

#### 1. INTRODUCTION

From an exploration of the prevailing practice of providing help to the deviating child in the R. S. A. (see Chapter II), the fact is that all instances of help given to such children also provide help to their educators. As a rule, the primary educators (i.e., the parents) are involved in acts of providing help, but very often school educators (teachers) also are, when it seems to be necessary. Practice shows that child problems cannot be managed outside a situation of educating.

All children are always in educative situations, simply because they are children. To be a child is to be education-situated. While a child is so situated, he/she [can] deviate from the usual course of becoming. Thus, this deviating does not arise and appear outside a situation of educating. The different course of becoming of a child who deviates from what is expected, influences all his/her relationships, and particularly his/her relationships with those adults who are responsible for him/her. The most important single human relationship a child is involved in is with his/her parents, i.e., the educative relationship. Thus, all help for a child implies help for a child-in-education.

Educating is a precondition for a child evolving to adulthood (thus, becoming). Inadequate educating has inadequate becoming as a result. Failures in educating produce child deviating. In his/her

deviating, a child shows the symptoms of the unsuccessful event of educating in which he/she and his/her parents are involved.

In simple language, therapy for a child, then, is help with his/her educating. It also can be called educative enrichment and/or adjustive educating.

Therapy, as adjustive educating, arises where, indeed, educating has progressed, but its results are inadequate, and the child gives sense and meaning to his/her world in disturbed, unacceptable ways. Giving meaning to his/her world on a continually higher level of becoming is related to the educative content introduced when a parent teaches his/her child. Educating is help with giving meaning (Landman); adjustive educating, then, is help with re-signifying. Where a piece of life reality is already invested with meaning by a child, but the meaning given is pedagogically unacceptable, therapeutic intervention includes a re-confrontation with the educative content involved, so the child arrives at giving it adequate meaning.

However, the educative result is not always erroneous or skewed. Often, the meanings a child gives to the educative content fall within the limits of the acceptable, but are so attenuated and qualitatively impoverished that they fall short of what he/she could have attained. In this case, therapy also involves a re-confrontation with the educative content. However, now the aim is not to support a child in giving meaning to new educative content but to give new meaning to already existing content. Hence, the outcomes point to an enriched giving meaning. Hence, therapy then goes beyond ordinary parental educating and is described as educative enrichment.

With respect to re-educating, the therapeutic aim is to change the meaning of those interconnected residues in a child's possessed experience which have a restraining influence on his/her becoming adult, such that the restraints are overcome and his/her personal actualization can be brought into line with his/her potential.

Concerning therapy as educative enrichment, the therapeutic aim is to expand the attenuated and qualitatively impoverished possessed

experience which serves as communication-content between educators and child, such that his/her tempo of becoming is accelerated, and he/she can reach that level where he/she again can benefit from ordinary educating.

Experience shows that these two forms of therapy do not necessarily progress separately. Often, both are distinguished in a therapeutic intervention on behalf of an individual child.

This rendering of specialized help to a child is to be distinguished from the help given to the parents. Both receive help to enable them to use their personal potentialities more adequately. In both cases, there is distress in actualizing their psychic life. However, there are essential differences between the psychic life of a child and that of an adult. Thus, it does not suffice merely to provide psychic help of the same nature to the adult and the child. Psychotherapeutic techniques are designed to eliminate the psychic distress of adults and cannot simply be applied to a child with the mistaken belief that they also will satisfy his/her needs. Such a procedure denies the child-being of a child, and reduces him/her to the level of a miniature adult. As a result of this, psychotherapy with children is not at all acceptable. A child is a distinctive being who has much in common with an adult, but also differs to such an extent that a unique designation is justified for a child. The help given to him/her in his/her distress must then also consider these differences. Therefore, it also carries its own stamp and calls for a distinguishable name. From this point on, in the present study, providing help to a child experiencing distress in his/her becoming is referred to as *pedotherapy*, by which the distinctiveness of the child, as well as the distinctiveness of the help for him/her as a person inadequately becoming adult are emphasized.

Before going further into the theory at the foundation of pedotherapy, the matter of the unique nature of being a child deserves closer attention.

## 2. CHILD ANTHROPOLOGICAL• GROUNDING

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\* "Anthropological" refers to philosophical anthropology--GDY

## 2.1 Introduction

In 1922, in his foreword to Rousseau's "Emile", J. H. Huijts writes, "One does not understand childhood". Thanks to the pioneering work of M. J. Langeveld, in the Netherlands, and C. K. Oberholzer, in South Africa, this deficit has more than been made up. Pretorius (1972), and Van Niekerk (1976) give a concise overview of the anthropology, which nowadays is generally accepted by pedagogues and which, by implication, has relevance for all educative help.

It is beyond the scope of this study to arrive at a comprehensive explication of the essential nature of being-a-child, or of the connections between child anthropology and educational doctrine. This has already been written about by S. G. Roos (1972). The aim of the present study is to explicate a few of these aspects or moments of being-a-child, which have specific relevance for pedotherapy and for providing orthopedagogic assistance.

## 2.2 Being-a-child implies a being-who-is-becoming-adult

Oberholzer (1968) has indicated that no person is born an adult, i.e., morally independent. Thus, a child is to be distinguished from an adult in that he/she is not yet morally independent but has the potentiality to *become* so. Hence, whoever involves him/herself with a child-on-the-way-to-adulthood, i.e., a child-in-becoming, must consider this fact of being a child. Therapy with a child can genuinely claim to be *pedotherapy* only if the therapist recognizes that a child is still not morally independent. Thus, he/she cannot him/herself vouch for his/her decisions and choices which have moral implications. Whoever demands this from him/her misunderstands his/her being-a-child and oversteps and misuses the child's trust. Whoever accommodates a child in therapy, must be prepared to sponsor him/her in the therapeutic event.

A therapist who restrains him/herself from this sponsoring the child left to him/her in trust to turn his/her life around, in doing so, does not realize his/her own adulthood. A therapist, as adult, is morally independent and, thus, ought to be able to accept responsibility for the becoming of this child in whose life he/she intervenes.

Acceptance of responsibility and accountability are recognized as essences of full-fledged adulthood (Landman, 1972; Frankl, 1976, and Kruger, 1972). Whoever avoids this in his/her intervening with a child, as occurs during non-directive therapy, misunderstands his/her own adulthood and misuses the childness of the person he/she pretends to be helpful to.

Thus, pedotherapy can only progress between a full-fledged adult who is prepared to join in providing help, and a child he/she views as a child, and who he/she is ready to sponsor during the intervention.

This is not to say that the therapist replaces the parents or alienates them from their responsibility; on the contrary, the therapist's help is supplementary to parental educating and, thus, is to be distinguished from it. Pedotherapy can only be fully realized when parent(s) and child are jointly involved in the rendering of orthopedagogic help. (See section 4 of this chapter).

A child has the potentiality at his/her disposal to become morally independent. He/she ought to increasingly realize this potentiality until he/she optimally actualizes it as a full-fledged adult. Whoever deprives him/her, during his/her childhood, of the opportunity, from within a safe and secure situation, to gradually increase practicing what one day he/she will do independently, deprives him/her of his/her personal potentialities. Thus, as a child, he/she is entitled to an opportunity to gradually enter adulthood, also during pedotherapy. Indeed, a pedotherapeutic situation is not foreign to life. Usually, it is an adult that a child in distress turns to for help so he/she can again properly continue on his/her way to adulthood. Pedotherapy is help in becoming given to the stuck child in whose case parental educative help no longer seems to be adequate.

In a pedotherapeutic situation, a child, as a becoming person, must be given an opportunity to make choices and assume responsibility. Thus, a pedotherapist dare not be authoritarian. He/she can direct, instruct, explain, and anticipate, but he/she must never prescribe.

As a person, a child possesses the possibility of choice. He/she is not plaything in the hands of his/her educators or a therapist. As a conversational partner, he/she has freedom to actualize his/her willing. Carl Rogers (1969) sees freedom in the same light as Frankl (1978), i.e., that, amidst things which can't be changed, a person still has the choice of deciding on his/her attitude. Rogers (1969) explains that freedom of choice is one of the foundations for change. The therapeutic event is attuned to change. Also, a pedotherapist dares not misunderstand this possibility of choice of a child by deciding on his/her behalf.

Robert Edgerton (1970) indicates that a person and, indeed, a child, will conform, but at the same time, will allow his/her individuality to appear. This is an apparent discord. Often, self-importance collides with group-importance. It is the task of each pedotherapist to support the child in being obedient to his/her parents' demands without violating his/her own individuality. A child needs acceptance. He/she seeks cognitive praise and affective assurance. To obtain this, he/she is prepared to make sacrifices. However, a child is not malleable like metal. He/she cannot be forced in the desired direction with the blows of a hammer. Hence, a pedotherapist must provide security by indicating firm limits as beacons, but with optimal maneuverability with respect to his /her wanting to be someone him/herself.

With this, a second pronouncement by Oberholzer is considered briefly.

### **2.3 A child is the educator's conversational partner**

As a child, he/she directs him/herself in primordial trust to his/her educators. He/she lends him/herself to educating. This is a fact which places great responsibility on that adult who shares a little piece of life's path with him/her. In intervening with a child and providing orthopedagogic help to the parents, a pedotherapist continually holds this fact in view.

As a person, a child is a subject and he/she dares not be made into an object. In everything done on his/her behalf, he/she is consulted as a fellow traveler. Also, this matter ought to be progressively

realized as a child's becoming flourishes. The older a child becomes, the greater his/her role is as a conversational partner. A child is never an object which can be manipulated. A pedotherapist refrains from using conditioning and behavior modification techniques directed to making a child more easily "manageable" according to his/her educators, irrespective of the child's own becoming adult. A pedotherapist serves him/herself well with techniques which aim at habit forming, where such behaviors are invested with positive meaning by him/herself, the parents, and the child, and are highly valued normatively. All changes brought about by pedotherapy have a child's becoming adult as aim.

## **2.4 A child yearns for security**

Oberholzer (1966) explains that no child has applied to be here, but now that he/she is here, he/she asks for acceptance, not as he/she is but as he/she ought to be. With this, he/she indicates that a child is not left to the mercy of his/her innate dispositions and environmental factors. He/she is no "Soseinmussen" [must be a certain way]. He/she has the potentiality to exceed his/her [seeming] inevitabilities because he/she is "Anderswerden-können" [can become different] because of his/her "Anderswerden-sollen" [should become different]. It is this idea of propriety which elevates being human to being a person.

A child increasingly shows this idea of propriety and looks up to those adults who intervene with him/her to support him/her to acquire what is proper. A pedotherapist regards a child as a worthy human being, and, during the therapy, does not allow the child to behave in such a way that he/she damages him/herself by misusing freedom. Leuschner (1961, p. 90) says, in this connection, "Deep in his being an adolescent expects a recognized order without which ultimately there can be no freedom". Also, in associating with a child, the pedotherapist must not gloss over this order for him/her. For each pedotherapist and child, as co-involved, it is a mortifying experience when a child impairs his/her own dignity by overstepping the limits of propriety.

In his pronouncement, Oberholzer discloses an essence of being a child, i.e., his/her profound dependence on security on his/her path

of becoming. Without a sponsor, i.e., someone who vouches for him/her, who accepts responsibility for him/her, he/she is at the mercy of his/her own not-yet-adulthood. “He will accept this acceptance which accepts him, and gives him an intuitive certainty that his presence is not a nuisance but satisfies his deepest yearning, i.e., safety and emotional security. ... Whoever offers him the desired security, he will venture into the future with it knowing that he does not stand alone.” (Oberholzer, 1966, p. 101). Herein lie the preconditions for pedotherapy. It is one of the wonders of Creation before which a person stands with humility and wonder. In his/her distress, a child directs him/herself in openness, trust, and expectation to those adults who show regard and acceptance for him/her as a person. He/she unconditionally and without guarantees puts him/herself in the hands of a fellow person. Because this is so, one person can help another, and the adult dare not leave the exposed child to his/her own fate.

Pedotherapy not only implies accepting responsibility by an adult, but also offering security and, first and foremost, emotional security. The course of therapy is not always a calming, reassuring event. At all times, it is an event in which a child is assured of emotional security or affective assurance. A pedotherapist intervenes, sets limits, directs, and controls the tempo and intensity of the event to ensure a safe passage for the child.

## **2.5 A child is an existing person**

“Person is an ontological magnitude with an I as self-conscious, activating core, and by which existence, transcendence, freedom, and potentiality for change are integrated.” (Oberholzer, 1957, pp. 53-54 [in Afrikaans]). With this, Oberholzer discloses some essential characteristics of being a person and, thus, being a child. However, a child takes up his/her personal potentialities in different ways than an adult.

In his/her pursuit of existence, transcendence, freedom, responsibility, and potentiality for change, he/she shows that, as a child, he/she is clearly a playing in the world. Following Schiller and Froebel, Noordam (1969, p. 17) indicates that playing is a necessary way of being a child. A child is a player – with words,



with things, with persons. Child play shows a rich diversity and progresses in a variety of ways on distinguishable levels. Child play is a medium used by a pedotherapist to penetrate the child's world. In addition, it is a medium for carrying on a dialogue to support a child in enriching and expanding his/her attribution of meaning. In playing, he/she shows his/her potentiality for change, he/she establishes a world and gives form to the meanings he/she attributes to him/herself, fellow persons, things, and God.

It is the task and duty of a pedotherapist to support a child to expand his/her life horizons, to establish a world which is habitable for him/her, and in which he/she can flourish as a person. This is especially true of the meaning a child gives to him/herself. Ungersma (1961, p. 12) says that anyone who looks at a person with an open mind finds "a prominent source of human suffering in the forfeiture of the self, or the flight of the self from the self." Misunderstanding the self is an event which is observed only in humans. It awakens anxiety. Langeveld (1967, p. 87 [in Dutch]) says, "Only man and his child know this anxiety that arises in a world that he has shaped himself". Un-neutralized anxiety, indeed, is a restraining moment for becoming (Van Niekerk, 1976, pp. 125-126 [in Afrikaans]). In a sphere of anxiety, a child cannot blossom into that person he/she ought to be. His/her flourishing to adulthood is kept in check. The tempo of becoming is slowed and can even stagnate. A handicapped becoming arises. It is the task of pedotherapy to remove these moments of restrained becoming so that the gap [in becoming] can be eliminated and the child, once again, can actualize his/her full personal potentialities.

With respect to the world a child establishes by virtue of his/her potentialities for change, Galdston (1971) distinguishes the following:

- *Eigenwelt*: those matters to which he/she gives meaning in unique, personal, subjective ways. It is the world of his/her personal attribution of meaning, his/her experiential world.
- *Mitwelt*: those matters whose sense and meanings he/she shares with fellow persons.
- *Umwelt*: the total surrounding physical reality which, as a person, he/she can experience.

By means of play, a child makes the meanings he/she attributes to his/her world concrete. Thanks to Freud (Jones, 1949) and his followers Klein (1963) and Von Staabs (1971), a pedotherapist knows that a child handles symbols when, in his/her play, he/she discloses his/her world. Via these symbols, an adult can come forward to meet the child there where he/she is.

Only a human being has the potentiality to change [transform]. He/she continually gives sense and meaning to his/her world. This *Eigenwelt*, which a child creates out of the *Umwelt*, is filled with concrete and abstract content. The things from a child's world, in their formlessness, are only saved from oblivion the moment they are named in language or concretized or represented in play. Alongside language, play is the way in which a pedotherapist can make a bridge from a child's *Eigenwelt* to a *Mitwelt*, which together can make habitable.

## **2.6 A child as person is totality-in-function**

A child is totality-in-function-in-communication-with-his/her-world (Sonnekus, Chapter I, 1973). Thus, a pedotherapist concerns him/herself with a child as a totality, and does not direct his/her giving help to a few defective "functions". He/she recognizes that child and world are an inseparable unity. The stuck child shows him/herself as a totality in his/her difficult situation in his/her communicating with his/her world. His/her giving meaning is read from the ways in which he/she functions. Similarly, it is only from his/her behaviors or ways of going-into-function from which it is read whether the distressful situation is eliminated. A pedotherapist does not fail to appreciate that a child manifests his/her psychic life; he/she reads this from his/her behaviors. This also is so in the case of the physical and mental dimensions of being human. However, because he/she is complex and unfathomable, a child is never completely knowable, and the pedotherapist can only direct him/herself to those attributes (i.e., his/her behaviors) through which a child discloses him/herself to his/her fellow persons. Irrespective of the criteria a pedotherapist uses to evaluate a child's distress and to judge the degree of success of the

intervention in eliminating it, the child's behavior is and remains the only visible manifestation of his/her personal actualization.

### **3. THE NECESSITY FOR A CRITERIAL STRUCTURE**

#### **3.1 Introduction**

In Chapter I, it is shown that there is a diversity of prevailing views about the essence and nature of deviant behavior in children. Just as diverse are the views of originative factors and, related to this, the intervention required to remedy the predicament. (See Chapter II).

If there is a search for symptoms a deviant child shows, it appears that, more often, they are vaguely described as emotional and/or behavioral problems. Clear criteria for identifying deviant behavior are missing. The diagnosis or determination of the nature, as well as the extent of the deviancy, also are vague. In practice, many child experts help themselves to arbitrary criteria. There is even confusion about whether a specific child is deviant or not.

Secondly, missing are criteria by which a realistic aim can be delimited for providing help. If there is no agreement about what deviant behavior is, it follows that the aim of eliminating it also will be a matter of differing opinions. Practice shows that the desires of the parents about the matter very often are used as criteria. When the parents feel satisfied that there has been improvement in their difficulties with their child, the therapy is seen as finished. By doing this, a therapist distances him/herself from taking his/her own responsibility for the child's becoming adult. The peace of mind of the parents is his/her exclusive interest. Such a practice is objectionable and amounts to manipulating the child for the benefit of the parents.

Thirdly, missing are criteria for evaluating the degree of success of the therapy. The necessity for follow-up contact, and evaluation with specific criteria, is recognized everywhere (Skuy, 1975; Bergin and Strupp, 1972). Although especially Skuy, in R. S. A., has done penetrating study of the didactic problems of children with intellectual deviations, there still is a need for criteria for evaluating

children with problems other than intellectual handicaps. With respect to adults, i.e., morally independent persons who no longer are involved in being educated, this matter also is closely studied (Hattingh, 1973). Given the profound difference between child and adult, the results of this study cannot merely be accepted by the pedotherapist.

The establishment of a set of criteria for evaluating child deviance and the success of the help provided is a pressing matter. Until an answer is given to this matter, all further reflection on therapy with children will be haphazard.

### **3.2 The event of educating and designing criteria**

An eclectic approach to designing criteria by which the state of child becoming can be evaluated before and after therapy, at best, can lead to fortuitous success.

To not do violence to the totality of a child-in-function-with-his/her-world, a therapist is compelled to make sure that he/she is not only aware of the findings of those areas of science involved with one facet of child being. It is indisputable that a child manifests his/her psychic life; also, there is the fact of his/her physical existence, his/her co-existentiality, and his/her enmeshment in an ecological system, to mention only a few facets. However, to make one of these matters of child being absolute is to oversimplify the phenomenon "child," which suddenly narrows any incidence of providing help to one or a few aspects of child being. In this way, the coherence and mutual interactions of the various facets of being a child are ignored or disregarded in the helping. A child in our midst is a multidimensional, complicated being who never makes him/herself completely knowable. Amidst his/her complexity, he/she remains a mystery, and does not allow him/herself to be reduced to an object of study within a few areas of science.

Whoever wants to come to the aid of a child-as-a-person, and of an impeded child-as-a-person, it is necessary for him/her to implement the insights of those areas of science occupied with the becoming adult of a child in the lifeworld.

There is one autonomous science which is exclusively involved with studying the event which plays itself out from being a helpless newborn human child to being a full-fledged adult. This science is pedagogics. "Pedagogical scientific judgments (thus pedagogically directed judgments) then are grounded in the universal reality of educating itself. Hence, it is not the result of a dogmatism, but it is ontically-ontologically founded, because it springs from the universal reality of educating itself" (Landman, 1971, p. 98).

The complexity and scope of the phenomenon of becoming adult has obligated scientists to establish part-perspectives (Van Zyl, 1979), each of which closely studies a specific facet or moment of the total event (Van Niekerk, 1979). Of the various part-disciplines of pedagogics, it is orthopedagogics which has problematic educating as its area of study (Van Niekerk, 1976, pp. 62-67). Problematic educating is those educative events which have progressed so inadequately that a child, under the accompaniment of an adult, shows a handicap in becoming.

Orthopedagogic theory studies the fact of becoming gone wrong, and tries to disclose how it is possible that child deviancy arises from inadequately becoming adult. Orthopedagogic practice is involved with determining the nature and scope of deviant becoming (orthopedagogic diagnostics) and eliminating the handicap in becoming (parental accompaniment and pedotherapy). In its search for an accountable way of giving help to a child and his/her parents who have become co-involved in a problematic situation of educating, it serves the orthopedagogue to check on the structures of educating disclosed by the other pedagogical part-disciplines, via macro-analyses. From a convergence of such knowledge, he/she then can arrive at a micro-analysis of the situation of this unique child. It is only within the focus of existing pedagogical knowledge regarding educating that he/she can recognize inadequacies. The result of such an exploration is to disclose the factors restraining educating, and to judge the current state of becoming, gauged by those pedagogical criteria established by the various part-disciplines.

In his/her diagnostic work, it is well that an orthopedagogue distinguish between those factors restraining educating which can

and cannot be eliminated. In this exploration of eliminable possibilities, it is necessary for the orthopedagogue to be aware of the findings of the various medical specialties, social workers, theologian, and others who have specific knowledge about the problem area. Then, it is the task of the orthopedagogue to coordinate these findings and implicate them in a program of providing help directed to educators and child such that:

- the impeding factors can be eliminated as far as possible,
- the child's becoming can be accelerated and the handicap eliminate, and
- the parents are instructed so that regular educating again can take its course.

The provision of help discussed above, which has a bearing on the child, is to give orthopedagogic help as pedotherapy.

#### **4. THE PEDAGOGICAL NATURE OF PARENTAL ACCOMPANIMENT**

From the above, it also seems that the impeded, derailed child continually is a child-in-education. A child and his//her educators are co-involved in the child's distressful situation. Because all educating (and, thus, failures in educating) can only be realized from a specific relationship between adult and child, it follows that both are co-involved in providing help.

The help a therapist provides the parents, essentially, is instruction in parenting. Not only is it expected that a parent also helps in eliminating the present difficult situation, but to proceed independently in the future as an adequate parent. A therapist offers the parent help and training in his/her educative task. Parental accompaniment is help with educating [his/her child].

Parental accompaniment dares not become a superficial giving of tips, and advice regarding a particular situation. Irrespective of how valuable and comforting such "help" is during the distress, it does not give the parents insight into the essentials of the event of educating as a totality. Thus, they are not equipped with insight which enables them to confidently venture in the future with their

child. Educative advice which is not anchored in pedagogical knowledge, at best, is a temporary measure of help which spring from the haphazard knowledge of the advisor. The content of parental accompaniment is a pedagogical matter.

Thus, a therapist must be thoroughly grounded in the pedagogical and apprise him/herself of the essential nature of educating, adulthood, and becoming adult. The part-sciences which have these matters as areas of study are fundamental pedagogics, psychopedagogics, and didactic pedagogics.

When this involves one adult purposefully teaching another adult specific educational content, in essence, this is a didactic [andragogic] matter. Hence, a parental accompanier must be well grounded didactically, as well as pedagogically.

It is generally accepted that parental accompaniment is a task for an educationist, but when it involves help for a child, i.e., pedotherapy, there are many differences of opinion about whether such help is essentially educative help. In the following, this matter is looked at more closely.

## **5. PEDOTHERAPY AS PROVIDING PEDAGOGICAL HELP**

### **5.1 Introduction**

With reference to the insight and pronouncements of the well-known Carl Rogers (1951, 1965) that a therapeutic event is a teaching event has placed the relationship between therapy and teaching even more in the spotlight. In January 1968, a symposium on the connection between teaching and therapy, with specific reference to the place of teaching in the therapeutic event, was held in London. The results are contained in a publication edited by Porter (1968). Kubie (1968, p. 224) says in a paper he had delivered during the symposium, "The idea that illness is due to mal-education and, consequently, that good education will prevent or correct illness rests on a series of hopeful misconceptions. How can we educate somebody out of illness when we do not really know how to educate at all?"

Roger's work, *Freedom to learn*, appeared in 1968 in which he shows beyond all doubt that there is a correspondence between a therapeutic and an educative event. However, he fails to disclose either the therapeutic or the educative event in their essences. Hence, since insight, such as what this work might seem to provide [is absent], it cannot claim to be a grounded explanation of this phenomenon.

To determine if a pedotherapeutic event is an educative event, i.e., if orthopedagogics has a task regarding a deviant child, a comparison is made of these two forms of providing help as they occur in the lifeworld.

Thanks to the thinking of researchers, such as Landman (1977), Roos (1975), Kilian (1974), Viljoen (1971), Sonnekus (1973), Ferreira (1973), Van Niekerk (1971), Van der Stoep (1972), Louw (1976), and Van Dyk (1969), great progress has already been made in disclosing the event of educating in its essences. It is now possible to indicate, with a reasonable degree of clarity, what educating, in its essential nature, is. Then, these essences will be applied as categories to illuminate the therapeutic event, determine if the same essences also figure in it, and if so, how they appear. Finally, then, a judgment can be made regarding the problem of whether pedotherapy is educative help or, in fact, is help of a nature distinctive from it.

## **5.2 The appearance of essences of educating from a fundamental pedagogical perspective**

### *5.2.1 Introduction*

Four structures emerge in the event of educating, i.e., the pedagogical relationship, sequence, activity, and aim structures. Each of these structures is particularized and reduced to essences (Landman, 1977). A brief explication of these findings suffices.

### *5.2.2 The pedagogical relationship structures*

#### *5.2.2.1 Understanding*



A precondition for educating is the undeniable fact that there should be a mutual understanding between adult and child. This means an educator should have an understanding of a child's not-yet-being adult, knowledge and understanding of his/her uniqueness, knowledge and appreciation of his/her potentialities. An adult also must understand the quality of a child's becoming, and his/her possibility of fulfilling demands of propriety.

However, it is not sufficient that an educator has this understanding because a child must experience this. In addition, it is essential that a child knows and understands that the educator means well by him/her. This is only possible when the adult makes him/herself known to the child in his/her personal being.

#### *5.2.2.2 Trust*

The relationship of trust, as a foundation of the event of educating, is characterized by respect for the child's dignity, openness for each other, being with each other in trust, respect for his/her uniqueness, acceptance, a sincere fondness for each other, an openness for each other, fairness and faith in the good intentions of the other. "It is the realization of a relationship of trust which makes a child ready to venture along with, as well as away from an adult." (Pretorius, 1972, p. 28).

#### *5.2.2.3 Authority*

Educating is characterized by an adult responsibly maintaining authority toward a child and the child accepting it in obedience. Thus, there are demands of propriety which both adult and child must meet. The adult exemplifies acceptable norms in such a way that they can be signified by the child as meaningful and be emulated. The adult also takes responsibility for the norm emulation of the child in his/her care. This is only possible when he/she understands the child and there is mutual trust between them.

#### *5.2.3 The pedagogical sequence structures*

- a) Association – this implies being-by each other in the same physical space and an awareness of each other’s presence.
- b) Encounter – the mere being-by each other intensifies to a being-with each other. This is characterized by a mutual openness to each other, a being-with in trust.
- c) Engagement – there is a mutual responsibility for relationships, acceptance of responsibility for the other, and acceptance of mutual commitment to being available.
- d) Interference – this essence of the pedagogical sequence is characterized by an adult intervening in the life of a child by disapproving of the unacceptable, restraining the child, and presenting alternatives. During this event, a child arrives at an idea of propriety and a change in direction occurs. The unacceptable is replaced by what is acceptable, and the proper is respected. The child experiences that the educator means well by him/her and will protect him/her from evil and harm.

Providing direction does not occur only by disapproving, rejecting, chastising and resisting. If the direction the child follows is desirable, it is encouraged by expressing or showing approval and praise. Valuing and encouraging to wholeheartedly confirm to the child that the educator has regard for him/her as a cherished person, and trusts that he/she will become a full-fledged adult.

- e) Return to association – a child has an opportunity, in the presence of the educator, to practice and add to his/her lifestyle the insight and meaning he/she has acquired during the interfering. He/she has an opportunity to be-someone-him/herself under the supervision of the adult who continues to vouch for him/her.
- f) Periodic breaking away – a child has an opportunity to apply and practice what he/she has acquired under the supervision of the adult while they are physically separated. The fact that the child is allowed to leave the presence of the educator is evidence that he/she is becoming emancipated and is becoming adult. For the child, this indicates that he/she is overcoming his/her need for support.

#### *5.2.4 The pedagogical activity structures*

The way educating is set in motion or is functionalized is characterized by the following essences:

- giving meaning to self, others, things, and God
- exerting to realize one's own potentialities
- identifying with norms
- educator and child venturing together in life
- gratitude for security
- accepting responsibility
- hoping for the future
- designing possibilities
- fulfilling destination [adulthood]
- respecting human dignity
- self-understanding
- acquiring responsible freedom

#### *5.2.5 The pedagogical aim structures*

- a) The notion of the meaningfulness of one's existence
- b) Self-understanding
- c) Respect for human dignity
- d) Morally independent choosing
- e) Norm identification
- f) A personal philosophy of life

### **5.3 The appearance of fundamental pedagogical categories in the pedotherapeutic event**

#### *5.3.1 Introduction*

If, indeed, a pedotherapeutic event is a teaching educative event, each of the above essences necessarily figure in it. The following is an "essence-viewing" (wesenskou) of the pedotherapeutic event to determine whether such essences are specifiable there, and if so, to indicate how they appear.

#### *5.3.2 The relationship structures*

Various investigators (Frankl, 1973; Rogers, 1985; Skuy, 1975; Truax and Carkhuff, 1965) are unanimous that the results of providing

help are determined by the nature of the therapeutic relationship. The terminology employed to verbalize this relationship differs, but essentially it entails the following:

To be able to help a child, it is necessary that a therapist show an *understanding* of this child-in-distress. Not only does he/she understand the child-being of the child, but also of the nature of the distress. Understanding not only points to insight but also to acceptance (*taking action*). The acceptance of the child as what he/she is as a person with dignity does not mean an acceptance of his/her distressful situation; on the contrary, it only indicates that the therapist restrains him/herself from prejudging and disapproving of the child as a person because of the situation in which he/she finds him/herself. In the words of Wolpe (1958, 28), "He is given the feeling that the therapist is unreservedly at his side. This happens not because the therapist is expressly trying to appear sympathetic, but as a natural outcome of a completely non-moralizing objective approach". Axline (1977, p. 86) says, "Acceptance does not imply approval of what he is doing. This cannot be emphasized too strongly". The fact that the therapist accepts the child in therapy at all (*ventures-with-each-other*) points to the trust he/she shows that the child can *realize his/her potentialities* (essence of the pedagogical activity structures) such that he/she can design for him/her a meaningful future (*designing potentialities* is an essence of the pedagogical activity structures). The child's experience of the understanding of the therapist is a precondition for the further course of the therapy.

Not only must the therapist know and understand, but he/she must make him/herself knowable (*admitting-into-our-space*). He/she must be genuine in the relationship and dare not represent him/herself as other than what he/she indeed is. Rogers designates this relationship essence as "congruence".

In addition, the therapeutic relationship is characterized by a non-possessive warmth or compassion (Rogers). According to Landman (1977, p. 65), the pedagogical relationship is characterized by a *personal nearness* (encounter is an essence of the sequence structures) and benevolence for the child without ulterior motives. Skuy (1975), after a literature study, concludes that empathy is an

essence of the therapeutic relationship. Empathy is the possibility of one person *understanding* the feelings of a fellow person. Since understanding is an essence of the educative relationship, it certainly also is an essential of the therapeutic relationship.

After a comprehensive investigation of factors which determine therapeutic success, Truax and Carkhuff (1965) conclude that self-exploration (*exploring for self-understanding*) is definitive of the outcomes. They describe this self-exploration as a readiness to disclose those things that later possibly can hold the person back. Such a *venturing-with-each-other* is only possible from a solid *relationship of trust*. Axline (1977) indicates that a spirit of indulgence and acceptance makes it possible for the child to *trust* the therapist so that, in his/her presence, he/she will proceed to express and to explore, knowing that he/she will not be reproached or blamed, but with the hope that he/she is given an opportunity to unfold his/her life potentialities, as such, so that he/she can get the best of his/her difficult situation and dare to *hope-for-the-future*. Trust in a therapeutic situation implies that the child throws him/herself open and discloses him/herself in the firm hope that the adult means well by him/her and will be helpful to him/her. The adult trusts that the child will accept his/her good intentions and believes that he/she will be of help to him/her without ulterior aims, i.e., that the child will allow him/herself to be helped by the therapist. In the words of Landman (1977, p. 64): "Come stand by me so that I can help you" (*being-partners*). When trust is thought away from the therapeutic situation, providing help deteriorates. Trust, an essence of educating, is also an essence of the pedotherapeutic relationship.

With respect to the maintenance of authority in a therapeutic relationship, there is a great diversity of opinions. Directive therapists maintain authority in a direct or indirect way to ensure that the child does not exceed the limits of propriety. From this situation of authority, the therapist then can accept *responsibility* for the possibility of choice he/she grants to the child. According to Skuy (1975, p. 72), accepting responsibility is a therapeutic essence. A therapist vouches for a child in the choices he/she makes under his/her care. Thus, he/she exemplifies to the child a *normative way of living and* appeals to him/her to do what is proper (obedience).

Depending on the therapeutic technique used, these demands and limits are presented in authoritative ways. For example, with respect to behavior modification, a therapist openly maintains authority. He/she rewards (*approves*) or opposes (*intervenes*) according to whether the child's behavior follows what he/she regards as *worthy of a human being (decent)*. Thompson (1975. P. 448) says: "Applied behaviorism is a science that respects the dignity of man". He then adds: "Finally it must be emphasized that applied behaviorism is a science of *human* behavior having little to do with Pavlov's dogs or Skinner's pigeons". The therapist *identifies* him/herself with the *norm* and influences the child to a *normative way of living*. Also, the maintenance of authority is a precondition for a guidance conversation, directive play therapy, environmental change, art therapy, drama therapy and providing orthopedagogic help.

Nondirective therapists boast that they do not *approve* or *intervene* and, thus, do not maintain authority with a child. However, when their written case studies are examined more closely, it seems that many definite limits hold regarding time, place, claiming the therapist's attention and damaging equipment. The therapist is not indefinitely at the child's disposal. A therapist does not provide non-stop commentary on a child's emotions, thoughts and activities, which is physically not possible. Rather, he/she selects which contents he/she is going to reflect and echo for additional exploration. He/she can only do this in terms of a norm. Thus, the therapist acts under the imperative of the norms that he/she, as an adult, deems to be acceptable. As such, his/her authority holds (in truth in a concealed, inconspicuous way) for the child in a therapeutic relationship.

If a therapist wants to be congruent, and *highly regard the child's human dignity*, as nondirective therapists try to do, he/she cannot negate his/her own *life- and worldviews* during therapy and is concerned about how a child makes choices that collide with the accepted, current demands of propriety of the community. No full-fledged adult allows a child in his/her care to damage him/herself. If he/she is adult, he/she accepts the authority of the norm, and allows it to be in force during the session via his/her personal *exemplification* so that the child will *follow* his/her example. A

relationship of authority is essential for pedotherapy. What changes is only the way in which the authority is exercised.

### *5.3.3 The sequence structures*

In its appearing, educating takes a particular course that is characterized by the mentioned essences (5.2.3). Because of the variety of therapeutic techniques and methods, pedotherapy functions in greatly diverse ways. However, the following are essential characteristics of the therapeutic progression:

To be able to accept a child in therapy, it is necessary that an adult and a child be physically by each other. A therapist makes room for a formal time and place in which *association* can occur to establish a therapeutic relationship. The importance of this sequence phase of therapy cannot be overemphasized, since it gives a twist to the further course of the therapy. Therapy in a consulting room is always an artificial and formally constituted event. Hence, the importance that the physical environment in which the association occurs be as non-threatening as possible.

From the first moment of associating, a therapist takes responsibility for the course of the event and initiates establishing a relationship. Thus, therapy has already started.

Association creates the possibility for *encountering*. Before any important conversation can occur between therapist and child, it is necessary that they not merely be *by* each other, but authentically be *with* each other. In the psychological literature, this essence is called rapport. It is during this sequence phase that a therapist assures the child of his/her acceptance and sympathy. Encountering a child-in-distress is only possible when a therapist is prepared to place him/herself, in trust and in genuineness as a person, at the disposal of a fellow person. It is one human being who, with his/her human potentialities as a person, encounters another (Ungersma, 1961). Landman characterizes this event as [expressive of] a *similar disposition [unanimity]*.

From the sequence phase of encounter, it is possible for the therapeutic event to progress to that phase during which mutual

responsibility for relationships is taken up. Mutual points to the fact that both therapist and child contribute [to the phase] and view themselves as responsible. This does not mean that the contributions of the therapist and the child are equivalent, quality and quantity. Indeed, it means that the therapist declares him/herself prepared to be available, to take responsibility and to provide help while the child attempts to be present, to open him/herself to and accept help. This essence of the therapeutic sequence should be referred to as *engagement*. Landman refers to it as a *commitment-to-being-available*. This indeed can be compared with a contract that is agreed to between therapist and child. This sequence phase creates a preformed field for realizing the therapeutic dynamic. From this event, there now can be a progression to bring about changes in what is viewed as deviant.

The event that is realized subsequently, and during which the therapist gives a twist and/or allows changes in the child's life to occur, in pedagogical terminology is called *interfering*. Thanks to the purposeful, planned contribution of the adult, from within a relationship that, for premeditated reasons, he/she has already established, the child's course of life undergoes a turn. This event is not realized haphazardly but occurs because of the therapist's conscious interfering.

Depending on the theorist's theoretical frame of reference, he/she allows this interfering to progress in a directive, nondirective or even indirective way. Along the methodological way of his/her choice, the therapist allows the child to accept what is approvable or desirable and discard what is objectionable or undesirable.

Where this involves pedotherapy, i.e., therapy with a child, the child is not yet morally independent and, thus, is not yet adequately able to make choices and decisions following his/her own view of life and of being human. To be able to do this, he/she must first reach adulthood. Thus, he/she is not yet able to make choices of right and wrong on his/her own responsibility. Also, naturally, the child does not yet have at his/her disposal an adequate possessed experience that can serve as a frame of reference for making choices. In this respect he/she needs support. If a therapist is going to work in a directive way, he/she will openly inform the child of



his/her preferences. However, if he/she works indirectly, a therapist will indirectly lead a child to uncover what is desirable. In the case of nondirective therapy, he/she will refrain from giving any direction and allow a child to arrive at insight elsewhere in the reality of life by trial-and-error. In his more recent publication, Rogers (1964, 1969) expresses the view that ultimately a child will make the correct choice because he/she eagerly wants to be accepted by his/her fellow persons. Thus, a child chooses in compliance with the opinions of others (in this case, not the therapist's).

The only way an adult can let a child see that he/she is changing in the right direction is by approving (*accepting*) what is correct and disapproving of (*intervening* with) the erroneous. In the literature, this accepting is referred to as praise, reward, positive reinforcement, encouragement, etc., while intervening is called disapproval, punishment, restraint, aversive stimulation, extinction and more. In essence, it is the same event that is realized in a pedagogical situation.

When a simple insight has broken through, this does not necessarily mean that a change in the deviancy has occurred. Repeating, exercising, consolidating and assimilating necessarily must first progress. This sequence phase is essentially the same as what, in the pedagogical event, is referred to as a *return to association*. Landman (1977, p. 67) explicates this as follows: Now a child must have an opportunity to appropriate, in the presence of the educator, what has occurred in realizing the pedagogical sequence. From the security of the therapeutic relationship, a child exercises what later, in the absence of the therapist, he/she is going to put into practice. A child is given the opportunity to consider for him/herself and to be right him/herself without direct interference. This phase serves as a prelude to concluding the therapeutic contact. The relationship becomes more distanced and progresses from being-*with*-[and *for*-] each-other to being-*by*-each-other so that the parting is not anticipated as a threat. During this phase, a child experiences that the therapist has become superfluous. A child must again be delivered to his/her natural educators, and it is the prerogative of the therapist to help the child overcome his/her fondness for him/her as provider of help.

The last distinguishable phase of the therapeutic sequence is the conclusion or parting that indeed is realized at the end of each session, but more pertinently, at the end of the therapeutic contact. There is a parting from the child in such a way that the confidence (trust) that the therapist placed in him/her to continue alone with his/her parents awakens his/her self-confidence. If therapeutic contact is severed and an emotional void is allowed, this shocks the child's confidence anew. He/she must have the assurance that if he/she should need help in the future, there indeed will be an adult (hopefully the parents) there to support him/her. In the therapeutic sequence, this phase is indicated as *periodic breaking away*. As in the therapeutic event, the fact that the child might leave the adults points, for him, to his/her own emancipation.

#### *5.3.4 The aim structures*

With respect to the aim of a therapist when he/she accepts the child into therapy, in the contemporary subject matter literature, there is a large divergence of opinions. Two main directions are distinguished:

- a) The therapeutic practice where a here-and-now policy is followed with the aim of eliminating those symptoms appearing at the time of the notification. When this difficult situation is alleviated, the therapy has succeeded in its aim.
- b) A second approach is where improving or, if possible, removing the symptoms of deviance is at issue but that attention also must be focused on the child's future. The child, as a totality, must be helped to meet a meaningful future, if possible, without the disturbing symptoms, thus without meanings of it that are qualified.

Those therapists who hold the second view take the child's historicity into account. The past is co-constitutive of the present. Future expectations are also co-determinative of the present. The temporary nature of a human being is important for delimiting the therapeutic aims.

From the study of the literature in which the theories underlying various therapeutic approaches are discussed (see Chapter II, 5.7), it appears that the essences of the pedagogical aim structures disclosed by Landman and Kilian (1972) also hold for the therapeutic event. The aim of all educating, whether in a family or a school, church, hostel etc. context, is that a child will become adult. The relationship that an adult establishes with a child, the sequence of the event and the functional activities he/she carries, out all have the aim that a child will gradually and progressively move in the direction of adulthood. This movement from one in need of support (being a child) to independence (being an adult) is an event of becoming.

All essentials of adulthood do not appear at the same time, and do not unfold uniformly. Some appear before others, but in attaining full-fledged adulthood, all figure in. Depending on the child's level of becoming, some of the essences will figure more prominently than others. For example, a degree of self-judgment and self-understanding can be expected of a juvenile, while morally independent choosing and acting are not yet realized. The same phenomenon makes its appearance in a therapeutic situation. Indeed, he/she remains a child-in-education even though he/she also is a child-in-distress.

As far as the therapeutic event is concerned, there is not one set of aims that can be striven for, at any times and for all children. The specific nature of the child's problem, his/her unique potentialities and situatedness all co-define the therapeutic aim. It seems, however, that the essences of the educative aim appear with respect to the therapeutic aim. Some are immediately relevant to a specific therapeutic session and some figure over the long-term.

- a) *Meaningfulness of existence* as a pedagogical aim implies being aware of the demands of life. Viktor Frankl (1968, 1976) and the followers of the Third Viennese School of Psychotherapy point out the necessity for a meaningful way of living. Ungersma (1961, p. 26) says "... the primary concern of man is to invest as much meaning in life and realize as many values as possible". Also, a pedotherapist aims for a child to arrive at a notion of his/her own being called upon, at

realizing that he/she must account for his/her share in the use of his/her potentialities and circumstances. Disclosing the meaning of his/her own existence, even under less than favorable circumstances, is a therapeutic aim that holds to a greater or lesser degree for each child-in-distress.

- b) *Self-judgment and self-understanding*, an essence of adulthood that each child, and indeed a child-in-distress, must progressively realize. Kubic (1968) believes that self-knowledge is continuous and is never complete. It is a constituent of all learning. Without self-knowledge, a person can never perceive objectively. In its absence, he/she uses reality as inkblots on a Rorschach plate. Self-investigation, according to psychoanalytic theory, means an exploration of the unconscious and its effect on the perception of reality. The result is self-understanding. Skuy (1975) and Purkey (1970) attest to the importance of self-understanding for arriving at a healthy self-judgment, and for setting realistic demands for oneself.

After a study of the literature and an empirical investigation, Hattingh (1973) concludes that there is a positive correlation between the degree and depth of self-exploration and the successful results of therapy; however, self-exploration does not guarantee success. This points to the fact that there is a coherence of the essences of the aim structures. Actualizing only one essential characteristic does not call the total phenomenon into being.

- c) *A way of living worthy of being human*, as an essence of the pedagogical aim, presumes an awareness of one's own human dignity and a regard for the dignity of others. Ellis (1971) proposes the realization of this essence as a precondition for therapeutic success. Indeed, he centers his entire therapeutic interference ("rational-emotive therapy") on the person attaining the insight that he/she undeniably has dignity, irrespective of the value judgments of others. Awareness of one's dignity influences a person's behavior.

It is the task of a pedotherapist to support a child to accept the fact that people often have negative feelings and thoughts.

Within the safety of self-respect, he/she must be able to recognize the presence of such feelings. What is relevant is how he/she expresses them (Moustakas, 1959).

When the therapist promptly makes him/herself present for the child, attentively and empathetically listens to his/her views, by word and deed shows confidence in the child's positive potentialities, he/she is involved in regarding highly his/her own and the child's dignity.

- d) *Morally independent choosing and responsible acting*, an essence of the pedagogical aim that only can be fully realized by achieving adulthood. While a child is still becoming adult, the educator vouches for him/her, while he/she gives him/her an opportunity to progressively move away from him/her and overcome his/her dependence.

Non-directive therapists confront all children, irrespective of their level of becoming, with the full responsibility for choosing and acting morally. Directive therapists largely carry the responsibility for making choices and try to influence the child to act accordingly. Indirective therapists take co-responsibility, with the parents, for the moral choosing and acting of the children in their care. A pedotherapist tries to support a child to norm identification, his/her acceptance and an unconditional obedience of the norms that are in force in his/her specific community. A pedotherapist presents him/herself with the aim of awakening a child to break away from a lack of exertion and to accept responsibility in accordance with his/her state of becoming.

The elimination of feelings of guilt is, according to psychoanalytic theory, an essence of the therapeutic aim, but "Logotherapy reminds us that guilt and responsibility keep company" (Ungersma, 1961, p. 153). The one is not to be reached without the observance of the other. To not let the child remain permanently bound to the therapist, but is again allowed to continue with his/her everyday educators, if possible, and eventually to continue living on his/he own, it is of cardinal importance that, via periodic breaking away,

he/she is given an opportunity, under the auspice of the therapist, to make morally independent choices and accept responsibility for them.

- e) Identifying with norms in such a way that the person chooses to emulate them without external force is an essence of the aim of educating. *Norm identification* or knowledge of and insight into the norm-demands that speak from the reality of life is also an essential of the therapeutic aim. A pedotherapist cannot involve a child in a vacuum or situation that is foreign to life. Indeed, it is always one person with his/her own specific hierarchy of values, from which he/she can never completely distance him/herself, who comes forward to meet another person with his/her own sense of propriety. Norms always figure in human conversation, either prominently and openly, or in a veiled and unconscious ways.

The aim of therapeutic intervention is that at the end of the therapy a child will go right into his/her specific community (where norms are in force). Thus, a therapist dares not awaken misleading or false expectations in him/her about the demands which will be addressed to him/her outside of the therapeutic situation. Consequently, via norm identification, a child develops his/her own *philosophy of life*. Having one's own philosophy of life and complying with its demands is an essential characteristic of an adult that simultaneously is an educative as well as a therapeutic aim.

### *5.3.5 The activity structures*

In his work *Freedom to learn*, Carl Rogers (1969, p. 253) makes an essence analysis of those activities (“elements of experience”) in which a child must necessarily be involved so that he/she will learn authentically and act accordingly in either the formal school situation or in the therapeutic situation.

Landman has exclusively reduced the pedagogical event to essences and lists twelve activities in which a child is involved when he/she learns and becomes adult.

The remarkable correspondence between the findings of these two researchers confirms the truth of the existence of a universal validity regarding events of child learning and becoming, whether in the original home educative context or in the formally established therapeutic [and school] context. Rogers' therapeutic essences are now listed, followed by the corresponding pedagogical essences in parentheses:

- Moving away from a resistant, defensive attitude (making effort, venturing).
- Discarding stereotypic roles. A child must understand the uniqueness of his/her own existence (gradually fulfilling his/her destination [adulthood]).
- Moving away from the desire to always please and imitate others (exemplifying and emulating norms).
- Being true to one's self (self-understanding).
- Making one's own decisions (freedom, responsibility).
- Positive regard for one's own feelings (giving meaning).
- Striving for a still higher level instead of a static level (fulfilling destination, i.e., adulthood).
- Sensitivity and openness to the inner feelings of another, as well as for the objectivity of the real world (respect for human dignity).
- Valuing and appreciating fellow persons (giving meaning, gratitude).
- A readiness to communicate (hope, venturing).

### *5.3.6 Conclusions*

With reference to a penetration into the essences of the therapeutic event, it is concluded that, with respect to the relationship, sequence, aim and activities that hold during pedotherapy, all of the fundamental pedagogical essences appear. Thus, in its essential nature, therapy is educating.

From this it follows that the pedagogical categories and criteria that are disclosed and formulated by the various part-disciplines irrefutably have relevance for pedotherapy. In the following, psychopedagogical and then didactic-pedagogical findings are

considered with the aim of further exploring and illuminating the pedotherapeutic event.

#### **5.4 The appearance of educative essences from a psychopedagogical perspective**

The area of study of psychopedagogics, as a part perspective of pedagogics, is the psychic life of a child-in-education (Sonnekus, 1973, pp. 11-12). It is concerned with the proper realization of a child's life potentialities until he/she has become a full-fledged adult. It is only to be reached from an educative situatedness (Sonnekus and Ferreira, 1979, Chapter II). Hence, it seems clear that successful becoming is dependent on a child's own contribution by way of realizing his/her own given personal potentialities, under the accompaniment, support and direction-giving (i.e., educating) of an adult.

The personal psychic potentialities of a child have a three-fold nature, i.e., affective, cognitive and normative. This includes a particular task for an adult's input. To create the possibility that a child will become adult, the adult must affectively educate him/her to an affective actualization, cognitively educate him/her to a cognitive actualization and normatively educate him/her to a normative actualization (Sonnekus, 1975).

In addition to the fact that the psychic life of a child-in-education is realized in the ways mentioned, two equi-primordial structures also appear, namely, *learning* and *becoming*. The essences of these structures of child psychic life have been disclosed by Sonnekus and his co-workers (1973). Becoming is realized in the following forms:

- a) exploring – a child's initiative to go out to the world;
- b) emancipating – the initiative to be and to become more independent;
- c) distancing – taking an independent position toward the surrounding life reality;
- d) differentiating – applying a variety of potentialities in establishing relationships with the surrounding reality;
- e) objectifying – the possibility of determining the essentials of a matter.



These forms of actualizing becoming are realized by means of experiencing, willing, lived experiencing, knowing and behaving. It seems that with each of these ways, there is an elevation in level from a senso-pathic, via a pathic, to an affective level, from a senso-gnostic, via a gnostic, to a cognitive level, and with respect to the normative, there is an increase in [the level of] giving meaning.

The child event of learning that is realized simultaneously with becoming, while at the same time is a precondition for it, shows the following essential characteristics [modes] (Sonnekus, 1968): [sensing] attending, perceiving, imagining, fantasizing, thinking, remembering and observing. There is not only a coherence of these structures [i.e., modes] of learning and becoming, but also reciprocal relationships among them. Van Niekerk (1976, p. 113) presents a schematic model of the actualization of child psychic life. This falls outside of the scope of the present study to discuss it any deeper.

However, it deserves to be mentioned that Sonnekus and Ferreira (1979) have made a longitudinal analysis of the actualization of child psychic life [actualization] with an indication of possible achievable levels for each phase of life. The longitudinal classification, thus, offers refined criteria for evaluating the attained level of the psychic life. These criteria are particularly relevant to the pedotherapeutic event:

- a) with respect to delimiting aims, and
- b) with respect to evaluating.

Where, in pedotherapy there is going to be an elimination in a gap in becoming such that the achieved level of becoming is brought into correspondence with the possible level achievable, both of the criteria mentioned provide the pedotherapist with an available yardstick. Criteria such as the satisfaction of the referring person, the child him/herself or his/her parents (see section 5.6.4 in Chapter II) are rejected as unaccountable. A pedotherapist can now determine with a greater degree of accuracy where a child falls short and where he/she ought to be after the therapeutic

intervention. With this, the successfulness of the actualization of the child psychic life can also be evaluated.

## 5.5 The appearance of psychopedagogical categories in the pedotherapeutic event

### 5.5.1 Introduction

As shown in section 5.3 of this chapter, in its essence pedotherapy is pedagogical in nature since fundamental pedagogical essences figure in it. It follows then that those psychopedagogical categories mentioned in section 5.4 of this chapter will figure in the pedotherapeutic event. In the following is a discussion of what is essential for the educative event, as disclosed by psychopedagogics, with the aim of determining how they appear in pedotherapy.

### 5.5.2 Affective accompaniment to affective actualization

Affective or emotional stabilization of a child is one of the highest priorities of a pedotherapist. Investigators such as Dumont (1969), Lubbers (1971), Van Gelder (1962), Vliegthart (1970), Van Niekerk (1976), Sonnekus (1971), Faure (1966), Van Wyk (1974), Ellis (1971) and Janov (1973) all emphasize the affective distress of a child who has run aground. *Stabilizing his/her emotional life* on a favorable level is always of the greatest importance. From the first moment of *association* between pedotherapist and child, emotional weight is of decisive importance. The first look, greeting, facial expression, gesture and tone of voice of the therapist, along with the atmosphere expressed by the office or room, are decisive for a child's *sensing*. Sensing is an intuitive, precognitive, emotional matter and, as such, it initiates the learning event. However, it does not end with the start of a more cognitive attitude; on the contrary, it is realized continuously. Van Niekerk rightly calls sensing an accompanying mode of learning (Sonnekus, et. al., 1973, pp. 76-80).

Whether a child experiences the therapeutic event as *stabilized on an affective level*, and thus, on a *normative level*, as meaningful-for-him, will depend largely on the therapist's behaviors. As in the case of children, adults cannot make their emotional life public in another way than their behaviors. A child reads from the

therapist's behaviors what his/her emotional meanings toward him/her are. Children who have run aground are especially sensitive to any indication of emotional acceptance or rejection. A therapist's own emotional expressions serve as *affective accompaniment* for a child to be able to realize his/her emotional life on a favorable level (*affective actualizing*).

Not only does this emotional moment of entry initiate the therapeutic event, it largely determines the further course of providing help. *Affective accompaniment to affective actualization* is important during each of the subsequent sequence phases, although there might be shifting emphases.

During an appeal to *explore* the self and the problem situation, affective accompaniment figures in a fluctuating way according to circumstances. During that therapeutic phase where changes in meaning occur, insight breaks through and *cognitive order* comes to the fore, the emotions certainly remain relevant but are no longer at the center of the therapeutic event. There is now an interaction between emotional and intellectual meanings. To the extent that he/she proceeds cognitively to a more ordered, distanced and systematic attitude, his/her emotional life is further stabilized on a favorable level. *Affective lived experiencing* initiates and makes possible a cognitive attitude, but cognitive lived experiencing, in its turn, strengthens or consolidates affective lived experiencing.

During this delicate event, usually a therapist must be by (associate) with sensitivity and empathy. The fine balance between the emotional and intellectual brought about and confirmed during the transfer and adoption phases are determinative of the child's *normative, meaning giving lived experiences*.

A child can only experience the event as meaningful-for-him/her and as proper or desired if he/she has a cognitive grasp of it and gives him/her a positive voice.

Only when the therapeutic event is invested with meaning on a normative level does the emotional lived experiencing congeal and

become assimilated or integrated into possessed experience. In the literature, this event is often referred to as “assimilation”.

Because a therapist usually takes care that his/her empathy does not become sympathy, he/she shows by his/her own example of controlled feeling, by personal identification [with him/her] the child is able to identify with the norm he/she exemplifies.

Affective support to affective actualization initiates and accompanies the pedotherapeutic event.

### *5.5.3 Cognitive accompaniment to cognitive actualization*

The coherence of emotional and intellectual lived experiencing is long known in therapy. Several approaches have been designed around this phenomenon, e.g., GAI (“Guided Affective Images”) of Carl Leuner, RET (“Rational-Emotive Therapy”) of Ellis, Logotherapy of Frankl and the “Reve Eveille” (guided daydream) of Desoile, to mention but a few. Also, with respect to the pedotherapeutic event, the cognitive accompaniment by the therapist is of decisive importance for the scope and quality of the cognitive actualization to which the child under his/her care arrives.

On a cognitive level, a therapist gives him/herself the aim of supporting a child to explore him/herself and the problem situation. Analyzing and ordering appeal to the child’s possibility to *distance*, *objectify* and *differentiate* by actualizing *attending* and the cognitive modes of learning of *perceiving*, *observing*, *thinking* and *remembering*. When insight into and understanding of the coherence of the various constituents of the problem have broken through, this results in stabilizing the emotional life. The deficiencies and defects can then be penetrated further to recognize alternatives while preserving and *respecting* the [child’s] personal *dignity*. This is possible only from a genuine *relationship of trust*, during which the child *experiences* that the therapist is a *fellow traveler*. Never must a therapist, whether he/she works directly or indirectly decide, in the name of the child, or try to force choices on him/her. To arrive at such a choice of change in meaning, it is necessary that the child recognize and understand the implications of his/her attitude. It is a cognitive attitude that makes

an appeal to *think, imagine, fantasize, attend* and to actualize his/her intellectual potentialities. A child can only venture with self-confidence to assume a changed attitude (because of giving changed meanings) with the knowledge that the adult, with his/her greater insight and experiences, will explore the matter with him/her and sponsor him/her in the further course [of exploration].

A therapist who is going to work to directly explore the alternatives on a cognitive level because of his/her greater possessed experience and leads the child to accept his/her choices. A therapist who is going to work nondirectly allows the child to explore on a cognitive level in an unaccompanied way, and refrains from making value judgments regarding the child's choice. A therapist who is going to work indirectly explores alternatives with the child, indicates consequences and lets the child him/herself decide in the light of the accepted norm. (See the next section on normative accompaniment). An indirective therapist asserts that at least it is possible for the child to take up the desired attitude, to him/herself find a solution and to more adequately give meaning.

Although the cognitive accompaniment to cognitive actualization has its beginning from the first moment of association, it gains momentum during the orientation phase and the subsequent appeal to explore, but it is especially during the phase of changing meaning, where exposing and actualizing the new appear, that these potentialities of the psychic life come to a head. During the sequence phase where functionalizing or transferring from the therapeutic situation to life reality arises, once again, cognitive actualization is strongly in the foreground, but since *periodic breaking away* is relevant, the therapist's accompaniment ends, and the child's own initiative to actualize cognitively emerges.

#### *5.5.4 Normative accompaniment to normative actualization*

A human being lives normatively. Human life without norms is unthinkable. When an adult involves him/herself in formal action of providing help to a child run aground, he/she can only do this via usual ways of being human. It remains one person who comes to the help of another. Thus, all essential attributes of human being are in play, as well as a normative life.

An adult enters a therapeutic event from his/her own historicity, his/her own situatedness in which his/her own hierarchy of values functions as embodied norms. As a human being, he/she always is a normative giver of meaning in the world, and it is his/her task to unlock for a child the meaning of life in such a way that the not-yet-adult who is seeking meaning in the world, progressively will give normative meaning until, upon reaching adulthood, he/she will hold a *view-of-life-and-persons* that he/she will find to correlate with the generally accepted norms of the community. This educative event, i.e., normative accompaniment to normative actualization, holds equally for the therapeutic event (Ungersma, 1961; Frankl, 1976; Moustakas, 1959; Rogers, 1964). The way in which this matter is going to function in the home educative event, however, differs from the therapeutic event.

Before examining more closely the matter of the normative act of giving meaning in a therapeutic event, first clarity must be acquired about the difference between norms and values. According to the Afrikaans Dictionary of Terblanche and Odendaal (1966), the word “norm” is derived from the Latin “norma” that means rule. A norm is a standard, rule or guiding principle. Schoonees and his co-workers (1965) add that a norm is also a prescription. Terblanche and Odendaal describe “value” as a significance through quality or a means to an end. Schoonees et al. describe value as a quality that makes something desirable or useful.

Thus, it seems that a norm is a standard or plumb line by which something is measured. This “something” is the value. A value refers to something that is true, i.e., universally valid irrespective of time or cultural context. It holds for all people (Rogers, 1964 and 1969). However, the norm by which the value is gauged (realized) is not universally valid. It differs from culture to culture, from time to time, from person to person and even with respect to a specific person from time to time. For example, obedience to parents is a value regarded highly over the centuries. The norm by which such obedience is gauged shows many differences. In this regard, compare an Afrikaans child during the time of the Anglo-Boer War with a modern urbanized Afrikaner child or a [South African] Indian child with a Zulu child residing in the same area [e.g., Durban].

Responsibility is also a value that parents in all cultures through the years want to inculcate in their children, and it is universally valid. The norm by which responsibility is gauged in a three-, thirteen- and thirty-year-old differs, and, thus, is not universally valid.

Although values are universally valid, ordering them in a particular hierarchical sequence is a particular matter that changes from person to person. Also, an individual's hierarchy is not static but continually subject to reconsideration, redefinition and, thus, to change.

Value-identification and norm-preservation are a particularly problematic matter in pedotherapy, and confront each pedotherapist with a difficult question regarding his/her standpoint toward the particular child in question. Even so, he/she cannot dodge or avoid this predicament if he/she wants to provide authentic help.

The distressful situation of a child who has been derailed from his/her becoming adult, has originated in the reality of everyday life while he/she was involved in an educative relationship with his/her natural educators (the home pedagogical situation), and possibly in an educative relationship with his/her schoolteachers. The pedotherapeutic situation (as an orthopedagogic situation) is formally established to be of help to the child such that:

- a) the moments restraining becoming can be eliminated.
- b) the child's becoming is accelerated.
- c) the gap in becoming, as retarded becoming, can be eliminated, and
- d) acceptable educating again can take its course.

Thus, the pedotherapeutic event is connected to the reality of everyday life and flows into it again when ended. Hence, it is the task of the pedotherapist, via his/her therapy, to prepare the child to link up with the everyday reality of life in a more adequate way than before.

In this light, a pedotherapist dares not mislead a child by allowing other norms to be in force during therapy than what are accepted as

valid. By glossing over particular norms which are highly regarded for a child by the community, the therapist creates confusion on a cognitive level, and fluctuation [lability] in a child's emotional life. Therapy is not feasible without values and norms figuring in it. This holds for directive, indirective and even nondirective therapy. C. B. Truax, as cited by Bergin and Strupp (1972), indicates that a nondirective therapist always has a choice about which content he/she is going to illuminate and allow to be *explored* further via his/her reflection. He/she exercises this choice in accordance with his/her own hierarchy of values as this is embodied in his/her implementation of norms. Bergin and Strupp indicate that the more directive the therapist is going to work, the greater the danger is of a mere manipulation, and the more this restrains a child's *wanting-to-be-someone-himself*, as well as *experiencing* his/her own *emancipation* (Moustakas, 1959). His/her becoming is thus delayed. An indirective therapist is continually mindful that the child must *lived experience* that he/she progressively *distances* him/herself to a degree of *objectivity* regarding the problematic event. In doing so, he/she acquires insight into his/her own response to the problem as gauged by the prevailing norm. Rogers (1939) says, "Once the child understands his own emotional and behavioral history, as it were, he is to that degree more capable of coping with it." (*Self-understanding* is an essence of the pedagogic aim). This insight can only be acquired in terms of a norm.

A pedotherapeutic event is continually directed to a child, via *learning*, arriving at *knowledge* of a value so that he/she can make a responsible choice with respect to the norm. Such an attitude based on cognitive insight and affective stability awakens his/her *willing to behave* in accordance with the norm of his/her choice. Frankl (1969 p. xix) emphasizes that a human being is not merely a product of his/her heredity or environment, but that he/she always has the possibility of choice. "Man ultimately decides for himself! And in the end, education must be education towards the ability to decide."

The actualization of the child's personal normative potentialities in a therapeutic event must, thus, be of such a nature, scope and quality which agrees with and is employable in the everyday life situation. The therapeutic content (in this case normative content)



must have possibilities of being transferred. If a child invests (*lived experiences*) the content with positive meaning and finds that it agrees with what he/she *experienced* during *periodic breaking away* from the therapist, he/she can arrive at an attribution of changed meaning that will be knowable by his/her changed behaving, now as a more adequate behaving on a higher level. “Orthopedagogics, as an agogic science, makes meaningful activity central” (Ter Horst, 1972, p. 5).

The nature of a child’s normative actualization during therapy is in essence the same as during the ordinary event of educating. Indeed, there are differences in quality and frequency. During therapy, choice and attitude often figure more prominently in the light of the norms as well as more pointedly than in the primary event of [home] educating. This is because, during therapy the entire event of becoming is accelerated and concentrated to eliminate the retarded becoming in the shortest possible time. Secondly, a child is accepted into therapy because he/she falls short of the norm that the community maintains for him/her. He/she is not [yet] as he/she ought to be. Thus, he/she is not [yet] “norm—al”.

Regarding the contribution of the therapist, norms figure in a two-fold way:

- a) He/she must accompany the child normatively to actualize his/her own personal normative potentialities.
- b) He/she must also bring into consideration the norms that the community holds for children.

To achieve this two-fold task, it is usually necessary that a pedotherapist converse with the parents to ensure that after the therapy has ended, the child and parents agree [about these norms] so that their usual, natural educating again can take its course.

With this, the difficult question arises of whether a therapist of one race and cultural context can provide help to a child from another. If the theoretical foundation of pedotherapy rests on authentic essences of being human, they are universally valid and ought to be applicable to people of all races and cultures. That is why it is necessary that the pedotherapy be thoroughly accountable with

respect to the [philosophical] anthropology and theory from which it stems. He/she who takes his/her point of departure from the reality where the child is and does not allow him/herself to be misled by hypotheses or other thought-constructions, will disclose what is real about a human being as a meaning giving and meaning seeking being. This entails illuminating the specific values that are essential for all human beings. For example, the possibility of establishing human relationships, accepting authority or gratitude are such values. With respect to this matter, a therapist should be able to help any child from any culture, at least to some extent.

However, the norm by which the actualization of such values is gauged differs from culture to culture and from time to time. It is a particular matter. In order to support a child to identify and accept the norm, he/she must *lived experience* it as meaningful-for-him/her. A therapist can only unlock its meaningfulness for a child if it is not in conflict with his/her own attribution of meaning [to the norm]. No full-fledged adult with his/her own view of life and of being human can act in a therapeutic situation in ways that conflict with his/her own convictions, and even less so can be of help to a child-as-a-person from a normative vacuum, without harming his/her dignity. Carkhuff (1967) has done penetrating clinical research on this matter. In his article, "Differential effects of therapist race and social class upon patient depth of self-exploration in the initial clinical interview" he expresses the view that racial differences affect the therapeutic event negatively. The greater the difference in social class, the lesser the quality of the therapy. This is evidence of the central role played in therapy by normative accompaniment to normative self-actualization.

When a parent educates his/her child regarding the normative, he/she acts intuitively with the confidence that his/her own normative giving of meaning is adequate, and that he/she also can unlock this meaning for his/her child. In a therapeutic situation, the event progresses differently. The parents and child, and the state of their hierarchy of values, are unknown at first. To fill these deficits to allow the therapy to proceed purposefully and without wasting unnecessary time, the therapist conducts an exploratory historicity conversation with the parents. (If necessary, the data are supplemented and/or verified by a home investigation by a socio-

pedagogue). This exploratory conversation with the parents is also supplemented by a thorough exploration of the child's state of becoming (Van Niekerk, 1978) to determine the nature and scope of his/her restrained becoming. Normative actualization is determined by the level on which the child gives meaning.

Psychopedagogics has already advanced far with a longitudinal study of a child's giving affective and cognitive meaning. Even so, the normative still deserves to be examined further. However, it appears that there are mutual connections among giving meaning on affective, cognitive and normative levels. The adequate realization of affective potentialities makes possible the adequate actualization of the cognitive. Jointly, the affective and cognitive are preconditions for realizing personal normative potentialities. As in the case of giving affective and cognitive meaning, there is a hierarchical order to realizing the normative:

- a) The lowest level of normative lived experiencing is *diffuse*. It has a particular connection with bodiliness and a still unconsolidated, meager and recently acquired possessed experience. A child lived experiences the relevant content on a senso-pathic, senso-gnostic level, and of relevance, he/she signifies it as meaningful-for-him/her via *experiencing, willing, lived experiencing, knowing* and *behaving*, if it appears to him/her as ordered and stable. As a result of what a child has *learned* on this level, it is possible for him/her to *become* to the following level.
- b) Identification of the norm: Thanks to a greater possessed experience and a greater degree of *differentiation* of personal potentialities, it is possible for a child to *distance* him/herself from a mere bodily-bound lived experiencing, and he/she now can arrive, via *objectifying* to a gnostic and pathic signifying of reality. The learning event now results in a stable emotional life with order and regularity, and the level of becoming is elevated to the following level.
- c) Identification **with** the norm: On this level a child signifies certain life contents as meaningful-for-him/her. Thus, his/her attribution of meaning is highly particular and is influenced by his/her individual possessed experience. He/she still forms the only center of his/her own life and has not yet arrived at

insight into the general acceptability of a norm. However, by this time, becoming has proceeded to such a level that he/she can *emancipate* to his/her own independent attitude. On this level, his/her emotional signifying progresses on an affective level and his/her intellectual signifying on a cognitive level. If the quality of his/her possessed experience is balanced and firm, he/she can become to the highest level of normative actualization, namely:

- d) The unconditional obedience of the norm as an embodiment of those values that are embedded in the spiritual goods of his/her community.

Since the actualization of the child psychic life on a normative level fall within the area of study of psychopedagogics, the above attempt at a hierarchical ordering is only introductory and requires more penetrating study.

#### *5.5.5 Final viewing*

Essences of educating disclosed from a psychopedagogical perspective have relevance for pedotherapy in the sense that they provide criteria for evaluating the attained, as well as the attainable level of becoming, but also criteria for evaluating the actualization of the psychic life during the course of therapy.

### **5.6 The appearance of essences of educating from a didactic-pedagogical perspective**

Educating is never realized outside of teaching, thus, neither can appear as separate entities in describing the phenomenon of educating (Van der Stoep, (1972). Where an adult is involved in unlocking content for a child to be able to arrive at an adequate grasp of reality, this is a teaching, i.e., educating event. Didactic pedagogics is the part-perspective of pedagogics that studies the phenomenon of teaching as it is realized between adult and child.

Of the various pedagogical part-disciplines, didactic pedagogics is certainly one of the oldest. At present, it is possible to penetrate the phenomenon of teaching with a reasonable degree of clarity. Thanks to the contributions of contemporary researchers who have

organized the work of their predecessors and illuminated a new coherence and places it in new contexts, the essences of the event of teaching can be disclosed. And, it is said that teaching between adult and child is essential.

It deserves to be pointed out that teaching (“didaskhein”) also occurs between adults. Then it is a didactic-andragogical situation and, as such, it falls beyond the scope of this study. What is relevant here is only that teaching between adult and child that is attuned to the child becoming adult.

Van der Stoep (1968, 1969, 1972) indicates that the event of teaching that is realized in school between teacher and child is, in its essence, the same as the teaching that occurs at home between parent and child. School teaching functions in a distinguishably different way because it is more bound to localities and times than is the primary (home) educative event. There also are denotable differences in contents and the manner in which the child is confronted with them. Thus, there is a different accent in evaluating teaching effects, but essentially, in their fundamental nature, they are the same event.

The event of teaching shows the following essences (Van der Stoep and Louw, 1978):

- unlocking (presenting) reality
- learning
- forming
- orienting
- accompanying (guiding)
- objectifying or distancing
- imperative (demanding)
- anticipating
- formalizing
- socializing
- delimiting (demarcating)
- reducing
- achieving
- progressing.

From a didactic-pedagogical perspective, there also are several criteria that have been designed for evaluating the teaching event, namely:

- perspective
- constituting
- relationality
- self-discovery
- emancipation
- expectation
- rationality
- security
- transcending.

The matter of content is of particular importance in teaching, whether in a home or school context. As a pre-adult, a child does not yet command a large quantity of life contents; his/her possessed experience is attenuated and superficial. Therefore, he/she does not have at his/her disposal an adequate frame of reference in terms of which he/she can enter a new situation and make decisions about behaving responsibly. Hence, he/she has a need for the adult to give him/her direction in order to enter reality with security. According to Van der Stoep (1976, p. 109), this content appears in the reality of educating as life content that has its origin in the reality of life and a philosophy of life. Content ranges from the simplest everyday concrete matters to feelings, valuing, insight into and understanding of complex, abstract matters. It is the task of the educator to establish a balance between the child's level of becoming and the nature and scope of the content so that he/she can open him/herself to this content that an adult unlocks for him/her, and in doing so, he/she comes to behave adequately in the life situation.

The educator tries to bring about the formation of habits in a child because of their usefulness, but also because they embody norms that refer to values. Examples are self-control, cleanliness, regard for one's own dignity and that of others. "The demands of propriety, and the authority of norms (content), therefore, are important considerations that assert themselves in the situation of educating" (Van der Stoep, 1978, p. 111).

This requires the educator to make selections of content such that the necessary *elementals* are readily at hand. It is then possible for the child to incorporate these insights into the essences of the content into his/her lifestyle, and apply them as *fundamentals* (Kruger, 1975). From the nature of the matter, the parent selects content on an informal, daily basis as an opportunity presents itself. In truth, he/she has roughly twenty years in which he/she can accompany his/her child from birth to adulthood. On the other hand, a teacher (and therapist) must deal with time limits that necessitate that, in a more planned and formal way, he/she selects and orders content with a specific aim in view. In didactic subject terminology, this is called *curriculum planning* (Hill, 1975).

The adult (whether parent, teacher or therapist) presents him/herself with the aim that a child will learn a “lesson” which will be for his/her good on his/her way to adulthood. The didactic-pedagogic activity, or contribution of the adult, functions in the form of a lesson. This lesson shows a great variety of forms of appearance, depending on the time, place, nature of content, level of the child’s becoming and the personal preferences and skills of the adult. For all of that, the lesson shows a structure which embodies what is essential for teaching (Van der Stoep et al., 1973). For each event of teaching which results in learning, there is mention of:

- aim delimitation
- actualizing foreknowledge
- stating the problem
- exposing the new content
- actualizing the new content
- functionalizing
- evaluating.

These essences can appear in a variety of lesson forms. The methods and techniques which the adult applies to unlock the content for the child are multiple. Because teaching ultimately is a genuine human phenomenon, the adult can do nothing other than make use of those forms of living which appear in everyday human existence, i.e.:

- play
- conversation
- assignment
- example.

These forms of living lay the foundation for all variants of techniques and methods the adult uses in his/her didactic-pedagogic interference with the child.

As in the case of fundamental pedagogics and psychopedagogics, didactic pedagogics throws light on the phenomenon of educating from its own perspective.

## **5.7 The appearance of didactic-pedagogical categories in the pedotherapeutic event**

### *5.7.1 Introduction*

Educative teaching occurs when an adult and a child are involved together with the aim that the child learns something which results in his/her living in an adequate way.

When a child's becoming adult has gone wrong, his/her attained level of becoming does not correspond with what is expected for him/her. His/her retarded becoming is knowable in the way he/she behaves. How he/she gives sense and meaning to his/her world is "read" from his/her behaviors. A child whose becoming is retarded gives inadequate meaning, when viewed in the light of his/her level of becoming. These meanings can be either (i) attenuated (i.e., correct but on a low level) or (ii) erroneous (i.e., incorrect or improper, viewed in terms of the accepted norms).

This erroneous or attenuated meaning is affective, cognitive, or normative in nature. By realizing his/her personal potentialities, a child gives meaning in these three ways to:

- him/herself
- others
- things



- God.

If a child gives inadequate meaning to any of the above [four] matters of reality in any of the three ways of personal actualization, he/she is referred to restorative educative help, no longer ordinary pedagogical help, but orthopedagogic help.

In earlier works (Sonnekus et al., 1971; Pretorius, 1972), this event is referred to as “re-educating,” as though the unsuccessful educating must be repeated with an eye to educating more adequately. However, in practice, it is not possible to repeat a deficient educative event. The educative effect is already embedded in the child’s possessed experience. He/she has been touched by this because of the accompaniment by his/her parents and his/her own actualization of his/her psychic life at a given time and under specific circumstances. The event has run its course and is unrepeatable.

A child’s giving meaning can be changed or supplemented, and by a re-confrontation with the specific content, but now in a different way. This is specialized educating to a different or supplemented signifying of the same content. It is only the content which can be repeated. Orthopedagogic help is a supplementation and enrichment of the original educating.

This resubmission of that slice of reality to which a child gives inadequate meaning entails that a pedotherapist make this reality accessible to a child in such a way that, if he/she answers its appeal and opens him/herself for reality, it is possible for him/her to arrive at adequate meaning. Indeed, this is what pedotherapy implies. In didactic terminology, this is called *categorical forming*. In its essence, a pedotherapeutic event is a teaching event that is focused on child learning so that his/her becoming will accelerate. Where educating results in child becoming, pedotherapy results in accelerated becoming. Hence, the qualification that orthopedagogic help (pedotherapy plus parental accompaniment) is education supplementing and enriching.

That a therapeutic event is a learning event (and thereby a teaching event) today is widely accepted. Researchers from a variety of

schools of thought view a therapeutic event in its essential nature as a teaching event (Rogers, 1969; Ellis, 1971; Porter, 1968; Fine, 1971; Glasser, 1965).

It follows that the didactic-pedagogical theory that explicates, orders and illuminates the phenomenon of teaching between adult and child has relevance for pedotherapy.

### *5.7.2 Implementing didactic categories*

By applying the didactic categories, the teaching event can be penetrated in such a way that it can be described and put into words. This verbalizing or naming might differ from investigator to investigator. “Different names do not mean the didactic categories amount to nothing” according to Van der Stoep and Louw, 1976, p. 42). In the following, the didactic categories are considered individually to penetrate the particular ways the teaching event appears during pedotherapy.

#### *5.7.2.1 Unlocking reality*

“Unlocking reality is an essential characteristic of the original relationship between adults and children” (Van der Stoep and Louw, 1976, p. 42). It then is also the task of the adult, as therapist, to make accessible to the child that slice of reality that is problematic for him/her. This does not necessarily mean that the therapist confronts the child with the answer to his/her problem in a directive way, but rather that during the therapeutic situation the event unfolds such that it is possible for the child him/herself to acquire a grasp of and insight into the reality. Rogers (1969) also refers to the role of the adult as “a facilitator of learning”. It is precisely because a child inadequately signifies reality that he/she is dependent on therapy. This leads the therapist, finally, to make it possible and likely that the child will acquire the desired insight. This is only possible when he/she, as a responsible adult, exemplifies the content [reality] to the child in such a way that he/she can enter it with security.

#### *5.7.2.2 Learning*

The meaning of an adult's unlocking reality is that a child learns. What he/she cannot yet do, doesn't yet know and understand, he/she becomes able to do, know and understand (Fine, 1971).

The "something" the child learns is the therapeutic content. In school, an adult chooses the content that is broached in a specific learning event. In the parental home the adult has a big say, although many contents are brought up in an informal and incidental way on the child's initiative. Thus, there are fewer time divisions and limits than in the school.

In a therapeutic situation, time divisions and limits are also more formal than at home, but as far as choice of content is concerned, there is a diversity of opinion. Psychoanalytic therapy puts the onus for the choice of content on the child. "From the beginning of therapy throughout, the patient is expected to *produce material*" (Fine, 1971, p. 170). The same holds for nondirective Rogerian therapists. That also explains why these two therapeutic approaches are so time consuming. In the course of time, relevant content does appear, and learning occurs, but the passage of time plays an important role since the child literally has unlimited choice of therapeutic content.

Where an information discussion with the children is followed as a therapeutic approach, the therapist and child jointly choose which content is going to be discussed. Indirective therapists also allow a child some room for choice, but direct the choices in a veiled, indirect way.

On the other hand, directive therapists choose the therapeutic content themselves and present it to the child. In all cases, a therapist supports a child in his/her search for insight. The aim that a child will learn continually remains.

### ***5.7.2.3 Forming***

This category expresses the concept that a child emancipates in such a way that he/she can create his/her own position in life reality. Researchers such as Axline (1977), Rogers (1951), Janov (1973), Glasser (1965), Carkhuff (1969), Perls, Hefferline and Goodman

(1976) agree that therapy is aimed at the child being formed such that he/she can help him/herself. Pedotherapists consider the educative situatedness of a child and qualify this statement as “under the accompaniment of his educators, he can himself go forward”. It is only when a child has become adult that he/she can pursue his/her way of life in an independent, unsponsored, non-accompanied way. One of the aims of all therapy is that a child will arrive at a level of being formed where, once again, he/she can proceed adequately with his/her natural educators. With successful pedotherapy, the therapist becomes superfluous.

Psychopedagogy has already shown the coherence of learning and becoming. Where there is a therapeutic event, there is a learning event, implying that a child will continually become different as he/she learns. The becoming that is realized involves gradually coming nearer to the ideal of a formed adult, i.e., someone who realizes his/her personal potentialities in differentiated ways, and who has an adequate grip on reality. The fact of formedness [the state of being formed] is an indication that learning and becoming have occurred. This amounts to the child giving different, more adequate meanings.

The meanings a child attributes to the world are read off of his/her behavior. This is the only observable manifestation that the psychic life has been actualized. In this context, human behavior is described as the observable manifestation of the actualization of the psychic life.

Viewed in this light, the aim of all therapy with children is to change or modify their behavior. This is not merely the exclusive domain of behaviorist oriented (“behavior modification”) therapists. The advocates of the psychodynamic, biophysical, sociological, ecological, anti-theoretical and pedagogical directions of thought ultimately direct their endeavors so that at the end of therapy a child will be so formed that he/she will behave differently. The theoretical explanation of the underlying dynamic that brings about the change in behavior differs, but the ultimate therapeutic aim is the same: changed behavior resulting from forming.

#### *5.7.2.4 Orienting*

The didactic significance of orienting is that a child can determine his/her own position in terms of known and fixed points that serve as beacons. In unlocking reality, an adult offers a child particular aspects of it that, on the basis of his/her level of becoming, he/she can apply in order to determine his/her own position. This orienting makes it possible for a child to elevate his/her mobility regarding the relevant reality (content).

In the pedotherapeutic context, this means a therapist supports a child in a situation analysis. Before a child can arrive at that level of readiness where he/she is prepared to explore alternatives and him/herself venture into the unknown, he/she must first have a clear experiential [lived experienced] image of his/her current situation.

Since lived experiencing is realized in three ways, it is necessary that a therapist affectively support a child to an affective exploration and orientation regarding his/her situation. On a cognitive level, a child must arrive at an intellectual signifying of the situation by which he/she can analyze and understand the coherence of its constituents. However, it also is necessary for a child, on a level of normative signifying, to arrive at a proprietary and valuative signifying of his/her situation.

Before such orientation on an affective, cognitive and normative level has broken through, the learning intention remains concealed, and the child has little desire to change. Defective orienting awakens affective lability, cognitive disorder, and a normative signifying of the event as meaningless-for-me. The child does not have a grip on reality and for him/her the unknown reality is a threat.

Thus, orienting is a prerequisite or a predisposition to the therapeutic event that is directed at change. However, it doesn't progress only at the beginning of the therapeutic event but occurs throughout. As the therapy progresses a child arrives at a greater grasp and clarity of the course of life, the state of matters and his/her own role and place in it. Then, he/she can emancipate to a more adequate response to his/her situation.

Learning as a therapeutic event only occurs when a child experiences and signifies the content as relevant. He/she is only able to determine its relevance if he/she is oriented.

A child's orientation regarding the content also must lead him/her to experiencing an authentic problem or dissatisfaction to awaken the learning intention (Rogers, 1969). If the matter or theme remains absent as a problem, from the pupil's experiential world, a teacher must anticipate that effective learning will be delayed. This insight is brought home by Van der Stoep and Louw (1976, p. 184) regarding the school situation. Thus, where an adult's aim is that a child will learn, whether at home, at school or in therapy, he/she must take care that the child is oriented such that he/she will understand "what's in it for me".

#### *5.7.2.5 Accompanying (guiding)*

This didactic category implies that an adult does not leave a child to his/her own devices but accompanies, supports and gives direction to his/her path of becoming. This clearly holds for pedotherapy. Were a child able to help him/herself, therapy would not be needed. It is precisely his/her need for help, accompaniment that calls a therapeutic event into being.

Irrespective of the method or approach, when a therapist chooses to accompany a child, it always involves one person coming forward to a fellow person in distress with all of his/her human potentialities with the aim of providing help. Accompaniment in an orthopedagogic context means help in eliminating the distress.

The accompaniment of a child by a therapist means a therapist brings his/her differentiated personal potentialities to his/her acts of providing help. Not only does he/she answer the affective, cognitive and normative appeal a child directs to him/her, but he/she enters an authentic communication with him/her. Communication is realized in various ways, but language remains the single most important way. The matter of language usage in a therapeutic event has not yet been thoroughly investigated and deserves closer attention, especially given that the role of language

in the pedagogical event has been thoroughly studied (Snyman, 1979).

The relationship at the basis of accompaniment has been discussed in section 5.3.2 of this chapter. The matter of the personal qualities of a therapist, as accompanier of a child in distress, is an important contributing factor to the outcome of therapy.

Irrespective of the fact that the accompanier must be a full-fledged adult (see the essences of adulthood as disclosed by Landman, 1972), he/she must also show specific personal qualities. Rogers (1969) concludes that child learning is realized best under the accompaniment of an adult who shows genuineness in his/her subject-subject relationship with a child. He/she wears no mask or shows no pretense, but makes him/herself knowable as what/who he/she is. He/she is a person with human potentialities and limitations, and not a “thing” or apparatus by which knowledge is canalized. The therapist dares to express with responsibility his/her opinions, likes and dislikes, feelings and thoughts, if appropriate. Thus, he/she takes note of his/her own hierarchy of values and historicity and brings this to bear in his/her associating with a child. A therapist who leaves out of consideration his/her own view of humans and of life during his/her accompanying a child, and tries to dehumanize him/herself, misleads the child and distorts the reality of life.

The possibility of “non-possessive caring” as well as respecting the dignity of the child are personal qualities that Rogers views as indispensable in therapy. Any adult who wants to act as an accompanier of learning in or out of a therapeutic situation must also possess empathy. A therapist must never become involved in the child’s problem situation such that there is a turn from empathy to sympathy. This would result in him/her becoming so emotionally flooded that he/she could not adequately distance him/herself to that cognitive attitude necessary for purposefully accompanying the child to a secure involvement with the problematic content.

Despite the profound scientific work of both researchers mentioned, there seems to be one indispensable personal quality that remains

unexpressed, i.e., *unselfish love*. It is much more than a concern and compassion for, or acceptance of the child. If an adult will be of any help at all to a child run aground, it is a requirement that he/she lovingly cherish children. This love is not coupled with a specific child or only conditionally arises under specific circumstances. A pedotherapist has love for children, all children, even that stuck child, simply because he/she is a child. In his/her accompaniment, a pedotherapist must be prepared to explore life with him/her, including what is less pleasant. To accompany a child in therapy means to walk together on a small part of life's path and then to separate or part. A therapeutic event is also a learning event for an adult. It is only because of love that he/she is in a position and ready for this [accompaniment].

#### ***5.7.2.6 Objectifying or distancing***

According to Van der Stoep and Louw (1976, p. 45) this didactic category means that a child has already distanced him/herself from reality such that he/she can talk about it objectively. The fact that he/she can talk about reality means that he/she is not stuck affectively in it.

This matter figures more prominently and is brought to a head more explicitly in a therapeutic event than in the parental or school teaching event. According to orthopedagogic researchers such as Lubbers (1971), Pretorius (1976), van Niekerk (1976) and Koster (1972), educational distress is primarily affective distress.

When a child is affectively distressed, this restrains his/her intellectual potentialities. It is not possible for him/her, via cognitive lived experiencing, to arrive at an ordering, systematizing, analyzing or synthesizing of reality. This confused cognitive lived experiencing, along with the underlying labile emotional life, influence childlike language. Children in educational distress show an attenuated and impoverished image of language. In its turn, this contributes to disturbed communication.

Affective stabilization is a precondition for pedotherapy so that a child becomes able to give cognitive and normative meaning (Crous, 1979). Irrespective of which therapeutic technique is applied for



affective stabilization and to restore communication, the aim always remains that a child finally improves, i.e., language will be a way of carrying on a dialogue. To verbalize his/her situation, i.e., to name what initially was warded off and invested with negative meaning, requires distancing and objectifying.

#### *5.7.2.7 Imperativity*

Characteristic of a teaching situation is that demands are always placed on a child. This is not to say that he/she necessarily must always meet these demands. However, there is the unavoidable expectation that a child will continually progress to a higher level.

The meaning of a therapeutic event is that the expectation is entertained that a child will change for the good. This expectation takes the form of an unavoidable demand on all involved. This demand is not only asked of a child but also of parents and therapist.

Imperativity, as a didactic category, figures in a therapeutic event when there is an attempt to bring the attained level of becoming into agreement with the level attainable. It is imperative that the retarded becoming is eliminated.

#### *5.7.2.8 Anticipation*

The didactic activity is always directed to realizing the future. Characteristic of a child run aground is an “obscure perspective” on the future (Ter Horst, 1972). When a child is in educational distress, his/her becoming deteriorates, stagnates or degenerates. For parent and child, the future lacks perspective and is even a threat. Their communication is at an impasse. Via giving orthopedagogic help (pedotherapy plus parental accompaniment), the course of becoming again is brought into motion and, if possible, accelerated, and the ordinary primary (home) course of educating is re-established so that once again the child can advance toward his/her future adulthood.

#### *5.7.2.9 Formalizing*

This refers to purposefully constituting the learning situation. To strip the therapeutic event of irrelevant casualness, it is necessary that a pedotherapist have knowledge of what predisposes child learning in order to be able to accountably constitute such a situation. This does not mean that the pedotherapeutic sessions are formalistic or tied to recipes; on the contrary, each child, each pair of parents, each problem situation, and each pedotherapist is unique and unrepeatable. Consequently, no specific therapeutic program can respond to the needs of more than one child at a time. Pedotherapy does not allow itself to be reduced to a stereotypic or stock program of action.

“Formalizing enables a teacher to once again present a child with contents previously exposed in a didactic situation,” according to Van der Stoep and Louw (1976, p. 47). Presenting content again is a pedotherapeutic matter. That is, more adequate meaning is given to already known content as well as to new relevant content.

#### *5.7.2.10 Socializing*

A didactic situation indeed is a co-existential situation, whether in the spontaneous family context or in the more formal school context. Pedotherapy is also an event realized among persons. Where parental and school teaching (pedagogical situations) are bipolar, i.e., at least one adult and a child, an orthopedagogical situation is tri-polar, i.e., parent(s), child and therapist. Thus, there are at least two adults and a child involved.

A child is always situated with other persons. This co-existential involvement always figures, at least in part, in the therapeutic content. Each child (by definition) is still in an educative situation, and any provision of help must necessarily take this co-existential involvement into consideration. This holds equally for children who have run aground with respect to things (e.g., specific school subject content, objects or events), a child who is bogged down with respect to giving meaning to God (catechetical content) or to him/herself (negative or defective self-image). Pedotherapy is unthinkable in a dehumanized situation.

#### *5.7.2.11 Delimiting*

Delimiting involves setting limits of time and place. In a primary or home educative situation this matter is implemented informally. Although time and place are flexible, a parent sets limits. For example, a child does not have unlimited time to reach a formed level of school readiness, and he/she cannot experiment at any time and place with the prevailing norm of refined eating habits.

In a school situation, time and place are clearly delimited, and there is little opportunity to exercise personal likes or dislikes.

In a therapeutic event, delimiting is more rigid than at home, but more flexible than at school.

A therapist is not at the unlimited disposal of parent or child. Specific appointments or arrangements are negotiated regarding starting time, duration and location of the therapy. The likes and dislikes of all involved are considered and possibly changed or altered, if necessary, but are never treated as a haphazard matter.

The stake of both adult and child is more concentrated, refined, purposeful and focused during an orthopedagogic situation than during an ordinary pedagogic situation. The aim is to always accelerate the child's becoming. However, during pedotherapy, the interference is more spaced than during ordinary educating. Periodic breaking away is more regular and of longer periods between pedotherapist and child than between teacher (also parent) and child.

As far as location is concerned, a therapeutic event is not as limited as a school situation, but more limited than the event at home. In practice, it often occurs that therapist and child are by each other in a specific room, but pedotherapy is also realized during excursions or visits.

Delimiting time and place can never become casual, and are brought into consideration in planning the therapeutic event.

### *5.7.2.12 Achieving*

In each teaching event there is hope that a child will show an elevation in level, that he/she will attain a particular achievement. Thus, there also is evaluating. Controlling (verifying) and evaluating are orienting in nature.

Hannah (1977) indicates that there is a distinction between norm-referenced and criterion-referenced evaluating. With respect to a therapeutic event, where only a single child's achievement is relevant, criterion-referenced evaluating occurs. This means that a minimum requirement is presented regarding a child's achievement (behavior) in the light of his/her potentiality to become. Thus, a pedagogically achievable level is anticipated for a particular child, and his/her pedagogically attained achievement is weighed against the former. This type of evaluating usually occurs during each session and from session to session, and covers the total course of therapy.

Where during the diagnostic phase, use is made of standardized tests, there is a quantifying of the achievement, and the child is evaluated with reference to a norm. His/her quantified achievement is compared statistically with that of other children under comparable circumstances. At the end of therapy, the same media, e.g., scholastic subject matter tests, are presented to evaluate the therapeutic effect. Consequently, norm-referenced evaluating usually occurs at the beginning and the end of pedotherapy. This is a sporadic, momentary way of evaluating and, as such, is less useful for pedotherapy.

#### *5.7.2.13 Progressing*

There is an ascending line to indicate the teaching situation. The achievement expected of a child is continually higher and the complexity of the content continually increases.

The becoming of a run aground child in distress must again be set in motion via pedotherapy so that he/she can emancipate to a continually higher level of becoming formed. Pedotherapy is focused on a child continually living more closely the image of adulthood.

With respect to delimiting the aim, a pedotherapist presents a hierarchy of aims from the lowest, most likely attainable to the highest aim anticipated.

Progression also appears in the choice of pedotherapeutic content, and in the form in which it is presented to a child.

A pedotherapist next designs a situation where, once again, a child is exposed to this content, but now in such a way that it is possible for him/her to signify it as emotionally stabilizing, cognitively ordering and normatively as valuable.

This re-submission of the content, whether in its original coherence, in new contexts or via symbolic application, requires ingenuity, skill and mobility of a therapist.

If specific content is so threatening to a child that it shocks him/her emotionally, intellectually and normatively, it will be of little benefit to present the same content to a child before he/se has reached a level of becoming where it is meaningful for him/her to venture again with it. Then, a therapist selects alternative content in which the same elemental [essence] figures, i.e., another exemplar (Greyling, 1972) and offers it as therapeutic content.

This selection of content with a particular aim in view, its ordering and evaluation are in didactic terminology known as *curriculum planning* (Hill, 1975). A therapist plans curriculum on behalf of a particular child in pedotherapy, in contrast to the school event where an adult plans curriculum for the benefit of large numbers of children together in groups.

In terms of the specially selected, ordered and evaluated content, a child masters the elemental in a secure, non-threatening situation. The knowledge that is then precipitated as experiential residue results in stabilizing his/her existing possessed experience. When subsequently a child is confronted with the original exemplar of the content, he/she has a changed frame of reference that directs his/her lived experiencing. It then is possible for him/her to arrive at a change in or broadening of meaning.

Without a reduction to an elemental [essence] would be impossible for a therapist to determine which essences he/she must present as learning content or to accountable choose an exemplar.

#### ***5.7.2.14 Reducing***

This has to do with reducing the content to what is essential. An adult recognizes a child's inclination to become entangled in irrelevant details. Thus, he/she strips the content of everything that is not germane. In his/her reduction of content, the adult also takes into account the child's level of becoming, as well as the state of his/her possessed experience. A parent (or teacher) offers only those core facts that can serve as beacons for the child in terms of which he/she can orient him/herself, and further explore the whole with confidence. In didactic terminology, these beacons are called *elementals*. "Elementals are those basic, primary insights of a particular aspect of reality that give the pupil access to it, and that enable him/her to understand related aspects of reality" (Van der Stoep and Louw, 1976, p. 28).

In his/her exploration of reality, a child applies these elementals as *fundamentals* and by means of elemental mastery, he/she him/herself can attribute meaning to the reality presented through the content. Thus, he/she can emancipate to a higher level of becoming where he/she has a stronger grasp of reality, and his/her life horizons expand.

The matter of reducing content and disclosing elementals are of particular importance in a pedotherapeutic situation.

Before a therapist can accept a child into pedotherapy, he/she must first have a clear image of the child's giving meaning. The therapist must determine which contents the child gives incorrect or attenuated means to (Van Niekerk, 1978). Then, the therapist reduces the inadequately signified content to its elementals to finally determine which relevant elementals the child does not make into proper fundamentals. For example, if the child is afraid of his/her father, the therapist must reduce the content "father" in the child's unique situation in order to determine what it is regarding this slice of reality that the child must know, realize, understand,

value or accept in order to no longer be afraid of his/her father. These essences are *elementals*.

A nondirective therapist allows a child to avoid the problem situation as long as it suits him/her. A directive therapist confronts him/her with the problem, while an indirective pedotherapist makes it possible for the child to deal with the problem in a non-distressing, non-threatening way.

### *5.7.3 Concluding comment*

It is apparent that the didactic-pedagogical categories appear in a pedotherapeutic situation. Pedotherapy is a teaching event that is actualized between a pedotherapist and a child-in-distress who has run aground and who cannot progress on the usual pedagogic path to his/her becoming adult.

## **6. THE RELATIONSHIP PEDAGOGY : ORTHOPEDAGOGY**

Pedotherapy as giving orthopedagogic help is pedagogical in nature. The essences of educating appear in the therapeutic event. Thus, in its essence, pedotherapy is nothing other than pedagogic help. The ways the categories appear or take form are different in educating and in pedotherapy, as has been shown in the previous parts of this chapter.

Orthopedagogic help consists in pedotherapy plus parental guidance and is described as helping the parent's to educate [their child] and educative help for the child. However, pedotherapy is not ordinary educating, and is to be distinguished from the pedagogic events realized in the home and in school.

Educating is realized between two persons, an adult and a child. In the primary, natural, home educative situation, those involved are at least one parent and a child. With respect to a school, formally established, supplementary [to the home] educative event, it also is a bi-polar situation, i.e., between at least one adult, as teacher, and the child. The child in need of help directs an appeal to the adult to which he/she responds by accompanying him/her. Under the accompaniment of an adult, a child now can actualize his/her

personal potentialities in such a way that he/she becomes adult. This requires a contribution from adult and child. Thus, an educative event is bi-polar.

When educating falls short, irrespective of whether it is because of a deficient contribution of the adult, the child or both, there is educative distress. This restrains the child's becoming. When the gap in becoming is of such a nature that it cannot be eliminated via everyday educating, it is an orthopedagogic situation. Special help is required to again bring the child's becoming into motion. Now, there is the tri-polar contributions of the child, the parent and the orthopedagogue. The orthopedagogue's contribution is two-fold: first, he/she provides help to a child in the form of pedotherapy, and second, he/she provides help to the parents in the form of parental accompaniment. The need for help of the parents, as well as the child, directs an appeal to the therapist to which he/she responds by providing help so that parents and child can actualize their potentialities in such a way that educating is re-established and the child's becoming again progresses adequately. Thus, the appeal to the therapist is two-fold, and so are his/her acts of providing help. The nature of the accompaniment of the child is pedagogical, while parental help is andragogical.

Under no circumstances does an orthopedagogue replace the parent or the teacher; thus, he/she is not an educator. An orthopedagogue's contribution is supporting, in order to build a bridge between the two poles whose relationship is disturbed. As such, the contribution is straightening [adjusting] or correcting ordinary educating. Hence, the name ortho-pedagogy. Orthopedagogy is work to re-establish educating. He/she takes educative-enriching or educative-adjusting actions, it does not establish original educating.

The pronouncements from the pedagogical part-disciplines have relevance for pedotherapy. Subsequently, from a pedagogical perspective, attention is given to the structure of the pedotherapeutic event with an eye to establishing a schema by which a therapist can plan a session and launch it accountably.



