

CHAPTER 5 FUNDAMENTAL FACETS OF ORTHOPELAGOGICS

5.1 THE FUNDAMENTAL ORTHOPELAGOGIC ATTITUDE

If the orthopedagogue is to have an important role in a child's becoming a person, and if he/she is to assist so that the problematic educative situation (PES) can again be a functional educative situation, he/she must not view a child as **something** (thing, object) but as **someone** (person, subject). Therefore, he/she does not primarily direct him/herself to a problem but to a child him/herself--as a child who must be educated. Hence, he/she does not use a particular technique or method as much as he/she actualizes a **fundamental orthopedagogic attitude, relationship and activity of authentic personal communication with a child**. So viewed, orthopedagogic assistance is **interpersonal** therapy. Only within such an authentic relationship of (re-)educating will a child's personal becoming be promoted. The orthopedagogue must link up with a child's striving to self-actualization (wanting to be someone him/herself) and **guide** this self-realization because a child cannot adequately accomplish this without adult support. Thus, there is a guiding intervention in a child's becoming toward adulthood.

Only in **communicative relationships** with fellow persons can a child realize him/herself and (again) find his/her place in the world. Accordingly, a person is disposed to actualize him/herself in encountering and in responding to others (Trub). In communication with another, one recovers one's true self (Lubbers). Humans especially thrive in successful interpersonal communication (Oberholzer). The fundamental meaning of the word "communication" is **uniting**. This implies that a **personal closeness** is actualized between orthopedagogue and child and the orthopedagogue must **offer the child a communicative relationship** which involves creating, reestablishing, developing, and promoting it.

Communication involves an orthopedagogue and a child **being-with** each other as fellow persons in their mutual influencing. The question is: How does a child **experience** this being-with an orthopedagogue? Also, it should be duly remembered that a child has a **need** for interpersonal contact and has an innate **initiative** to communicate with others. He/she is someone who **wants to encounter** others in ever changing situations and act together with them in discovering new meanings and things.

Educative neglect in the PES deprives a child of what he/she needs for undisturbed personal development. In this light, De Lange ⁽¹⁾ explains that the orthopedagogue has the task of offering those relationships to a child which he/she needs. For many children, offering relationships means personal becoming.

Besides the fundamental attitude of communication, an intellectualistic attitude is also possible. The case of a too intellectualistic attitude threatens to reduce a child's life problem to an object of perception. As a result of a lack of personal interest in the life of

a "different" child, he/she remains bogged down in this perception and then one cannot talk about these children as "children of my heart," according to De Lange.⁽²⁾

The fundamental conditions for communication needed for an orthopedagogue to be an accompanier of a child in his/her personal becoming are stated here as **characteristics of the relationship of orthopedagogic communication:**

5.1.1 Genuineness:

In an orthopedagogic situation, a child will not find someone who plays a role or pretends to be interested or caring. He/she must feel that he/she is dealing with the orthopedagogue him/herself as a genuine person and that he/she encounters him/her in a person-to-person relationship. The orthopedagogue must appear to a child as how he/she spontaneously and genuinely feels about him/her and not with an affected attitude. In this relationship with a child, an orthopedagogue must **be him/herself** to help a child to be him/herself.

5.1.2 Acceptance:

If a child is accepted in positive and unconditional ways as he/she is, he/she experiences emotional warmth and security. He/she learns to know him/herself with acceptance and, via symmorphosis, he/she arrives at self-acceptance, i.e., he/she experiences him/herself as of worth. If an orthopedagogue hides behind a method, technique, or role-behavior, at most he/she can manipulate and, thus, objectify and depersonalize a child. Acceptance, as an essential of the communicative relationship, means considering a child's subjectivity and uniqueness.

5.1.3 Distance:

The orthopedagogue should not bond excessively with a child or make him/her dependent and should not **intrude him/herself** into a child's problem.

5.1.4 Understanding:

An orthopedagogue must empathically understand (see below) how the child lived experiences his/her world. He/she must understand the child who is **with** him/her from inside out and not understand **about** him/her (understanding without objectifying the child as a person). A child-in-distress who finds someone to understand him/her is fortunate. Such a person (the orthopedagogue) can form the bridge to the lost communication, can help the child again come to the other and, consequently, come to him/herself and his/her own future (Lubbers).

In practicing a helping relationship, the following are viewed as additional characteristics of a communicative relationship (by e.g., Rumke, Binswanger, Minkowski, Buytendijk, Rogers): depth of the communication, its resonance, warmth, mutuality, clarity, genuineness, respect, etc. Calon and Prick see **acceptance** and an **understanding gift of love** as the core of an orthopedagogic relationship. Christian refers to "healing love." In this connection, De Lange⁽³⁾ explains: genuine emotional contact is the only basis for the

reality of educating. The first requirement for psychotherapy (sic) is love; the preconditions for treatment, among others, are empathic understanding, genuineness, and unsuppressed warmth.

For the orthopedagogue (pedotherapist), communicating with a child means an attunement to and a linking up with his/her lived experiences and personal expressions. A pedotherapist directs him/herself to what in each moment and in each expression is important to the child. He/she is involved in his/her yearnings and disturbed emotionality. This implies a sensitive openness for his/her expressions and for the emotional meanings which possibly lie in them, some of which are clear, some vague and concealed, and some entirely unconscious. This is a continually active and creative event of feeling, of **attunement** to the child's distress and lived experience to reach an optimal linking up with them. ⁽⁴⁾ (In this light, there can be no mention of methods or techniques).

A pedotherapist realizes this communication through his/her continual **sympathy, attunement, and empathy**. He/she responds with attitude, gesture, and word such that it is clear to the child that his/her lived experiences exist, live, have value for the pedotherapist and evoke his/her sympathy. ⁽⁵⁾

Essential for the personal communication between a child-in-distress and pedotherapist is co-existence (existential communication). A pedotherapist is moved by a child's distress, anxiety, confusion, or disorientation, and his/her need to protect him/herself. Besides, through this distress, a pedotherapist is addressed by the child as a person. The child's person and individuality do not allow a pedotherapist to be nonchalant. They spontaneously summons in him/her the initiative to communicate with the child. To the extent that communication is actualized, this allows things to be both improved and revived, and it sets the child's becoming in motion. ⁽⁶⁾

Orthopedagogy (pedotherapy) involves actualizing fundamental human values (e.g., being on hand, being available, giving opportunity, accepting and valuing a child in distress). ⁽⁷⁾

5.2 FUNDAMENTAL TERMS IN ORTHOPEDAGOGICS

The fundamental orthopedagogic attitude of communication (communicative relationship) differentiates into fundamental, orthopedagogic facets which are designated by the following terms:

5.2.1 Pedagogical empathy

Clearly, empathy is a **key event** in one person influencing another. Empathy can be described as a **feeling into** (affective) and **thinking into** (cognitive) the personal being, life, and world of another. This is a **direct and original experiential act** by which we learn to know through communicating and understanding which do not occur by means of words or gestures (even unconsciously and unintentionally). It refers to **meaningful communicating, influencing and interacting** between persons. Empathy is a deep, intense **empathic understanding**, an event of **personal identification** with another, and

a state of psychic unity and community. Without empathy, real understanding is not possible. Empathy is the opposite of egocentricity.

The origin of a person's capacity for empathy is the **mystique of participation**--a person's innate potentiality to identify with another. It is the mysterious **co-existentiality (fellow humanness)** which is possible between **any** two persons. A person cannot isolate him/herself from fellow humans. If **any** two persons have an encounter, their being is not left untouched. Because we **participate** in the other's humanness, a degree of meaningful **understanding** is actualized.

The following related concepts are looked at more closely here:

- o pedagogical empathy: feel **into**
- o pedagogical sympathy: feel **with**
- o pedagogical intuition: feel **from**
- o pedagogical identification: feel **as one**
- o pedagogical Verstehen [understanding]: original (primordial) understanding.

Intuition is the human ability to arrive at an **immediate insight** into a particular situation or human behavior without reflection (intellectual deliberation). Pedagogical intuition helps an orthopedagogue interpret the PES and problematic child behavior. Next to it, **empathy** is the shared feeling of co-lived experiencing and co-understanding of, e.g., the other's feelings of desire and loneliness in connection with the PES.

Empathy is given with being a person, and a degree of empathy is actualized in each conversation. The empathic quality of a conversation determines the degree of cathartic assimilation. The nature of this empathy determines the adequacy of an orthopedagogue's relationship with the parents and with their child-in-distress. Thus, it also determines the influence which he/she can have on them. Empathy creates an atmosphere of depth, warmth, genuineness and mutuality by which an educator (e.g., parent) and child feel helped. The possibility of influencing and helping are limited when educator and/or child feel that the orthopedagogue is cold, rigid, uninterested, aloof, and unfriendly. Then they will not be ready to enter communication with him/her. To have an important positive influence on the participants in the PES, an orthopedagogue must be able to empathically co-lived experience and understand them.

Thus, the orthopedagogic situation (diagnostics and therapy) must be an empathic one. In practice, an orthopedagogue can, to a degree, actualize an empathic event with the educator (parent) and the child by completely attending to what they say and do.

Regarding the empathic event, Dumont⁽⁸⁾ states that this not only involves the important **attunement (sensing)** of what is in the heart of the fellow person's being associated with, but it also involves **empathic understanding**. Sensitivity, empathy, and sympathy are the ways we know someone else. These never revolve around adapting but around inner freedom and self-development. From this view, the word "treatment" seems wrong. It is precisely the **non-activity** with respect to the other, and **being-there** for the other that opens him/her so that freedom can become increased. In essence, all problems are

problems of emotional development and identification. Development, no less than love, can become constrained.

5.2.2 Pedagogical identification

Identification is the pedagogical dynamic by which someone strives to **associate** with someone else on a particular level of awareness/unawareness. For a child, the first form of identification is his/her attachment to his/her parents (pedagogical identification). It is one of the most important events in a child's educating and personal forming. Besides, a child cannot adequately actualize him/herself without identifying with his/her parents. Thus, when identification fails in the PES, a disturbance in a child's character arises.

The fundamental relationship between parents and children is **sympathy**, which is the experience of **affective communication**. One endures the pain of another and enjoys his/her fruits and achievements (according to Langeveld in connection with the event of identification).

A child's personal development is an open event. He/she is open for new discoveries, new influences, and new experiences. He/she is open for identification with his/her parents and all they present to him/her. When an orthopedagogue helps a child with his/her problem, the child also is open for identification with him/her.

Pedagogical identification is possible through a **positive emotional bonding** which might exist between educator and child. A child lives him/herself in the educators' (adults') role, and there is imitating and copying. Identification, attachment, personal bonding and **oneness** of dispositions are thus unifying events, and events of becoming **one**.

Identification is the basic dynamic of **influencing**. Therefore, an orthopedagogic relationship between orthopedagogue and child must be a relationship of identification within which a favorable, meaningful identification dynamic is actualized. Identification is a mutual event between orthopedagogue and child; the orthopedagogue **feels at one** with the child and the child **feels at one** with the orthopedagogue who offers him/her solutions to his/her problems.

It is important that a child in distress identifies with the values, image of adulthood, and problem solutions which an orthopedagogue presents. Pedagogical identification in the pedotherapeutic event promotes symmorphosis, which must be actualized within it. Through his/her feeling of being **at one** with the orthopedagogue, the child adopts his/her meaning of reality-without-anxiety. In this identification, the child discovers new possibilities (new communication, new relationships, new meanings).

To offer meaningful assistance, an orthopedagogue also must identify with a child. He/she takes up for him/herself a child's helplessness and distress. He/she identifies him/herself with a child's wellbeing and acts **for** him/her and **for the sake of** him/her. However, in this sense, he/she **becomes** the child in his/her PES because he/she is so thoroughly confronted with his/her PES, and this over-identification must be resisted. In an orthopedagogic relationship there must be a vigilance against over-identification by which a child's individuality can become lost.

From the discussion thus far, the following events are clearly distinguishable but not separable in the orthopedagogic event: (affective) communication, becoming-one psychically, personal nearness, influencing, involvement, interaction, empathy, sympathy, identification, intuition--also, trust, love, and encounter (see below).

5.2.3 Pedagogical trust

With broken trust and disturbed communication in the PES, a child experiences him/herself as betrayed, along with the related feelings of hate, anxiety, and uncertainty. Because of the conflict in trust in the PES, a child cannot share his/her anxiety with his/her parents. Because of his/her uncertainty and insecurity, he/she will not explore. As such, he/she is a task for an orthopedagogue. It is the extremely difficult task of an orthopedagogue to again restore a mistrustful child's trust in his/her parents and in life. In orthopedagogue, he/she establishes a relationship of pedagogical trust with a child.

The preconditions for a child's trust in an orthopedagogue are that he/she is **accepted** (as a child who must be educated and not as a problem), and that his/her **child dignity** be acknowledged. In this connection, some orthopedagogic principles are stated. The orthopedagogue must:

- o wins a child's trust;
- o shows trust in a child;
- o shows acceptance of a child;
- o shows respect for his/her dignity;
- o shows genuine interest, concern and sympathy;
- o allows a child to feel safe and secure;
- o establishes a stable affective relationship with a child;
- o supports a child in distress.

A child's basic trust can be reestablished and strengthened through a relationship of pedagogical trust. This will prepare him/her to venture in an orthopedagogic event and in everyday reality. This gives him/her confidence on an emotional level which puts him/her in a more favorable position as far as his/her other orientations are concerned (cognitive, normative, willing and striving). For a child, this confidence means a new peace of mind after the emotional disturbance, anxiety, and distress which characterize his/her life in the PES. Trust bestows favorableness, willingness, peace, and tranquility (Lersch).

When a child is accepted in trust by an orthopedagogue, more than anything else, he/she experiences **security and confidence**. Now, he/she will daringly venture in his/her anxiety provoking situations. Now, he/she has someone with whom he/she can share his/her anxiety. Now, he/she finds a **trusting person** to whom he/she can indicate his/her problems and conflicts. A child-in-distress has become aggressive, infantile, isolated, restrained; now, through actualizing trust and through the identification which has occurred, his/her wanting-to-be-someone-him/herself is reestablished (being-someone instead of being inferior).

Actualizing the relationship of trust also favors the event of identification in orthopedagogy. The child is now ready to identify him/herself with the orthopedagogue because of the bond of trust existing between them. He/she will accept the orthopedagogue's actions toward him/her, his/her demands of him/her and his/her values because he/she knows he/she is accepted **as he/she is** and his/her human dignity is recognized.

The following are extremely important for an orthopedagogue in actualizing a good relationship with a child-in-distress: **nominal distance, realism** and an **intense stake** (Vliegthart). The seemingly contradictory demand on an orthopedagogue of nominal distance and trust converge in the following principle: with respect to a child, an orthopedagogue must have a warm heart, but a cool head.

5.2.4 Pedagogical freedom

Educating is helping a child conquer freedom **to** responsibility (Landman). A child must be educated to freedom--not **from** restraints and obligations but **to** responsibility, also for his/her own life. He/she must, in freedom, also be able to take responsibility for his/her own life. Thus, orthopedagogy must be characterized by pedagogical freedom. The aim of orthopedagogic intervention is not to help a "different" child to a better "adjustment," but to help him/her conquer his/her freedom. This does not mean an absolute freedom from the authority of an educator but rather that a child will **live** his/her total being to the fullest--that he/she will **genuinely** (authentically) live the life-phases of childhood.

Educating has a dialogic character. A child actualizes his/her freedom to the extent that he/she involves his/her **whole person** in carrying out a **total dialogue** with **full reality**. In an educative situation, dialogue-obstructing factors are educative-obstructing factors (Ter Horst's concept of total-dialogue).⁽⁹⁾

In the PES, there are obstructions to dialogue and, therefore, educative obstructions. In the PES, a child essentially lacks freedom. When he/she cannot assimilate his/her PES and this gives rise to anxiety, insecurity, and a defensive attitude, the unassimilated becomes a pressing psychic burden for him/her from which he/she continually withdraws, and which leaves him/her with a lack of freedom. This psychic disturbance deprives him/her of the freedom to be him/herself. He/she is no longer master of him/herself: he/she is dismayed, dependent, and anxiously awaits new situations. He/she cannot freely be able or willing to communicate with others and with reality. There seems little opportunity for him/her to be him/herself. He/she is restrained which means that his/her dynamic of becoming has come to a standstill. He/she is continually blocked by new situations and new experiences because he/she can't handle them. He/she escapes into a stereotypic, restrained, not free, inauthentic child-life. He/she clings tightly to the familiar and avoids new situations. He/she does not allow things to occur in constructive ways but waits in fear of what else is going to be allowed to happen to him/her. Consequently, he/she feels abandoned and not free, and is not free in his/her being directed to the future.

The child also is not free to express his/her disturbed psychic life. Especially, he/she is unable to freely express him/herself. He/she has become isolated from fellow-persons

and alienated from reality. His/her life is inauthentic and not free and is no longer individualized. He/she shows an inability and unwillingness to freely be someone him/herself.

When an orthopedagogue must bestow pedagogical freedom on a child-in-distress, this means that, in providing help, he/she must give him/her an opportunity to again be someone him/herself. He/she must (re)educate a child **to freedom through freedom**. This also includes offering new possibilities for encounters and communication; freedom for a child to explore his/her world but also a chance to explore freedom; the opportunity for free expression in play, image or conversation; support in assimilating; experiences of limited freedom (symmorphosis); practice at venturing in new situations. Thus, a child must be guided to be able to say "yes" to his/her total situation.

In communicating with an orthopedagogue, a child recovers his/her true self, provided this communication is what relative pedagogical freedom allows, where a child is encountered (as free from all incorrect pedagogical **compulsion**, from unsympathetic, authoritative [authoritarian?] guidance and force and from excessive intervention which usually is negative). Thus, trust and being-free are restored in his/her relationships with fellow persons and especially with his/her educators. Free communication, free exploration and free expression create new possibilities for encounters between a child and his/her educators. (Even so, in an orthopedagogic situation, an orthopedagogue is obligated to act pedagogically if a child does not use his/her freedom well).

5.2.5 Pedagogical authority

The advocates of e.g., Freudian and Rogerian child therapy are inclined to disregard the relationship of pedagogical authority between child and therapist. The author emphasizes that educating and re-educating are not possible without authority. It is generally accepted that authority is a necessary precondition for educating. A child--and also a "different" child--requires **sympathetic authoritative guidance**. It gives him/her confidence, certainty, and security. Even less so, a child-in-distress should not be dealt with permissively. Authority gives him/her confidence about where he/she stands and what he/she can expect regarding acceptable norms, but also in his/her relationship with an orthopedagogue. Sometimes it is necessary that guidance to personal re-forming be characterized by **authoritative actions** to protect and guard a child from dangers which he/she is not yet up to. Especially in an orthopedagogic relationship, authority must be handled very cautiously and judiciously, and a positive emotional bond, trust, identification and love must form its foundation. (Where love is missing, there is no educative authority--Perquin). Because of such a favorable relationship, a child will then also recognize an orthopedagogue as the authority and experience him/her as a benevolent, direction-giving educator who helps him/her with his/her problems. Through incorrectly handled authority, a child experiences him/herself as not understood.

Orthopedagogic assistance includes the following: "Norming", regulating, disciplining, setting limits, making demands for self-restraints. In providing orthopedagogic assistance, a child is not allowed to "have his/her fling". Also, he/she must learn to take fellow persons into consideration, and moments of not-being-allowed-to-act must be

actualized. Through exercising and accepting authority in an orthopedagogic relationship, a child ultimately must be led to freedom and responsibility.

5.2.6 Pedagogical love

Educative neglect points to an absence of love for a child in the PES. Even spoiling a child indicates the expression of "limitless love" in degree and form by which there is a lack of appropriateness with respect to him/her and, hence, there is inappropriate love which is pedagogically inadequate.

An orthopedagogic situation is an "our"-situation which contains a relationship of pedagogical love, even though this is love more for a child in general. There is always love when an orthopedagogue offers a child what he/she needs and when he/she has no other aim than to meet these needs.

Love brings about identification which will not leave either child or orthopedagogue untouched. Love changes and influences the personal being of both and will help bring a child where he/she ought to be. Love can exercise intense psychic power for the sake of influencing and forming a child as a person and, therefore, it must be actualized in orthopedagogy.

However, this love must also be characterized by a degree of appropriateness. An orthopedagogue should not overburden a child with love as a complex form of relationship but should know what love is for a particular child with whom he/she enters a relationship and deals with; in other words, an orthopedagogue should know what love a particular child can understand.⁽¹⁰⁾

The entire event of intervening and correcting a child's life and lived experiences can be viewed in terms of the contrast between **anxiety** and **love**:

<p>ANXIETY (lowest lived experience) *</p> <p>results from a lack of love</p> <p>interruption of communication</p> <p>emotional disturbance</p> <p>(anxious) isolation, separation</p> <p>anxiety-rousing</p> <p>restrained becoming</p> <p>insecurity and loneliness</p> <p>educating stagnates</p>	<p>* LOVE (highest lived exper.)</p> <p>* actualization of love</p> <p>* re-establishment of communication</p> <p>* emotional tranquillity</p> <p>* (loving) connectedness</p> <p style="padding-left: 20px;">*anxiety is eliminated or conquered</p> <p style="padding-left: 20px;">* becoming (self-actualization)</p> <p>* security and oneness</p> <p>* progress and a new beginning in educating.</p>
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5.2.7 Pedagogical security

In an adequate educative relationship, love is the primary experience of an educator, while a feeling of safety and security is mainly a child's experience. Security is a fundamental precondition for a child's existence, his/her predominant life need. For a

child, a place of security means tranquility, consistency, familiarity, trustworthiness, constancy and certainty. Only from such a point of rest and point of departure will a child venture to explore his/her world and expose him/herself to insecurity because he/she can always return to his/her place of security. A child can only be emancipated to full-fledged adulthood via the course of security and exploration.

In the PES, the parents and other educators cannot assure a child's security. A feeling of insecurity along with the correlated anxiety is previously noted as an essential of the disturbed psychic life of a child in a PES. The question here is what kind of security is needed by a child with disturbed relationships with an orthopedagogue to eliminate these disturbed relationships.

The claim that the experience of security is only given (as a gift) in a demonstration of love (Langeveld) also holds true for the relationship between an orthopedagogue and a child. An orthopedagogue wants to help a child explore his/her problem for a solution. He/she also wants to help him/her re-explore his/her interpersonal relationships so that new possibilities can be discovered. To accomplish this, a minimum precondition which must be met is that he/she experience **pedagogical security with an orthopedagogue**. The appropriateness of orthopedagogic intervention can be evaluated in terms of whether an orthopedagogue allows a child who is with him/her to experience the required security.

Consequently, an orthopedagogic situation must be created within which a child feels safe and secure. In this secure situation (basic security), he/she can then establish or re-establish relationships. A child will be emotionally prepared to venture and explore his/her problematic area from such a secure space.

An appeal to the will, common sense, conscience, or being responsible can create difficulties for a child in the PES--these judgments will increase emotional flooding. Rather, a child's vital-emotional lived experience and his/her need for safety and security must be satisfied.

5.3 ORTHOPEDAGOGIC GROUND FORMS

To correctively educate a child who is derailed and to help the child who is conspicuous in his/her becoming with his/her deficiencies and problems is an original educative activity (an original human form of living). Examples of such corrective-pedagogical or re-educative forms of living are the following: Deviant children were admitted to institutions for the sake of **care** long before there was orthopedagogics as a science. An adult diverts a child's attention away from what upsets him/her through **play**. An educator **explores** and communicates, in one form or another, with a child regarding his/her problematic situation. **Assignments** are given to a child to try again with a matter which he/she has failed. A **conversation** is entered with a child regarding his/her problem. A child is **re-taught** knowledge or cultural skills which he/she could not master on the first instructional attempt. An adult presents a child with an **example** of how to give a meaning other than anxiety to an anxiety-arousing situation.

Care, play, exploration, assignment, conversation, re-instruction and example are everyday, original, fundamental forms of living which are present in the original experience of the reality of educating. A situation of orthopedagogic assistance can take on these forms. In orthopedagogics, these implemented forms of living are called **orthopedagogic ground forms**.

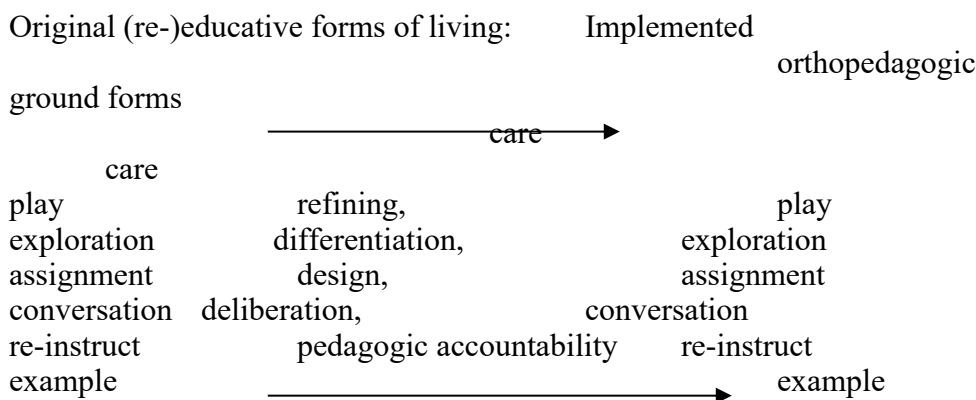
An orthopedagogue uses combinations of these ground forms as activities or ways in which he/she intervenes with a child to bring about positive change, influence, and re-lived experiencing (re-defining). In the original reality of educating, both educator and child participate in actualizing re-educative forms of living, e.g., caring and being-cared for, playing together, exploring together, giving, and carrying out assignments, conversing with each other, re-teaching, and corrective learning, setting an example and following an example. Only in these ways do both orthopedagogue and child participate in implementing the orthopedagogic ground forms.

In an orthopedagogic situation of giving assistance, these forms of living are not actualized as spontaneous, intuitive, undifferentiated activities, as they are in the original reality of educating, but rather in purposeful, deliberate, pedagogically accountable ways, as forms of orthopedagogic assistance, i.e., as orthopedagogic ground forms. The original ways of participating in the educative reality are now implemented knowingly and purposefully. These forms of living are actualized after their essentials are refined and differentiated; orthopedagogic assistance is formally, indirectly, and methodically designed in terms of these forms of living.

These corrective-pedagogical forms refer directly to the original human forms of living. The course of re-educating in giving orthopedagogic assistance progresses as in the original situation of educating. What occurs in orthopedagogic practice does not differ essentially from what also can be perceived in ordinary, daily educative situations, according to De Lange.⁽¹¹⁾

The rise of orthopedagogic ground forms from original forms of living is schematically represented as follows:

Original educative reality Orthopedagogic practice



Because the orthopedagogic ground forms spring from the original forms of living of a child, they consider the structure of being-an-educand and a child's spontaneous lifeworld. The actualization of orthopedagogic ground forms, and especially a child's participation in them, is not a foreign activity for him/her, but normal, natural, everyday activities which are familiar aspects of his/her lifeworld.

A single orthopedagogic ground form is never actualized apart from the others. In each orthopedagogic situation, there is a combination of orthopedagogic ground forms which are actualized, for example, in conversation therapy, a youth's problem is explored via language as a form of communication, and conversation is actualized in all other orthopedagogic ground forms.

The choice of the orthopedagogic ground forms which must be actualized in a particular orthopedagogic situation are determined by the age of a child as well as by the nature of his/her deviation or problem to be remedied or eliminated. For example, an extremely feeble-minded child, and a materially neglected child are dependent on care; an emotionally disturbed child is dependent on play therapy if he/she is a toddler, on image therapy if he/she is a puerile child, and on conversational therapy if he/she is in puberty or adolescence, a child with learning difficulties is dependent on play, assignment, etc.

The above orthopedagogic ground forms are briefly dealt with below.

5.3.1 Care

It is an original educative activity to offer special and accessory care to those children who are dependent on it because of their conspicuousness or handicaps. Thus, for example, in 1770, institutional care for handicapped children began with the establishment of the first institute for deaf children in Paris.

A child, in his/her helplessness and dependence on an adult educator, needs care, i.e., he/she needs care so that his/her physical growth and personal development to proper adulthood are allowed to occur undisturbed. Also, he/she has a right to a carefree childhood. He/she must not only be adequately cared for physically and psychic-spiritually, there also must be **loving care**. Adequate care implies that an educator provides a child with what he/she needs for his/her physical growth as well as for his/her unrestrained psychic-spiritual becoming. A primary pedagogical question is about the **adequacy** of this care, as well as about the **loving** and cherishing paired with it. Loving care, as **human care**, understandably has a far-reaching influence on a child's personal development. This requires an educator to show love for a child which embraces his/her total, complete well-being, and thus calls for his/her total input in a child's care.

A child experiences his/her helplessness as a need for loving care. If he/she receives it, it gives him/her the driving power for his/her further growing up because he/she then feels safe and secure. Nel⁽¹²⁾ indicates "that **loving** care is the first and most important task of an educator... The execution of this task by a parent not only has an affective formative effect on his child but the intimate experience of spiritual satisfaction by him necessarily gives rise to a spiritual deepening of parenthood by which his child's education is

changed by receiving more direction, becoming more purposeful, more concrete in form."

In the PES, a child who is conspicuous in his/her becoming is often dependent on special physical and/or psychic-spiritual care because of his/her deficiencies, handicaps, deviations, and problems. A handicapped child has a need for extra, specialized care because of his/her physical, sensory, or intellectual deficiencies. A pedagogically and materially neglected child needs a re-established relationship of care because he/she is neglected by the inadequate caring effort of his/her parents.

For these children, an orthopedagogue has the task of creating a **caring space** as part of his/her comprehensive plan of orthopedagogic action to bring about adequate care for these children, in addition to, or in place of the care received by a deviating child in his/her family.

An orthopedagogue brings about this specialized, re-established, accessory and/or alternate care by arranging for the adequate care of a child in one or another instance. In such a case, a child who is conspicuous in his/her becoming is a **cared-for-child** (with reference to the Dutch concept **zorgenkinder**). This extra educative help is orthopedagogy, and an orthopedagogue actualizes **care as an orthopedagogic ground form** with his/her purposely planned, pedagogically accountable care of a deviant child.

Instances in which adequate re-established care for a child can be arranged and guided by the orthopedagogue are the following:

(a) The family: Where the parents' care of their child in a family situation is inadequate, an orthopedagogue must stress in family therapy with the parents the matter of adequate care. His/her task is to inform, advise, and guide the parents for the sake of improving their child's primary environment, and his/her adequate care in the family.

(b) The foster family: In cooperation with a social worker, an orthopedagogue can arrange for a neglected child to be placed in a foster home. A suitable older couple is found who is willing to accept the child temporarily or permanently as a foster child for care or educating. This will occur particularly when a child's parents are dead, when the mother is unmarried, or when the parents cannot or will not carry out their obligations to care for and educate their child, e.g., mentally disturbed parents, indifferent and irresponsible parents, severely handicapped parents, etc.

(c) A hospital: A hospital is the first example of a residential institution or child institution to which a child can be referred for specialized alternative care (compare, residential orthopedagogy). This case may involve a sickly child who has been placed in a hospital or nursing institution so that medical prescriptions and treatment can be followed in a controlled, specialized way. In addition to care regarding medical and paramedical treatment, rest, proper nourishment, etc., the services of play directors (playroom), childcare workers and a hospital school, also are employed.

(d) Special school boarding house: A child who, because of specific limitations, cannot pursue ordinary educating, is placed in a boarding house connected to a school for special

teaching. The school-boarding house center or boarding-school cares for the child by means of educating, teaching, medical and paramedical treatment attuned to his/her specific deficiencies and restraints. In addition to the special instructing and educating the child receives here, he/she also learns to live with his/her defect and learns to help him/herself. The following children are appropriate for care in this school-boarding house center: sensory, intellectually and physically handicapped children, epileptic children, brain damaged children and some children with learning difficulties.

(e) Institutional care: A child who is severely seriously handicapped physically and/or psychic-spiritually such that there is little personal development means a burden which is too great for a family to carry. Here we think of children who cannot engage in human communication and, therefore, can be viewed as "uneducable". Such a child is as dependent as an infant, and must be cared for in an institution, e.g., a child with serious mental retardation (idiot-child) which usually is paired with physical deviations (e.g., a Down's syndrome child). It often is necessary to care for an autistic child with low intelligence in an institution. A child who shows a psychiatric image must be admitted to a psychiatric institution, e.g., a youthful psychopath.

(f) The home for children: A child whose parents cannot or will not care for him/her, a child with seriously disturbed educative relationships, educative difficulties or behavioral problems is dependent on being admitted to a home for children, an orphanage, a rehabilitation center, a center for drug addicted children, etc. for care. This can include an authentically psychopathetized and "neurotic" child.

Each of these situations or residential institutions of care present their own unique problems. A child must continually be engaged in a substitutive caring institution in which he/she must be supported to a good child life and unrestrained personal development. This is a complex problem with which an orthopedagogue contends.

There is a distinction between **physical care** and **spiritual care**. With physical care, there is a particular expectation of a child about fulfilling his/her biological needs. In a neglectful situation, this expectation is frustrated. A child needs the following for his/her physical care: rest, nourishment, cleansing, exercise, order, clothing, preventive medicine (by inoculation), opportunities for play and expression. A physically and sensory handicapped child has a need for care to remedy or completely or partially eliminate his/her handicap, e.g., medical therapy for epilepsy and other illnesses; visual, hearing and orthopedic apparatuses; paramedical therapy such as speech therapy, physiotherapy and occupational therapy; neurological treatment of a brain damaged child.

Spiritual care includes the personal re-forming which must be orthopedagogically actualized, namely, conventional forming (orderly and firm), religious-moral, esthetic, sexual and social forming. The task of caring for a handicapped child is extremely important. He/she must receive spiritual care regarding the assimilation and acceptance of his/her unchangeable handicap, so that from day to day, he/she can live in peace with it. If the parents cannot actualize these forms of care through everyday symmorphosis, an orthopedagogue must do so via methodically guided symmorphosis (i.e., communicative pedotherapy). Thus, to this end, a child must receive care to surmount an uncorrectable disturbed biological moment by giving new psychic-spiritual meaning to it.

5.3.2 Play

5.3.2.1 Play as a child form of living

Play, as an original, genuine form of child life offers a rich opportunity for life fulfillment, free expression, and personal development. It means much to a child as a possibility actualizing and possibility creating activity. For him/her, it is a genuine, natural, spontaneous, and obvious way of involvement with reality. The special value and meaning of play in a child's life (educating, teaching, growing up) cannot be emphasized enough.

There are several theories of what play essentially is. Among others, play is viewed as a safety valve for excessive vital energy (Spencer); it is seen as the preparation and practice of skills which will be indispensable for later life (Groos); it also is viewed as the precursor of work (Karl Buhler), and Maria Montessori views play as the exercise of functions, as preparation for the future. Each of these theories contains a grain of truth, but none makes all appearing forms of play completely understandable.

Langeveld⁽¹³⁾ views play as child exploration of the world on the way to his/her personal development, as the most essential active involvement of a secure child with a world which can still be anything for him/her (open communication). Essentially, play offers a child an opportunity to attribute open meaning (giving new meaning).

Playmates and playthings are the two direction-giving factors in the development of child play. A child him/herself has the initiative to play and be active and, in interaction with playmates and playthings, he/she is led and formed to play, explore, and engage in purposive activity.

5.3.2.2 Play as orthopedagogic ground form

Ter Horst⁽¹⁴⁾ mentions the following in connection with play: Play is the orthopedagogic ground form, *par excellence*. It provides the important opportunity for being-together (of child and orthopedagogue). An orthopedagogue must learn to play with a child. This requires sensitivity, involvement, creativity, communication, distance, authority, and future-direction of the orthopedagogue. From what orthopedagogic play deals with, there is a high degree of transfer to other forms of activity.

Through play, a child's distressful situation can be unconsciously but clearly represented--which is very important—and he/she can be emancipate and released from it. A child's free play and expression are cathartic (discharging, enlightening, relaxing). Through play, a sphere can be created within which a child comes to feel completely at home, and where his/her deepest yearnings can be satisfied.

Vermeer⁽¹⁵⁾ nicely shows how play offers a child an opportunity to re-lived experience (give meaning again, redefine) his/her world: Play is a sense giving or meaning attributing involvement with a playmate or plaything. Reality is a preformed field of meanings, and a child learns to know them with the help of his/her parents. Also, he/she

goes out of him/herself by exploring and seeing his/her world with his/her iunique eyes; that is, he/she attributes his/her own meanings to it. He/she does this especially in his/her play, whether in a play-therapeutic or ordinary play situation.

The question of the meaning of child play, both within and outside the areas of play research and play therapy, is a problem of pedagogical play within which a child's freedom to give meaning is a very important aspect. A child's play uses reality. Play has a very important place in a child's becoming.⁽¹⁶⁾

As an orthopedagogic ground form, play can be implemented fruitfully and meaningfully with respect to a child who is conspicuous in his/her becoming because it offers an opportunity for:

- o life fulfillment (compare under actualization of potentialities)
- o expression (compare a restrained, an aggressive child)
- o personal development (compare restrained growing up)
- o actualizing possibilities
- o creating possibilities
- o exploration (compare an exploratively-disturbed child)
- o being together (compare a lonely child)
- o the communication of new interpretations (new meanings) (compare a psychically disturbed child).

5.3.2.3 Orthopedagogic play

A young child cannot talk about his/her problem to reveal it or release him/herself from it because he/she:

- o doesn't have the language to do so;
- o cannot analyze his/her problem with insight; it is not an intellectual but an emotional conflict;
- o in each case, communication with the educators is disturbed.

For these reasons, **play** is necessary as a revealing and releasing medium.

In addition to the possibility that a child can spontaneously play in his/her everyday life situation, or that play can be implemented as a didactic (i.e., teaching) ground form, here the concern is with a child playing with an orthopedagogue in a playroom, i.e., actualizing play as an **orthopedagogic ground form**.

Two main aspects are distinguished in orthopedagogic play, i.e., **play-diagnostics** and **play-therapy**. However, these two aspects are not separable: in play diagnostics a child's play expressions already mean for him/her an enlightenment and a release from his/her distress; in play therapy, an orthopedagogue learns to know a child and his/her world much better than before.

In play diagnostics, an orthopedagogue learns to know a child with respect to the conflict with which he/she is involved. In terms of play, it is determined which child potentialities are not actualized and which child experiences are not assimilated.

Play therapy means an orthopedagogic form of assistance directed to a young psychically disturbed child (of approximately four to ten years of age) in terms of a playful involvement. A child is approached in this sphere where, as a young child, he/she can actualize and express him/herself in the most spontaneous way, i.e., in his/her play.

A child expresses him/herself in play images. These play images must be carefully interpreted by an orthopedagogue. He/she must not do this apart from their relation to the PES. He/she must interpret the contents of a child's play against the background of the information acquired from the historicity image and the diagnostic study of him/her. For example, if a child in his/her play always lets a doll-figure overturn everything in the dollhouse, then this does not indicate that he/she will do this in his/her own house. Rather, this might be interpreted as an inner tension with respect to the situation at home. Thus, an orthopedagogue comes to understand the problem with which the child is internally involved, and he/she can read the seriousness and intensity of the problem from the violence with which the child plays.

Koster⁽¹⁷⁾ provides the following insights about **the play of a child with problems**: a child will not play smoothly and acts in sporadic ways on a superficial level, only to make or draw something and be busy merely to be busy. His/her play remains spasmodic and stiff because he/she dares not let go of his/her contact with reality and is afraid to loosen him/herself too much in a dynamic course of play, e.g., out of fear for the intense feelings which can be aroused. A child is intuitively afraid of the images which play can produce. We find another indication of problematic play in the sudden interruption of illusive (i.e. make believe) play at a moment of intense pressure. The moment when feelings become too intense, the play is suddenly broken off, and after this we see the child grapple with another, lower, more relaxed form of play, or completely withdraw from playing. Also, play on too childish a level can be an indication for us that we are dealing with a problematic child. A child makes a weak effort to begin to engage in illusive play but dares not.

Play as orthopedagogic ground form is closely related to child-play and child-life. Indeed, a child can only borrow contents from his/her own lifeworld when he/she must give content to his/her play world. Thus, he/she projects his/her own life into his/her play world. His/her everyday world is a precondition for his/her play world.

Just as adults talk about their problems, children learn to play (out) their problems. Because a child's problem cannot be communicated and explored in linguistic form, play occurs as a communicative and exploratory form in pedotherapy or orthopedagogy. The play world is the "screen" onto which a child projects his/her life and by which he/she directly and unconsciously indicates to us his/her experiential world.

By playing with a child, an orthopedagogue can help him/her to consider solutions by making proposals and offering new possibilities. A solution to the problem is communicated to a child **indirectly, symbolically, playfully** or by **pretending**.

Discussing, explaining or interpreting the problem will remove it from the sphere of play. For example: a young child, in his/her play, lets the father doll-figure stand outside of the doll house. This indicates that the child, because of a disturbed educative relationship, does not accept his/her father within the intimate family circle. An orthopedagogue will not communicate a positive, acceptable meaning of the father via conversation. He/she will illustrate that the child places his/her father in the family circle where he belongs. In the light of what the child then symbolically (playfully) allows to happen to the father figure, the orthopedagogue now will attribute to the father other positive meanings.

In the following essentially three-sided event, a relationship is laid between reality and the playroom:

- (a) A child plays his/her reality in a playroom
 reality ; \longrightarrow
- (b) with the help of an orthopedagogue, in a playroom he/she finds a solution to the problem--a new meaning;
- (c) a child actualizes his/her play-found solution in daily life outside a playroom
 reality. \longleftarrow

Thus, for a child, even orthopedagogic play is a natural means of communicating with the world. A play therapist and a playroom entice a child, by means of play, to explore and, in doing so, to give meaning to and acquire a grasp of his/her problem. In the play situation, a child is present to his/her distress, problems, and disturbed psychic life. He/she places his/her disturbed lived experiences in the play, and, thus, play is the mirror of his/her inner life, the sphere within which he/she must be helped, and it is a way in which our helping can participate in his/her world. Hence, a child's experiential reality is recovered in his/her play and, similarly, his/her playroom solutions are to be actualized in his/her reality.

Play therapy rests on the following two assumptions:

- (a) In play, there is a better chance that a child who cannot overcome his/her actual distress, can tackle it in play, and in the frame of the play, find a good, productive solution within which he/she continually conquers trust, tranquility, and courage.
- (b) Such conquests do not remain limited to the sphere of play: through the playfully found solution, a child **lived experiences*** him/herself and situation as **changed**, changed analogous to the solution found in play (Van der Zeyde).

A child-in-distress who cannot overcome his/her problem via everyday symmorphosis with his/her parents, now, in play therapy, has a person at his/her disposal who accepts and understands him/her and who, through methodical guidance and accountable pedagogical symmorphosis, helps him/her find a solution.

* Thus, re-lived-experience as a new, different meaning.

Play is not only a means to correct a child's disturbed psychic life, but also to re-educate him/her regarding his/her disturbed expressive life (behaviors) flowing from it. The therapeutic value of play is precisely in these possibilities for re-educating.

A child-in-distress only projects his/her disturbed psychic life into his/her play and not the educative neglect and educative mistakes which gave rise to it. A child is helped by playing out his/her PES. This assistance would have been very difficult or even impossible in the everyday reality of educating because there the child-educator relationship cannot be discussed with him/her, evaluated, or corrected.

Thus, play therapy is an event of re-educating with the aim of breaking through a child's distressful situation. Play is a means of communicating and exploring, and, thus, a means of educating and re-educating. Indeed, play therapy is a means of projection and expression.

5.3.2.4 The quality, choice, and level of play

These three facets of orthopedagogic play are closely united because, in play diagnostics and play therapy, the physical and psychic-spiritual potentialities and state of a child determine the form, quality, and level of his/her play activities. A seriously mentally retarded child **cannot** play; a restrained, anxious child **dare not** play; a seriously pedagogically neglected child **does not know** how to play; an autistic child falls into stereotypic, compulsive play activities. The question is whether a particular child really can play and to give **content** to his/her play. Restrained and handicapped children find it difficult to display in their play rich fantasy, creativity, flexibility of mind resourcefulness, and in their play to really be themselves and manifest a free initiative to play.

As far as the quality and level of his/her play are concerned, a child can choose to actualize one of the following forms of play (compare here Vermeer's ⁽¹⁸⁾ classification of the play world):

(a) Illusive play: Here a child's play comes to **full development**. Illusive play has **contents** and a **thematic course**, and he/she creates for him/herself an illusive or metaphorical world in terms of the real world in which he/she finds him/herself. It is a **dynamic** form of play because he/she **creates events** in his/her play. In fact, he/she play is the story of his/her own life, e.g., his/her home or school situation--the doormat is an island, the chair is a train, the piece of wood is a cigarette, etc. Here he/she engages in **roleplaying** in which the role of the adult (doctor, parent, teacher), agemates, animals, or lifeless objects are identified with or imitated **if** he/she arrives at a spontaneous, free, creative expression of his/her experiential world.

(b) Esthetic play: In an improvised involvement (with play), a child builds and forms things with the play materials, e.g., he/she builds something with blocks or forms something with sand. Esthetic play is more haphazard, more static, less developed and less planned than illusive play. For example, he/she builds a house, not to enact a story about it, but merely for the sake of its outward appearance, its esthetic aspect.

(c) Playful handling: Here a child is involved merely with a pre-thematic handling of playthings and objects. For example, an anxious child cannot create an event or design a theme in his/her play; he/she merely handles the playthings, e.g., a toy car is pushed back and forth, blocks are built up and knocked down, a doll is dressed and undressed.

(d) Bodily play: Here a child creates a world of play by touching and being touched. By immediate contact with substances or formless material such as water, clay, mud, and paint, the sensing (sensory) and pathic (emotional) aspects are strongly emphasized. Therefore, this type of play is called **senso-pathic play**. Here, it is one's own bodily form, one's **own body** which one feels and experiences.

5.3.2.5 The sphere of play

A playroom is the background for a child's communicative, exploratory, expressive, and projective activities. Here he/she creates a new situation and enters a different relation to the world than in real life. The possibilities of the world of play in a playroom entice him/her to participate. A playroom fulfills his/her yearnings and provides a space within which any form of play can occur. Greater indulgence holds here than in everyday reality. Here many behaviors and expressions are possible which would not be allowed in everyday reality. However, this does not mean absolute indulgence since rules, values, prohibitions and directions are necessary to make a child's world secure. Thus, meaningful orthopedagogic play is impossible without authority.

A child is aware that while he/she is in a playroom, it and the pedotherapist are at his/her disposal. This gives him/her a feeling of safety and security. He/she knows that there is an adult in the room who gives undivided attention to him/her, who helps and supports him/her, who offers security and protection; all have special therapeutic value for a child who is materially or affectively neglected. Here his/her need for tranquility is fulfilled and an opportunity is offered to deal with the playthings of his/her choice without the interference of another child. A playroom is a **secure place** even though it is a place where he/she is confronted with his/her problems and where he/she must cooperate to solve them.

A playroom contains as wide a variety as possible of carefully selected playthings (human figures or dolls, doll house, animals, trees, blocks, toy vehicles, little guns, senso-pathic materials (e.g., clay), drawing materials, etc.).

A frequent **function of a play therapist** is to consciously guide and give direction to play together and to give approval (to confirm, to validate, to approve). On the one hand, he/she must perceive and analyze the course and contents of a child's world of play; on the other hand, he/she must absorb him/herself in the play world to be able to provide support. If he/she tranquilly-understandingly joins in, the orthopedagogic sphere of play means for a child anticipation, surprise, a dynamic involvement with playthings, an active, intensive and constructive play, an eliminating and easing of his/her PES. However, if a play therapist conducts him/herself in a one-sided and non-empathic way, a child finds him/herself alone and anxious in the play situation, thrown back on him/herself and his/her play behavior becomes nothing more than superficial.

5.3.3 Exploration

It is an original form of human life which educator and child explore together a child's problem. Thus, for example, a disturbed educative relationship between parent and child can be explored and analyzed in a conversation (talk about the problem) to arrive at a satisfactory understanding.

A child's **inclination to explore** is of considerable importance and one cannot understand the psychic development of a child without it (Langeveld). A child must be made emotionally ready to explore because with an act of exploration, he/she is touched emotionally. He/she must be actively involved in his/her own growing up and problem solving. He/she must not merely receive help but also explore. In each exploration there is independence; this means always going one's **own** way. In exploring, a child's potentialities are released--in the PES his potentialities remain unrealized, and his/her restrained venturing means a restrained growing up.

In an orthopedagogic situation, a child must first be made to feel secure and then he/she is invited to explore his/her problem area with an orthopedagogue. An orthopedagogic event essentially is one within which an orthopedagogue supports, directs and accompanies a child in a **symbolic exploration of his/her problem area**--by means of play, image, assignment and conversation. Here a child will explore because he/she wants to be someone him/herself, i.e., he/she wants to emancipate him/herself and gladly solve his/her problem. An orthopedagogue guides and protects a child in his/her investigating and conquering his/her problem. It is through the person of an orthopedagogue that a solution to the problem speaks to a child. Thus, an orthopedagogue is co-explorer and co-interpreter (co-giver of meaning—symmorphosis = giving meaning with), and he/she **leads** a child's exploration of his/her problem in a particular direction for the sake of solving it.

As an orthopedagogic ground form, exploration is implemented in pedodiagnosics as well as in the various forms of pedotherapy by both the orthopedagogue and the child. First, the orthopedagogue explores in pedodiagnosics the child's problem area (his/her problematic situation, and his/her problematic lived experiencing of it). Essentially, pedotherapy is a co-exploration of the child's problem area, a reconnaissance of it for the sake of conquering it through actualizing new discoveries, new experiences, new meanings, and new possibilities. The most important and essential form of orthopedagogic action, besides communicating with a child, is to **allow** him/her **to act**, and this really means to **allow** him/her **to explore** (Van Gelder).

In orthopedagogic practice this allowing to act or allowing to explore means that a child handles orthopedagogic materials in pedodiagnostic and pedotherapeutic situations (intelligence media, play material, drawing material, projective and expressive media, didactic media, etc.). Thus, he/she explores his/her problem world via these materials or media and introduces his/her problem into his/her play, image or word (play-themes, drawn-images, or conversations).

Exploration is implemented in combination with the other orthopedagogic ground forms; e.g., a child explores the new **caring space** which is created for him/her, a young child

explores his/her problem area by means of **play**, the **assignment** which a child is given to deal with the media is really an assignment to explore that piece of reality which each medium represents, and to explore his/her problem via these media. Exploring and analyzing the problem by means of **conversation**, by **re-instruction** essentially is an exploration of a piece of reality (learning contents) which is re-unlocked by an adult for a child, as co-explorer and co-interpreter. An orthopedagogue sets an **example** for a child regarding how to represent the reality which he/she explores.

5.3.4 Assignment

In the original, everyday reality of educating, it often happens that an educator in his/her re-educative intervention with a child who is derailed, arrested, different or has failed gives a particular assignment, e.g., the assignment to try again regarding a failure, or to correct a matter regarding a derailment. It is unthinkable that orthopedagogic assistance can be actualized without implementing assignment as an orthopedagogic ground form. Thus, there is mention of work, task, labor, activity and being busy which a child must carry out in an orthopedagogic situation.

The concept **orthopedagogic form of activity** implies that there are **actions** by orthopedagogue and child in contrast with, e.g., medical treatment where a child is passive while treated by a doctor. Thus, a child also must act in an orthopedagogic situation, he/she must create and perform and in this way he/she carries out his/her responsibility regarding the abolition of the PES. For this, he/she continually receives an assignment which sets for him/her the demand to try. He/she must assimilate his/her problem; he/she must actualize his/her potentialities. Also, a child must **work on** and **work with** his/her PES to change it; as a central factor in the PES, his/her stake is to **work** to change him/herself.

Implementing an assignment as an orthopedagogic ground form essentially is an event with three parts:

- (a) An orthopedagogue **gives** a child an **assignment**;
- (b) the child **carries out** the assignment;
- (c) the orthopedagogue **accompanies/guides** the child in carrying out the assignment.

In doing this, the orthopedagogue and child remain **active, purposeful** and **task-bound** in their involvement in the orthopedagogic event. The child's participation in the orthopedagogic event works as a positive power, e.g., the child's carrying out the assignment to freely express him/herself is already a catharsis.

The following example indicates how assignment, as an orthopedagogic ground form, is actualized in pedodiagnostics: a child receives an assignment to act (with performance or perceptual media), i.e., to draw, to complete sentences, to tell a story about a picture, to provide answers to problems (intelligence medium), to write a composition, to do sums, to read a piece, to spell words, to answer questions, to play, etc. He/she receives similar assignments in the pedotherapeutic situation where he/she also receives assignments to change his/her productions to change and improve his/her problem area so that,

analogously, his/her giving meaning to reality can be a positive and educative-promoting influence.

5.3.5 Conversation

It is indicated that conversation is an original re-educative life form. When educators mutually converse about the problems of children, this is equally an original event. Language is a means of educating and re-educating, and a conversation is viewed as a core aspect of orthopedagogic assistance. Conversation is actualized in forms such as linguistic expressions, chatting, listening, speaking, asking, clarifying, talking things out, informing, narrating, answering, explaining, interpreting, etc.

Conversational therapy, as a form of pedotherapy, is most appropriate for youths older than 14 because in this period of life they can verbalize their problems. Where play therapy and image therapy involve concrete media (playthings, drawings, etc.), conversational therapy primarily involves a conversational communication between a youth and an orthopedagogue. Thus, here there is less mention of a concrete means or technique than is the case with the other forms of pedotherapy. In each unique, unpredictable conversational situation, the essences of an orthopedagogic conversation (see below) are applicable. Conversational therapy involves the spontaneity, variability, actuality, uniqueness, and originality of each moment of a conversation.

A conversation is an **activity** by which youth and orthopedagogue participate, as well as how a problem area is communicated and explored. An orthopedagogue purposefully implements the conversation to communicate and solve a problem and, therefore, he/she **plans, directs, and leads** the conversation around the problem. Disturbed communication in the PES leads a child and youth to feel insecure and uncertain, and this throws him/her back on him/herself so that psychic conflict arises. Of the various methods for recognizing and eliminating conflict, conversation remains the "royal road to understanding another person" ("via regia zum Verstehen eines andern Menschen") (E. Ell). Thus, it is the best way, the most fruitful means for understanding a youth. The **relationship** and the **acceptance** which arise within and through conversation is more decisive than the understanding by means of a discussion as a more direct approach to the problem and as the advice which might then be given; a conversation delivers a youth from his/her loneliness because, amid his/her problem, he/she seeks tranquility and security. No single conversational "technique" outweighs the personal relationship which is brought about between a youth and an orthopedagogue (according to Perquin).

Based on the views of a few authors about **conversation** (J. H. van den Berg, Rollo May, Perquin, Beets, Landman), the following are offered as **guidelines** for implementing conversation as an orthopedagogic ground form:

(a) The orthopedagogic conversation revolves around the **quality of the communication**, i.e., the quality of **being-with**. Being-together is a precondition for a conversation. It is the contact within which we know we are understood. Physical presence and/or the exchange of words are no guarantee of a true conversation; rather, it is the being-together which is the guarantee because this means to enter together into one world, into a common world. The common world is the situation of a child's problem area. The most

direct contact is actualized between child and orthopedagogue; a child's isolation is broken through.

(b) The conversation (word) is **detailing** (particularizing), **explicating**, **sharing**, and **communicating** a common world; it is a movement **into** and an exploration of a world of shared concerns, but it also is a **participation** in each other's "inner life".

(c) The child's **inner mystery** must be respected. Not **everything** about the child needs to be made public. Delicate facets of the PES sometimes are best kept anonymous, e.g., by communicating them in general ways or indirectly. Then communication must be indirect and child and orthopedagogue mean more than what they say about a problem. Hence, a conversation can also be indirect communication. This communicates the mysterious, the implicit for which no words can be found. This mystery (the other's secrets) is a quality of the being-together of child and orthopedagogue. If a child knows that the deepest secrets of his/her heart can be discovered and exposed, he/she will not be ready to converse. The precondition for a conversation is the other's secrets (Van den Berg). Thus, a child or youth must not experience the conversation as a "fishing" for his/her secrets. It should not be expected that he/she merely reveals everything in a detached way. A child has difficulty expressing his/her emotional life. There is an immense distance between secret experiences and expressing them (Van den Berg). Consequently, an orthopedagogue can never learn to know a child **completely**.

(d) An orthopedagogue must not **lecture** to a youth; conversation is a **dialogue**, not a "telling". In a lecture, often unasked advice is given, and such advice is always superficial to the degree that it is one-sided. "Preaching" to a child does not lead to communication. This imposes a "conversation" and puts a child on the defensive. Orthopedagogic conversation is most fruitful if it develops in natural ways out of ordinary human communication. A youth has a need for an encounter which is something neither explicitly aimed at nor pursued. He/she longs for a trusting, loving being together which involves nothing else and, thus, is not threatening. He/she does not want to be interrogated but rather he/she wants to have an opportunity to express him/herself to a conversational partner who listens empathically, calmly, and with honest interest because, to him/her, this means he/she is accepted. If an orthopedagogic conversation is not **mutual**, it cannot be meaningful. Child and orthopedagogue must be able to talk and listen to each other. Also, a youth must feel that he/she has contributed positively to a fruitful conversation. With trust and appreciation, he/she will tell his/her secrets to an orthopedagogue. Then he/she will have a conversational partner and not a lecturer.

(e) An orthopedagogue must maintain a definite distance between him/herself and a child or youth. Then, he/she stimulates in a child a desire for subsequent encounters. This means that child and orthopedagogue must not become too personal and familiar with each other. There must be an optimal encounter while maintaining a distance (Rumke).

(f) An authentic orthopedagogic conversation is a **loving conversation** and **not a technique**. This requires a truly positive encounter, i.e., the experience of a prevailing intimacy; hence, this encounter cannot be forced. As viewed by a child, it is and remains a gift. Forced conversation and forced trust leads to mistrust. It would be regrettable if

an (ortho)pedagogic conversation were reduced to a technique. Fortunately, this is not possible since this would be a contradiction in terms. No single act of educating or re-educating can exist without love (Perquin). Thus, a good orthopedagogic conversation is no technique; it is a being-together in unselfish love. It is an educative relationship within which orthopedagogue and youth give to each other. Therefore, a valuable conversation also cannot occur if an orthopedagogue tries to demonstrate his/her superiority and gives too much unsolicited and unwanted advice. The fruitfulness of a conversation grows from the soil of the trust which a youth has in an orthopedagogue as an adult. Thus, the heart must be involved in a conversation. The heart must be filled with warmth, but the head must be cool.

(g) A **conversational room** should be arranged with things which appear friendly to a youth. A cozy room (wallpaper, books, pictures) says something about freedom and doesn't suggest any deficiencies with which the youth him/herself must be filled. A conversational room also should have a personal character. The neutral makes a youth uncertain because it can mean **anything**. Room and orthopedagogue must form a unity within which a youth's behavior can be understood. A youth must be able to possess a safe space, feel at home and relaxed there. Although he/she can be surprised, things should progress there as expected.

(h) An orthopedagogic conversation is neither "guidance" nor "counseling": "Guidance" runs the risk of becoming a bold intrusion; the advice and the questions often are experienced by a youth as an attack on his/her freedom. "Counseling" usually does not relieve his/her distress. He/she is not **personally** affected in an adequate way by it. For a youth, the word should open the possibility of a reply and must get to the core of his/her problem. He/she also is not satisfied with a nondirective approach. An orthopedagogue also must approve and disapprove. A youth depends on his/her empathic understanding, on him/her entering as completely as possible his/her PES, on his/her loving listening, but ultimately things must be clearly stated.

(i) A youth (especially an adolescent) wants to experience **freedom**. He/she should not be tied to an orthopedagogue and he/she should be free to go whenever he/she wants. Loosening him/herself from an orthopedagogue must remain a psychic possibility. Freedom means that a youth seeks a solution and not merely advice and information. He/she wants to know and to be responsible. He/she does not want to lose his/her freedom of action. However, he/she must be guided to take personal responsibility. If he/she relies completely on an orthopedagogue, his/her personal development becomes restrained.

(j) An orthopedagogic conversation need not be limited to a conversation room. Youths like the talking together to move among issues in natural and obvious ways. Also, they gladly talk about social, natural things by which they express their attitudes toward life. Then, opinions playfully collide with each other, profound matters of a world- and life-view nature incidentally come up for discussion. There is no solemn conversational room session before it is needed. This "indirect" approach especially is effective with unreflective youths and with particularly sensitive young persons--it always offers the possibility for a way out of an awkward conversational situation and a return to neutral conversational contents. In this connection, **doing something together** is very

meaningful; proceeding to doing something else always remains possible; by means of an activity, there is a certain distance and communication is free flowing. In and by bodily activity (e.g., writing, drawing), tensions also are released. By relaxing, by freeing oneself of obstacles, the way to another person is opened. **Doing something together** provides an outstanding opportunity for conversation to arise; it creates an educative relationship which frees a conversation from its usual deliberate character.

(k) An orthopedagogic conversation means an **orientation** for a youth: In the disturbing and chaotic human relationships of our time--and especially of the PES--a youth no longer knows his/her place; he/she is disoriented. An orthopedagogue helps him/her to once again take his/her place and hold his/her own among people so that he/she knows where he/she stands because involvement with others only is possible if one knows where one stands, if one stands where one follows the possibilities one ought to exercise. Thus, orthopedagogic conversation means an orientation for a youth-in-distress (to determine his/her own place). It is a pedagogical guidance to re-define his/her own place in life; if the conversational experience clarifies his/her existence and views, he/she arrives at an orientation to and clarification about him/herself, his/her possibilities, his/her future and his/her pedagogical situation. For a youth, this orientation means **self-affirmation**.

(l) For a youth, an orthopedagogic conversation is a **formative event**: In the conversation, he/she learns to think about human existence (via asking and answering questions). Here language, as a means of expression, plays a liberating (talking out) role. Thus, an orthopedagogic conversation can be called a philosophical adventure and exploration. He/she orders his/her thinking and sees new perspectives (compare lack of perspective). Thus, his/her life is made more livable. He/she also learns to analyze and evaluate his/her **own activities and achievements**. In addition, he/she learns to know him/herself: his/her individuality, his/her potentialities, his/her identity, his/her behaviors, his/her feelings. He/she learns to behave in accordance with acceptable ethical norms. He/she is confronted with the question of whether his/her activities are **right or wrong**. He/she learns to distinguish between those norms he/she has been devoted to until now, and those which he/she will or must abide by in the future. He/she learns to see him/herself as others see him/her. He/she learns to view him/herself as he/she **is** as well as how he/she **must be**--thus, he/she is made aware of the fruitful tension between **is** and **ought**. Finally, a youth in an orthopedagogic conversation learns to analyze and evaluate **situations** so he/she can take a better position regarding them. The **concrete situation** is analyzed so a youth can know how this is done. Ordering and analyzing the situation calm and liberate him/her from experiencing chaos and nervousness.

(m) The orthopedagogic conversation requires a **democratic association** with a youth: A youth and especially an adolescent want to be treated with equal justice and dignity and want to be taken seriously as a conversational partner. An orthopedagogic conversation must be characterized as open, authentic, honest and frank. The association also must be able to be light-hearted and playful. In a democratic association, a youth has the freedom and the **right to speak and be silent**. He/she is given the following warning: "Think carefully whether you indeed will entrust me with what you are going to say. Will you not regret it later? Don't say any more than what you really want to". A youth's right of privacy thus must be guaranteed.

5.3.6 Re-teaching

In the original reality of educating, a child is re-taught by an educator when, after a first attempt to teach, he/she does not achieve a grasp of the knowledge or cultural proficiencies. Where the emphasis in the PES falls on the failure and derailment of the teaching and learning event, and the PES (now more specifically viewed as a problematic teaching situation) is primarily a matter of teaching and/or learning problems, we enter the field of **orthodidactics** and there is mention of implementing re-teaching as an orthopedagogic ground form.

The orthopedagogic assistance specifically directed to re-teaching a child who is conspicuous in his/her becoming as far as his/her learning is concerned, is referred to by the names of orthodidactic assistance, orthodidactic therapy, curative teaching and remedial teaching (although the latter refers only to a facet of the total practice of orthopedagogic-orthodidactic assistance).

Because teaching and learning are human events, they can fail for one or another reason. They can go wrong in the original teaching situation, and they can fail in the formal lesson situation at school.

Teaching is the other side of educating. "Who teaches, educates" (Waterink). Who teaches is pedagogically engaged and influences a child pedagogically. Teaching is a form of educating and re-teaching is a form of re-educating. Therefore, teaching is an orthopedagogic ground form. Re-education is actualized in the ground forms of re-teaching. The original life form of educating necessarily includes teaching. Child and educator each have a share in teaching; an educator teaches (*didaskhein*) and unlocks reality for a child while a child unlocks him/herself for reality; he/she enters reality, he/she learns. He/she is guided/accompanied in his/her learning activities by an educator.

Re-teaching, corrective teaching or rehabilitative teaching, thus, mean the re-unlocking of reality (learning content) for a child so he/she can learn it correctly (correctively). This also is viewed as supporting a child to an adequate re-lived experiencing of the learning contents.

A learning handicapped, as well as a learning restrained child is dependent on re-teaching as an orthopedagogic ground form; a learning restrained child underachieves because of his/her correctable learning activity; a learning handicapped child underachieves because his/her uncorrectable sensory, physical or intellectual handicap prevents him/her from receiving instruction by the usual methods or by being able to learn as a non-handicapped child does. Through re-teaching (orthodidactic assistance), an orthopedagogue (orthodidactician) tries to contribute to the educating and personal development of a child who has become conspicuous because of his/her being restrained or handicapped.

When the specific **didactic ground forms** of **play, conversation, assignment** and **example** are implemented in the re-teaching, they are actualized as **orthodidactic ground forms**.

5.3.7 Example

"The example is an inherent way in which a person understands, interprets and also makes available for others who do not yet know the reality which surrounds him" (Van der Stoep). In the original reality of educating, an **example** which an educator presents, points out or demonstrates to a child is clearly a way of educating. This pronouncement also holds for the re-educative intervention with a child who is "different". Example, as an orthopedagogic ground form, arises from this original reality of educating and it can be meaningfully and fruitfully implemented in providing orthopedagogic assistance.

The image of adulthood which an educator represents serves as an example which a child emulates in his/her becoming adult. Thus, there is mention of an educator demonstrating, illustrating, prompting, exemplifying, showing how to play and a child imitating, copying, reciting back, emulating. A child learns-life from an educator's example which, regarding a meaningful lifestyle, he/she has already mastered to a certain degree. Through the example-presenting activities of an educator a child is enticed to him/herself try in terms of learning-life (in terms of the adequate handling of situations--also problem situations). By imitating an example, a child actualizes his/her potentialities, and educator and child themselves can see what his/her status is. Thus, a child learns **conduct** and he/she also learns to **interpret (give meaning to)** reality after the example of the adults. The latter set examples regarding both objective factuality (cognitive) as well as subjective experiences (affective). A corrective, re-educative example is implemented for a child who in his/her imitating the example of his/her educator has become derailed.

The re-teaching (corrective teaching) of a learning restrained and handicapped child, e.g., is unthinkable without implementing example as an orthopedagogic ground form. An exemplar is chosen to present to a child with learning difficulties to serve as an example because the reality of a particular theme or phenomenon is too comprehensive for total mastery by him/her. The example chosen must be representative of or generally valid with respect to the theme or phenomenon being unlocked. In terms of the example, a child can learn to know the essences or principles of the matter and thus master the matter. Thus, by means of examples of learning material, a child with learning difficulties is brought to understanding and insight.

Also, example, as an orthopedagogic ground form, is implemented in the different forms of communicative pedotherapy (play, image and conversational therapy). Communicative pedotherapy is essentially communicating new interpretations (new meanings) to a child, i.e., a child learns in accordance with the **example** of an orthopedagogue to give meaning to his/her problematic situation. In this connection, Lubbers⁽¹⁹⁾ describes the event of symmorphosis as giving meaning together—to an event which arises everyday in the contact between parents and children (and also in the contact between adults). Symmorphosis is learning to deal with the strange and the anxiety provoking in accordance with the **example** of the adult. Lubbers uses the following example to illustrate the working of symmorphosis: A child shows fear of a dog. His/her mother lifts him/her up protectively and tries to reconcile him/her with the fright by petting the dog. Her child also tries to act as she does and as she expects him/her to act through her example (tendency to identify with her). The mother understands her child's anxiety and is herself not afraid. Her attempts at reconciling,

protecting and comforting are a form of communication. Her child has the experience that things can be different because his/her mother has presented him/her with an example for that purpose.

In communicative pedotherapy a situation is created by play, image or conversation which is a symbolic or exemplary representation of a problematic situation which a child cannot assimilate, and which makes him/her anxious. A psychically disturbed child shows disturbed communication, inadequate exploration, defective venturing and negative meanings. As co-explorer and co-interpreter of the symbolic problem area or of the example, an orthopedagogue presents an example to a psychically disturbed child of how to deal with and interpret his/her frightening situation. An example is held before a child of how he/she might communicate, venture, explore and give meaning in anxiety provoking situations. A child follows this example of dealing and signifying; he/she carries this over to his/her situations in everyday reality; he/she actualizes in his/her daily life the new ways of acting and signifying; he/she has learned to attribute meanings other than anxiety. Thus, an orthopedagogic example of acting and signifying has a lasting influence.

5.4

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