CHAPTER 4
ORTHOPEDAGOGIC PRACTICE

*Only **love** provides a spontaneous response to a child's distress (Perquin)*

4.1 THE ORTHOPEDAGOGIC PLAN OF ACTION

A problematic educative situation (PES) arises when growing up and educating miscarry. An orthopedagogue has the task of thinking about and helping to eliminate a PES. Therefore, he/she must know **what** has miscarried and **why**. However, most important of all, he/she must provide real help regarding a PES, i.e., **help which helps** (Langeveld). As an expert, an orthopedagogue has the practical task of identifying the changeable, influenceable, and controllable factors in a PES for the sake of modifying, neutralizing, and compensating for them.

With respect to each problem of educating, an orthopedagogue must design an individual orthopedagogic plan of action which considers the total PES. (Where a medical doctor, psychiatrist, etc. will treat, the concept of orthopedagogic action regarding a PES assumes that an orthopedagogue does not treat: he/she educates, he/she acts pedagogically with unusual means, and in unusual circumstances). The precondition for meaningful, adequate orthopedagogic action is a correct evaluation (orthopedagogic evaluation*) and a plan of action (giving orthopedagogic assistance). Given the dynamics of the factors in a PES, pedodiagnostics, and helping are two aspects of the same orthopedagogic action (Ter Horst). The central question regarding the connections between orthopedagogic evaluation and action are the measures which must be taken to further help the child. (Van Gelder). From this, the necessity for a practical, differentiated orthopedagogic plan of action arises which must be designed for each unique child and each unique PES. This plan is

* In most places in this chapter, I translate "pedodiagnostisering" as orthopedagogic evaluation or pedodiagnostics instead of as pedodiagnostication.

further actualized around the question of what the educative possibilities and difficulties of this child are.

The above plan can be represented as follows:

Orthopedagogic plan of action

Orthopedagogic evaluation	**Providing help**
Historicity	Communicative pedotherapy
Pedagogical investigation	Functioning therapy
Didactic investigation	Family therapy
Medical investigation	Residential orthopedagogy
Social work investigation, etc.	Orthodidactic therapy, etc.

The orthopedagogue will also include in his/her plan of action those facets of the PES which lie outside his/her field of work, i.e., social work, medical, paramedical, and psychiatric investigations, and "treatments". He/she does this in his/her **capacity as an educator.** In this manner, provision is made for compensating and/or correcting for the changeable non-pedagogical factors which gave rise to the PES, e.g., physical, and constitutional defects, non-pedagogical family factors, sub-cultural, and societal-structural factors. An orthopedagogue continually asks the following questions: what do the medical facts, and the family's social situation mean for educating a child to adulthood? Of these data, what is important for a child's adequate personal development? Dealing with these questions is **pedagogical activity.**

Real orthopedagogic action, or orthopedagogic practice is treated in this chapter. Before proceeding to this, the following four concepts are distinguished:

- **Orthopedagogic evaluation:** the practical ascertainment of the factors giving rise to a PES, an analysis of the factors in a PES, and acquiring a person-image of a child-in-educative-distress (practice);

- **Pedodiagnostics:** theoretical expositions of this orthopedagogic evaluation (science);

- **Pedotherapy:** practical help and guidance with educative difficulties (practice);

o **Pedotherapeutic:** the theory with respect to this assistance (science).

4.2 ORTHOPEDAGOGIC EVALUATION*

Orthopedagogic evaluation has developed as a unique approach to and method for unraveling a PES. In describing the person and analyzing the situation of the child-in-educative distress, an orthopedagogue has four points of focus:

* He/she makes a thorough analysis of the total PES within which the child finds him/herself to determine the origin of the problem (**situation analysis**);

- He/she carries out a **qualitative, quantitative** and **pedagogical** investigation and evaluation of the child's disturbed psychic life and behaviors, as related to the PES (**person-image, person-description**);

* He/she investigates the child's educative potentialities and difficulties. Without a thorough knowledge of this, any help he/she tries to offer will be a leap in the dark;

* He/she determines which factors in the PES are modifiable, influenceable, and controllable, i.e., he/she wants to discover the factors hindering educating to modify, neutralize, or compensate for them.

Orthopedagogic evaluation should not be viewed merely as the collection of data--it is a **bit of educating**, a careful scanning of the route the orthopedagogue must take with the child. (1)

Van Gelder (2) describes the characteristics of orthopedagogic evaluation as follows:

(a) **Orthopedagogic evaluation occurs in a pedagogical situation**, i.e., in **pedagogical association** with the child. The child is not an object, but rather a subject. He/she is someone who him/herself is involved in an **encounter** with a fellow human. In pedagogical

* Pedodiagnostication.

association, the adult is acknowledged as educator, i.e., a situation of **pedagogical authority** arises;

(b) **Orthopedagogic evaluation is not bound to a time and place.** For example, in comparison with a medical diagnosis (examining room), orthopedagogic evaluation does not occur in an isolated period of an hour, or a day, and it is not limited to an encounter with the child in a situation confined to the research space. The orthopedagogue requires time to learn to know the child; he/she must observe the child in continually new situations, and build up contact with him/her in continually differing circumstances to discover new possibilities for educating him/her;

(c) **Orthopedagogic evaluation requires a distancing* from pedagogical association.** Initially, the orthopedagogue must be involved personally with the child in a spontaneous pedagogical association. A human relationship must be established in which educator and child interact with each other. This promotes the establishment of the pedagogical relationship. However, after this relationship is first established, a "stepping back" is meaningful in which the orthopedagogue, on a more sober, matter of fact, knowing, objective level can reflect on, understand, make deductions, analyses, etc. regarding what he/she does and sees;

(d) **The means of orthopedagogic evaluation are the forms of pedagogical activities.**

The following are the forms of pedagogical activities#:

(i) enter communication with the child:

*** put yourself in the situation (association):** The response of the child-in-distress to the pedotherapeutic situation depends on the attitude which the p edotherapist shows by means of expressions (facial expressions, gestures, language). If the pedotherapist appears to be cold and aloof, then the child will not be ready to enter

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* distantiation.

The elaborations following the forms of pedagogic activities, which are indicated in **bold type**, are inserted from Pretorius, **Grondslae van die pedoterapie.** Johannesburg: McGraw-Hill, 1972, pp. 71-73.

communication. A situation of association is already created when the child is given a task or request (e.g., draw, play, tell a story). The child shows his/her lived experiences to the pedotherapist in the ways he/she carries out the task (e.g., aggressive, or evasive behaviors). His/her involvement with his/her play, drawing or narrating gives the pedotherapist an opportunity to discover therapeutic possibilities, and to bring about an encounter with him/her;

* **the beginning of the communication (conversation):** By indirect ways (e.g., drawings and play, among others), the child expresses, especially, his/her emotional lived experiences. These expressions are

directed by the pedotherapist's actions to create possibilities for communicating with the child. This means that, sometimes the pedotherapist decides to take action (authority) with tolerance, kindness, appreciation, acceptance (trust), yet always in a loving way to spur the child on to action;

* **the development of the communication:** The pedotherapist must always be aware of the nature of the child's expressions of his/her intentions in the pedotherapeutic event. As soon as he/she feels that the pedotherapist shows insight into, understanding, and acceptance of his/her expressions, the possibility exists for an emotional communication between child and pedotherapist. Through a specific means of communicating (play, image, word), the child feels ready to show his/her pathic disturbance to the pedotherapist. He/she is urged to explore his/her problem with the pedotherapist, and to express his/her experiences. To the degree he/she explores his/her world, and expresses his/her lived experiences, the possibility is created for an encounter with this child-in-distress;

(ii) allow the child to act (exploration):

* **systematic (formal) activity with the therapeutic material:** During each therapy session, the child is asked, urged, and encouraged to handle

therapeutic materials (pencils, paint, clay, projective pictures, language formulations, toys, etc.). Sometimes assistance or decisive authoritative guidance is necessary here. Usually, discussions or explanations first are necessary; also, the pedotherapist must show a sincere interest in what the child will be informed about and required to do, or else he/she might be given "the cold shoulder". Encouraging and appreciating the child's expressions support him/her in his/her exploration of the world (through the therapeutic material). Thus, the pedotherapist remains relatively active in the pedotherapeutic event. Child and pedotherapist act in interaction with each other. Hence, the child is led to his/her own problem through play, image, or word;

*** play in a specific milieu (play-treatment, expressive-therapy) [projection and expression]**
In a situation of encounter, the child and pedotherapist together explore the specific problem by means of play themes, drawings, or conversations (projection and expression).

(iii) do not allow the child to act (limits are set):

*** set limits and prohibit:** The mutual exploration of the problematic event has a cathartic effect such that the child usually accepts and revises his/her problem. Often, the pedotherapist must introduce or suggest changes. Frequently, he/she must set limits and prohibitions regarding the child's activities to assist him/her to attribute positive meanings to him/herself, and to his/her problematic situation;

*** provide protection:** In his/her problematic lived experiences, the child is accepted and protected. His/her pathic disturbance is corrected by indirectly (anonymously) setting prohibitions and limits for him/her. He/she is protected against and withheld from a confrontation with that which exceeds his/her possibilities for change;

* **isolating (distancing) oneself from the child:**
Although a relationship of trust between the child-in-distress and the pedotherapist is a precondition for the possibility of therapy, attention has been called to the case of too strong an affective bonding. It can happen that the child is only receptive to, and dependent on influences from the pedotherapist, and that he/she only feels safe and secure with him/her. Thus, it is the task of the pedotherapist to **distance** him/herself from the child when the distressful situation is broken through, so the child him/herself will further explore his/her own world purposefully. The child must not become a replica of the personality of the pedotherapist. On his/her own initiative, he/she
must be able to feel safe and secure in the world.

(e) **By means of orthopedagogic evaluation (pedodiagnosis), the level of pedagogical attainment in relation to the level attainable is ascertained.** The orthopedagogue must try to find those pedagogical aims which are achievable for the child. These aims must be viewed in terms of the child's possibilities. For a deviating child, the general aims of the pedagogical activities which lead to adulthood must be viewed in relation to what is attainable. Some aims may not be attainable, and the orthopedagogic evaluation must result in gauging the attainable aims. Sometimes this can be an instrumental aim, which is required for the attainment of a higher, more remote aim. Here, one thinks of the development of the communication potentialities of a disturbed child, of the removal of "neurotic" blockages, of didactic assistance for the child with learning difficulties, etc. Often the instrumental aim must be met to make the child's further spiritual development possible. Also, these aims should be viewed in terms of the total image of the educating, and not as aims unto themselves.

The evaluator learns to know the unique child and his/her unique problematic educative situation by means of the **following procedures:**

4.2.1 Historicity image

The concept **historicity** points to a person's **past, present,** and **future.** The acquisition of data (as completely as possible) on the past (history) of the child, on his/her present situation, but also on

his/her future directedness (a problematic educative situation means an obscured future perspective, an inaccessible future) is an essential, indispensable, integral part of the investigation. The child's total life background, including his/her total pedagogical, and didactic situation, is analyzed in a **historicity conversation** with his/her parents. Very helpful data also can be obtained from a school profile (data from the school or teachers).

The historicity conversation should not be viewed as a fixed, stereotypic filling-in of an historicity form, and the orthopedagogic evaluator must allow him/herself to be led by his/her **pedagogical intuition.** This implies a **subjective involvement** in the historicity conversation, and a penetration into the world of the other. Also, in this conversation, there must be an encounter between the conversational partners, i.e., the orthopedagogue-investigator and the other, e.g., the parent(s) or teacher, or, naturally, the child.

Data obtained in this way include the following: identifying particulars, family situation, family structure and relationships, structure of the pedagogical situation within the family, physical history, and condition of the child, school history, school situation, and the child's achievement, specific learning and behavior problems, the child's psychic-spiritual development (emotional life, learning activities, etc.), traumatic experiences which the child has suffered, etc.

From the historicity conversation, **a preliminary person-image** of the child is acquired. T**he child's performances** with the various research media are **evaluated, interpreted, and analyzed** against the background of this preliminary person-image.

4.2.2 Fundamental methods

The research situation is an educative situation where an adult (the orthopedagogue) learns to know the child through **primordial ways**[#] **of learning to know someone**; these also are called **fundamental** or **natural methods**, i.e., **pedagogical association, pedagogical encounter, pedagogical observation, pedagogical conversation, and pedagogical acting together.**

[#] Original ways that are given with being human.

(a) Pedagogical association: Association is the basic precondition for educating; it is a person's way of being-by and acting-with someone. Educating (and corrective educating) is always embedded in pedagogical association. The first acquaintance with the child occurs when he/she enters the orthopedagogue's research room. The orthopedagogue and the child enter a conversation, and the first tasks are given to the child. Now, the orthopedagogue and child are **present by each other**. This pedagogical association is the precondition for the further contact, deepened encounter, and communication which must follow.

(b) Pedagogical encounter: This intensification of communication means entering the child's experiential world, and a deepened learning-to-know, an understanding penetration of the child's world. The orthopedagogue becomes intimately involved in the child's world; he/she discovers and encounters him/her in his/her being-a-person (in the spiritual core of his/her existence). Through an encounter, the child's **intrapsychic** world becomes an **interpsychic** world. Now, the orthopedagogue and child are **present with each other. The orthopedagogue is not an outsider who researches an object.** The relationship established with the child is a **subject-subject (person-to-person)** relationship; it is a being-with and acting-with, via the research media (see below).

(c) Pedagogical observation: This is not a casual, aimless, passive viewing of the child and his/her actions. Here, the emphasis is on communicating and acting-together. On the one hand, the orthopedagogue observes **how** the child deals with **the educative relationship with him/her**, and, on the other hand, **how** he/she handles **the research media** submitted to him/her. During the entire investigation, none of the child's words, actions, gestures, or bodily movements are insignificant. Observation means making oneself personally present, being completely there with this child who one observes (Beets). Observation implies a systematic and goal-directed attitude on the part of the investigator, and careful, systematic observations, with the aim of interpreting what is perceived (De Groot).

(d) Pedagogical conversation: Conversation is an encounter in which language is the means of communication between the discussion partners. However, the concern is not with words alone. Body language also plays a large role (eyes, gestures, body movements, mimicry (Reumer and Van Battum). Conversation is

reciprocal: The primitive word **I-THOU** lays the foundation of the world of this relationship. The relationship is one of mutuality (Martin Buber). The spontaneous **conversation is at the core** of the investigative situation. During the entire investigation, the orthopedagogue learns to know the child in and through conversing with him/her. Being-together (in a world common to both the child and the orthopedagogue) is the precondition for a conversation. By means of the conversation, the orthopedagogue is exposed to, informed about and takes part in the child's world.

(e) Pedagogical acting-together: By doing something together with a person, you learn to know him/her. The orthopedagogue and the child act together with the help of the research materials. The orthopedagogue presents the child with particular tasks and guides him/her in executing them, and in this way he/she learns to know the child.

Association, encounter, observation, conversation and acting-together are carried out by implementing and completing research media for this purpose. Association, encounter, conversation and acting-together also are used to create a secure and safe atmosphere by which a venturesome attitude, necessary for the child to explore the world of the media, is awakened.

4.2.3 Research media: Because the orthopedagogue cannot adequately learn to know the child via the above five fundamental methods in the short duration of one or more evaluative sessions, particular research media (tests) are employed. These media serve as:

* **communication media** (there is communication through and about the media)
* **observation media** (observation of the child in his/her handling of and performance regarding the media)
* **exploratory media** (the media are a reality which the child must explore--they also are referred to as "exploratory media" in that they provide an opportunity to explore and understand who the child is as a person-in-his/her-world
* **evaluation media** (his/her performances are qualitatively, quantitatively and pedagogically evaluated)
* **performance media** (the child is allowed to handle the different materials).

The research media frequently employed in current orthopedagogic evaluation are the following:

(a) Observation media: Observation or performance media are research media especially designed to observe the child's concrete handling (procedures, achievements) of them. How he/she deals with things in his/her world is evaluated from the way he/she handles the media-- with respect to the insight, directedness, practical intelligence, emotional state, skillfulness, etc. he/she shows. Also, his/her different abilities are evaluated, e.g., intelligence, perception, motor development, spatial orientation, language, laterality (right/left/mixed), etc. There are all kinds of media such as different sorts of blocks, form boards, alabaster boards, form-designs for copying, problem games and other problem media such as the Wiggly blocks, Koh's blocks, V-scope, Guide-it, Ellis Visual Design, and the Vedder Figures.

How the child handles his/her assigned tasks is observed: is he/she accessible and candid in the investigator's presence, is he/she inaccessible and reticent, insecure and anxious, affectively ready to perform a task to the best of his/her ability, does he/she quickly seeks help, is he/she quickly frustrated, does he/she become discouraged and quit, does he/she try to solve problems by trial-and-error or rather does he/she approach them systematically and with planning? The most important question is whether he/she **directs him/herself to a task adequately, and** in this way **optimally use his/her potentialities**.

An important distinction is between the **work-attitude** and the **work-level** which he/she shows in connection with the tasks. His/her **work-attitude** is concerned with observing his/her attitude in handling the task; e.g., is he/she uncertain, tense, persistent, playful, not serious, dependent, self-confident and level-headed? The **work-level** of his/her method of solution can be chaotic (he/she has no insight), stereotypic (he/she persists with trial-and-error methods), concrete-practical or abstract.

(b) Intelligence media: Intelligence can be described as the power to break through situations in which a person finds him/herself. It is a cognitive potential at the person's disposal. However, he/she must **make the effort** to use this power for breaking through, and, thus, **to actualize his/her intellectual potentialities.**

It is important to evaluate the child's intelligence so the orthopedagogue can establish what can be expected of him/her intellectually, and if he/she achieves according to his/her intellectual potentialities. For example, it is possible that emotional disturbances, or a negative attitude, can block or restrain the implementation of his/her intelligence.

The following three ways (quantitative, qualitative and pedagogical) **of evaluating intelligence are distinguished**:

(1) Quantitative evaluation: With the aid of standardized intelligence media, the child's intelligence quotient (IQ) is ascertained. This has to do with the **quantity** of the child's intelligence. Also indicated are the verbal and nonverbal abilities at the child's disposal, e.g., IQ=100 (V=110; NV=90). However, the orthopedagogue does **not focus only on the child's IQ;** he/she **supplements** this quantitative evaluation in the following qualitative ways:

(2) Qualitative evaluation: Here the concern is with **how**, i.e., with an analysis of the **ways** the child implements his/her intelligence, solves problems, arrives at answers, etc. The orthopedagogue does a **descriptive analysis of the structure** of his/her intelligence.

Some important descriptive aspects are the following:

* **Language analysis:** Considered here is the relationship between language and thought and language and intelligence, the level (concrete to abstract) on which the child's language functions, the vocabulary, the quality and orderliness of sentence constructions, language as a medium and means of thought and intelligence, and if there are language deficiencies which restrain the child's implementation of intelligence.

* **Analysis of thinking:** The course of thinking with reference to answers to problems, reasoning, order or disorder, logical or illogical, the level of consciousness on which thinking functions (e.g., concrete-perceptual, schematic, abstract), etc. are established.

* **Analysis of directedness**: Attention is given to the state of directedness; if the child can implement his/her abilities by directing him/herself to the task.

* **Arithmetic analysis:** Here one notices if the child can read and understand the problem, and if he/she can perform the necessary computations with facility.

* **Memory analysis:** This is the ability to recall and to recognize representations. Does memory serve as an aid for weak intelligence, or as a restraint for high intelligence? It is noted if there is a defect in the ability to "receive" (receptive memory) or in the quality of the recall. Memory phenomena such as number, word, visual and auditory memory are evaluated.

* **Analysis of perceiving:** Notice the nature of perceiving --is it directed more to the whole or to details? Are there perceptual disturbances? Attend to spatial perceptual abilities, to perceptual acuity and quickness.

* **Affective analysis:** Notice the ways language is experienced affectively, the affective use of language, the nature of affectivity (whether the emotions are entirely or partly under intellectual control).

* **Analysis of attention/concentration:** Notice if there is any intellectual advantage accrued from the child's ability to concentrate: if there are lapses, fluctuations and a slackening of attention.

* **Analysis of intellectual tempo:** Notice the speed with which the problems are solved or the tasks are completed. Concentration and directedness to the task contribute to the tempo and quality of the responses. Notice the writing speed, speed of motor movements, vitality of thought, etc.

* **Projective analysis:** Notice projective expressions which refer to the child's relationship with his/her world.

(3) Pedagogical evaluation (of his/her educative guidance)**:** A child must be educated to actualize his/her intelligence, and this will

influence how he/she implements it. **Educative neglect can result in under actualizing intelligence.** The orthopedagogue evaluates whether the cognitive, affective and normative structures of the child's pedagogical situation are favorable for him/her to implement his/her intelligence:

* **Actualizing intelligence and cognitive educating:** This is accomplished by maintaining an adequate level of language (so that deficient language does not serve as a defective medium of intelligence), by meaningfully answering the child's questions, by the child learning to do things, by providing him/her with adequate life experiences, by supplying him/her with formative materials, etc.

* **Actualizing intelligence and affective educating:** Emotional educating determines the quality of the child's security, helplessness and exploration. A child who **feels** secure also will **feel** ready to venture, and, thus, is ready and prepared to intelligently explore his/her world.

* **Actualizing intelligence and normative educating:** Here the concern is with exemplifying norms in terms of which the child gives sense and meaning to his/her intellectual achievements. His/her intellectual activities must be meaningful for him/her--this is important for a person to make the most of his/her intellectual abilities. The child's attunement to and responsibility for his/her intellectual achievements are at issue. He/she must be educated to the responsible implementation of his/her intelligence.

An individual test such as the Wechsler Intelligence Scale for Children--Revised is employed in an orthopedagogic evaluation to assess the child's intelligence. However, only from an interpretation of all research media employed (language media, projective media, child drawings, etc.) can definite conclusions be made regarding the child's intellectual potentialities.

(c) Projective media: A distinction is made between a **projection** and an **expression.** Expression points to an **expression** of what a person experiences within and then outwardly manifests to another

person via his/her actions, movements, attitudes, gestures, facial expressions, language, drawings, etc. **Every expression is not a projection, but every projection is an expression. Projection** is the occurrence by which a person attributes him/herself (his/her experiences, strivings, ways of behaving, etc.) to another; that is, projection is a **duplication of the I-in-affect** (Van Lennep). Thus, projection objectifies one's own wishes, desires, thoughts, feelings, attitudes, etc.

* **Inkblot media:** a series of symmetrical inkblots is presented to the child. He/she is given instructions to use his/her imagination and then to tell what he/she sees in the inkblot. These form-interpretation media show structural, formal facets of the child's personality. From the interpretation of the child's responses, inferences can be made regarding his/her intelligence, perceiving, emotional life (e.g., anxiety, impulsivity), fantasy, creative thought, his/her basic attitudes toward him/herself and reality, actualized abilities, interpersonal relationships, etc. Examples are the Rorschach, the Behn-Rorschach and the Zullinger.

* **Thematic projective media:** A series of pictures (each of which represents a particular theme) is presented to the child with the instructions to create a story about the picture. The child can only draw on his/her own life experiences to produce a story and, thus, unwittingly, he/she tells his/her own story; he/she ascribes his/her own thoughts and feelings to the figures in the picture. Consequently, his/her attitudes and relationships to him/herself, others, and to reality are shown (e.g., anxiety, jealousy, acceptance or rejection of self and others). He/she **projects** the core of his/her experiences, problems, etc. in his/her story. Thus, the child shows his/her thinking and fantasy life to the orthopedagogue. The following are examples of thematic media currently used: the Four Picture medium, the Thematic Apperception Test (T.A.T.), South African Picture Analysis Test, Children's T.A.T. and the Columbus series.

(d) Expressive media: the child has an opportunity to spontaneously express his/her disturbed psychic life in language or drawing. The choice of what the child draws or writes about is

influenced by his/her inner experiences of him/herself in his/her unique situation. He/she manifests that which has particular meaning for him/her, e.g., uncertainty, anxiety, bodily experiences, aggression, disturbances, relationships, dislikes and needs.

* **Sentence completion medium:** By completing parts of a particular sentence, the child expresses how he/she feels about
different things. Namely, in writing, he/she must complete a number of part-sentences as complete sentences. From the content of the completed sentences is deduced what experiences have a central place in his/her world.

Examples of parts of sentences follow:

I like.....
A mother.....
My greatest fear.....
I hate.....
People who don't like me.....
To my regret.....
It upsets me if.....
My greatest shortcoming.....
At school.....

* **Wartegg-drawing medium:** The child must complete eight drawings, each according to a given stimulus (incomplete, partial drawing). The child's sensitivity for a stimulus is meaningful. From the content (scribbles, abstractions, pictures) and form level of his/her drawings, particular deductions are made regarding his/her intellectual talents, emotional life, artistic potential, motor development, etc.

* **Drawing media** (e.g., person-house-tree)**:** Child drawings are very useful in current orthopedagogic practice when used as expressive, projective and communicative media (see below). The child embodies (represents) his/her (intense) lived
experiences in his/her drawings. **What** and **how** he/she draws is an
indication of his/her psychic condition. Thus, he/she manifests his/her

lived experiences of reality and of him/herself. He/she draws what has specific meaning. The orthopedagogue must determine why a particular child with **his/her** historicity, e.g., drew a human figure (him/herself!) in a particular way. Through graphic (drawing) projections and expressions, the child displays his/her own attunement and relationship to his/her world.

The child's drawings also show the quality of his/her individual development. For example, the restrained child will tend to execute a drawing of a person on an infantile level.

(e) Language media: Language is a medium of expression and communication. It is a carrier of the emotional life. Through language, feelings are called up and expressed. Thus, it clearly is an emotional expressive medium and, therefore, reflects the level of the child's total psychic-spiritual development. Consequently, language analysis and evaluation are indispensable orthopedagogic methods. Tasks requiring language interpretation and production are presented to the child which are like what he/she receives in school --reading, spelling, conversation, composition, comprehension tests, narratives, sentence completion, etc. In these ways the orthopedagogue learns to know the child in relation to his/her world. Through analysis and evaluation, the child's language performances are determined--i.e., how his/her language functions. Also noted are his/her linguistic expressions of feelings, thoughts, attitudes and fantasies, of his/her conceptual, reading, expressive and communication abilities, etc.

4.3 ORTHOPEDAGOGIC ASSISTANCE

The orthopedagogue has the task of correcting the PES; i.e., he/she must try to eliminate, as far as is possible. the complex, interrelated whole of factors which are impeding the child's becoming adult. Because of the diversity and complexity of educative impeding factors, he/she has a multifarious and complex task, and the elimination of the PES requires multiple forms of orthopedagogic assistance. The orthopedagogue directs him/herself to the alterable factors in the PES, namely, to the child's psychic and relationship factors, including disturbed educative relationships in the family and school, educative neglect, mistakes in educating and educative restraining family situations. His/her central task, thus, is **offering**

assistance to parents and other educators, children and youths with educative, developmental and relationship difficulties. His/her purpose is primarily educative in nature, i.e., he/she provides **educative assistance.** This pedagogical purpose must characterize and direct his/her entire plan of action from pedodiagnostics (historicity image, investigation), to family therapy and pedotherapy.

It is emphasized that the orthopedagogue does not surrender the educators and the child to methods of assistance, but rather the (ped)agogical relationship which he/she establishes with the persons involved in the PES is the most important facet of his/her providing help. Real corrective educating and the essential re-establishment of personal development cannot succeed if the personal relationship between the orthopedagogue and child or educator makes room only for a purely methodological approach. Corrective educating is an art and a skill--the art of establishing an optimal trust-awakening relationship, paired with skillful correction.

Nevertheless, the orthopedagogue must design methodologies and means because, to qualify as scientific (pedagogically accountable) assistance, all orthopedagogic methods and means of therapy must be planned and carried out.

The task of the orthopedagogue breaks down into the following **forms of orthopedagogic assistance,** or **forms of orthopedagogic therapy**•:

- o Communicative pedotherapy
- o Family therapy
- o Orthodidactic pedotherapy
- o Residential orthopedagogy
- o Functioning pedotherapy
- o Specialized pedotherapies.

4.3.1 Communicative pedotherapy

4.3.1.1 Introduction

• Orthopedagogic therapy is help for the sake of corrective educating for educators *and* children; the concept *pedotherapy* is used to indicate that an act of providing help is specifically carried out with a child, e.g., communicative pedotherapy, orthodidactic pedotherapy.

In contemporary child therapy, a few schools can be distinguished with respect to working hypotheses, methods and aims, e.g., psychoanalytically oriented child therapy, Rogerian child therapy (the nondirective method), behavior therapy, the Jungian methods, Allen's relationship theory, existential child therapy. However, the author is an advocate of the modern-pedagogical approach of the Langeveld pedotherapeutic school. The pioneers of this school are Vermeer, Van der Zeyde (illusive-play communication) and Lubbers (image communication). The pedotherapeutic methods of the Langeveld school have his fundamental principles of educating as a basis: educating the normal, healthy child emanates from the following facts:

- that the child is **helpless** and is dependent on help;
- that he/she is a **situated** child--a child who lives there in interaction with the surrounding world to which he/she **gives sense and meaning**;
- that the child wants to **become grown-up**—he/she is someone who "wants to become someone himself"--therefore, he/she can identify him/herself with an adult;
- the **security** offered him/her by the adults and the environment serve as a basis, a homeport, from which **exploration** is possible;
- that there is an adult who will be an authentic educator, who will him/herself take **responsibility** for the child and lead him/her to adulthood.

Kwakkel-Scheffer [3] describes this form of pedotherapy in broad strokes as follows: the therapist links him/herself up with a child who has reached an impasse, who has to contend with a certain form and degree of helplessness. He/she lets the child feel that he/she sympathizes with him/her but, at the same time, indicates to the child that he/she can also interpret things differently.

In communication (through illusive play or images) the child is supported to attribute personal meaning. If the therapy proceeds satisfactorily, the child will feel secure and again venture to explore (in a form fitting of his/her age and nature). He/she can again live

fully, continue growing; he/she is again motivated. The temporary disturbance in his/her educability is now eliminated.

The child is helped to view facts in a different light, under another interpretation, so that he/she can attribute **different meanings** than what until now he/she has done--so that he/she can experience them differently. Through giving personal meaning, he/she comes to experience his/her difficulties differently (assuming that they are not eliminated). This method is used with children who have problems, according to Kwakkel-Scheffer.

An important fact in our view of the child is that he/she continually gives new sense and meaning to reality and that he/she continually discovers new values. The child is openness, i.e., the potentiality to **become different** (and, thus, to be delivered from and enlightened about his/her restraining situation) by attributing new sense and meaning to it. Communicative pedotherapy is the event where the child is assisted to give different meanings (to lived experience differently; support to re-lived experience), to differently interpret (view in a different light) his/her situation to arrive at a new, positive personal giving of meaning, which amounts to a changed, favorable attunement.

What occurs here is **symmorphosis** (giving meaning together; the communication of meanings), an event which is actualized in natural ways between educator and child in daily life, e.g., by comforting, encouraging, helping to assimilate, learning not to be afraid of a vicious dog. In communicative pedotherapy, this symmorphosis is only **conducted methodically.** Pedotherapy as symmorphosis is needed because the pedagogical symmorphosis of daily life has miscarried, and the parents no longer can assure the child a sense of security.

In communicative pedotherapy, the child recovers his/her true self in communication with the pedotherapist. He/she has an opportunity to express his/her problems symbolically in play, image or fantasy narratives (projective narratives). This expression or **mimesis** (to express, to depict in images, to narrate) already functions as a **catharsis** (cleansing, purifying, discharging, becoming enlightened, relaxing). The child understands his/her PES with **anxiety** (the basic attunement of a disturbed psychic life). Because of a disturbed communication, the parents cannot share their child's anxiety with him/her, and they cannot help him/her

assimilate his/her situation. Therefore, at this point, the pedotherapist must help the child to understand his/her situation as something other than anxiety to re-establish communication between the educator (e.g., parent) and child so that everyday educating can progress again from a new beginning.

In his/her pedotherapy, the orthopedagogue aims to influence the child's life toward an integrated personal development. He/she wants to change the destructive circular dynamic of anxiety, degeneration and personal mis-forming to a constructive, linear dynamic of communicating and exploring, which will result in the child's becoming and personal re-forming. The psychic life is not static--it is **living** and **dynamic**. Thus, the assimilation of conflict and tension also is a dynamic, creative event--the creation of new meanings and a new attunement. The pedotherapist helps the child actualize potentialities for creative assimilation--this is creative self-actualization. This creative work also is cathartic. The child is not delivered to (determined by) his/her situation. He/she can assimilate it and direct his/her life him/herself. Determinism nullifies the responsibility that each person must direct his/her own life in creative ways.

For the pedotherapist, this has to do with developing the child's potentialities for communication and eliminating his/her conflict and anxiety blockages.

4.3.1.2 Reason for the name "communicative pedotherapy"

Clearly communicative pedotherapy revolves around **communication** and to give reasons for naming this form of pedotherapy such, the author indicates its nature:

- the **deviation** with which it deals is **child communicosis** (rather than child neurosis); with the child in the PES, something falls short of expectation regarding communication;
- the **aim** is to re-establish personal communication--re-establishing and developing the child's communication potentialities;
- how this will be achieved is communicating with the child as a person;
- the **form** of pedotherapy is the forms of communication, i.e., play, image and language as forms of communicating;

- o the **starting point** of pedotherapy is establishing communication with the child;
- o the **meaning** of pedotherapy is that the child can arrive at self-actualization only in communicating with others;
- o the **pedagogical activity** actualized here is communicating new meanings to the child;
- o the **fundamental attitude** of the pedotherapist is one of communicating with the child as a person;
- o the **indication** for pedotherapy is that the child's educability is restrained because of inadequate communication.

4.3.1.3 Indications

Here the concern is with the indications or signs for deciding for which children communicative pedotherapy is appropriate. The **restrained** child (the child who **has** problems) is appropriate for this form of pedotherapy, e.g., the child with disturbed emotional lived experiences with respect to his/her PES. It can be that a handicapped child cannot assimilate his/her being-handicapped; possibly his/her handicap cannot be eliminated, but his/her non-acceptance of it is neutralizable by pedotherapy. He/she can learn to live in peace with what cannot be changed. A child who has become inaccessible to and unreadable to his/her parents because of a disturbed relationship of trust or disturbed communication is helped by communicative pedotherapy. A child in isolation cannot express his/her feelings and thoughts; he/she continually avoids exploratory situations; thus, he/she cannot be him/herself and accept his/her unique self.

The following children are appropriate for communicative pedotherapy: a child with an integrated personal structure (contrast a psychopathic child); a child who can establish interpersonal encounters (contrast an autistic child); a child with adequate intelligence (I.Q. above 80) in order to participate with "insight" and initiative (contrast a moron child); a child with a good physical constitution; a child in a pedagogical situation which can be favorably corrected for the sake of cooperating in overcoming his/her difficulties.

4.3.1.4 Communicative pedotherapy as pedagogical activity

Pedotherapy is (ortho)pedagogy. The pedotherapeutic situation is a particular pedagogical situation, and, therefore, the fundamental pedagogical structures must be actualized in pedotherapy, namely pedagogic trust, authority, association, encounter, intervention (correcting and approving), the educative aim (adulthood) and the pedagogical activities. The following pedagogical activities are especially mentioned here: Educating is helping the child with meanings (Landman). Communicative pedotherapy clearly involves helping the child with meanings, communicating new meanings to the child (symmorphosis). It is pedagogical activity which is actualized here. Thus, pedotherapy is a concentrated, condensed form of pedagogically founded activity (Dumont).

4.3.1.5 Essences of communicative pedotherapy[4]

In communicative pedotherapy, the pedotherapist actualizes a pedagogical relationship with the child (trust, acceptance, security, authority, understanding, co-existentiality, identification, etc.). Within this relationship, he/she re-establishes and strengthens the child's basic trust and security so that he/she again becomes ready to **explore** along with an adult. The pedotherapist opens and develops communication with the child. He/she supports, directs and guides the child in a symbolic co-exploration of the problem area. In this way the child has a chance to actualize what is defective in the PES, namely, communication, exploration and expression of his/her psychic life.

This communication and exploration occur with the help of a particular medium of communication (play, image, conversation). Namely, the child deals with toys or other therapeutic material (projective and expressive media). He/she receives encouragement and appreciation regarding his/her expression and exploration. Thus, he/she is guided to convey his/her problem in play, image or word. However, the problem remains anonymous and is explored and communicated indirectly (symbolically). Now, in the secure safety with the pedotherapist, the child is confronted with his/her unassimilated lived experiences. Intensive communication and exploration of the problem area create an optimal opportunity for symmorphosis--the child learns to deal with what is alien and anxiety arousing according to the adult's example; for example, he/she learns to give a meaning to a situation which does not include anxiety.

When the child explores his/her problem by playing out, representing or verbalizing it, his/her disturbed lived experiences are expressed. Then, the pedotherapist indirectly (symbolically) communicates new, positive meanings to him/her by modifications of his/her expressive and projective products (in his/her play, drawings or projective narrative) brought on by him/herself or by suggestions that he/she do so. Thus, with the help of the pedotherapist, the child arrives at a symbolic solution of his/her difficulty (assimilating, re-lived experiencing); and actualizes his/her symbolically found solution in his/her daily life outside of the therapy room. Thus, a catharsis is actualized by which a solution, a way out and a way of progressing with the child's educating is found.

4.3.1.6 Forms of communicative pedotherapy[5]

Conversation is the most important means of communication, but because of the child's inability to verbalize, communication must be actualized by other means. The different forms of communication give rise to the different forms of communicative pedotherapy, namely:

play therapy (the problem is played out; played away);

image therapy (the problem is represented, depicted);

conversational therapy (the problem is talked out, verbalized--by generalized or projective narrative, e.g., via projective media).

For younger children (under 10 years), play therapy is appropriate; for the puerile child (approximately 10 to 12) image therapy is the most appropriate form and for the puber and adolescent conversational therapy can be used. A combination of pedotherapeutic forms also is useful.

Play and conversational therapy are not discussed here because they are dealt with in the following chapter where play and conversation are considered as fundamental orthopedagogic forms.

Concerning image therapy: [6] Here the image and figurative narrative are used as a means of communication in pedotherapy following the methods of Prof. R. Lubbers (Netherlands). The child symbolically expresses and projects his/her unassimilated

experiences in the form of images (drawing, painting, model). When he/she stagnates in his/her image production, the pedotherapist helps him/her by making or proposing changes in them. In the child's free expression lies (with the support of the adult) the optimal possibility to attribute new and positive meaning because the child depicts what shackles or blocks him/her. By "thinking in terms of pictures," solutions for the problem are found which are usable in daily life. **Catharsis** is accomplished by:

- **expression**: expressing the problem already means alleviating and discharging;
- **projection: projection is defense**; the child gets rid of his/her unassimilated lived experiences by attributing them to the figure in the image; the image in the figure overcomes that from which "I" retreat in alarm; nothing happens to the child but to the arbitrary figure of the image;
- **symmorphosis**: giving meaning together; via his/her attunement against the alarming, the pedotherapist awakens a corresponding positive attunement in the child.

Through the presence and help of the pedotherapist, the lonely child now acquires a co-participant in the communicative event.

4.3.2 Family therapy

Abolishing the PES means that the restrained or impeded child in distress must be helped. The precondition is that this distressful situation must be changed into a more easily assimilated, actualizable and livable pedagogical situation. Often the child's distress is the result of deficiencies of educating. The family often is the origin of the learning and behavior problems of children (see the etiology of the PES discussed in Chapter 2, section 2.2). The family-in-distress is a system and constructive change and influence of one factor of the family life (the parents) often is essential to rectify another factor (the child). Therefore, orthopedagogic assistance must be given to the child **and** the family and be directed to correcting intrinsic conflicts with the parents--and also directed to their problems in educating, to disturbed relationships, and to the confused future perspective and faulty perspective on educating which characterize the PES. Educative influence requires an educative situation within which educator and child relate to each other in such a way that the educator really can influence and the

educand can let him/her influence him/her. The orthopedagogue helps so that a new educative relationship arises, i.e., a new educative reality, and indeed, a favorable educative reality.

Often the family needs help regarding individual psychic disturbances of one or both parents, a disturbed marital relationship, an obstructive family situation (too many children, sickness, death, poverty, etc.), educative neglect, faulty educating, one or another form of deprivation, disturbed communication in the family life, disturbed actualization of family tasks, etc. Family therapy is formative work by which the family is given new possibilities and is shown a new way, as far as the deviant child's educating is concerned. An important task for the orthopedagogue, then, also is to motivate parent and child to want to eliminate the PES.

To create these educative-enhancing circumstances, it often is essential that the child's parents, as factors of the PES, are **intensively guided and influenced** by the orthopedagogue in correcting their un-pedagogical treatment of the child. Through supporting, advising, forming, leading and providing succinct, thoughtful information, the parents are guided regarding their interventions with the child-in-educative-distress such that educating can take place with greater confidence and more correctly. It must be remembered that the parents awaken the PES as a pedagogical, as well as an affective uncertainty for the child. Thus, family therapy is corrective guiding and training of the family to the optimal educating of their child for the sake of his/her undisturbed personal development.

On this matter, Dumont [7] says the following: the impression that difficulties always "reside in the child," as it were, and that the solution exists in "giving therapy" to the child must be avoided. The starting point of educative difficulties, indeed, often lies in the unique nature of the child. However, the educative problem always remains **relational**: mutually among the family members, among child and parents, among children. Therefore, problem-directed assistance also must often be directed to the **relationships**, thus to the **family (family therapy)**, the child-parent relationship (pedagogical therapy), and the child and his/her peers (group therapy).

Dissolving tensions and problems, thus, primarily involves re-establishing interpersonal relationships in the family much more than intellectual forming or undoing behavioral deviations which only are symptoms of the harm the child has suffered. A new relationship between parent and child must be established within which tensions can be assimilated. The **orthopedagogue** must present to the parents the norms of how the family must function for the child to be adequately educated within it. He/she must approach the family as **an educative situation**, as an encounter of adults and not-yet-adults.

In addition to a direct therapeutic approach, assisting the child-in-educative-distress also includes a general-pedagogical influencing of the child in the family (indirect-therapeutic approach). The family is the child's natural life situation, and the parents remain the ones primarily responsible for educating their child. Often, a much more important therapeutic influence on the child can be accomplished by "ordinary educating", e.g., through communicative pedotherapy. As a matter of fact, if the PES cannot be favorably corrected, attempts to help the child through communicative pedotherapy are meaningless.

Parents want to make the undisturbed personal development of their child possible; they want to be at the service of their child and help him/her in becoming adult. This desire, as well as the feeling and notion of personal responsibility for helping their child, are deeply rooted in being human. It is stimulated by the child's dependence on and commitment to help. The parents should not look on indifferently if their child's personal development goes wrong. If he/she is at his/her wits end with the problematic behavior, he/she becomes concerned, alarmed and uncertain, and he/she needs the help of an expert. Thus, this need for help is based on **pedagogical impotence, pedagogical concern** and **pedagogical confusion**. The question: how can I proceed with this child is a pedagogical question, and asks for a pedagogical answer. It is a question about educative assistance, and this implies that the orthopedagogue must help the parents and other educators with **word** and **deed** to educate their child **by themselves**.

When a child shows educative or behavioral difficulties, there must be **pedagogical** action, i.e., the child must be enabled to live the life of a person (Langeveld). This task primarily is the parents'. They have responsibility for the life of their child. They must care for

and help him/her become adult. No one has the right to deprive the parent of fulfilling his/her educative duty and task. Who does this deprives parenthood of any sense and takes away the social necessity that a person has responsibility for his/her deeds (having a child) (Van der Geld). Therefore, orthopedagogic assistance, and specifically pedotherapy always are primarily helping the parents to educate their child themselves (Langeveld).

The orthopedagogue has the essential task of guiding the family (parents) so they can create a favorable, consistent family or educative situation. Pedagogical consistency by the parents and a favorable family situation lead the child to be confident. Therefore, family functioning must be so ordered and directed that it influences the child toward proper adulthood. Hence, neutralizing disturbed relationships and finding a more consistent, educative-promoting parent-child relationship are central in family therapy.

The child's disturbed growing up can be related to the parents' personal difficulties which almost inevitably will give rise to faulty and inadequate educative relationships and activities. In addition to pedagogical intervention with the child there is in many cases also an indication for intensive intervention with the parents. Pedotherapy with the child will not have the desired effect if the educative relationship with the parents is not simultaneously changed.

When serious non-pedagogical conflicts and tensions of the parents (interpersonal conflict) are the basis of difficulties around their child, the orthopedagogue must refer the parents to a social worker, psychiatrist, marriage counselor or pastoral psychologist to alleviate or eliminate the conflict situation.

In practice, family therapy occurs in a series of advisory conversations with the parents of the child investigated. These conversations are concerned with the following:

- **The findings** of the orthopedagogic evaluation are shared with the parents. The PES is analyzed for and with them, and they are shown their own role in the origin of the PES. Thus, the PES is clarified for the parents so they can gain an insight into the PES and come to an understanding of their child;
- **The possibilities and difficulties** regarding the complete or partial elimination of the PES are presented;

- o **The parents' part** in eliminating the PES is emphasized. They are referred to possible facets of their educative intervention which can influence positively or eliminate the difficulty surrounding their child;
- o **Concrete-practical proposals** for eliminating the PES are offered the parents in light of the uniqueness of their situation;
- o The pertinent **cooperation of the parents** is acquired in eliminating all changeable factors of the PES.

The concept **educative accompaniment/guidance** refers to a broader task of influencing than does family therapy because often it is necessary to guide, in addition to the parents, also other of the child's educators such as teachers, youth leaders and institutional educators. This is done to eliminate factors from the PES which might exist in the school, youth group, educative institution, etc.

4.3.3 Orthodidactic pedotherapy

The extremely specialized event of **the child with learning difficulties** and **helping children with learning difficulties** (orthodidactic pedotherapy) are not dealt with in the present work and the reader is referred to the following publications:

(a) Den Dulk, C. and Van Goor, R., **Inleiding in de Orthodidaktiek en in de Remedial Teaching van het Dyslectische Kind.** Nijkerk: Callenbach, 1974. [In Dutch].
(b) Dumont, J. J., **Leerstoornissen.** Rotterdam: Lemniscaat, 1971. [In Dutch].
(c) Sonnekus, M. C. H. et. al., **Die Leermoeilike Kind.** Stellenbosch: U. U. B., 1975. [In Afrikaans].
(d) Vliegenthart, W. E., **Op Gespannen Voet.** Groningen: J. B. Wolters, 1963. [In Dutch].
(e) Vliegenthart, W. E. and Rispens, J., **Onderwijs aan Lees-Spellingzwakke Kinderen.** Groningen: Wolters-Noordhoff, 1972. [In Dutch].

4.3.4 Residential orthopedagogy

This involves the **educative institution** and the **institutional educating** of the child in educative distress. Because of his/her problem, a child can be placed in an institution for the sake of special **treatment** (medical, para-medical, psychiatric), **educating,**

teaching and **pedotherapy**. An example of such an institution is the hospital*--with the hospital school affiliated with it, the educative institution (which is a combination center with boarding house-school and special-school facilities, e.g., the so-called clinic school), boarding schools for handicapped children, the child sections of psychiatric institutions or treatment centers for drug addicts, etc. Children committed to residential orthopedagogy are, e.g., the ill child, psychotic and psychopathic, cognitive, sensory and physically **handicapped children** (children difficult to educate), seriously **restrained children** (children who are extremely difficult to educate and who usually manifest behavioral problems).

Sometimes it is necessary for the parents to voluntarily entrust their child to the care of institutional educators, sometimes they are compelled to do so. However, with this, they do not lose their parental educative rights and duties. An educative institution or center serves as a **temporary replacement** of the original educative environment (family, ordinary school). The educative institution is the temporary place of residence or habitat of the child because, as far as his/her treatment, educating and teaching are concerned, he/she cannot be done justice in the family and ordinary school. Thus, residential orthopedagogy means that a particular orthopedagogic situation of help is created which can be more easily managed systematically than the everyday family and school situation, where the latter situations seem to be inadequate as far as their ability to control and influence the child are concerned. Thus, residential orthopedagogy is viewed as a form of orthopedagogic assistance to the family-in-educative-distress. It offers the child an optimal opportunity to come to personal development and to build up positive and cognitive attitudes independent of his/her pedagogical situation. Residential orthopedagogy is a very radical form of orthopedagogic assistance. Placement away from home can be traumatic for a child; it can allow him/her to feel confused, suspicious, isolated and without a future perspective.

Ter Horst [(8)] says the following with respect to residential orthopedagogy: The educative institution is a part of society; it is a piece of society that is isolated within society by a particular aim. The child must be able to **live** there as a child in the full meaning of the word. He/she comes there to **stay**--therefore, the name

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* **Hospitalization** and **foster family placement** are two related matters each with its particular, unique problems, but they will not be discussed here.

residential orthopedagogy. Because it cannot be elsewhere, he/she must be done justice with respect to his/her destiny (adulthood) in a separate living-together. If the unbearable PES is not changed, a place of residence must be sought within which the original destiny of the child can be actualized. Freedom, responsibility, existentiality, creativity, individuality and future directedness must characterize the educative institution.

The child in an educative institution is not primarily a patient, maladjusted, an evil doer, restrained in becoming or deviant. The orthopedagogue views the child in the educative institution primarily as a **child who must be educated** to reach his/her destiny (adulthood).

Further, Ter Horst makes an important distinction between **pedotherapy** and **educating.** Pedotherapy is directed to the elimination or compensation of negative aspects. Educating is broader--it includes pedotherapy and colors it--and is especially directed to the positive aspects. Pedotherapy with children, without educating them, is hazardous, according to Ter Horst. [9]

The admission of a child to an educative institution is usually part of a multiplex orthopedagogic plan of action which includes institutional-educating and -teaching, individual pedotherapy, group therapy and family therapy. Thus, more than one factor of the PES is simultaneously influenced. Through family therapy, the parents also are involved in residential orthopedagogy.

The orthopedagogue-expert is involved in the residential design and institutional educative situation. He/she acts as an adviser and guide with respect to institutional educating or sessions as a pedotherapist in individual or group therapy. In addition, institutional personnel (e.g., group leaders) are involved as are the teachers at the affiliated special school of the re-educating center.

The educational institution has its own problems. It is an artificial construction and not a natural educative situation. It differs in a great many ways from the family educative situation. For example, the child finds him/herself there in a group of children in which the members show large individual differences and come from very different circumstances; the parents are absent; there is an exchange of residents, which can make involvement difficult; group discipline, the often unitary gender of the institution, and the child's

separation from full reality are additional problems of institutional educating.

The most difficult task of the residential orthopedagogue is to do justice to each different child, and to give each room for movement within which his/her undisturbed personal development can be actualized.

The individual nature and attunement of each child in the educative institution must be considered. This requires personal pedagogical intervention and care, as well as the handling of educative means such as authority, punishment, approval, disapproval, association, conversation, protection, and constraint. This also demands the use of **means of educating** such as communicative pedotherapy, group therapy and other specialized therapies (see below).

Regarding institutional placement, the aim of residential orthopedagogy is for the child to return to his/her family as quickly as possible, in contrast to the handicapped child (e.g., a weak-sighted child will remain a resident of a boarding school for the weak-sighted until he/she has completed his/her school career). In the latter case, coordinated family therapy in all probability will not be necessary. However, family therapy during the child's stay in the educative institution is essential to achieve such order of the factors in the primary educative situation which, after terminating the residential orthopedagogy, he/she will again find him/herself in a livable educative situation. The behaviorally difficult child, thus, is removed from the family and, in the exceptional life and pedagogical situation of the educative institution, is helped to later return to his/her family. Thus, the educative institution must be a guiding, recuperative pedotherapeutic situation. There, situational therapy as well as communicative pedotherapy must occur with the institutional situation attuned to the problem **and** the child's becoming adult. Hence, the renewed association-with-each-other of parents and children is guided by an accompanying combination of family therapy and residential orthopedagogy. In the present case, the indication for residential orthopedagogy, then, also is the fact that failed socialization of the child in the family has led to problems of communication and exploration. Residential orthopedagogy offers the educatively difficult child an opportunity to exercise his/her communication and exploration (also his/her exploration of interpersonal relationships) under purposefully

planned, expertly controlled and scientifically responsible circumstances, and within interpersonal relationships.

4.3.5 Functioning pedotherapy

Often a child shows a particular defect or retardation regarding certain functions or proficiencies because of insufficient experience, a slow or restrained development, or psycho-neurological dysfunctions. These dysfunctions must be eliminated by the orthopedagogue by a variety of therapies.

Functioning pedotherapy is the summary concept for all orthopedagogic activities which support, promote or rectify the development of the different functions or proficiencies of the child. With his/her functioning exercises, the orthopedagogue is especially directed to the child with learning difficulties since motor, perceptual, sensorimotor, language, memory etc. defects and dysfunctions negatively influence mainly the child's learning activities. Functioning pedotherapy is especially directed to the brain damaged and hyperactive child with their deficiencies in concentration, motricity, perceiving, rhythm, language, thinking, space, memory, etc. He/she is directed further to problems of reading, spelling and arithmetic, to the so-called "slow learner", the child who is not school ready, to the child with perceptual problems (visual and/or acoustic), to problems of motor ability, body-scheme, spatial and temporal orientation, etc.

Some of the most important functioning exercises are briefly treated below:

(a) **Sensory exercises:** Because the child communicates with reality through his/her senses and, thus, all functioning exercises essentially occur through the senses, and because sensory lived experience is one moment of all actualizations of the senses, the different senses are not exercised separately. The emphasis is on the integration of the different sensory functions.

With **visual exercise** the child must **learn to look.** This occurs by means of eye-fixation exercises, following moving objects with the eyes, eye-convergence exercises, etc.

With **acoustic exercises** the child **learns to listen.** This is actualized through times of dead silence, whispering exercises, listening to the

sound of interesting musical instruments, localizing sounds, distinguishing among sounds, giving oral assignments, imitating sounds, word games, songs, verses, etc.

Regarding the **exercise of the sense of touch** the child is given an opportunity to experience the qualities of concrete objects by means of fingering, manipulating, contacting via touch, handling, etc. These objects differ in form, size, position, texture, structure, etc.

Also, **taste and smell exercises** can be given attention to enrich and stimulate the child's sensory experience.

By means of the above functioning exercises, the child learns to look, listen and touch with concentration.

(b) **Motor exercises:** Coordinated motor abilities are the basis for the child's undisturbed development. The course of the development of the child's motricity parallels his/her physical development in general. The child must develop from a general, gross or global motricity to a specific, refined control of movement.

With motor exercises the child learns to control and direct muscle groups by carrying out movements, e.g., movements of the whole body, the torso, and the limbs. Here bodily attitude, movement and equilibrium must be coordinated. From his/her motor coordination, refined sensory-motor coordination must develop.

Motor exercises include learning to control movements such as tumbling, crawling, sitting, walking, running, jumping. These forms of functioning exercise can be linked up with physical education (movement teaching), and, therefore, it also can be called motor or movement therapy.

(c) **Sensori-motor exercises:** This especially includes two aspects, namely, **fine-motor exercises** where the accurate and refined coordination of hands and fingers is practiced, and **sensori-motor coordination** where those movements under perceptual control are practiced--thus the circular event of perceiving and moving.

For the sake of hand-eye coordination, exercises include the following: gesturing, finger activities, dexterity exercises, blackboard exercises (e.g., drawing a large figure-8 on the board), exercise of writing movements, copying basic geometric forms (circle, square,

triangle, rectangle, rhombus, etc.), of copying patterns from memory, of building blocks, pin boards, mosaic blocks, free expression in drawing, activities such as folding, braiding, tearing, cutting, rhythmic movement exercise in time with music.

(d) **Body-scheme and laterality exercises:** The aim here is to develop the child's body-scheme, i.e., to bring him/her to an adequate knowledge and orientation regarding his/her own body and, therefore, also another's body. The child must be led to a conscious experience of bodily functioning: bodily knowledge is and remains a component of self-knowledge (Dumont).

Here the child learns to localize, identify and name body parts and to learn to know and name relations in space (above, below, right, left).

Bodily-scheme exercises include the following: identify and name body parts, carry out (or imitate) body attitudes and movements and name them, learn to dress and undress, exercise with doll play, project body parts and attitudes onto dolls and other representations of the human figure, differentiate among fingers, indicate positions of right or left, state right-left, in front-in back, above-below, balance exercises, etc.

Exercises in **laterality** and **spatial orientation** occur paired with body-scheme exercises. The child learns to determine his/her own body orientation in space. The aim is not to make the child left-, or right-handed, but rather to orient him/herself left or right on the level of the concrete, the represented and the conceptual. This is done by exercises in handling right or left as spatial concepts in terms of the body and in terms of representations.

(e) **Perceptual exercises:** The child is taught to perceive accurately, especially **visually** because reading, writing and arithmetic require a good visual ability to differentiate and identify. Children with psychoneurological dysfunctions have difficulty forming gestalts (perceiving wholes) because of their inability for structured perceiving. Exercises such as the following are used here: registering and remembering visually presented objects, the completion of repeated patterns, pattern discrimination, the recognition of similarities, differences and sub-parts, discriminating form and size, copying patterns, solving mazes, jigsaw puzzles,

mosaic procedures, ordering a series of pictures, comparing and ordering objects.

Acoustic perceptual exercises amount to learning to differentiate sounds, exercises in registering, memory tasks, repeating (after me) tasks, crambo, etc.

(f) Spatial and temporal orientation exercises: These exercises are linked by the fact that each bodily movement includes four fundamental aspects, namely, each

- o occurs in space (spatial aspect);
- o progresses in time (temporal aspect);
- o is moto rally guided (motor aspect);
- o is sensorily directed (sensory aspect).

The child must exercise to adequately integrate the involved aspects. Exercises which include these four aspects are the following: build or re-build spatial structures, build or copy spatial figures, learn time-spatial relationship words, copy pre-structured spatial situations, scan relationships, estimate distance, laterality exercises, spatially manipulate concrete materials, spatial instructions, visual analysis (patterns, figures, drawings, jigsaw puzzles), three-dimensional exercises, etc. Temporal ordering includes exercises with time divisions and time names (hour, day, month, year, etc.), identify the sequence in stories or events, etc.

(g) Thought exercises: Here the child is given practice in logical ordering, problem solving and understanding connections. Because ordering of thinking and ordering of language are closely connected, he/she also must learn to express in language his/her ordering of thought.

The child practices categorizing or classifying, where he/she must order things according to what belongs together, what doesn't belong, similarities, differences, etc. He/she learns to sort and associate according to criteria. Also, he/she learns to reason logically through exercising reasoning about information, about absurdities, about outcomes of situations, about the reasons for situations, about speculative situations, etc.

4.3.6 Specialized pedotherapies

There are other forms (pedotherapies) of orthopedagogic and orthodidactic assistance. In orthopedagogic practice thorough note must be taken of the wide variety of pedotherapies. These amount to the fact that what is not accomplished in everyday educating and teaching must be attained by particular and specialized forms of orthopedagogic assistance. As examples of such specialized therapies, the following are merely mentioned: language orthodidactics for the deaf child, reading orthodidactics for the blind child, orthodidactics for the mentally handicapped child, appropriate teaching for the physically handicapped child, the hospital school, the variety of orthopedagogic methods regarding the brain damaged and epileptic child (including special teaching), movement therapy for the spastic child, pedotherapy for the autistic child, structured therapy for the brain damaged child, group therapy as a method for residential orthopedagogy, residential orthopedagogy for the psychopathic child, physical orthopedagogy for the blind child, institutional care for the extremely mentally retarded, viewed as "not educable", school readiness programs for the child excluded from school, etc.

4.4 CRITERIA FOR EVALUATING ORTHOPEDAGOGIC ASSISTANCE

Providing meaningful, appropriate orthopedagogic assistance to parents, children and youths with developmental, educative and relationship problems must meet particular criteria, otherwise such attempts at helping remain pedagogically meaningless and even harmful because they enter the educative situation of the parents and children, influence, transform and bring about nearly irreparable damage. The evaluative question about the pedagogically appropriate and allowable forms of orthopedagogic assistance is centrally stated.[10]

Van der Geld[11] offers the following set of criteria in terms of which orthopedagogic assistance can be evaluated:

(a) **How is a child viewed in a particular method, and to what extent does it consider the structure of being-an-educand?** The structure of being-an-educand rests on the preconditions for the child's educability, namely

(i) Natural helplessness (thus, the child is susceptible to help and guidance);
(ii) The developmental-capacity, -tempo and -duration of

the human child (this makes influence possible, leads to the child's plasticity and exploration);
(iii) The striving for emancipation (this is a striving to grow up, the longing for independence and wanting to be someone him/herself).

Thus, the point of departure is the **educability of the child.** The question remains: How must I proceed further with this child? Educative help to the child in distress means discovering stagnations in educability, re-establishing educative possibilities and guiding the child to proper adulthood. Educability is determined by

- the historical-cultural-social situation
- the concrete educative reality
- the educator's preparation for educating
- the child's receptivity for educating.

In other words: educability is co-determined by the **educand him/herself.** The aim of educating is to build up a person's "innere Halt,"* but the child's educability also is determined by his/her "innere Halt", and educative work can be evaluated by the quality of the child's "innere Halt." Thus, the unique character of the child must be considered.

(b) **How is the educator viewed in a particular method of assisting, and to what extent does the method consider the structure of being-an-educator?**

The structure of being-an-educator rests on a normative person-image which must meet preconditions as is shown by the adult as educator; these are preconditions without which the educator deforms and adulterates the human image and thus is no longer an "educator" in ways worthy of being-human. Thus, the "bad" educator is no longer an educator; his/her activity is that of a child deceiver, misleader, etc., who misunderstands the child's human dignity. Therefore, the educator must thoroughly fulfill preconditions because he/she is an identification-figure, and the child cannot direct him/herself elsewhere then to the image exemplified by the educator.

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* "innere Halt" (Paul Moor): personal strength, personal integration, inner perseverance, dynamic equilibrium--in contrast to restrained becoming, disturbed contact and spiritual poverty.

The normative person-image which makes being-an-educator possible and meaningful implies:
o **Sociality:** Educating shows itself in the association between adults and children. If the child is not viewed as sociality in being considered a person, then essentially, he/she is not influenceable, and is uneducable; therefore, sociality guarantees the child's being influenceable.
o **Personal differences:** Educating is only possible if similarities and differences between persons are accepted. Collectivism and individualism must be avoided in educating.
o **Personality:** the child's potential independence flows from personal differences.
o **Morality:** knowing good and evil; acting according to this moral insight.

(c) **How is the structure of educating viewed which rests on the aim which makes educating meaningful, namely, adulthood?**

The essentials of adulthood are:
- o constructive participation in society
- o self-responsibility, self-determination
- o relative autonomy and freely chosen dependence
- o self-knowledge, self-judgment, conscience.

The purposefulness of educating is extremely questionable if one believes that
- o the child is born as a miniature adult;
- o the child can become adult by him/herself without the help of supporters, and that help itself can have a harmful effect;
- o adulthood has no meaning or value.

(d) **How is the educative situation (which is constituted by the educator, educand and the purpose of educating) viewed?**

Association, authority and trust are essentials of the educative situation. Educating is a structure of interpersonal action, a communication where persons as free subjects (I and thou) are involved with each other. It is not a technical activity with an object and, thus, is not to be reduced to a mechanistic technique. If a child is treated as an object, there is no educating or an educative relationship. Only persons can be educators and only persons can educate. Other things (affairs, things, nature, culture, family,

society, life, history) can influence but not educate a child; not all influencing is educative.

The question here is about the nature of the child-therapist relationship, if it would be pedagogically fitting and appropriate in an everyday educative relationship.

(e) **To what extent are the essentials of being-a-person acknowledged in a particular method of assistance with respect to educators, children and youth?**

The following can be distinguished as essentials for being-a-person and, thus, being-a-child: human dignity, conscience, freedom, person, adulthood, child-dignity, humanization, independence, trust, authority, love, morality, guilt, suffering, punishment, futurity and historicity.

(f) **To what extent does a particular method of assistance relieve or abolish educative, developmental and relationship problems, and to what extent is pedagogically suitable transfer from the assistance to everyday educating and teaching possible?**

A method of assistance which does not bring about relief or abolish the educative, developmental and relationship problems of parents, other educators, children and youths, or which even increases the problem, or even seemingly relieve or eliminate the problem with all sorts of tricks, and where no pedagogically suitable transfer to everyday educating and teaching is possible, can be labeled as pedagogically inappropriate and not allowable. Then there is no assisting.

Forms of assistance which do not take into account, or do so in inadequate ways, or even go against the following, can be called pedagogically inappropriate and not permissible:

- the structure of being-an-educand;
- the structure of being-an-educator (normative person-image);
- the purposefulness which makes educating meaningful (adulthood);
- the everyday educative relationship between educator and educand;
- the essentials of being-a-person;
- the relief or elimination of educative, developmental

and relationship problems through transfer to everyday educating and teaching.

4.5 REFERENCES

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