# CHAPTER 6

# THE HISTORICITY CONVERSATION

## 1. CONCEPTUAL CLARIFICATION

Understanding the child's experiential world involves determining **what** and **how** he has developed (become) from birth to the present. His **historicity** has to be looked at, a concept that Nel defines as "the history of world relationships he has formed in the course of time".

In contrast to the past as history of humanity, of nations, of cultures and the arts and sciences, there is an individual's personal past in his course of becoming which he cannot deny in the least since he is "thrown" to a particular father and mother in a particular country and culture [that he has not chosen] (see 77, 26).

The relationships a child has built up in the past codetermine his present and continually refer to his future. To become adult requires him to continually present himself as past, present and future and thus show himself as historicity (see 43, 7). According to Jaspers (see 41, 53), a person is historicity as becoming in time, a being who unfolds himself in time. With reference to Bakker (7, 91-92), Kwant (115, 261 [in Dutch]) views a person as a "subject whose past is held onto and which stretches to a future."

Essentially, historicity refers to the fact that a child has already actualized himself in the past, is actualizing himself in the present and can actualize himself in the future (see also 258, 48-49). Heidegger (84) indicates that the past, present and future, as forms of time, embrace each other and are inextricably bound to each other for a person in his situation.

Phenomenologically, past also means historicity, i.e., the world relationships of a particular child from which he cannot divorce himself. According to Heidegger (85, 6), a person's past is time actualized; and Hugenholtz (93, 59 [in Dutch]) understands by past "the time incorporated into my being" and the past includes the totality of a child's experiencing, willful choosing, lived experiencing, etc. Hugenholtz says "My past is the lived, the activities, the valued possessions of mine that I have become" (93,

59). Thus, the past does not speak for the time in which it occurred but in present personal actualizations; in other words, the past is what was as it now appears (77, 24). Van den Berg refers to this as the "presentative past" (272, 64). That which lies behind us and that which lies before us have real value because the present includes them (77, 26).

According to Heidegger (85, 6), a person's future is always approaching him and occurs in the present after which it becomes historicity. He emphasizes self-actualization and being future directed and refers to a **design** of the future and to **self-actualization in time.** Thus, the future is what comes, as what now meets me, says Gouws (77, 26). Hence, to a large degree, the future is determined and colored by the past and present. Future also means **perspective, being-on-the-way to, being-directed-to, anticipating, moving forward, designing.** Thus, a child's present behaviors are continually codefined by what he has experienced in the past and what he aims for in the future. Linschoten (143, 245) refers to the fact that all present actions have a past history, a time of unfolding and a future horizon. Everything a person says and does is co-determined by the horizon of his personal history of world relationships (43, 8).

According to Heidegger (see 41, 73), a person always lives from the past to the future, and present designs are constituted on the basis of the possibilities offered by his past.

Nel (76, 4) says that the present is defined by the past but that the future also is defined by the present because the present is designed with an eye to the future. According to Van den Berg (268, 89) the present is an invitation from the future for one to become master of times that are past.

Essentially, historicity has to do with what already is actualized, what is being actualized and what can be actualized; a person's historicity refers to actualizing his past, present and future.

As one trying to understand the present meanings and world relationships of the child restrained in becoming adult, the orthopedagogic evaluator has to direct himself from his present to his past and future--both of which appear in the present as illuminating horizons.

In lieu of **historicity**, in the literature there also is reference to **anamnesis.** The word **anamnesis** is derived from the Greek **ana**, back + **mimnesko**, call to mind and thus it literally refers to **reminiscing** (see 77, 26; 215, 50, 598).

The historicity or anamnestic conversation is a verbal conversation carried on with other persons who are well acquainted with the child's historicity. Usually this is carried on with other adults such as parents, teachers and doctors who are in a position to shed light on the child's educative situation and becoming adult. Especially the parents are involved and, via the conversation, they really enter an existential human relationship with the investigator.

## 2. CONDUCTING AN HISTORICITY CONVERSATION

During the verbal conversation with the parents, the world relationships that the child has built up in the course of time are investigated. Conversations with persons other than the child himself are known as **hetero-historicity** or **hetero-anamnestic conversations.** However, when one carries on an historicity conversation with the child himself, it is called an **auto-historicity** or **auto-anamnestic conversation.**

### 2.1 The auto-anamnestic conversation

During the conversation with the child regarding his unique situation (see 282, 208), the orthopedagogic evaluator has to insure that there will be a favorably prepared field as a fundamental precondition for the investigation to progress (see 43, 41; 23, 445).

In chatting informally with a child, he should always feel accepted even while there is indirect inquiry into his experiences of and meanings attributed to particular matters. The child has to be the central speaker (see 282, 208-209) when not getting to the bottom of things but be asked for information about his relationships with his family members, teachers, peers, after school activities, interests, dislikes, likes, etc.

The **problem** for which he has been brought to the orthopedagogue is kept **anonymous** and is not directly involved in the conversation. However, the impression should not be given to the child that he has to answer a handful of questions. Evidence that the auto-historicity

conversation fails is found when his participation is limited only to "yes" and "no" responses.

Gouws (77, 35) stresses the importance of a warm, cordial conversation. In this regard, he also refers to the meaning of a welcoming handshake that attests to friendship and love (see also 43, 41; 215, 598; 208, 431).

The "first look" is the beginning of the exploration of the orthopedagogic evaluator and the restrained child as conversational partners, and the investigator has to keep in mind that during the whole conversation the child remains aware of his look. The nature of the investigator's look remains a co-determinant of the encounter and for this reason it should continually be evidence of "sympathy" (see 77, 36).

## 2.2 The hetero-historicity conversation

### 2.2.1 The conversational partners

Regarding a hetero-anamnestic conversation, the orthopedagogue deals especially with the help-seeking parents, and they venture with each other for the sake of the restrained child and with the aim of rectifying the distressful situation.

The conversation should continually give evidence of mutual respect, trust and acceptance between the conversational partners. Understanding the parents' and child's "problem" by the orthopedagogue and understanding by the parents that the orthopedagogue is going to ask questions that will require frank and honest answers from them are necessary.

Here a relationship of encounter also is a precondition for a successful conversation. This does not mean that at any moment the parent will be forced to completely admit everything. The parent has to know and feel that the investigator expects him to "open up" but that his dignity will never be violated by attempting to unravel his deepest secrets (see 43, 34).

Because this conversation is mainly verbal, the orthopedagogue has to continually account to himself for his use of language and choice of words and insure that he remains understandable and accessible

to his conversational partner, especially where the mother tongue is not the same.

There is a warning against an artificial or excessive heartiness, and the conversation should be carried out in a natural, considerate, courteous, formal-professional and interesting way (see 77, 27). The greeting should make the parents feel that the orthopedagogue shows a loving willingness to participate in the problematic educative situation within which they and their child are imprisoned. This loving interest is the best guarantee for a successful conversation.

The fact that this is a conversation where the "disturbed" world of the child is entered jointly, and because it is communicating with and sharing the child's experiential world, the conversation cannot take place merely in terms of a list of questions to be answered. Gouws (77, 27) says there is no place for a journalistic approach. Because an examining, inquisitive manner of questioning can easily be interpreted as merely prying and evoke embarrassment, fantasies and confabulations (77, 27), an authentic conversation has to be carried on and not merely a series of questions asked. The orthopedagogic evaluator also has to know how to **listen** and be attuned to understanding the messages embedded in expressions regarding sorrow, sadness, happiness, kindness, love, anger, hate, etc. However, the conversation can be "steered" by a **historicity form** (see section 2.3) that systematizes and organizes the most important aspects of the conversation.

As a participant in the historicity conversation, it is obviously necessary that the evaluator be a schooled orthopedagogue because he **gradually** has to gauge the child's **inadequate** becoming adult in terms of orthopedagogic criteria. Also, the investigator has to let himself be guided by his pedagogic intuition, but he has to guard against his accepting his emotional knowing (intuition) leading him down an erroneous path (see 43, 34-35). Thus, he has to have a critical attitude and not merely accept everything, e.g., everything the parents might inform him of (see 215, 60; 77, 28; 43, 38) and especially, for example, if the mother easily burst into tears and perhaps mentions that she should arrange to see a psychiatrist herself ... In addition, the orthopedagogic evaluator always uses pedagogic observation as an aid and all particulars have to be noticed--especially, seemingly trivial matters cannot merely be ignored as meaningless.

### 2.2.2 The course of the conversation

Before beginning, the orthopedagogic evaluator obtains general **identifying** particulars and finds out what the **problem** seems to be and why the child is being referred to him.

Next there are discussions about **the child's physical development** because he has to be viewed also as **corporeality** in his educative situation. It is determined whether there were any problems during his mother's pregnancy. His prenatal development is explored by inquiring, e.g., about whether his mother had any illnesses and what her general health was; about the possible occurrence of German measles, viral infections, high blood pressure, toxanemia, heart or kidney disease, bleeding; about any medications taken, e.g., for headaches; about matters such as a threatening miscarriage, the use of antibiotics, x-rays taken. Here it can be noted, for example, that of children born after a mother had German measles during pregnancy, 30% had cataracts, 50% were deaf and 10% were mentally retarded.

In addition, it is inquired whether the birth took a normal course. How long was the birth? Was it "normal" or were instruments used or perhaps was it a Cesarean? Anything unusual is questioned, e.g., the fact that the baby was born feet first or with the umbilical cord around its neck, if the baby cried well; was oxygen administered, was a blood transfusion necessary? Was the baby perhaps premature?

Here it can be mentioned that usually when a baby is born feet first, the birth is long and often there is an oxygen deficiency. Length of birth up to twenty-four hours can be considered normal if there are no complications. For example, if the umbilical cord appears first and the matter is not handled correctly, spasms can easily occur.

Also, what was the birth weight and were there any possibilities of an inadequate supply of oxygen to the brain during and shortly after birth? The parents have to be asked about the child's condition just after birth; was it perhaps a "blue" or "yellow" baby?

Particulars also have to be obtained about the child's feeding/eating during the first months of life, e.g., if he was fed by breast or bottle; if the child **sucked** well or if he could eat solid foods early. Were

there any eating problems? Also it is determined how his increase in weight progressed.

Then there is an inquiry about the child's sleeping habits, if he was whinny, "well-behaved", active or passive. It is also ascertained at what ages the milestones such as sitting, crawling, walking and talking were reached. At six to eight months the child should be able to crawl crosswise, i.e., the left leg and right arm, and the right leg and left arm are moved forward together in turn. At four to six month, he ought to be able to sit up and at the age of approximately one year, he should be able to stand and walk. Regarding his bodily movements, as such, it should be inquired whether he may have had a stooping posture or have been clumsy, and whether his movements were coordinated.

Regarding **the child's language development,** the first authentic **word** is uttered at approximately twelve to fourteen months and sentences appear at roughly two years. The parents should be questioned about the types of sentences used, whether they consist of nouns only, whether prepositions were used, etc. In addition, it must be asked whether a possible regression in language use occurred at any time. A thorough investigation of the child's language is important for obvious reasons. It has been found for instance that a child with a hearing defect initially "gurgles" and "babbles" as does any other child but that he stops doing this by twelve to fourteen months. Also, it has been found that a child who has problems **swallowing** may later show speech problems. In this connection it is mentioned that the baby, for example, presses his tongue against the upper gums when he swallows. The possibility of respiratory problems should be checked in addition to the possibility of breathing through the mouth and inadequate motor development of the speech organs.

The parents should also be questioned about the child's speech as such, for instance whether certain sounds like the "s" and "t" were omitted and how "sensitive" he seems to be to environmental noise. Has he perhaps had to struggle with ear diseases? Is there mention perhaps of deafness in the family or of family members with speech or hearing problems? What amount of interaction or exposure was there to **language landscapes**? Was the baby perhaps so **well behaved** that it was considered unnecessary to talk to or play with him? Did he have enough opportunities to hear language? Do persons outside of the home readily understand what he says?

In particular,the parents should be questioned about **illnesses** the child may have had and the orthopedagogic evaluator remains vigilant of possible indications of brain damage, symptoms of epilepsy, encephalitis, meningitis, etc. (see 216, 186).

Since excessive tension may be caused by diseases such as thyroid abnormalities, diabetes, incipient tuberculosis, hypertension, disturbances of the circulatory system, heart defects, blood diseases and infections (see 216, 186), the inquiry must cover these possibilities. If any such diseases come to light, inquiry should be made of their duration and what the medical prognosis is.

Also there is inquiry about whether there are particular family illnesses such as allergies and epilepsy and about the possible presence of chronic family illnesses. In this connection there must also be inquiry about whether he perhaps was inclined to put his clothes on wrongly, to hold books and pictures upside-down and to forget what he had to go fetch or do.

In addition, it should not be forgotten to ask about his motor coordination and movements, his body-image and body knowledge (see 77, 33-34) and if perhaps there are bodily defects.

In particular, **the child's normative becoming** is also looked at but especially in connection with exploring relationships of authority as such.

In a tactful way it needs to be determined whether this is the parents' first marriage and if the marital relationship is harmonious. If it is disharmonious or if there is some form of family disruption, its nature and source should also be determined. In the case of divorce, the underlying reasons should be identified.

Furthermore, it has to be determined how many brothers and sisters the child has and if he is the oldest, middle, youngest, etc. child. It also is important to know what name his parents, siblings and friends call him. In this regard, a nickname is particularly significant in expressing the relationship between the name giver and the child.

In particular, the conversation is directed to exploring **the child's relationships** with his parents, siblings, friends, teachers, etc.; also

with learning materials, the future, etc. This includes an exploration of all of his interpersonal relationships, attitudes in terms of behavior, trust or mistrust, love or hate, activity or passivity, friendliness or aggression, taking initiative or lacking purpose, laxness, feelings of safety, confidence, security or his anxiety, distress and uncertainty (see 43, 8; 26, 189).

Therefore, the investigator has to guide the conversation in the direction of past educative events in order to explore and evaluate the pedagogically attained level in relationship to the pedagogically attainable level.

The quality of the actualization of the fundamental pedagogic structures must be explored penetratingly. To place the parents' educative approach in perspective it is necessary that the orthopedagogic evaluator attain clarity from them about their own educative situations when they were children.

The parents should give a detailed account of the "problems" they may be experiencing with their child and then there should be an exploration of particular incidents at home, in the child's play, in school, etc.

The exercise of authority should be investigated in the family and who the real person in authority is; whether there is agreement between the parents regarding the demands they pose; if they are inconsistent with respect to their demands, commands, expectations, actions, etc.; whether they are mutually honest in their relationship as parents as a result of a natural regard for each other or whether perhaps there are signs of tension, distrust, quarrels, etc. It is determined whether obedience is demanded in terms of a sympathetic approach or by compulsion and what examples the father and mother themselves set regarding the sorts of expectations they have for their child.

Regarding the exercise of authority, there also is an exploration of possible spoiling or over-protection. Is too much expected of the child too soon, i.e., before there is adequate teaching or sufficient experience? A parent who spoils a child usually is the last one to become aware of it. It does not help to ask the parents if perhaps they spoil their child but, guided by intuition, they should be more extensively questioned about this. Good-hearted permissiveness often is an attempt to keep the child dependent. It also should be

determined to what extent the parents are in a position to go to the child's level of communication. Are their behaviors perhaps indicative of the attitude "Do as I say and not as I do?" Are threats perhaps so excessive that the parents and child know that they cannot be carried out? Do the parents agree on the limits that are set? Does the mother perhaps try to be a "compensator" for the father's strictness? Are the control and management of the parents perhaps the result of a belief that the child **must not** make mistakes, fail or waste time? Is everything that is expected of the child perhaps supervised excessively? Is he perhaps bombarded by excessive moralizing and prohibitions? Does he always clearly understand what is expected of him? Do the parents sometimes tell half-truths or even lies? Is the child perhaps confused by rationalizations such as "Don't try to make things difficult", "But you must always give in", etc.? How about the use of punishment? Is the child sometimes **ignored**? This can be viewed as the worst and least just form of punishment. How does encouragement figure in? The question is if the child accepts the demands placed on him and if his parents take into account his level of becoming; does he shows responsibility in accordance with his level of becoming and how does this relates to his religious sense?

Exploring the quality of **the child's affective guidance** is of particular importance. It is best to begin with how the parents felt when they discovered that a little one was on the way and to what degree he fulfilled their expectations regarding gender, appearance, troublesomeness, being planned for, etc. and how they now feel about his physical appearance with respect to beauty, ugliness, tallness, shortness, obesity, thinness, etc.

It should be determined whether his mother can feed her baby herself and if she doesn't do so, what the reasons are.

Signs of possible affective neglect are looked for such as rejection by the parents, excessively strong emotional ties with the child, ambivalent emotional relationships, etc.

The nature of the care of the child has to be ascertained and it has to be gauged if it gives evidence of a space that provides safety and security. Stabilizing factors in the child's life should be identified. In the case of an older child, it is important to find out whether he has his own bedroom and place of study.

The affective relationships among the child and different family members has to be explored thoroughly.

With respect to **the father** it has to be determined if the child is **unconditionally** accepted and whether he **feels** and **knows** that he is accepted. Does he sometimes sit in his father's lap? What are the nature of the limits placed on him? What things do he and his father do together? Often the father gives the assurance that he and his child do many things **together** and on further investigation this seems to be nothing more than merely being physically together. For example, if the father and the child regularly go watch rugby matches and the child is busy behind the pavilion with other children kicking a ball around or spends most of the afternoon by the ice cream vendor, this is evidence that the father does not have a good understanding of what "doing things with a child" means.

It should be inquired whether the father and child sometimes talk alone with each other and if there is talk about things that are important to the child. It also is important to gauge how the father answers the child's questions. If the only topic of conversation is the child's school achievements or failures, and if these talks are always initiated by the father, it is at best evidence that father and child talk past each other.

A further question to be asked is whether the child is given a "free hand" to accept responsibility in accordance with his level of development and is given the opportunity to show that he is capable of handling it. It is often revealing to inquire about the specific achievements the father has praised or given the child a pat on the back for during the previous months. The degree to which opportunities are created for the child to identify with his father should be examined. Is a daughter perhaps "Daddy's good little girl" and who in his eyes can do nothing wrong?

**The mother's** relationship to the child especially must be thoroughly investigated and this involves how she caresses, cares for, comforts, answers his questions, how much time they spend together and what activities are done together; the nature of her demands regarding obedience and compliance must be ascertained as well as her handling of disobedience, bad manners, etc. In the case of the working mother, information is sought about the child's care during her absence.

What her own example is regarding behaviors she expects of her child and if she is consistent regarding her requirements, demands, commands and prohibitions; whether she perhaps accompanies him to and from school, transports him to and from extra-mural activities; whether she may be over-involving herself with him by meddling too much, overprotecting, over controlling (or not controlling enough), demanding too much, rejecting, etc. It should be determined whether the child perhaps is still sleeping with his mother, to what age she bathed, fed and dressed him and whether she is granting him the opportunity to experience some displeasure and difficulties.

Also it should be asked how the mother sees her child in comparison with other children such as his brothers and sisters, cousins, and whether he perhaps is being compared unfavorably with them. Her attitude toward him as the eldest, youngest, or only child, as the only son among daughters, etc. also must be gauged.

The investigator has to try to understand the mother as a person to be able to judge to some degree how she presents herself as an identification figure. Perhaps the child identifies himself with his mother's neurotic behaviors, e.g., her nervousness, vindictiveness, her excessive use of medications.

This exploration is especially directed to disclosing the affective development of the child and the state of his emotional life regarding stability, lability or impulsivity which are related to his willingness to explore, emancipate, distance, objectify and differentiate himself (see 299, 83-115).

With reference to the child himself, inquiry should be made as to whether he exhibits symptoms such as nail-biting, asthma, enuresis which can indicate anxiety, tension, and uncertainty. Also checked are any possible traumatic experiences he has had and especially physical traumas, for example injury to body parts or psychic traumas. With reference to Erwin Straus, Lubbers emphasizes that trauma "means a 'transformation of the experiential world' and one incorrectly characterizes it in terms of the intensity of its effects. The 'effect' is not a characteristic of the trauma but is produced in the character which the person assumes as a result of the trauma" (150, 67), as is indeed true for all lived experiences "which enter the person's world" (125, 98).

A trauma means that a child experiences some shock that is of such a nature that it continues to persist with the same affective-emotional intensity. For example, a trauma can be based on a sudden shock-experience such as the unexpected death of a loved one or on a gradual shock-experience such as the successive deaths of next of kin, the gradual loss of treasured possessions. The orthopedagogic evaluator has to be intuitively attuned to detecting possible traumas.

Furthermore, the conversation has to deal with the child's relationships with brothers, sisters and other children as well as the nature of his leisure activities as seen by the parents. The question of toys should be investigated. Is he given the opportunity to make things or is everything bought for him already assembled? Does he look after his toys? Does he prefer to play alone? Does he make friends with children his own age or younger? Does he often play with friends? Are his friends allowed to come and play with him? When are they allowed to play?

Also his **gnostic-cognitive guidance** has to be explored. There is inquiry about possible indications of mental defects. Of particular importance here is the entire matter of the child's language development. There is inquiry into possible speech defects such as stuttering, lisping, poor articulation. Looked into are whether the child asks questions, what kinds of questions he asks and if they are answered adequately.

Regarding his gnostic-cognitive guidance, schooling has an important place and it is important to gauge the parents' views of the child's relationships in his school situation. Hence, data have to be obtained regarding his progress in school and the parents' expectations and support in this have to be explored.

The following are questions that ought to figure in exploring the child's **readiness for school**:

Was he eager to go to school?
Was he already "reading" picture books?
Was he proud of his cognitive achievements such as counting?
Was he able to concentrate for a reasonable length of time?
What responsibilities did he have at home?
Could he use a pair of scissors?
What chores could he carry out independently?

Could he wash and dress himself and tie his shoes?
At what age was he toilet-trained?
How obedient was he?
Did he know his names, surname and address?
Did he have friends in the neighborhood?

Regarding **his school career**, as such, concentration should be on things such as frequent changes of schools, if he has failed any grade, how he maintains himself regarding school work, friends, extra-mural activities; how he participates in the act of learning and if he shows any particular uncertainties in this regard and, if so, whether this holds only for specific subjects or across the whole spectrum of the learning event.

Moreover, his **willingness** to establish relationships, as such, in the school situation has to be thoroughly explored by, e.g., focusing on his relationships with teachers (especially liking or disliking specific ones and conflicts with them).

Also discussed are the relationships between **the parents and the child's school.** Gauged are whether there is possible disharmony between them and particular teachers; their attitudes toward the teaching profession in general; whether they have sympathy with the school; whether perhaps relationships are initiated only by the school; whether they have a "dictatorial" attitude toward the school; whether they attend parent-teacher meetings and what is discussed at them.

In addition, the parents' views of matters such as the following have to be gauged:

How do they see their child in school: as shy, self-confident, reserved, docile, rebellious, etc.? Is he a class leader or not, and how do they feel about it. Does he identify with his teachers? Is there perhaps mention of truancy, school phobia or indications of an unwillingness to go to school?

**The homework situation** also needs to be thoroughly explored. Does he have homework? Does he perhaps deny having any? How faithfully and thoroughly does he do it? Does he have an appropriate place to study? Does he follow a study schedule? Regarding homework, what is the nature of his parents' help? What

is their view of his achievements in relation to his potential? What are their future expectations for their child?

If at all possible, the child's teachers should be talked with and the above can also serve as a guideline for this conversation.

By way of the historicity conversation(s), the orthopedagogic evaluator acquires a **provisional** indication of the meanings the restrained child has attributed to the educative contents. These results are continually evaluated in terms of **pedagogic criteria** and **educative norms*** in order to acquire a provisional indication of the child's pedagogically achieved and achievable levels of becoming adult.

On the basis of these data, the orthopedagogic evaluator establishes a provisional image of the restrained child's experiential world. This includes a summary of the state of his actualizing the forms and ways of becoming adult (especially regarding his meanings as inadequate personal meanings) **and** a summary of the educative guidance he is receiving (especially regarding its inadequacies).

In the **Historicity Form** provided below as an example, particular aspects are offered in an organized way that ought to be focused on during the conversation.

## 2.3 The Historicity Form

### HISTORICITY IMAGE

### 1. General particulars

Last name and first names:
Name the child is called:
Date of birth:
Place of birth:
Date of investigation:
Age (years and months, e.g., 10:2):

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* Pedagogic criteria refer to macro-structures such as trust and authority whereas educative norms refer to the quality of their implementation on a micro level such as rejection in the case of a relationship of trust and inconsistency in the case of authority. [Footnote added by G.Y.].

School:
Name of principal:
Grade level:
Home address:
Telephone number:
Father: Initials:
Age:
Occupation:
Business address:
First marriage:
Mother: Initials
Age:
Occupation:
Business address:
First marriage:
Position of child in family (gender, name, age, school, grade level):
For example:
(F) Susan, 15:6, Academic H.S., 10th grade
(M) John, 12:7, Baywood Jr. H.S., 7th grade
(F) Anne, 6:4, Johnson elementary, 1st grade
Other members of the family:
Who has referred the child?:

## 2. Statement of the Problem

Reasons why the child is referred to the orthopedagogue:
When did the problem first become apparent?:
Any other investigations conducted:
Previous measures taken to deal with the problem:

## 3. Image of the Child's Becoming Adult

### 3.1 Physical development

Pregnancy: (mother's health, any medications, impending abortion, X-rays, German measles, etc.):
Birth: (duration, normal course, instruments, Cesarean section, position of the baby, problems with the supply of oxygen, RH-problems, "blue" or "yellow" baby, etc.)
Birth weight:
Breast-feeding up to (months):
Bottle-feeding up to (months):
Weight gain:
(Did the child suck well? When was he fed? On demand? At set times? At what age could he eat

solid foods? Any problems with eating? Problems in learning to eat? Likes and dislikes of certain foods?)

Sleeping habits:

(Crying? Bed-time: early or late? Waking time: early or late? Sleeping disturbances: nightmares, etc.?)

Toilet training:

(Its nature. Early or late compared to other children in the family?)

When did the child begin to:

Sit:

Crawl (how?):

Walk:

Play development:

(Quantity, quality and level of play):

Discovery of language:

(When commenced? Opportunities to hear the language and see related contents? How much talking to self?

To what extent was the child addressed personally and affectively?

Any speech abnormalities: stuttering, lisping, articulation? Do others understand what the child says?

Physical defects:

Illnesses:

Family illnesses:

Traumas:

Sensory perception: Vision:

Hearing:

Other:

Laterality: Hands:

Feet:

Eyes:

Ears:

Appearance: Posture:

Clothing:

Attractiveness:

Bodily forms: Excessively tall, short, fat, thin, etc., large or small hands, feet, ears, nose, hair, etc.:

Bodily movement: awkward, bent, etc.:

## 3.2 Affective becoming (development)

Helplessness:
Security:
Exploration:
Readiness to establish affective relationships:
With father:
With mother:
With other adults:
With other children:
With pets:
Self-assertive:
Withdrawing:
Guilt feelings:
Feelings of inadequacy:

## 3.3 Cognitive becoming

Opportunities for experiences:
Questions asked and answered:

## 3.4 Normative becoming

Independence (run errands, sense of duty, etc.):
Acceptance of authority:
Obedience:
Docility:
Responsibility:
Meaningfulness of own existence:
Self-evaluation and self-understanding:
Respect for human dignity:
Moral independence:
Identification with norms:
View of life:

## 3.5 Summary of the image of becoming

Affective: (Stable, labile, impulsive, uncertain, anxious, etc.):
Cognitive: (Ordered, disordered, chaotic, etc.):
Normative: (meaningful, meaningless, acts responsibly, etc.):

# 4. The Educative Event

## 4.1 Family relationships

### 4.1.1 Parent-child relationships Father-child Mother-child

(a) View of educative aim
(b) Opportunities for
togetherness and encounter
(c) Acceptance and trust
(d) Understanding
(e) Authority
    Consistent
    Demands of obedience
    Intervention
    Agreement
    Periodic separation
(f) Activities (Is there being together meaningful?)
    Attributing meaning
    Exertion (effort)
    Normativity
    Venture
    Thankfulness
    Accountability
    Hope
    Design
    Respect
    Fulfillment
    Freedom

### 4.1.2 The child's relationships with other children

Acceptance:
Doing things together or being excluded:
Compared to other children regarding
    Intelligence:
    Appearance:
    School achievements:
    Manners:
    Other achievements:

### 4.1.3 The child's relationships with other members of the family

(Grandparents, aunts, cousins, etc.):

## 4.2 School relationships

### 4.2.1 General

Age at school entry:
School readiness:

**Learning historicity**

| Year | School | Class level | Grade |
|---|---|---|---|

### 4.2.2 Learning problems

Reading:
Spelling:
Communication:
Sensory:
Other:

### 4.2.3 The meaning given to learning relationships

Parent-child relationships:
Teacher-child relationships:
Child-other children:
Child-learning task:
Child-homework assignments:
Child-extra-mural activities:

## 4.3 Other particulars

# 5. Provisional Image of the Child's Experiential World

**5.1 Inadequate meanings** (e.g., in terms of the aim structures)

## 5.2 Aspects of the psychic life underactualized

(a) **Forms of actualization**
Exploration:
Emancipation:
Distantiation:
Objectification:
Differentiation:

(b) **Modes of actualization**
Emotional life:
Intellectual (cognitive) life:
Volitional life:
Knowing life:
Behavioral life:

(c) **Defective actualization [of the modes of learning]**
Sensing: (e.g., anxiety, uncertainty, tension):
Attending: (e.g., fluctuating)
Perceiving: (e.g., inaccurate, sensory defects)
Thinking: (e.g., concrete-visual)
Imagining and fantasizing:
Remembering:

5.3 **Inadequate educative guidance**
Shortcomings in being-together and encountering:
Shortcomings in trust, understanding and authority:
Shortcomings in educative authority:
Shortcomings in educative activities:

**Distorted meanings:**

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ORTHOPEDAGOGUE

Once again it should be emphasized that the acquired historicity image is only a **provisional** image of the child's experiential world and, as such, only provides a meaningful **guideline** if confirmed or refuted by further research.