CHAPTER 4

ORTHOPEDAGOGIC PRACTICE

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

4.1 THE ORTHOPEDAGOGIC PLAN OF ACTION

A problematic educational situation (PES) arises when growing up and educating miscarry. The orthopedagogue has the task of thinking about and provide assistance in order to eliminate the PES. Therefore, it is necessary that he know **what** has miscarried and **why**. However, most important of all, he must provide real help regarding the PES, namely **help that helps** (Langeveld). As an expert, the orthopedagogue has the practical task of identifying the changeable, influencable and controllable factors in the PES for the sake of modifying, neutralizing and compensating for them.

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

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

The above plan can be represented as follows:

Orthopedagogic plan of action

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

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

Real orthopedagogic action or orthopedagogic practice is treated in this chapter. Before proceeding to that, it is necessary to distinguish among the following four concepts:

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

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

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

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

4.2 ORTHOPEDAGOGIC EVALUATION*

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

* He makes a thorough analysis of the total PES within which the child finds himself in order to determine the origin of the problem (**situation analysis**);

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

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

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

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

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

(a) **Orthopedagogic evaluation occurs in a pedagogical situation**, i.e., in **pedagogic association** with the child. The child is not an object but rather a subject. He is someone who himself is involved in an **encounter** with a fellow human. In pedagogic association, the adult is acknowledged as educator, i.e., a situation of **pedagogic authority** arises;

* Pedodiagnostication.

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

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

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

The following are the forms of pedagogic activities#:

(i) enter into communication with the child:

*** put yourself in the situation (association):** The response of the child-in-distress to the pedotherapeutic situation depends on the attitude that the pedotherapist shows by means of expressions (facial expressions, gestures, language). If the pedotherapist appears to be cold and aloof, then the child will not be ready to enter into communication. A situation of association already is created when the child is given a task or request (e.g., draw, play, tell a story). The child shows his lived experiences to the pedotherapist in the ways he carries

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* distantiation.

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

out the task (e.g., aggressive or evasive behaviors). His involvement with his play, drawing or narrating gives the pedotherapist the opportunity to discover therapeutic possibilities and to bring about an encounter with him;

* **the beginning of the communication (conversation):** By indirect ways (e.g., drawings and play, among others), the child expresses especially his emotional lived experiences. These expressions are directed by the pedotherapist's actions to create possibilities for communicating with the child. This means that sometimes the pedotherapist decides to take action (authority) with tolerance, kindness, appreciation, acceptance (trust), yet always in a loving way in order to spur the child on to action;

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

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

* **systematic (formal) activity with the therapeutic material:** During each therapy session, the child is asked, urged and encouraged to handle particular therapeutic materials (pencils, paint, clay, projective pictures, language formulations, toys, etc.). Sometimes assistance or decisive authoritative guidance is necessary here. Usually, discussions or explanations first are necessary; also, the pedotherapist has to show a

sincere interest in what the child will be informed about and required to do or else he might be given "the cold shoulder". Encouraging and appreciating the child's expressions support him in his exploration of the world (through the therapeutic material). Thus, the pedotherapist remains relatively active in the pedotherapeutic event. Child and pedotherapist act in interaction with each other. Hence, the child is lead to his own problem through play, image or word;

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

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

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

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

* isolating (distancing) oneself from the child: Although a relationship of trust between the child-in-distress and the pedotherapist is a precondition for the possibility of therapy, attention already has been called to the case of too strong an affective bonding. It can happen that the child only is receptive to and dependent on influences from the pedotherapist, and that he only

feels safe and secure with him. Thus, it is the task of the pedotherapist to **distance** himself from the child when the distressful situation is broken through so the child himself will further explore his own world purposefully. The child must not become a replica of the personality of the pedotherapist. On his own initiative, he has to be able to feel safe and secure in the world.

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

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

4.2.1 Historicity image

The concept **historicity** points to a person's **past, present** and **future.** The acquisition of data (as completely as possible) on the past history of the child, on his present situation, but also on his future directedness (a problematic educational situation means an obscured future perspective, an inaccessible future) is an essential, indispensable, integral part of the investigation. The child's total life background, including his total pedagogical and didactical situation, is analyzed in an **historicity conversation** with his parents. Very helpful data also can be obtained from a school profile (data from the school or teachers).

The historicity conversation should not be viewed as a fixed, stereotypic filling-in of an historicity form, and the orthopedagogic evaluator has to allow himself to be led by his **pedagogic intuition.** This implies a **subjective involvement** in the historicity conversation and a penetration into the world of the other. Also, in this conversation, there has to be an encounter between the conversational partners, namely, the orthopedagogue-investigator and the other, say the parent or teacher, or naturally the child.

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

From the historicity conversation, **a preliminary person-image** of the child is acquired. All of **the child's performances** with the various research media are **evaluated, interpreted and analyzed** against the background of this preliminary person-image.

4.2.2 Fundamental methods

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

(a) Pedagogic association: Association is the basic precondition for educating; it is a person's way of being-by and acting-with someone. Educating (and corrective educating) always is embedded in pedagogic association. The first acquaintance with the child occurs when he enters the orthopedagogue's research room. The orthopedagogue and the child enter into a conversation with each other and the first tasks are given to the child. Now the orthopedagogue and the child are **present by each other.** This

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

pedagogic association is the precondition for the further contact, deepened encounter and communication that must follow.

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

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

(d) Pedagogic conversation: Conversation is an encounter in which language is the means of communication between the discussion partners. However, the concern is not with words alone. Body language also plays a large role (eyes, gestures, body movements, mimicry (Reumer and Van Battum). Conversation is reciprocal: The primitive word **I-THOU** lays the foundation of the world of this relationship. The relationship is one of mutuality (Martin Buber). The spontaneous **conversation is at the core** of the investigative situation. During the entire investigation, the orthopedagogue learns to know the child in and through conversing with him. Being-together (in a world common to both the child and the orthopedagogue) is the precondition for a conversation. By

means of the conversation, the orthopedagogue is exposed to, informed about and takes part in the child's world.

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

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

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

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

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

(a) Observation media: Observation or performance media are research media especially designed to observe the child's concrete handling (procedures, achievements) of them. How he deals with things in his world is evaluated from the way he handles the media--

with respect to the insight, directedness, practical intelligence, emotional state, skillfulness, etc. that he shows. Also, his different abilities are evaluated, e.g., his intelligence, perception, motor development, spatial orientation, language, laterality (right/left/mixed), etc. There are all kinds of media such as different sorts of blocks, form boards, alabaster boards, form-designs for copying, problem games and other problem media such as the Wiggly blocks, Koh's blocks, V-scope, Guide-it, Ellis Visual Design, and the Vedder Figures.

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

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

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

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

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

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

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

Some important descriptive aspects are the following:

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

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

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

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

* **Memory analysis:** This is the ability to recall and to

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

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

* **Affective analysis:** Notice the ways language is experienced affectively, the affective use of language, the nature of affectivity (whether or not the emotions are entirely or partly under intellectual control).

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

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

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

(3) Pedagogical evaluation (of his educative guidance)**:** A child must be educated to actualize his intelligence, and this will influence how he implements it. **Educational neglect can result in under actualizing intelligence.** The orthopedagogue evaluates whether the cognitive, affective and normative structures of the child's pedagogical situation are favorable for him to implement his intelligence:

* **Actualizing intelligence and cognitive educating:** This is accomplished by maintaining an adequate level of language (so that deficient language does not serve as a defective medium of intelligence), by meaningfully

answering the child's questions, by the child learning to do things, by providing him with adequate life experiences, by supplying him with formative materials, etc.

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

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

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

(c) Projective media: A distinction is made between a **projection** and an **expression**. Expression points to an **expression** of what a person experiences within and then outwardly manifests to another person via his actions, movements, attitudes, gestures, facial expressions, language, drawings, etc. **Every expression is not a projection but every projection is an expression. Projection** is the occurrence by which a person attributes himself (his experiences, strivings, ways of behaving, etc.) to another; that is, projection is a **duplication of the I-in-affect** (Van Lennep). Thus, projection objectifies one's own wishes, desires, thoughts, feelings, attitudes, etc.

* **Inkblot media:** a series of symmetrical inkblots is presented to the child. He is given instructions to use his imagination and then to tell what he sees in the inkblot.

These form-interpretation media show structural, formal facets of the child's personality. From the interpretation of the child's responses to the inkblots, inferences can be made regarding his intelligence, perceiving, emotional life (e.g., anxiety, impulsivity), fantasy, creative thought, his basic attitudes toward himself and reality, actualized abilities, interpersonal relationships, etc. Examples are the Rorschach, the Behn-Rorschach and the Zullinger.

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

(d) Expressive media: the child has the opportunity to spontaneously express his disturbed psychic life in language or drawing. The choice of what the child draws or writes about is influenced by his inner experiences of himself in his unique situation. He manifests that which has particular meaning for him, e.g., uncertainty, anxiety, bodily experiences, aggression, disturbances, relationships, dislikes and needs.

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

Examples of parts of sentences follow:

I like.....

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

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

* **Drawing media** (e.g., person-house-tree)**:** Child drawings are very useful in current orthopedagogic practice when used as expressive, projective and communicative media (see below). The child embodies (represents) his (intense) lived experiences in his drawings. **What** and **how** he draws is an indication of his psychic condition. Thus, he manifests his lived experiences of reality and of himself. He draws what for him has particular meaning. The orthopedagogue has to determine why a particular child with **his** historicity, e.g., drew a human figure (himself!) in a particular way. Through his graphic (drawing) projections and expressions, the child displays his own attunement and relationship to his world. The child's drawings also show the quality of his individual development. For example, the restrained child will tend to execute a drawing of a person on an infantile level.

(e) Language media: Language is a medium of expression and communication. It is a carrier of the emotional life. Through language, feelings are called up and expressed. Thus, it clearly is an emotional expressive medium and, therefore, reflects the level of the child's total psychic-spiritual development. Consequently, language analysis and evaluation are indispensable orthopedagogic methods. Tasks requiring language interpretation and production are presented to the child that are similar to what he receives in school

--reading, spelling, conversation, composition, comprehension tests, narratives, sentence completion, etc. In these ways the orthopedagogue learns to know the child in relation to his world. Through analysis and evaluation, the child's language performances are determined--i.e., how his language functions. Also noted are his linguistic expressions of feelings, thoughts, attitudes and fantasies, of his conceptual, reading, expressive and communication abilities, etc.

4.3 ORTHOPEDAGOGIC ASSISTANCE

The orthopedagogue has the task of correcting the PES; i.e., he must try to eliminate as far as is possible the complex, interrelated whole of factors that are impeding the child's becoming adult. Because of the diversity and complexity of education impeding factors, he has a multifarious and complex task and the elimination of the PES requires multiple forms of orthopedagogic assistance. The orthopedagogue directs himself to the alterable factors in the PES, namely, to the child's psychic and relationship factors, including disturbed educative relationships in the family and school, educational neglect, mistakes in educating and education restraining family situations. His central task thus is **offering assistance to parents and other educators, children and youths with educative, developmental and relationship difficulties.** His purpose is primarily educative in nature, i.e., he provides **educative assistance.** This pedagogical purpose must characterize and direct his entire plan of action from pedodiagnostics (historicity image, investigation), to family therapy and pedotherapy.

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

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

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

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

4.3.1 Communicative pedotherapy

4.3.1.1 Introduction

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

- that the child is **helpless** and is dependent on help;
- that he is a **situated** child--a child who lives there in interaction with the world around him, who **gives sense and meaning** to the world that surrounds him;
- that the child wants to **become grown-up**--he is someone who "wants to become someone himself"--therefore, he can

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

identify himself with an adult;
- o the **security** offered him by the adults and the environment serve as a basis, a home-port from which **exploration** is possible;
- o that there is an adult who will be an authentic educator, who will himself take **responsibility** for the child and lead him to adulthood.

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

In communication (through illusive play or images) the child is supported to attribute personal meaning. If the therapy proceeds satisfactorily, the child will feel secure and again venture to explore (in a form fitting of his age and nature). He can again live fully, continue growing; he is again motivated. The temporary disturbance in his educability is now eliminated.

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

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

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

In communicative pedotherapy, the child recovers his true self in communication with the pedotherapist. He has the opportunity to express his problems symbolically in play, image or fantasy narratives (projective narratives). This expression or **mimesis** (to express, to depict in images, to narrate) already functions as a **catharsis** (cleansing, purifying, discharging, becoming enlightened, relaxing). The child understands his PES with **anxiety** (the basic attunement of a disturbed psychic life). Because of a disturbed communication, the parents cannot share their child's anxiety with him and they cannot help him assimilate his situation. Therefore, at this point, the pedotherapist must help the child to understand his situation as something other than anxiety in order to re-establish communication between the educator (e.g., parent) and child so that everyday educating can progress again from a new beginning.

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

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

4.3.1.2 Reason for the name "communicative pedotherapy"

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

- the **deviation** with which it deals is **child communicosis** (rather than child neurosis); with the child in the PES something falls short of expectation regarding communication;
- the **aim** is to re-establish personal communication--re-establishing and developing the child's communication potentialities;
- the **means** by which this will be achieved is communicating with the child as a person;
- the **form** of pedotherapy is the forms of communication, i.e., play, image and language as forms of communicating;
- the **starting point** of pedotherapy is establishing communication with the child;
- the **meaning** of pedotherapy is that the child can arrive at self-actualization only in communicating with others;
- the **pedagogical activity** actualized here is communicating new meanings to the child;
- the **fundamental attitude** of the pedotherapist is an attitude of communicating with the child as a person;
- the **indication** for pedotherapy is that the child's educability is restrained because of inadequate communication.

4.3.1.3 Indications

Here the concern is with the indications or signs for deciding for which children communicative pedotherapy is appropriate. The **restrained** child (the child who **has** problems) is appropriate for this form of pedotherapy, e.g., the child with disturbed emotional lived experiences with respect to his PES. It can be that a handicapped child cannot assimilate his being-handicapped; possibly his handicap cannot be eliminated, but his non-acceptance of it is neutralizable by pedotherapy. He can learn to live in peace with what he cannot change. A child who has become inaccessible to and unreadable to his parents on the basis of a disturbed relationship of trust or disturbed communication is helped by

communicative pedotherapy. A child in isolation cannot express his feelings and thoughts; he continually avoids exploratory situations; thus, he cannot be himself and accept his unique self.

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

4.3.1.4 Communicative pedotherapy as pedagogical activity

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

4.3.1.5 Essences of communicative pedotherapy[4]

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

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

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

4.3.1.6 Forms of communicative pedotherapy[5]

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

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

image therapy (the problem is represented, depicted);

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

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

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

Concerning image therapy[(6)]: Here the image and figurative narrative are used as a means of communication in pedotherapy following the methods of Prof. R. Lubbers (Netherlands). The child symbolically expresses and projects his unassimilated experiences in the form of images (drawing, painting, model). When he stagnates in his image production, the pedotherapist helps him by making or proposing changes in them. In the child's free expression lies (with the support of the adult) the optimal possibility to attribute new and positive meaning because the child depicts what shackles or blocks him. By "thinking in terms of pictures," solutions for the problem are found that are usable in daily life. **Catharsis** is accomplished by:

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

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

4.3.2 Family therapy

Abolishing the PES means that the restrained or impeded child in distress must be helped. The precondition is that this distressful situation must be changed into a more easily assimilated, actualizable and livable pedagogical situation. Often the child's

distress is the result of deficiencies of educating. The family often is the origin of the learning and behavior problems of children (see the etiology of the PES discussed in Chapter 2, section 2.2). The family-in-distress is a system and constructive change and influence of one factor of the family life (the parents) often is essential in order to rectify another factor (the child). Therefore, orthopedagogic assistance must be given to the child **and** the family and be directed to correcting intrinsic conflicts with the parents--and also directed to their problems in educating, to disturbed relationships, and to the confused future perspective and faulty perspective on educating that characterize the PES. Educative influence requires an educational situation within which educator and child relate to each other in such a way that the educator really can influence and the educand can let him influence him. The orthopedagogue helps so that a new educative relationship arises, i.e., a new educative reality, and indeed a favorable educative reality.

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

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

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

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

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

Parents want to make the undisturbed personal development of their child possible; they want to be at the service of their child and help him in his becoming adult. This desire, as well as the feeling and notion of personal responsibility for helping the child are deeply rooted in being human. It is stimulated by the child's dependence on and commitment to help. The parent should not look on indifferently if the child's personal development goes wrong. If he is at his wits end with the problematic behavior, he becomes concerned, alarmed and uncertain and he is in need of the

help of an expert. Thus, this need for help is based on **pedagogic impotence, pedagogic concern** and **pedagogic confusion**. The question: how can I proceed with this child is a pedagogical question and asks for a pedagogical answer. It is a question about educative assistance and this implies that the orthopedagogue must help the parents and other educators with **word** and **deed** to educate their child **by themselves**.

When a child shows educational or behavioral difficulties, there must be **pedagogic** action, i.e., the child must be put in a position to live the life of a person (Langeveld). This task primarily is the parents'. They have responsibility for the life of their child. They must care for him and help him become adult. No one has the right to deprive the parent of fulfilling his educative duty and task. Who does this deprives parenthood of any sense and takes away the social necessity that a person has responsibility for his deeds (having a child) (Van der Geld). Therefore, orthopedagogic assistance and specifically pedotherapy always are primarily helping the parents to educate their child themselves (Langeveld).

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

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

When serious non-pedagogical conflicts and tensions of the parents (interpersonal conflict) are the basis of difficulties around their child, the orthopedagogue must refer the parents to a social worker,

psychiatrist, marriage counselor or pastoral psychologist in order to alleviate or eliminate the conflict situation.

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

- **The findings** of the orthopedagogic evaluation are shared with the parents. The PES is analyzed for and with them and they are shown their own role in the origin of the PES. Thus the PES is clarified for the parents so they can gain an insight into the PES and come to an understanding of their child;
- **The possibilities and difficulties** regarding the complete or partial elimination of the PES are presented;
- **The parents' part** in eliminating the PES is emphasized. They are referred to possible facets of their educative intervention that can influence positively or eliminate the difficulty surrounding their child;
- **Concrete-practical proposals** for eliminating the PES are offered the parents in light of the uniqueness of their situation;
- The pertinent **cooperation of the parents** is acquired in eliminating all changeable factors of the PES.

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

4.3.3 Orthodidactic pedotherapy

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

(a) Den Dulk, C. and Van Goor, R., **Inleiding in de Orthodidaktiek en in de Remedial Teaching van het Dyslectische Kind**. Nijkerk: Callenbach, 1974. [In Dutch].
(b) Dumont, J. J., **Leerstoornissen**. Rotterdam: Lemniscaat, 1971. [In Dutch].

(c) Sonnekus, M. C. H. et. al., **Die Leermoeilike Kind.** Stellenbosch: U. U. B., 1975. [In Afrikaans].
(d) Vliegenthart, W. E., **Op Gespannen Voet.** Groningen: J. B. Wolters, 1963. [In Dutch].
(e) Vliegenthart, W. E. and Rispens, J., **Onderwijs aan Lees-Spellingzwakke Kinderen**. Groningen: Wolters-Noordhoff, 1972. [In Dutch].

4.3.4 Residential orthopedagogy

This involves the **educational institution** and the **institutional education** of the child in educative distress. On the basis of his particular problem, a child can be placed in an institution for the sake of special **treatment** (medical, para-medical, psychiatric), **educating, teaching** and **pedotherapy**. An example of such an institution is the hospital*--with the hospital school affiliated with it, the educational institution (which is a combination center with boarding house-school and special-school facilities, e.g., the so-called clinic school), boarding schools for handicapped children, the child sections of psychiatric institutions or treatment centers for drug addicts, etc. Children committed to residential orthopedagogy are, e.g., the ill child, psychotic and psychopathic, cognitive, sensory and physically **handicapped children** (children difficult to educate), seriously **restrained children** (children who are extremely difficult to educate and who usually manifest behavioral problems).

Sometimes it is necessary for the parents to voluntarily entrust their child to the care of institutional educators, sometimes they are compelled to do so. However, with this, they do not lose their parental educational rights and duties. An educational institution or center serves as a **temporary replacement** of the original educative environment (family, ordinary school). The educational institution is the temporary place of residence or habitat of the child because, as far as his treatment, educating and teaching are concerned, he cannot be done justice in the family and ordinary school. Thus, residential orthopedagogy means that a particular orthopedagogic situation of help is created that can be more easily managed systematically than the everyday family and school situation where the latter situations seem to be inadequate as far as

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

their ability to control and influence the child are concerned. Thus, residential orthopedagogy is viewed as a form of orthopedagogic assistance to the family-in-educational-distress. It offers the child an optimal opportunity to come to personal development and to build up positive and cognitive attitudes independent of his pedagogic situation. Residential orthopedagogy is a very radical form of orthopedagogic assistance. Placement away from home can be traumatic for a child; it can allow him to feel confused, suspicious, isolated and without a future perspective.

Ter Horst[8] says the following with respect to residential orthopedagogy: The educational institution is a part of society; it is a piece of society that is isolated within society by a particular aim. The child must be able to **live** there as a child in the full meaning of the word. He comes there to **stay**--therefore, the name **residential orthopedagogy**. Because it cannot be elsewhere, he must be done justice with respect to his destiny (adulthood) in a separate living-together. If the unbearable PES is not changed, a place of residence has to be sought within which the original destiny of the child can be actualized. Freedom, responsibility, existentiality, creativity, individuality and future directedness must characterize the educational institution.

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

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

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

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

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

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

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

Regarding institutional placement, the aim of residential orthopedagogy is for the child to return to his family as quickly as possible, in contrast to the handicapped child (e.g., a weak-sighted child will remain a resident of a boarding school for the weak-sighted until he has completed his school career). In the latter case coordinated family therapy in all probability will not be necessary. However, family therapy during the child's stay in the educational institution is essential to achieve such order of the factors in the primary educational situation that after terminating the residential orthopedagogy he will again find himself in a livable educative situation. The behaviorally difficult child is thus removed from the

family and in the exceptional life and pedagogic situation of the educational institution is helped to later return to his family. Therefore, the educational institution must be a guiding, recuperative, pedotherapeutic situation. There, situational therapy as well as communicative pedotherapy must occur with the institutional situation tuned into the problem **and** the child's becoming adult. Consequently, the renewed association-with-each-other of parents and children is guided by an accompanying combination of family therapy and residential orthopedagogy. In the present case, the indication for residential orthopedagogy then also is the fact that failed socialization of the child in the family has lead to problems of communication and exploration. Residential orthopedagogy offers the educationally difficult child the opportunity to exercise his communication and exploration (also his exploration of interpersonal relationships) under purposefully planned, expertly controlled and scientifically responsible circumstances and within particular interpersonal relationships.

4.3.5 Functioning pedotherapy

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

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

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

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

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

With **acoustic exercises** the child **learns to listen.** This is actualized through times of dead silence, whispering exercises, listening to the sound of interesting musical instruments, localizing sounds, distinguishing among sounds, giving oral assignments, imitating sounds, word games, songs, verses, etc.

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

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

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

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

With motor exercises the child learns to control and direct particular muscle groups by carrying out movements, e.g., movements of the whole body, the torso, and the limbs. Here bodily attitude, movement and equilibrium have to be coordinated. From

his motor coordination, refined sensory-motor coordination must develop.

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

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

For the sake of hand-eye coordination, exercises include the following: gesturing, finger activities, dexterity exercises, blackboard exercises (e.g., drawing a large figure-8 on the board), exercise of writing movements, copying basic geometric forms (circle, square, triangle, rectangle, rhombus, etc.), of copying patterns from memory, of building blocks, pin boards, mosaic blocks, free expression in drawing, activities such as folding, braiding, tearing, cutting, rhythmic movement exercise in time with music.

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

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

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

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

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

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

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

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

The child must exercise in order to adequately integrate the involved aspects. Exercises that include these four aspects are the following: build or re-build spatial structures, build or copy spatial figures, learn time-spatial relationship words, copy pre-structured spatial situations, scan relationships, estimate distance, laterality exercises, spatially manipulate concrete materials, spatial instructions, visual analysis (patterns, figures, drawings, jigsaw puzzles), three-dimensional exercises, etc. Temporal ordering

includes exercises with time divisions and time names (hour, day, month, year, etc.), identify the sequence in stories or events, etc.

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

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

4.3.6 Specialized pedotherapies

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

4.4 CRITERIA FOR EVALUATING ORTHOPEDAGOGIC ASSISTANCE

Providing meaningful, appropriate orthopedagogic assistance to parents, children and youths with developmental, educational and

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

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

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

(i) Natural helplessness (thus the child is susceptible to help and guidance);
(ii) The developmental-capacity, -tempo and -duration of the human child (this makes influence possible, leads to the child's plasticity and exploration);
(iii) The striving for emancipation (this is a striving to grow up, the longing for independence and wanting to be someone himself).

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

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

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

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

child's "innere Halt." Thus, the unique character of the child must be taken into account.

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

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

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

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

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

The purposefulness of educating is extremely questionable if one believes that

- the child is born as a miniature adult;
- the child can become adult by himself without the help of supporters and that help itself can have a harmful effect;
- adulthood has no meaning or value.

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

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

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

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

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

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

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

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

- the structure of being-an-educand;
- the structure of being-an-educator (normative person-image);
- the purposefulness that makes educating meaningful (adulthood);
- the everyday educational relationship between educator and educand;
- the essentials of being-a-person;
- the relief or elimination of educational, developmental and relationship problems through transfer to everyday educating and teaching.

4.5 REFERENCES

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