

## CHAPTER THREE

### THE ESSENTIALS OF PEDOTHERAPY

According to Landman<sup>1</sup> the pedagogic relationship, sequence and aim structures have to be actualized in all pedotherapy. Consequently, **the essentials of pedotherapy** will be presented as a particular event of educating or re-educating. More specifically, the **preconditions** for the pedotherapeutic event are discussed in terms of the pedagogic **relationship structure**, its **course** is discussed in terms of the pedagogic **sequence structure**, and the **criteria** for evaluating it are discussed in terms of the pedagogic **aim structure**.

#### 1. Preconditions for the pedotherapeutic event

Preconditions for the pedotherapeutic event are that the **pedagogic relationship of trust, understanding and authority** be actualized. In the ensuing paragraphs the following questions are addressed:

What is lived-experienced in pedotherapy if the pedagogic relationship structure is actualized? In light of this, what preconditions for pedotherapy can be stated?

The preconditions to be discussed below, also regarding their lived-experiential implications, briefly are the following (They also can be stated in everyday language as pedotherapeutic principles). The pedotherapist must:

- (i) win the child's trust;
- (ii) show trust in the child;
- (iii) show acceptance of the child;
- (iv) show respect for his dignity;
- (v) show interest, concern and sympathy;
- (vi) allow the child to feel safe and secure;
- (vii) establish a stable affective relation with the child;
- (viii) support the child in his distress;
- (ix) show understanding of the child;
- (x) exercise authority over the child, thus set demands and limits;
- (xi) exemplify norms and values.

In view of the pathic (affective) unrest of a child-in-distress, the task of the pedotherapist is to intervene with him in order to lead his pathic unrest (excessive anxiety, tension) to pathic rest (healthy anxiety and fruitful tension). By accepting the child and showing respect for his dignity, his lived-experience of being different or inferior must be eliminated; by creating a pedagogic we-ness, the child's loneliness must be overcome. The pedotherapist has to provide safety and security; he has to help the child conquer his helplessness; he must support him in fending off his anxiety. Thus, he has to re-establish and strengthen the child's basic trust and security so that he will again be ready to **venture** together with an adult.

The implications of the above preconditions for pedotherapy are discussed in greater detail later.

Landman<sup>2</sup> writes, "Irrespective of all therapeutic theories, the path to healing the (child)-in-distress only acquires direction and purpose in terms of the pedotherapist's humanity". Consequently, the primary precondition for pedotherapy is that the pedotherapist create an interpersonal space characterized by we-ness; i.e, he must actualize a relationship of trust as a secure space. Only in this way can the child's basic trust and security be re-established and strengthened. This is **basic therapy**.

The beginning point in pedotherapy is establishing communication by creating a situation within which the child feels safe and secure. In this secure situation, he will then establish or re-establish relationships (of basic security). Only in such a secure space will he be pathically (affectively) ready to venture and thus to explore his problem area. At the beginning of therapy, as well as with a young child, no appeal can be made to his will, common sense, conscience or sense of responsibility--these intentionalities are too severely pathically flooded. First, the child's vital-pathic lived-experiences and his need for safety and security must be satisfied.

The child must first experience security and then test (explore) affective bonds. The question of the possibility of entering an affective bond with a psychically severely disturbed child must decidedly be answered positively. A positive reciprocal emotional bonding must arise because of the child's emotional dependency and affective distress. One of the most difficult problems in

pedotherapy is handling emotional relations. Too strong a bonding has the danger of trauma when pedotherapy is ended--the child then can feel that he has again been abandoned.

A positive affective bonding where child and pedotherapist accept each other emotionally also influences his lived-experience of values (especially his feeling of his own worth). Again, this has a positive result with respect to his habitual emotional disposition regarding fellow persons.

Where actualizing the **relationship of understanding** leads to the child's **gnostic (cognitive) confidence** (he **knows** the pedotherapist, he **knows** what he can expect) and actualizing the relationship of authority leads to **normative confidence**, actualizing the relationship of trust provides him with **pathic (affective) confidence**. This is essential because the pathic is the precondition for all of the other intentionalities (gnostic, conative, striving, etc.). For the child, this emotional security means emotional rest. Trust bestows favorableness, willingness, calmness, rest (Lersch).

When the child is accepted in trust by the pedotherapist more than anything else he experiences **security** and **confidence** so that now he will risk and more easily venture into anxiety provoking situations. Now he has someone with whom he can share his anxiety. He now finds an ear for his experiences of his distressful situation, a **trusted person** he can talk to about his problems and conflicts. The child-in-distress who has become hostile or apathetic because he is traumatized or in need of love or by a total lack of opportunity for self-actualization will, by the actualization of trust and the opportunity for self-actualization that is offered, recover his wanting-to-be-someone-himself (be someone instead of be inferior).

Pedotherapy includes this aspect of the child wanting-to-be-someone-himself but **also** the aspect of providing help. The proper relationship of both aspects has to be actualized. (Compare Client Centered Therapy that absolutizes the former aspect).

Actualizing the **relationship of trust** also favors the event of identification in pedotherapy. The child now is ready to identify himself with the pedotherapist on the basis of the affective bond existing between them. Again, this identification is important for conveying values in pedotherapy. The child will accept the

pedotherapist's actions, his demands of him and his values if he knows he is accepted **as he is** and his dignity as a child is acknowledged.

The following are extremely important to the pedotherapist for actualizing a good relationship with the child-in-distress: **nominal distance, realism** and an **intense stake**.<sup>3</sup> The seemingly contradictory demand on the pedotherapist of nominal distance and trust converge in the following principle: with respect to the child, the pedotherapist must have a warm heart but a cool head.

Above all, actualizing the pedagogic relationship of understanding in pedotherapy gives the child-in-distress confidence and stability. Now he learns to **know** the pedotherapist; he **knows** what he can expect from him. Confusion and anxiety on an interpersonal level are thus eliminated. Such a relationship of understanding especially provides gnostic confidence and clarity. He experiences himself as understood and no longer standing alone. By understanding the child, the pedotherapist acquires a **grasp** of him. The child experiences this grasp by the adult in his actions and a broadening of a common world of we-ness arises. The child no longer confronts his problem alone; he no longer feels like an outsider. He now is **able** to share his life with another; loneliness is broken through. He no longer remains closed off from his educators so that the latter recover their natural confidence in dealing with him.<sup>4</sup>

According to Buytendijk<sup>5</sup>, true psychological **understanding** presupposes transcending a caring-being-in-the-world to an encounter and involvement with someone within the space of his personal existence but in such a way that this space is also our space.

In connection with the actualization of the relationship of understanding in everyday pedagogics as well as in pedotherapy Lubbers<sup>6</sup> indicates: "Experience also has taught that many deviant behaviors cease to exist if the adults show that they understand the child."

A child-in-distress who finds someone who understands him is fortunate. Such a person (the pedotherapist!) can form a bridge to the lost community (communication) and help him go to the other again and, as a consequence, go to himself and his own future.<sup>7</sup>

Thus, the pedotherapist is for the child a bridge over the **affective no-man's-land** in which he finds himself.

The consistent, sympathetic, firm **exercise of authority** by the pedotherapist additionally contributes much to the child-in-distress lived-experiencing normative confidence, stability and security. The authority by which norms and values are exemplified give him confidence in these norms and values. Also, he needs authority in the pedotherapeutic relation since the exercise and acceptance of authority eventually lead him to freedom and responsibility. Consequently, the pedotherapist has to make demands and set limits; in pedotherapy he must enforce what ought to and can be. Thus, he must maintain a **fruitful tension** but at the same time prevent all unnecessary and excessive tension by the **way** he enforces his educative authority.

Thus, the pedotherapeutic event has to be characterized by ethical-normative influencing, appropriate behaving, ordering, disciplining, prohibiting, directing, confronting the demands of reality, etc.

This aspect of pedotherapy is closely connect to two other matters dealt with later in the present study, namely, values in pedotherapy and logotherapeutic moments in pedotherapy.

## 2. Course of the pedotherapeutic event

Next, the course of the pedotherapeutic event is focused on in terms of the pedagogic sequence structure; however, the former is not an ordinary event but is a special pedagogic event. The **pedagogic sequence structure** (Landman) is supplemented by and intertwined with the **forms of pedagogic activities** (Van Gelder). The pedagogic sequences structure of **association, encounter, engagement, pedagogic intervention** (interfering or agreeing), **return to association and periodic breaking away** are thus intertwined with the following forms of pedagogic activities<sup>8</sup>:

- (i) **Enter into communication with the child:**
  - (a) put yourself in the situation (association);
  - (b) the beginning of the communication (conversation);
  - (c) the development of the communication.
  
- (ii) **Allow the child to act (exploration):**
  - (a) systematic activity with the therapeutic material;

(b) play in a specific milieu (play treatment, expressive therapy).

(iii) **Do not allow the child to act:**

(a) set limits;

(b) make prohibitions;

(c) provide protection;

(d) isolate (distance) oneself from the child.

The intertwining of the above two structures (i.e., sequence and pedagogic activities) gives rise to the following anticipated course of activities that has to be actualized in the pedotherapeutic event:

To begin, the pedotherapist **enters into communication** with the child by putting himself in the pedotherapeutic situation and communicates with the child (**pedagogic association**). The communication between child and therapist develops until association proceeds to an **encounter**. Both child and pedotherapist are responsible for the pedotherapeutic relationship (**engagement**); both participate in the course of pedotherapeutic activities. The pedotherapist allows the child to deal systematically with specific therapeutic material in a specific therapeutic milieu. The child explores his problem area with the pedotherapist and here they communicate by means of play, image, conversation (as three means of communicating).

**Pedagogic intervention** by the pedotherapist means that at particular moments of exploration he will either interfere or approve; thus, sometimes he will forbid the child to act, he will set limits, protect the child and isolate (distance) himself from the child, etc.

After this intensification of communication (encounter and intervention), there is a **return to pedagogic association** at the end or conclusion of the particular pedotherapeutic session. When the child returns home, child and pedotherapist withdraw from each other's presence (**periodic breaking away**) for a period of time until the child reports again for a pedotherapeutic session. Successful pedotherapy also means that the pedotherapist gradually makes himself superfluous to the child so that a complete (pedagogic) separation between child and pedotherapist eventually will be possible.

Since the pedotherapeutic situation also is a **lived-experiential (psychic) field of tension**, the above **pedotherapeutic course of activities** is correlated with the **pedotherapeutic course of lived-experiencing**, and the following **range of tension** is actualized: **relaxation** (communication, association, conversation), **decreased tension** (development of communication, proceeding to an encounter), **fruitful tension, high tension and effort** (intensification of communication, encounter, engagement, pedagogic intervention, pedagogic influencing, exploring, acting, delimited acting), **relaxation** (return to pedagogic association); there also is pathic (affective) **relaxation**, but also gnostic-normative (cognitive-normative) effort (**tension**) as re-lived-experiencing, e.g., by later assimilating lived-experiences that occurred during therapy. The aim of this course of activities is to move away from excessive tension and therefore all experiences of excessive tension in the pedotherapeutic event must be avoided.

Next, the two different structures of the pedotherapeutic course of activities will be viewed separately in order to indicate in more detail the specific significance of each in the pedotherapeutic event.

First, what pedotherapeutic results occur by actualizing the **pedagogic sequence structure** in pedotherapy?

In pedotherapy, **pedagogic association** means that the child-in-distress and the pedotherapist are present **by** each other. The pedotherapist is a participant in the child's played, imaged, verbalized world. For the child, this means a lessening of his pathic unrest (lability); e.g., loneliness, with which anxiety and insecurity are associated, is eliminated. This is a being-together that provides the child-in-distress with security.

By actualizing pedagogic association, the child-in-distress is put at ease--this is a pre-condition for the later necessary occurrence of an encounter. This association is a pre-formed field (i.e., a pre-condition) for the later development of communication for pedotherapeutic influencing. The actualization of association makes the child affectively ready to later act (to explore) and also to accept when the pedotherapist forbids particular activities.

It must be emphasized that in contrast to the usual association, e.g., between the child and a doctor or psychiatrist, the pedagogic

association is directed to the child's future. The pedotherapist's actions are related to the awareness that he is responsible for the child's future and his becoming.

**Pedagogic encounter** is a being present **with** each other, a creation of we-ness (there is a world shared by pedotherapist and child); the experiential world of each is entered. This encounter lessens and removes the child's lived-experience of anxiety.<sup>9</sup> The child indeed is confronted with his problem, but now in the secure safety provided by the pedotherapist. This intensive communication creates the optimal opportunity (a favorable attunement of the child) for pedotherapeutic influencing by means of symmorphosis. In this situation of encounter, moments of educating and re-educating are used by the pedotherapist. Here the favorable lived-experiences and re-lived-experiences are actualized; here the child's delayed becoming is overcome because he is supported to elevate his level of giving meaning as dialogue (with his world); here, by attributing sense and meaning, his distressful situation is broken through and anxiety is averted; here he arrives at a favorable design that when assimilated leads to a new attunement [to his world]; here he learns to deal with the anxiety-provoking image of adulthood; here he is required **now** to choose and act.

This situation of pedagogic encounter means that the therapist cannot make mistakes of "technique" or "method" but he can err by not showing his fellow-humanness, by not noticing the uniqueness of the child-in-distress and by shrinking back when he explores with the child.<sup>10</sup>

Landman<sup>11</sup> writes: "Loneliness changes into we-ness as a pedotherapeutic being-together. Such supportive being-together gives the (child) courage and new power to explore changing his unique distressful situation so that it can be broken through".

This moment of pedotherapeutic encounter is seized as the present moment preceding the child's future--he longs for ordinary situations free from distress as an authentic hope for the future. It is precisely this hope for the future that constitutes a pedotherapeutic we-ness.

"It is an active, hopeful being directed to the future that appears out of an active working together to revise and break through the present distressful situation; (the child must not) **escape** into a



distress free future, but (there must) be choices made and activities carried out in the present situation with an eye to the freedom from distress of this future so that again he can really be someone himself ... (the child) hopes for a normative future, thus a future that makes demands" (Landman).<sup>12</sup>

If **pedagogic engagement** is actualized the child lived-experiences his responsibility for the pedotherapeutic relation as well as the fact that he himself is responsible for working on (acting) and revising his unique distressful situation. The presence of the pedotherapist already has a pronounced character of making demands: the child is already appealed to by this to cooperate in revising his distressful situation. The pedotherapist must give the child-in-distress the opportunity to take **responsibility** regarding the encounter that is actualized, e.g., by carrying out assignments. The child-in-distress must venturingly participate in breaking through his distressful situation; he also is responsible for the quality of his participation, thus for the quality of the responses he gives and the resulting breaking-through activities that he actualizes. Finally, the child-in-distress has to give an account of the ways he implements his own positive human potentialities in the pedotherapeutic event.<sup>13</sup>

The pedotherapist's **pedagogic intervention** (interfering and agreeing in terms of norms and values) provides the child with a background of stability and confidence (thus security) for his activities in the pedotherapeutic situation (exploring the problem area). This benefits his breaking through his problematic situation. Insecurity, uncertainty, helplessness and anxiety are eliminated when the child's lived-experiences and behaviors (expressions) are directed by the pedotherapist. Also the therapeutic essentials of prohibiting, directing and disapproving are possible as pedagogic interventions. This moment makes the demand making character of pedotherapy possible. On the other hand, the moment of agreement (recognition, award, approval) allows the child to feel accepted; he feels of value to the pedotherapist because he obeys the values and norms. This means eliminating the child-in-distress' feelings of being different and inferior.

A **return to pedagogic association** and **periodic breaking away** give the child the opportunity to re-lived-experience, to (pathically) rest and relax; here he can again be someone himself. Also he can now, in his solitude (gnostic-normative), exert himself

by revising, as giving new meaning, and acquire a grip on the problematic reality.

Thus, the pedotherapeutic event is "a flux of turning to and warding off, of tension and relaxation. The tension of turning to necessarily must be alternated with the decreased exertion of returning to educative association followed by the relaxation of periodically breaking away. In periodic breaking away, the increasing freedom of the child is confirmed and in associating and encountering again the sacrifice of freedom is resumed. In this way the event of educating acquires its rhythmic form", writes Landman.<sup>14</sup>

Actualizing a favorable pedotherapeutic course will result in periodic breaking away that means for the child a **parting** and not a taking flight. Where parting is mutual, taking flight is not--it arises from the fear for being-with because the child experiences this being-with as threatening (insecurity) or humiliating (being-inferior). Such a wanting to break away by taking flight is thus an indication that the preceding pedotherapeutic event has miscarried.<sup>15</sup>

Periodic breaking away is a parting because of **satiation**--child and therapist experience that they now have "had enough" of being-together therapeutically. Satiation creates distance but over-satiation can lead to aversion. Periodic breaking away must occur in such a way that the child will maintain a yearning for associating and encountering again. Periodic breaking away is a creative pause where the yearning for association and encounter is raised to a higher level. The **greeting** before and after periodic breaking away is for the child-in-distress an indication that the pedotherapist is there **for** him and also **how** he is there for him. A friendly greeting has a favorable influence on the course of the pedotherapy. A grumpy snarl makes association and encounter impossible and awakens in the child a yearning to break away from continuing, thus to take flight.<sup>16</sup>

The following discussion of Van Gelder's **forms of pedagogic activities** is derived from Vorsatz<sup>17</sup> whose detailed elaboration of them is extremely helpful for understanding the course of the pedotherapeutic event:

(i) **Enter into communication with the child**

**(a) 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 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;

**(b) The beginning of the communication (conversation):** In indirect ways (e.g., drawings and play), the child expresses especially his emotional lived-experiences. These expressions are directed by the pedotherapist's actions by which he creates possibilities for communicating with the child. This means that sometimes the pedotherapist must decide 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;

**(c) 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 him and the pedotherapist. Through a particular means of communication (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 lived-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):**

**(a) Systematic 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.).

Usually, discussions or explanations first are necessary; also, the pedotherapist must show a sincere interest in what the child will be informed about and required to do or else he 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;

**(b) Projection and expression in a specific milieu:** In a situation of encounter, the child and pedotherapist together explore the specific problem by means of play, drawings or conversations (projection and expression).

**(iii) Do not allow the child to act:**

**(a) 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 must 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;

**(b) 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;

**(c) Isolate (distance) 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 must be able to feel safe and secure in the world.<sup>18</sup>

### 3. Criteria for evaluating the pedotherapeutic event

The pedotherapist has to evaluate his pedotherapeutic actions and results in terms of particular pedotherapeutic criteria. In this regard, a few authors have designed a number of useful possible sets of criteria. These possibilities are briefly viewed.

First, a criterion for each of the aspects of the pedagogic aim structure can be stated for evaluating the pedotherapeutic event (or the results of the pedotherapy). Here the primary question is whether the child is helped by the pedotherapist to reach his destination (adulthood). Is the pedotherapy future directed (prospective)? Does it help the child catch up a bit in his becoming?

The pedagogic aim structure is changed to pedotherapeutic criteria as follows:

- (i) Is the child-in-distress supported to an appreciation of the meaningfulness of his own existence?
- (ii) In the pedotherapy does he attain self-judgment and self-understanding on the level of his child-being?
- (iii) Is he viewed in terms of his human dignity?
- (iv) Does the pedotherapy occur with the aim in mind of the child's eventual moral and independent choosing and acting?
- (v) Are demands of responsibility made of the child?
- (vi) Are norms and values actualized in pedotherapy so that the child can identify himself with them?
- (vii) Is the matter of a philosophy of (outlook on) life raised in the pedotherapy?

Further the following pedagogic criteria from Landman<sup>19</sup> can be applied to evaluate the pedotherapeutic event (as a particular pedagogic event):

- (i) The criterion thankful for pedagogic security;
- (ii) the criterion venturing with the other;
- (iii) the criterion exercise of self-understanding;
- (iv) the criterion hope for the future;
- (v) the criterion responsibility for relationships;
- (vi) the criterion task of designing potentialities;

- (vii) the criterion fulfilling one's destiny;
- (viii) the criterion respect for dignity;
- (ix) the criterion freedom to responsibility.

The above criteria and their particular applications to the pedotherapeutic event will not be elaborated on here. The reader is referred to the available literature in this connection.<sup>20</sup>

Nel<sup>21</sup> lists the following as pedagogic criteria with respect to the question of pedotherapy:

### **I. Pedagogic criteria for identifying a disturbed person-image**

- (i) Criteria of a spiritual nature;**
  - (a) responsibility or not;
  - (b) defective acceptance of authority;
  - (c) poor "functioning" of the conscience;
  - (d) poor insight into the demands of propriety of life;
  - (e) false notion of the sense of life;
  - (f) non-acceptance of self;
  - (g) feelings of insecurity;
  - (h) defective insight into life-task or life-calling;
  - (i) defective future perspective and vocation;
  - (j) feeling of ostracism from society;
  - (k) defect in trust.
  
- (ii) Criteria on a psychic level:**
  - (a) deficiencies and/or deviations in the cognitive domain;
  - (b) affective and temperament disturbances;
  - (c) learning difficulties in school;
  - (d) disturbed social relationships.

### **II. Pedagogic criteria for treating children with a disturbed person-image**

- (i) Criteria on a spiritual level:**
  - (a) acceptance (of the child);
  - (b) acceptance of authority (by the child);
  - (c) encounter;
  - (d) acceptance of self;
  - (e) forming responsibility or making aware of

responsibility;  
(f) faith.

**(ii) Criteria on a psychic level:**

- (a) the quality of cognitive factors;
- (b) the quality of the affective life and temperament;
- (c) interest;
- (d) the quality of the child's somatic-psychic-spiritual becoming.

Langeveld's moments of becoming (see Chapter One) clearly can be used as pedotherapeutic criteria. In terms of these moments, the following evaluative questions can be formulated:

Is the child supported in the pedotherapy to lived-experiencingly conquer the **biological moment**? Is his **helplessness** eliminated in the presence of the pedotherapist? Does he lived-experience **security** in the pedotherapeutic situation and on that basis is he ready to **explore** his problem area? After the pedotherapy has ended, is he a child (**emancipated**) who can securely explore his world on his own initiative? (In other words, how are these moments actualized as pedotherapeutic outcomes?).

The writer's<sup>22</sup> psychopedagogic criteria for evaluating childlike lived-experiencing also are valid with respect to pedotherapy and more specifically for evaluating the child's pathic, gnostic and normative lived-experiences in regard to the pedotherapeutic event as well as the outcomes of the pedotherapy. As a basic criterion, it always is asked whether the child's pathic, gnostic and normative potentialities of lived-experiencing are actualized. The following criteria are only examples of a number of possible secondary guiding principles that flow from the basic criterion:

**(i) Criteria for evaluating pathic lived-experience:**

- (a) loving care;
- (b) lived-experience of security;
- (c) bodily lived -experiences;
- (d) affective relationships are lived-experienced as stable.

**(ii) Criteria for evaluating gnostic lived-experience:**

- (a) habitual gnostic attunement on child level;
- (b) initiative of gnostic relationships;

- (c) exploration;
- (d) work attitude.

**(iii) Criteria for evaluating normative lived-experience:**

- (a) lived-experiencing norms and values;
- (b) awakening conscience;
- (c) lived-experiencing sense and meaning;
- (d) moral independence (responsibility and freedom).

Finally, only mention is made of Faure's<sup>23</sup> detailed discussion of the criteria of Oberholzer, Nel and Langeveld with respect to play therapy.

None of the criteria listed above are treated in detail and the reader is referred to the available literature. Here, the only fact to be emphasized is that these criteria have important implications for the pedotherapeutic event.

#### **4. Phases of the pedotherapeutic event**

In terms of Lubbers'<sup>24</sup> discussions, in providing pedotherapeutic assistance the following **four phases** are distinguished\*:

##### **(i) Establishing communication**

In the beginning the therapist tries to discretely explore the world of the child. For example, he gives the child the task of giving form to the materials offered (the materials should be as differentiated as possible: clay, paint, crayons, toys, projective plates, etc.). The child is asked to draw something, create a [projective] narrative, etc. These assignments are similar to those given in a pedodiagnostic investigation. This depends on how far the child will venture for a person in an initial communication. The pedotherapist as a person also is of significance here. The image that arises is not determined by the child alone but also by the way he adapts to the pedotherapist in the situation. (Therapy must occur in a sphere of intimacy and trust, a sphere that demands participation. Because this involves understanding the child through his activities, the pedotherapist cannot rely only on observation but he must be a

---

\* Although Lubbers focuses on these four phases specifically with reference to image therapy, this division holds true, with slight variations, for the other forms of pedotherapy.



participant and enter the world that the child has designed--(Vermeer).

In giving meaning to the material, the child can draw only from his own mental possessions; therefore, it is possible to learn to know the personal world of the child from the images he forms. He gives form to the material offered by filling it with his own life. Thus, the persons arising in the image can be viewed as a reflection of his own life.

The instruction to represent something is repeated (usually in more than one pedotherapeutic session) until adequate insight into the child is attained.

In this first phase the pedotherapist has the task of making the circumstances for representation as favorable as possible. He creates and maintains a sphere of rest and trust within which he can encourage or prohibit the child when this seems necessary. At the same time, he especially is understanding what is co-lived-experienced in the fantasy-in-becoming and takes the initiative to continue with other material. With the actualization of understanding and communication, the foundation is laid for **communication via the image** and the child, supported by the understanding of his experiences, will venture further with his exploratory activities (e.g., image production) of what he wants to do when left to his own devices. Through this co-lived experiencing the image-produced situations lose (for the child) much of their strangeness and their ability to provoke anxiety. Even so, communication in this phase does not yet play a predominant role. Rather, the child is busy with himself in the appealing presence of the pedotherapist.

### **(ii) Help in giving form**

In the following session, the pedotherapist will aim for still more representation of the problematic reality of the child-in-distress. He has explored and knows the world of the child and thus more or less where the difficulty lies. Now he must enter the problem area with the child. The basis for this journey is the images by which the child already has given form to his problem. These images are differentiated and detailed until an image of the problematic reality is acquired. Through real communication, the child will be ready to

do this. However, he must not be brought to a self-confrontation too quickly.

The child wants:

- to contribute to his piece of work (giving form);
- acceptance (he feels insecure);
- understanding (he needs to be understood);
- help (with giving form);
- to be valued (he is often criticized and seldom appreciated).

When the pedotherapist expresses his appreciation of his piece of work and thereby still tries to bring this more in agreement with the child's meanings (e.g., by demonstrating and applying available technical aids) the child will be content to leave and gladly return.

In the following sessions the problem area will be uncovered even more clearly until child and pedotherapist together have thoroughly explored the area. Here the pedotherapist will think about intervening although this often is not necessary because during the joint exploration of his world, the child without aid has come to a **more favorable attunement** to his world.

### (iii) Dialogue in images

When the problem area becomes a thoroughly familiar terrain, gradually the pedotherapist tries to attribute other meanings to the experiential world, e.g., by adding new aspects to it. He tries to bring the image more into accord with the adult world. Thus, he is busy "educating". For example, he will introduce another human figure in the child's piece of work. He will make or suggest changes in it that perhaps will be accepted by the child. Also, the child can respond to similar suggestions by modifying his image. When in this way an image is broken through, the deeper-lying problem can be brought up. In such a case, phases (ii) and (iii) repeat themselves.

The pedotherapist will see that his help is successful if the child receives satisfaction from this form of communication. Then the child gladly will welcome more, but then the communication will be more playful--a longing to form images will strongly recede into the background. Most of all, the child now begins to talk and consequently it becomes possible for the pedotherapist to help him express himself in words.

#### (iv) The conversation

When understanding and assistance are actualized by means of communicating about the image it is likely that the child will begin to talk about his life. Now he has **learned to view his life with other eyes** (other meanings). Now he will gladly relate something about himself. Such a conversation occurs spontaneously and naturally, such as a conversation with a good acquaintance.

During these conversations it will be possible for the pedotherapist to teach the child to express his attunement in words. At this stage, high demands are made on the pedagogic quality of the pedotherapist. He has to return the child to his own life milieus. In many cases, this means that he must teach the child and his parents to associate with each other in just the right ways.

The **word** now acquires a deepened meaning. It points to the terrain jointly lived-experienced (by child and pedotherapist) and the conversation is based on real mutual understanding.

Each one of these four phases includes a number of sessions so that the pedotherapeutic course of activities in one such pedotherapeutic phase is repeated a number of times.

In this chapter, the essentials of pedotherapy are presented as the preconditions, the course, the criteria and the phases of the pedotherapeutic event. In Chapter Four the different forms of pedotherapy are considered briefly.

#### References

1. Landman, W. A.: *Pedagogiese criteria by die gesprekstherapie*, op. cit., p. 46.
2. Landman, W. A.: op. cit., p. 48.
3. Vliegthart, W. E: *Algemene Orthopedagogiek*, p. 83.
4. Refer to: Lubbers, R.: *Het beeld als communicatiemiddel in de pedotherapie*, Wolters, Groningen, 1960, p. 7.
5. Buytendijk, F. J. J.: as quoted by Lubbers, R: op. cit., p. 20.
6. Lubbers, R.: op. cit., p. 7.
7. Lubbers, R.: op. cit., p. 9.
8. Compare: (i) Van Gelder, L.: *Een Orientatie in de Orthopedagogiek*, Wolters, Groningen, 1962, p. 48.  
(ii) These pedagogic forms of activity are in reference to Van Gelder with respect to pedotherapy and more specifically worked through by Vorsatz, J. M. D.: *Die*

- Aanwending van Beeldende Ekspresie en Beeldende  
Projeksie as Terapeutiese Hulpmiddele by Kinders,*  
Opvoedkundige Studies, No. 37, University of Pretoria,  
1963, pp. 68-76.
9. Landman, W. A.: op. cit., p. 48.
  10. Landman, W. A.: op. cit., p. 49.
  11. Ibid.
  12. Landman, W. A.: op. cit., pp. 51 and 52.
  13. Landman, W. A.: op. cit., pp. 48-50.
  14. Landman, W. A.: "Periodieke Verlating van die Opvoedende  
Omgang en Ontmoeting", in *Onderwysblad*, Jan. 1972,  
No. 838, Part LXXIX, p. 4.
  15. Reference to: Landman, W. A.: op. cit., pp. 4 and 5.
  16. Reference to: Landman, W. A.: op. cit., p. 5.
  17. Vorsatz, J. M. D.: op. cit., pp. 70-76.
  18. Ibid.
  19. Landman, W. A. in: Landman, W. A., Roos, S. G. and  
Liebenberg, C. R.: *Opvoedkunde en Opvoedingsleer vir  
Beginners*, op. cit., p. 10.
  20. Compare: (i) Landman, W. A., Roos, S. G. and Liebenberg,  
C. R.: op. cit. (ii) Landman, W. A.: *Op soek na pedagogiese  
Criteria*, Van Schaik, Pretoria, 1969. (iii) Landman, W. A.:  
*Pedagogiese kriteria by die gesprekstherapie*, op. cit.
  21. Nel, B. F.: *Die grondbeginsels van 'n pedagogies-verantwoorde  
pedoterapie*, op. cit., pp. 59-67.
  22. Pretorius, J. W. M.: *Belewing as moment in die leefwereld van  
die kind: 'n Psigologies-pedagogiese studie*, op. cit., pp. 52-70.
  23. Faure, J. S. M.: *Die Pedagogiese Diagnostisering en Behandeling  
van Gedragsmoeilike Kinders, d.m.v. spel, met Verwysing na  
Bepaalde Pedagogiese Kriteria*, op. cit., pp. 47-74.
  24. Lubbers, R.: op. cit., pp. 14-19.