

# CHAPTER 1

## ORTHOPELAGOGICS AS A SCIENCE

### 1.1 THE ORIGIN AND DEVELOPMENT OF ORTHOPELAGOGICS AS A SCIENCE

Two events can be viewed as providing the fertile soil for the origin of contemporary orthopedagogics as an autonomous discipline. One occurred approximately two centuries ago and the other a little more than two decades ago. Institutional care for handicapped children began in approximately 1770 with the establishment in Paris of the first institute for the deaf. This is one of the pillars on which orthopedagogics is built. The other is the origin of contemporary pedagogics as an autonomous science (in the Netherlands between the mid 1940's and mid 1950's) of which orthopedagogics is an autonomous part-discipline.

From its beginning to the present, the origin and development of orthopedagogics as a science is divided into six phases:

At the beginning of the eighteenth century it was concerned with the institutional care for derailed and handicapped children. In this period, the pre-scientific thought about these children was more moralistic than theoretical and for the experts of that time there were only two categories: **child defects** (when sensory defects were present) and **child failures** (that referred to moral defects or character deviations).

A first attempt to view educational problems from a scientific perspective rang in the second phase. This was with the appearance in 1890 of Ludwig Strumpell's **Die Paedagogische Pathologie**. This book dealt with the psychiatric treatment of problem children. Thus, this older orthopedagogics was not much more than a child psychopathology.

After approximately 1930 (third phase) psychological-psychiatric points of view dominated orthopedagogics, especially on the basis of the work of Hanselmann that was followed by the more psychologically directed ideas of Paul Moor.

From roughly 1950 (fourth phase), the development of orthopedagogics was strongly directed by modern pedagogic thought. For the first time, the important question was asked about the unique task of the pedagogue in helping children who were conspicuous in their becoming. The focus thus fell on the necessity of reflecting on the place and content of orthopedagogics in the whole of pedagogic thought. There was, consequently, also an attempt to arrive at a new definition of the work terrain of orthopedagogics in terms of contemporary pedagogic thought. Much benefit was acquired from contemporary ideas in pedagogics, emanating from the analysis of a child's pedagogic situation, in a search for "central pedagogic categories" for orthopedagogic thought.

Because in any problematic pedagogic situation there are always non-pedagogic aspects present, in considering the development of orthopedagogics as a science, a duality of pedagogically directed ideas and non-pedagogic approaches has to be noted. Orthopedagogics has developed from an applied approach to an autonomous theory (with a child's pedagogic situation as the point of departure). The above-mentioned duality, as well as the question of the nature of orthopedagogics, is a consequence of the fact that intervention (in the form of educating, caring, curing or treating) with a child conspicuous in his becoming is a multi-faceted practice. Because assistance to these children initially relied on institutional care and later on support regarding psychological, medical, psychiatric and sociological factors, pedagogic reflection on this began only recently and led to the realization of orthopedagogics as an autonomous science. The fact that orthopedagogic intervention was viewed as an extension of medical work and that medicine, psychology, sociology and psychiatry were viewed as basic sciences for the orthopedagogue, instead of as auxiliary sciences, delayed the autonomy of orthopedagogics. Thus, the existence, or not, of an accountable pedagogic theory has, from the beginning, profoundly influenced the development of orthopedagogics as an autonomous science; for example, in the previous two centuries (and ultimately under the influence of contemporary pedagogics) a leap was made from the recognition of the right to live to the right to **live a decent life** (Van Gelder) for handicapped and derailed children.

Thus, it was realized that **as long as orthopedagogics is not viewed as an autonomous part-discipline of pedagogics and does not direct itself to the educational facet of the care of a**

child conspicuous in his becoming, the unique task and terrain of **orthopedagogics cannot be accountably distinguished from other subject areas.**<sup>(1)</sup> Related to this, the question arose regarding the extent to which orthopedagogics must make use of the insights of so-called theoretical pedagogics, i.e., categories for pedagogic thinking that appear to be useful in the orthopedagogic situation. For example, here one thinks of the aim of education. When Langeveld and Perquin say that adulthood (a person of age) is the aim of education, the question arises about the validity of this aim with respect to those children who find themselves in an orthopedagogic domain.

In this country (South Africa), especially during the 1950's, orthopedagogics was strongly influenced by European (German, Dutch, Swiss and Belgian) orthopedagogues through visits to Europe by South African pedagogues and through studying the professional literature from overseas.<sup>(2)</sup>

In the 1960's special education (i.e., didactic care for handicapped children) received particular attention in the Netherlands. This meant that in this (fifth) phase, orthopedagogics developed quickly, also in South Africa. In this connection the publication of Nel and Sonnekus' **Psigiese beeld van kinders met leermoeilikhede (Psychic images of children with learning difficulties)**<sup>(3)</sup> was seen as a groundbreaking work.

From 1960-1963 in South Africa the first large project in orthopedagogics was undertaken in the form of a series of comprehensive research studies. This includes the works of Faure<sup>(4)</sup> on play therapy, of Gouws<sup>(5)</sup> on children with learning difficulties, and of Helberg<sup>(6)</sup> and Vorsatz<sup>(7)</sup> on expression and projection in orthopedagogic diagnostics and assistance.

In September 1963, Prof. dr. F. W. Prins of the Netherlands wrote an article on the development of orthopedagogics in South Africa.<sup>(8)</sup> He claimed that 1959 was a turning point because before this time there was a haphazard involvement with orthopedagogic problems; after this date, there followed a stage of systematic study of such problems. He viewed the above-mentioned work by Nel and Sonnekus as foundational for the evaluation of children with learning and educational difficulties. In their work, for the first time the world of a child with learning problems was explored. Prins also referred to the contributions of the "Work Community for

the Advancement of Pedagogy as a Science." Thirty four publications were produced in the ten years of its existence. Prins also referred to the then existing research by Gouws, Faure, Helberg and Vorsatz.

The deepening, accelerating and reforming in orthopedagogics to 1963 resulted in a publication of that year titled **Jubileum-Lesings (Jubilee-Lectures)**,<sup>(9)</sup> as well as a course report in 1966.<sup>(10)</sup> These two publications reflected the then existing approach to children with problems.

As far as pedodiagnostics is concerned, the emphasis in this period (1962 to the present) fell on obtaining a person-image, or learning-image, or lived-experience-image or becoming-image or language-image of handicapped children as well as of children with behavior and learning difficulties.

In the last ten years, the following orthopedagogic fields of study and research were explored<sup>(11)</sup> the problem of pedagogic neglect; pedodiagnostics, in particular exploratory ways and media, also orthodidactic diagnostics; the learning difficult child; problematic bodily experiences; the epileptic child, in particular his learning, intellectual and linguistic world; the adopted child; the chronically ill child; the affective distress of the handicapped child; language, arithmetic, attention fluctuation, intentionality and intelligence investigations of the mentally retarded child; the truant; the learning world of the brain-damaged child; children of divorced parents; language, communication and lifeworld problems of the deaf child; etc.

A comprehensive research project on youths who leave school too early, that had begun in 1964 and still continues, deserves special mention. The life and learning worlds of the early school leaving youths are thoroughly explored in a series of seven studies that also have resulted in some publications.<sup>(12)</sup> In the results of this research, the pressing orthopedagogic and orthodidactic tasks are in the foreground.

The development of orthopedagogics was so significant, and the resulting contributions were so comprehensive, that in 1972, once again (in an overseas article by the physician Dr. J. Valk) recognition was given to what the Faculty of Education at the University of Pretoria had contributed to the field of orthopedagogic

diagnostics. With the important names overseas such as Langeveld, Strasser, Van Gelder, Dumont, Van Meel, Stellwag, Bladergroen, Van den Broek and Wilmink, the names of Nel, Sonnekus and Gouws were mentioned for their contributions to pedodiagnostics, of Landman for his fundamental contributions, and of Van der Merwe for her work on the actualization of intelligence. Especially in the Netherlands there was an appreciation of the contributions of South African pedagogues and of their (philosophical) anthropologically founded attention to child-being, as a way of being-a-person. The subjectivizing approach to children was accepted as accountable.

Characteristic of the above research is its strong psychopedagogic flavor. The life and learning worlds of handicapped, derailed and neglected children and youths were grasped especially in terms of their **lived-experiences**. In addition, these researchers were involved with the learning relationships that these children establish and the ways they actualize the modes of learning. Strongly influenced by the older psychological pedagogics, and even the newer psychopedagogics, and also psychology and psychiatry, the research that was essentially orthopedagogic in nature was described by the names pedagogic, psychopedagogic, psychological-pedagogic and pedo-clinical research.

Although it was presented as "pedagogically accountable", the pedotherapy of the 1960's was essentially an applied logotherapy based especially on the works of Frankl and Ungersma. Even though its underlying anthropology (with points of criticism) is pedagogically acceptable, the contention that logotherapy with children is pedotherapy<sup>(13)</sup> is not pedagogically grounded. Logotherapeutic aspects as well as the higher life values posed are not readily achievable with a young child-in-distress.

**1.1.1 A broad indication of the possibilities for orthopedagogic joint illumination with the other pedagogic part-disciplines is the following:**

**1.1.1.1 Psycho-orthopedagogics:** Where, until recently, orthopedagogics leaned strongly on the older psychological pedagogics, a good future possibility exists for orthopedagogics to share perspectives with a modern psychopedagogics that is solidly accountable regarding its name, point of departure, area of study, underlying anthropology and categories. Here the concern is with **the disturbed psychic life and disturbed expressive life of**

**a child in a problematic educative and teaching situation,** the under-actualization of child becoming and learning, the actualization of the modes of becoming and learning with respect to different forms of disturbance. These events also can be studied longitudinally such that the following themes of study are possible: e.g., exploring the world by a blind toddler; emancipation of the mentally retarded puber; the phenomenon of attention in the brain-damaged school beginner, etc. In this way unlimited research possibilities loom up for the orthopedagogue. Where, until now, the concern was with the psychopedagogic category of **lived-experience** and with the experiential world of the child in the orthopedagogic field of work, foreshadowing the future is the possibility of applying newly designed psychopedagogic categories regarding these children's experiencing-, knowing-, willing- and behaving-perspectives.

**1.1.1.2 Historical-orthopedagogics:** The orthopedagogue provides the essentials and the historical and comparative pedagogue with the methods in historical, critical, comparative and evaluative facets of the orthopedagogic field of work. For example, a person can ask critical, evaluative, comparative questions about how a child, conspicuous in becoming, was educated and cared for in the past, such as what teaching provisions existed for the brain-damaged child? How was the affectively disturbed child dealt with?

**1.1.1.3 Fundamental-orthopedagogics:** On the basis of analyses of the pedagogic situation, it is fundamental pedagogics that indicates what can be actualized pedagogically. Orthopedagogics describes the disconcerting appearance of the pedagogic. Fundamental pedagogics has particular relevance for orthopedagogics that will fruitfully materialize when the two perspectives are integrated into a joint perspective. (Landman and his co-workers already mentioned in 1971 a joint fundamental and orthopedagogic perspective on the reality of educating and referred to fundamental-orthopedagogic categories such as a re-lived experiencing of pedagogic-venturing-with-each-other).

**1.1.1.4 Socio-orthopedagogics:** Here the area of study is the disturbed social life of a child-in-education, i.e., where the total social situation of a child and youth is problematic because sociopedagogic essences such as the following are actualized in inadequate ways: pedagogic we-ness, pedagogic going out to the world, pedagogic need for social responsibility, gradual identity

acquisition and gradual inclusion into society. These problems arise within the family (inadequate pedagogic intervention), but also in interaction with society through the disturbing results of pedagogically undesirable social influences. Possibilities here are the problem of youths who leave school too early, which was referred to above, child protection and pedagogically accountable child laws; and drug addiction that has developed into an extremely real and urgent problem.

**1.1.1.5 Didactic-orthopedagogics (orthodidactics):** Recent contributions of didactic pedagogics, e.g., designing a lesson, underline the extremely important relevance of this part discipline for orthopedagogics. Future orthodidactic designs no longer need to be a haphazard, casual or intuitive matter but ought to be a planned design that can be justified because they have occurred in terms of the fundamental structure provided by the science of teaching (didactic pedagogics). The orthodidactician, in his therapeutic designs, has to begin with (subject matter) didactics.

**1.1.1.6 Physical-orthopedagogics:** Here the concern is with the theory and practice of the educational situation that has become problematic because of a child's physical limitations. The design of different physical therapies, e.g., swim-therapy, movement-therapy, orientation exercises, etc. are meaningful work here.

**1.1.1.7 Vocational-orientation-orthopedagogics** involves itself with thinking about, describing and interpreting the re-orientation of derailed youths in a vocational choice situation. Vocational choice derailment is mostly the result of faulty family educating, especially regarding vocational dispositions, vocational effort, etc. The youths' inability to grasp their own potentialities, as well as vocational possibilities, lead to disturbed vocational choices. The essences of vocational education therapy lie in giving support to clarifying the future, self actualization and giving meaning (Joubert). This coupling of defective educating, vocational choice derailment and the youths' disturbed self- and vocational-meanings are an ideal field of study for a multi-perspective approach.

**1.1.1.8** The important terrain of so-called **residential-orthopedagogics** is mentioned here regarding its research possibilities. The concern is with institutional care for handicapped and behaviorally difficult children, with the possibilities and problems of residential orthopedagogy, i.e., the educational

institution and institutional education. This can include themes such as the hospitalization of children, punishment as an educative means in the educational institution, the phenomenon of running away and foster home placement.

#### 1.1.1.9

Finally, a few other contributions to our orthopedagogic knowledge are acknowledged:

- (a) The extremely useful Netherlands series **Orthopedagogische Geschriften (Orthopedagogic Writings)**, that includes fifteen articles by prominent orthopedagogues such as Vliegthart, Grewel, Van Gelder and Rienstra<sup>(14)</sup>
- (b) Valuable non-pedagogic contributions to orthopedagogics, e.g., the child psychiatry of Vedder,<sup>(15)</sup> the child psychology of Hart de Ruyter,<sup>(16)</sup> the contributions of Schenk (medicine) and Korndorffer (logotherapy) on children's disturbances in reading and writing,<sup>(17)</sup> child psychological essays on learning and educational difficulties, handicaps and therapies,<sup>(18)</sup> and the contributions of sociologists and psychologists to youth problems
- (c) Report: National Conference on Handicapped Children, Pretoria, 1967
- (d) Reports: Symposium on Orthopedagogics, Pretoria, 1970; Sonnekus, M. C. H. (Ed.): **Die misdeelde kind en sy inskakeling in die maatskappy. (The destitute child and his entry into society)** H.S.R.C. Publication No. 33, Pretoria, 1972.

In light of a number of recent doctoral dissertations (those of Botha, Engelbrecht and Strydom),<sup>(19)</sup> and the new developments to which they refer, it can be declared that a new (sixth) phase in the development of orthopedagogics is beginning to be ushered in within which a wealth of possibilities are hinted at for deepening and building up orthopedagogic studies.

Although it is contended that a study is already out of date the moment it appears, the above-mentioned dissertations mean an indication of things to come for orthopedagogics. Implementing joint perspectives as well as applying categories, criteria and fundamental structures ensures that orthopedagogic studies, in the

future, will increasingly be characterized by depth, systematics and radicalness. One of the above-mentioned joint perspectives, namely a psycho-orthopedagogic study of the experiential world of the pedagogically neglected child (Strydom) is an example of such an adequate illumination of an appearing problem that surpasses in scope and quality previous studies of the same theme because the problem is penetrated from more than one given perspective such that this fathoming is done in terms of particular categories, criteria and structures.

This new period was really ushered in with Botha's study that, for the first time, implemented a joint orthopedagogic and two other pedagogic part perspectives in order to fathom the lifeworld of the weak-sighted child, namely a sociopedagogic and a psychopedagogic perspective. His methodological justification for this new procedure is sound. A similar study by Engelbrecht of the experiential world and education of the brain-damaged child also deserves mention. This study stresses the possibility and necessity that particular pedagogic study- and research-themes be jointly illuminated by more than one pedagogic part perspective.

## 1.2 THE NAME "ORTHOPEDAGOGICS"

The original German term for this science is **Heilpedaagogik** (curing or healing pedagogics). However, the meaning of "to lead to well-being, cure, make healthy" carries a misleading medical connotation. Also, in German, there is the name **Sonder-pedaagogik**--a special or extraordinary pedagogics for a special educative situation. The name **spesiale pedagogiek** is derived from the Anglo-American "**special education**".

The name **orthopedagogics** is derived from three Greek words, namely **pais** (child), **agogien** (lead, guide, accompany) and **orthos** (correct, straighten). Thus, orthopedagogics is corrective educating and orthopedagogy is corrective (putting right) child guidance or child accompaniment. Hence, on the one hand, orthopedagogy is the straightening out of a child's educative route to his destination (adulthood); on the other hand, a child who has run aground on his way to proper adulthood must be helped to get back on track again.

The important **distinction between orthopedagogics and orthopedagogy** must be stressed: the first is the science; the

**second is the practice** of corrective educative activity with a child-in-distress.

### 1.3 THE DOMAIN OF THE ORTHOPEDAGOGIC

Some descriptions of the subject area will give an impression of what it is that orthopedagogics essentially deals with:

- (a) Already in 1946 Hanselmann described the following area of practice: Special education is a teacher's teaching, educating and caring of all those children whose physical-psychic development remains restrained by individual and social factors;
- (b) Orthopedagogics is that aspect of the pedagogic that, through specialized, corrective pedagogic measures, tries to re-educate a child who deviates somatically, psychologically and/or spiritually (or also somatic-psychic-spiritually) with the aim of reaching the level of adulthood attainable (Nel and Sonnekus);
- (c) Orthopedagogics is the theory of educative treatment in behalf of a child whose educability is limited (Van Gelder);
- (d) Orthopedagogics is the theory directed to the corrective education and guidance of a derailed child, as total-person with learning and educational deficiencies, in his limited educability with the aim of optimal independent adulthood within his particular existing situation (Stander);
- (e) Orthopedagogics is the science that studies the education of children with serious impediments for the progress of their education (Vliegenthart);
- (f) Orthopedagogics is the science of special education (De Wit).

Each of these definitions can be criticized: orthopedagogics is not concerned only with children who **remain** restrained or disturbed (definition a); it is not **orthopedagogics** (as a science) that tries to re-educate a child (definition b); treatment of a child is not educational activity but rather an educative one (definition c); the designation **educably limited child** is not tenable because all children must be so designated--no one attains optimal adulthood as far as all forms of adulthood are concerned (definitions c and d). In addition, the impression can be created that the obstruction of educating can only be situated in the child (definition e).

The author offers the following brief and tenable description of the present science: **Orthopedagogics is the science whose object of study is the problematic educational situation (PES).**<sup>(20)</sup>

**Educational situation** is described as **the complex, interdependent totality of factors (=factually operative forces) that influence (promote or impede) a child's becoming adult.**<sup>(21)</sup> Thus, there is a distinction between educatively promoting and educatively impeding factors of a pedagogic situation or PES.

Examples of such factors are

- \* the becoming-personality is the most central factor and topic in a pedagogic situation<sup>(22)</sup>; a child with his physical and psychic-spiritual potentialities and limitations
- \* the educators (parents and teachers) with their demands and expectations;
- \* things, matters;
- \* the school;
- \* peers;
- \* the subculture; etc.

A PES means that this totality of factors is so constituted at a given moment that a child's way to proper adulthood becomes blocked.

The field of work of orthopedagogy(ics) covers the broad terrain of pedagogic (educative) and didactic (teaching) problems in the family situation, in institutional educating and in the school. This is in contrast to the English and American use of their **psychology of exceptional children** that is primarily limited to the event of schooling.

The field of work includes two additional groups of children:

### Group I

a child who has "become neurotic"\*

a restrained child

a child who has a problem

a child with educational difficulties

a child with a removable deviation

### Group II

a child with an

"incapacitated ability"\*

a handicapped child

a child who is a problem

a difficultly educable child

a child with an

unremovable deviation

Thus, group I includes children who **have** a removable problem--**educationally difficult and learning difficult children**, e.g., emotionally disturbed children, behaviorally deviant children, children with reading, spelling and arithmetic problems. These problems and disturbances are eliminated by means of pedotherapy or orthodidactic assistance (See chapter 4).

Group II includes children who **are** an unremovable problem--**physically** (including sensory) and **mentally handicapped** children; for example: blind, weak-sighted, deaf, hard-of-hearing, epileptic, cerebral palsied, brain-damaged and autistic children. These children are and remain difficult to educate on the basis of their unremovable handicaps.

## 1.4 THE NATURE OF THE ORTHOPEDAGOGIC AS A SCIENCE

### 1.4.1 The orthopedagogic has a pedagogic foundation

Orthopedagogics is an independent scientific area or part-science of pedagogics as an autonomous science. Its point of departure or focus is the everyday reality of educating and, more specifically, the problematic educative situations that arise in the original reality of educating. The educative situation and also the PES, within which a child finds himself is certainly the most meaningful for his becoming adult and it is in this situation that he must be viewed. The orthopedagogician, therefore, is supported by the theoretical studies of fundamental pedagogics (the part-discipline of pedagogics that provides a fundamental analysis of the reality of educating). At the same time, a PES requires its own, particular illumination because it is in a PES that a child experiences impediments in his growing up to adulthood. Also, for the orthopedagogician, the phenomenon of educating is the

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\* In 1932 Bierens de Haan already made this important distinction.

fundamental datum. His work, however, is directed to discovering limitations in a child's educability and to change educative confusion to educative possibility.

#### 1.4.2 Theoretical and practical views

"Theory" means to **look at, focus on the truth**. A theoretical, scientific approach implies that the scientist **wants to know for the sake of knowing**; he is content if **he knows more**; he wonders (Aristotle) about a phenomenon such as, e.g., educating. Thus, an improved educative practice is not the **aim** of the pedagogician's scientific practice but the **result** of it. The theoretical (fundamental) pedagogician wants to know for the sake of knowledge. The scientific approach of the orthopedagogician, however, is practical: **he wants to know for the sake of acting**; he is content if **he can proceed more effectively** because he is continually confronted with concrete problems of action--the confusing action of an educator who is not-able-to-do-more. Human discouragement, distress and confusion are the impetus for the practical approach of the orthopedagogician. When educating goes wrong, a confusing situation arises. The question of what must be done is the origin of orthopedagogics and orthopedagogy.

A criterion for deciding the adequacy of an orthopedagogic theory is whether usable forms of action can be derived from it in order to eliminate or lessen human confusion.<sup>(23)</sup>

#### 1.4.3 Orthopedagogy (practice) as a result of orthopedagogics (science)

The orthopedagogue will **think** (orthopedagogics) and **help** (orthopedagogy) when **growing up and educating (PES) miscarry**. He has a pedagogic purpose, i.e., his primary aim is to **provide educative assistance**. When everyday, "ordinary" educating becomes impeded, a child has to be **re-educated** by means of particular and specialized educative activities. This is a **different kind of educative activity** than ordinary educating. Where ordinary educative measures are adequate for attaining the educational aim, here the concern is with pedagogics and pedagogy; where there are unusual measures, we speak of orthopedagogics and orthopedagogy.

When a child's actual growing up takes the desired course, a pedagogician can reflect on it. He can reflect on what a child **really** is or does as well as on what he **ideally** ought to be or do. From this two-sided reflection, there will be an indication of how the (ortho)pedagogic must be dealt with.

When an educative situation is so complicated and becomes so difficult for an educator to handle that he does not know how he must act, he takes refuge in an expert who possesses a systematic insight into the pedagogic field of tension between what a child does and what he ought to do, namely, a scientifically trained orthopedagogue.

In addition to the approach of other experts (e.g., a physician, social worker, psychiatrist, sociologist), who also can collaborate to rectify the PES, the orthopedagogue differentiates his own task and terrain by directing himself to the **educative facets** of the care of a child who has become conspicuous because of his problems. Each child with problems still remains dependent on education, but he is impeded in his reaching adulthood.

The orthopedagogue directs himself primarily to the questions

- \* How does this child **lived-experience** his PES?
- \* How does he **communicate** with his world?
- \* How does he **explore** his world?
- \* In light of his problem, **how** must he be **educated further** so that he eventually can reach his destination (adulthood)?

The orthopedagogue is occupied with the care of all problem children because, even where a physician or other expert plays an important role in eliminating the problem, a child continues to remain dependent on education. An orthopedagogue and, for example, a physician do not have identical interests in a child and his problems. An orthopedagogue directs himself to a child in his daily encounters and life situation--as a child who must become adult. A physician directs himself to a child only when he appears in the sickroom or consulting room. An orthopedagogue is interested in a child's response to his problem, in his inadequate behavior, in his being mentally healthy and his conflict-free life. He wants to allow a child to experience that his problem situation,

which he formerly had viewed as threatening and paralyzing, can also be experienced differently.

Thus, an orthopedagogue always views a child as an educand, as a personality-in-becoming; he has a child's future in view; he wants to equip him for his future, but he also wants to make the future livable for him. Because of a child's problem, his progress to adulthood has come to a standstill--an orthopedagogue wants again to bring about progress and a new beginning in educating. He views a child as a unique being (individuality) who also is involved in his problem as a psychic-somatic-social totality and as an experiencing subject. The central task of an orthopedagogue is to ask how this **child** lived-experiences his problem, and to help him assimilate his problem in his own individual manner.

## 1.5 ORTHOPEDAGOGIC QUESTIONS

Here two questions are distinguished, namely, a **fundamental question** that essentially is a deep life question: what is the sense and meaning of a PES with its distress, pain and confusion?; a **practical question**: How is the elimination of this PES possible and what must be done to help this child further with the aim of proper adulthood?

These two kinds of questions point to a tension between philosophical problems and concrete-practical tasks. The orthopedagogue also has the task of dealing with this tension.

## 1.6 REFERENCES

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2. For example
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  11. The following are *examples* of research completed:
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22. See Ter Horst, p. 22,
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