CONVERSATIONAL ASSISTANCE TO PARENTS AND YOUTHS IN ORDER TO ELIMINATE LEARNING PROBLEMS

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1. INTRODUCTION

The orthopedagogue has the task of designing a differentiated orthopedagogic plan to assist each unique child with learning problems and also to rectify the total problematic educative situation (PES) within which a child finds himself. In addition to other possibilities, there are two important forms of orthopedagogic assistance that he needs to implement as part of his plan to eliminate a child's learning problems, namely, **conversational assistance to the parents** (family therapy) and **conversational assistance to the child** (conversational pedotherapy).

It has to be kept in mind that a child with learning problems is in **educative distress**. Often his relationship with his parents is disturbed (which can be the origin of or the result of the learning problem). As a consequence, his psychic life is disturbed: he is in affective distress concerning his subjective lived-experience of his learning problems, and he attributes negative meaning to his failed learning activities as well as to everything connected with them. The problematic learning situation also is characterized by a **lack of perspective**: the child has an obscure perspective on the future as a result of his failures; his parents have a deficient educative perspective -- they do not know how to handle the situation. In addition, often the parents do not understand the lived-experiences and behaviors of their child with learning problems.

By means of conversational assistance, the orthopedagogue wants to guide the parents and the child out of this impasse in order to eliminate the child's learning problems. Essentially, this conversational help is assisting the parents and child to view facts in a different light, to interpret them differently in order to **attribute different meanings** to them. When necessary, the orthopedagogue will also re-establish communication between parents and child; he will bring them together again; he will bring about a new beginning and new progress in the child's being

educated. Here he supports the persons involved to a new, positive lived-experiencing of the problematic situation, to a changed, more favorable attunement. He does this by exploring the problem(s) in discussion sessions and by communicating new meanings in this regard to the parents and child. In this way they are helped to assimilate the problematic situation.

2. CONVERSATIONAL ASSISTANCE TO YOUTHS

What happens in this conversational therapy essentially amounts to the therapist actualizing an **educative relationship** with the child (trust, acceptance, security, authority, understanding, togetherness, identification, authenticity, empathy, etc.). In this way he re-establishes and strengthens the child's basic trust and security so that he again will be ready to **explore** with the adult. The therapist **opens and develops communication** with the child. He **supports, directs** and **guides** him in **exploring the problematic sphere together.** Thus, the child is given the opportunity to actualize what is defective in his problematic situation, namely, **communicating, exploring and expressing** his restrained psychic life. This communication and exploration occur with the help of **conversation** as a means of communication (in addition to other possibilities such as play or images [e.g., drawings] as means of communication). Thus, here the problem is **talked out.**

Also, the child deals with therapeutic materials (projective and expressive media). His expressions are encouraged, appreciated and accepted. He is lead to **verbalize** his problem. However, the problem also can remain anonymous and be indirectly explored and communicated. He is confronted with his unassimilated experiences, but now in the safe and supportive presence of the therapist. This intensive communication and exploration of the problem area(s) creates an optimal opportunity to support him in solving his problem(s).

When a child explores his problems, his disturbed lived-experiences find expression. Then the therapist communicates new, positive meanings to him. In this way, he finds a solution to his problem that he is going to implement in his daily life outside of the therapy room.

To carry on a conversation with a child or youth about his problem is a primordial activity of re-educating. The fact that educator and child mutually converse about the problem is also a primordial event. Clearly, language is a means of educating and re-educating and the conversation is viewed as the core of orthopedagogic assistance. Conversation (linguistically formulated communication) is the **over-arching form of orthopedagogic assistance**; it is the essential means of communicating in orthopedagogics and it accompanies all other forms of orthopedagogic assistance and communication. Conversation is actualized in forms such as linguistic expressions, chatting, listening, speaking, asking, clarifying, talking things out, informing, narrating, answering, explaining and interpreting.

Conversational therapy, as a form of pedotherapy, is most appropriate for youths older than 14 because in this period of life they are in a position to verbalize their problem. Where play therapy and image therapy still make use of concrete media (toys, drawings, etc.), this form of therapy has to do primarily with a conversational communication between a youth and a therapist. Thus, there is less mention of concrete means or techniques than is the case with the other forms of pedotherapy. In each unique, unpredictable conversational situation, the essentials of the orthopedagogic conversation (see below) are applicable. This clearly has to do with the spontaneity, variability, actuality, uniqueness and originality of each moment of conversation.

In implementing conversation as a form of orthopedagogic assistance, it is an **activity** in which youth and therapist participate as well as the **means** by which the problematic area is communicated and explored. The therapist implements the conversation in order to purposefully communicate and solve the problem and to this end he **plans, directs** and **leads** the conversation around the problem (methodically guided conversation).

The fact that a child or youth has a learning problem leads him to feel uncertain and insecure which throws him back on himself such that psychic conflicts arise. Of the various methods for recognizing and eliminating conflict, conversation remains the "royal road to understanding another person" (E. Ell)--thus it is the best way, the most fruitful means for understanding a youth. More critical even than understanding by means of conversation, than by directly

approaching the problem, and the advise that then might be offered is the **relationship** that arises through the conversation and the **acceptance** that releases the child from his seclusion because despite his problem he seeks peace and security. No single conversational "technique" outweighs the personal relationship actualized between a youth and a therapist.

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

(1) An orthopedagogic conversation revolves around the **quality of the communication**, namely the quality of **being-with**. Being-together is a precondition for a conversation. It is the contact within which we know we are understood. Bodily presence and/or the interchange of words are no guarantee of a true conversation; rather, it is the being-together because this means to enter together into one world, into a common world. The common world is the child's problematic situation. The most direct contact is actualized between child and therapist; the child's isolation is broken through.

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

(3) A child's **inner mystery** must be respected. Not **everything** about a child needs to be made public. Delicate facets of the PES (problematic educative situation) sometimes are best kept anonymous, e.g., by communicating them in general ways or indirectly. Then, communication has to be indirect; then, child and therapist mean more than what they say about the problem. Hence, a conversation can also be indirect communication. This communicates the mysterious, the implicit for which no words can be found. This mystery (the other's secrets) is a quality of the being-together of child and therapist. If the child knows that the deepest secrets of his heart can be discovered and exposed, he will not be ready to converse. The precondition for a conversation is the other's secrets (Van den Berg). Thus, a child or youth must not experience the conversation as a "fishing" for his secrets. It should not be expected that he merely reveal everything in a detached way. A child has difficulty expressing his disturbed emotional life. There

is an immense distance between secret experiences and expressing them (Van den Berg). Consequently, the therapist can never learn to know the child **completely**.

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

(5) The therapist has to maintain a definite **distance** between himself and the child or youth. Then he stimulates in the child a desire for subsequent encounters. This means that child and therapist should not become **too** personal and familiar with each other. There needs to be an optimal encounter while maintaining a distance (Rumke).

(6) An authentic orthopedagogic conversation is a **loving conversation** and **not a technique**. This requires a truly positive encounter, i.e., the experience of a prevailing intimacy; consequently, this encounter cannot be forced. As viewed by a child, it is and remains a gift. Forced conversation and trust lead to mistrust. It would be regrettable if the (ortho)pedagogic conversation were to be reduced to a technique. Fortunately, this is not possible since this would be a contradiction in terms. No single act of educating or re-educating can exist without love (Perquin). Thus, a good orthopedagogic conversation is no technique; it is a being-together in unselfish love. It is an educative relationship

within which therapist and youth give to each other. Therefore, a valuable conversation also cannot occur if the therapist tries to demonstrate his superiority and gives too much unsolicited and unwanted advice. The fruitfulness of the conversation grows from the soil of the trust that the youth has in the therapist as an adult. Thus, the heart must be involved in the conversation. The heart must be filled with warmth but the head must be cool.

(7) The **conversational room** should be arranged with things that appear friendly to the youth. A cozy room (wallpaper, books, pictures) says something about freedom and doesn't suggest any deficiencies with which the youth himself no doubt is filled. The conversational room also should have a personal character. Neutrality makes a youth uncertain because it can mean **anything**. Room and therapist have to form a unity within which the latter's behavior can be understood. The youth has to be able to take possession of this safe space and feel at home and relaxed there. Although he can be surprised, things should progress there as expected.

(8) The orthopedagogic conversation is neither "guidance" nor "counseling": "Guidance" runs the risk of becoming a bold intrusion; the advice given and the questions asked often are experienced by a youth as an attack on his freedom. "Counseling" usually does not relieve his distress. He is not **personally** affected in an adequate way by it. For a youth, the word should open up the possibility of a reply and should get to the core of his problem. He also is not satisfied with indirect behavior. The therapist also must approve and disapprove. The youth depends on the therapist's empathetic understanding, on him entering as completely as possible his PES, on his loving listening, but eventually things have to be clearly stated.

(9) A youth (especially an adolescent) wants to experience **freedom**. He should not be bound to the therapist and should be free to go whenever he wants. Loosening himself from the therapist has to remain a psychic possibility. Freedom means that the youth seeks a solution and not merely advice or information. He wants to know and to be responsible. He does not want to loose his freedom of action. However, he has to be guided to take personal responsibility. If he relies completely on the therapist, his personal development becomes restrained.

(10) The orthopedagogic conversation need not be limited to the conversation room. Youths like the talking together to move among issues in natural and obvious ways. Also, they will gladly talk about social, natural things by which they express their attitudes toward life. Then, opinions playfully collide, profound matters of a world- and life-view nature arise incidentally for discussion. There is no solemn conversational room session before it is necessary. This "indirect" approach especially is effective with unreflective youths and also with particularly sensitive young persons--it always offers the possibility for the way out of an awkward conversational situation and a return to a neutral conversational content. In this connection, **doing** something **together** is very meaningful; proceeding to doing something else always remains possible; by means of an activity, there is a certain distance and communication is free flowing. In and by bodily activity (e.g., writing, drawing) particular tensions also are released. By relaxing, by freeing oneself of obstacles, the way to another person is opened. **Doing** something **together** provides an outstanding opportunity for conversation to arise; it creates an educational relationship that frees the conversation from its usual deliberative character.

(11) The orthopedagogic conversation means an **orientation** for the youth: In the disturbing and chaotic human relationships of our time--and specifically in the problematic situation--a youth no longer knows his place; he is disoriented. The therapist helps him to once again take his place and hold his own among people so that he knows where he stands because involvement with others is only possible if you know where you stand, if you stand where you are in compliance with the possibilities you ought to exercise. Consequently, orthopedagogic conversation means an orientation for a youth-in-distress (to determine his own place). It is pedagogic guidance to help him re-define his own place in life; if the conversational experience clarifies his existence and views, he becomes oriented to and clear about himself, his possibilities, his future and his pedagogic situation. For a youth, this orientation means **self-affirmation**.

(12) For a youth, the orthopedagogic conversation is a **formative event**: In the conversation, he learns to think about human existence (via questions asked and answers). Here language, as a means of expression, has a liberating (talking out) role. Thus, the orthopedagogic conversation can be called a philosophical adventure and exploration. He orders his thinking and sees new

perspectives (compare lack of perspective). Thus his life is made more livable for him. He also learns to analyze and evaluate his **own activities and achievements**. In addition, he learns to know himself: his individuality, his potentialities, his identity, his behaviors, his feelings. He learns to behave in accordance with acceptable ethical norms. He is confronted with the question of whether his activities are **right or wrong**. He learns to distinguish between those norms he has been devoted to until now and those that he will or must abide by in the future. He learns to see himself as others see him. He learns to view himself as he **is** as well as how he **must be**--thus, he is made aware of the fruitful tension between **is** and **ought to be**. Finally, a youth in an orthopedagogic conversation learns to analyze and evaluate **situations** so he can take a better position toward them. The **concrete situation** is analyzed so he can know how this is done. Ordering and analyzing the situation calm and liberate him from experiencing chaos and nervousness.

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

3. CONVERSATIONAL ASSISTANCE TO PARENTS

Abolishing the PES means that a child with learning difficulties has to be helped with his distress. The precondition is that this distressful situation for the child be changed to a more adaptable, realizable and reasonable pedagogic situation. Often his learning problem is a result of educative deficiencies. The family is frequently the origin of children's learning problems. The family-in-distress is a system and constructive change and influence of one factor in the family life (the parents) often is necessary to bring about the resolution of the problem in the other factor (the child). Therefore, orthopedagogic assistance is given to the child **and** the family and is

directed to resolving the parent's inner conflicts--also to their educative problems, to disturbed relationships and to the troubled future perspective and the defective educative situation that characterize the PES. Educative influence requires an educative situation within which educator and child have such a relationship with each other that the educator is able to really influence and the educand can allow himself to be influenced. The therapist helps establish a new educative relationship, i.e., a new educative reality, and indeed the most favorable educative reality.

Often the family needs help regarding an individual psychic disturbance of one or both parents, a disturbed marital relationship, an obstructive family situation (e.g., too many children, illness, death, poverty), educational neglect, faulty educating, one or another form of deprivation, restrained communication in the family life, deficient implementation of family roles, etc. Family therapy is formative work within the family as far as educating the child with learning problems is concerned and, in particular, new possibilities are given and new ways are indicated. Thus, an important task of the therapist is to motivate parent and child to want to rectify the learning problem.

In order to create these education-enhancing circumstances it often is essential that the child's parents, as a factor in the PES, be **intensively guided and influenced** by the therapist in correcting their unpedagogic treatment of their child. By supporting, giving advice, forming, directing and providing factual, thoughtful information, the parents are guided regarding their concerns about their child-with-learning-problems so that educating can occur with greater certainty and more adequately. It has to be remembered that the learning problem leads the parents to pedagogic as well as affective uncertainty regarding their child. Thus, family therapy is correctively guiding the family to optimally educate their child so that he can attain an undisturbed personal development and an optimal level of learning.

On this matter, Dumont expresses himself as follows: The impression that difficulties always, as it were, "begin in the child" and that the solution is for the child to "undergo therapy" is incorrect. Indeed, often the point of origin of the educative difficulty lies in the unique nature of the child. However, the educative problem always remains **modified by relationships**: among family members, among child and educators, among siblings.

Problem-directed assistance, therefore, often has to be directed to **relationships**, thus to the **family** (family therapy), to the parent-child relationship (pedotherapy) and to the child and his peers (group therapy).

Eliminating tensions and difficulties primarily involves correcting interpersonal relationships within the family much more than intellectual forming or undoing behavioral deviations that are only symptoms of the damages the child has suffered. A new relationship between parent and child has to be established within which tensions can be assimilated. The **therapist** needs to present to the parents the norms regarding how a family should function if a child in the family is to be adequately educated. He has to approach the family **as an educative situation**, as an encounter among adults and not-yet-adults.

In addition to a direct-therapeutic approach, assistance to a child with learning problems must also include a general-pedagogic influencing of him in his family (indirect-therapeutic approach). The family is a child's natural life situation and his parents remain primarily responsible for educating him. In correcting the PES, often by adequate "ordinary education", e.g., through conversational therapy, a very important therapeutic influence can be exerted on the child. It is true that if the family situation cannot be favorably corrected, it is meaningless to try to help the child by means of conversational therapy.

Parents want to make possible the unrestrained personal development and optimal learning of their child; they are willing to be “serve” their child in order to help him in his becoming an adult. This desire as well as the feeling and sense of personal responsibility to help him are deeply rooted in being human. This desire is roused by his dependence on and commitment to being helped. The parent should not remain indifferent if the personal development and learning achievements of his child have gone wrong. If he doesn't know what to do with his child's learning problem(s), he becomes concerned, disturbed and unsure and he needs the help of an expert. Thus, this need for assistance is based on **educative impotence, uneasiness and confusion**. The question of how one should proceed next with this child is a pedagogic question and requires a pedagogic answer. It is a question of educative assistance and this implies that the therapist not only has to assist the parents and other educators, by giving **advise** and taking **action,** in their

educating the child but also by helping them **to be able to adequately educate him themselves.**

When a child experiences learning problems **pedagogic** action is necessary; i.e., the child has to be put in a position to live the life of a person (Langeveld). This task is primarily that of the parents. They have the responsibility for the life of their child. They must care for him and help him to become an adult. No one has the right to deprive a parent of carrying out this educative duty and task. Should this be done, parenthood is rendered meaningless and it takes away the social necessity of them taking responsibility for their actions of rearing their child (Van der Geld). Therefore, orthopedagogic assistance, and specifically family therapy, is always primarily to help the parents educate their child themselves (Langeveld).

The therapist has the essential task of guiding the parents so that they can create a favorable and consistent family, educative and learning situation for their child. Pedagogic consistency by the parents and a favorable family situation lead to a child to feel secure. Therefore, family functioning should be so ordered and directed that a child is influenced to achieve optimally. Consequently, central to family therapy is the elimination of disturbed relationships and finding a firmer, education promoting parent-child relationship.

A child's disturbed becoming adult and learning problems can be related to the personal problems of the parents that almost inevitably lead to faulty and inadequate educative relationships and activities. In addition to pedotherapeutic intervention with the child, in most cases, there is also an indication of intensive intervention with the parents. Pedotherapy with the child without this favorable effect is the same as if the educative relationship with the parents did not simultaneously change.

When serious non-pedagogical conflicts and tensions of the parents (intrapersonal conflicts) are at the basis of their child's difficulties, the therapist should refer them to a social worker, psychiatrist, marriage counselor or pastoral psychologist to alleviate or solve the conflict situation.

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

(1) The results of the investigation of the child with learning problems are conveyed to the parents. The problematic learning situation is analyzed for and with them and their own role in the origin of the learning problem is indicated. Thus, the problematic situation is clarified for them so that they acquire insight into the problem and an understanding of their child.

(2) Possibilities and difficulties regarding the elimination of all or part of the learning problem are stated.

(3) The parents' role in eliminating the learning problem is emphasized. They are shown possible facets of their educative intervention related to their child's difficulties that can be positively influenced or eliminated.

(4) Concrete-practical suggestions are made to the parents for eliminating the learning problem in light of their unique situation.

(5) Relevant cooperation of the parents is obtained in eliminating all changeable negative factors of the PES.

The concept **educator guidance** refers to a broader task of influencing than does family therapy since it often is necessary, in addition to the parents, to guide other educators of the child, e.g., teachers and youth leaders, in order to eliminate problems that might exist in the school, youth group, etc. by eliminating as many such problems as possible.