CHAPTER 9

PEDOTHERAPY: THEORETICAL FOUNDATION

1. INTRODUCTION

When a child on his way to adulthood is derailed, distressful becoming (i.e., development) arises. Then his becoming proceeds in ways other than what can be expected of him. Most children are distressed in their becoming at one time or another, but usually the parents or other educators succeed in helping them and in abolishing their distress. However, it can happen that the problem is of such a nature that both the parents and the child are caught up firmly in it and their future looks bleak; consequently, pedotherapy usually is appropriate.

Pedotherapy differs from conventional psychotherapy with children in the following respects:

* **Pedotherapy is designed specifically for helping children.** It is not merely applying to children psychotherapeutic methods and procedures developed to neutralize the psychic distress of adults. The childness of the child is recognized and highly regarded. He is not treated as a miniature adult;

* **Pedotherapy is founded on a philosophical anthropology.** The aims and the procedures of pedotherapy are accountable on the basis of the specific view of being human on which it rests. Before getting involved in the life of a fellow human being, the therapist should have a clear image of who this person is and how he can work with him in order not to violate his human dignity. Viktor Frankl (1969: viii) says, "Every school of psychotherapy has a concept of man, although this concept is not always held consciously". In the case of pedotherapy, the personological philosophical anthropology on which it is based explicitly is taken into account. This holds not only with respect to assisting the child in distress but also in dealing with the adults about the disharmonious dynamics of educating;

* **Help is provided to the parents and the child since the child always is educationally situated and has not become derailed in isolation.** Also, he cannot be helped to abandon his unacceptable behaviors in isolation. Therefore, parents and children are assisted together. But this does not mean that each session necessarily is a family session. It is individuals who are helped, parents and children, but then always in coordinated ways. This is because a child always is educationally **situated** and as such he is approached in his situation which includes his parents/educators;

* **Pedotherapy is highly structured.** Beforehand there is planning of and reflection on time, place, aims, contents and strategies. This does not mean that the course of a session can be completely specified beforehand. In his preparation, a good pedotherapist takes into account the person's unpredictability, feasible choices, and unique intentional directedness. This is what makes pedotherapy so difficult. Not only must the pedotherapist be sensitive and empathic and have a good intuition but above all he continually has to be able to think on his feet on the highest level in order quickly to digest and bring about the necessary modifications to change the situation. In conventional psychotherapy with children, usually a particular technique is chosen beforehand and maintained until the noticed symptoms disappear;

* **Pedotherapy is goal-directed.** Before providing assistance, a series of well-formulated aims is delimited. The relevance and practical attainability of these anticipated aims are evaluated according to specific pedagogic criteria. This will be discussed later in greater detail.

Because each session is designed with specific aims in mind and this assistance is preceded by a thorough evaluation of the disharmonious dynamics of educating, pedotherapy rightly is a brief procedure for providing help. On the average, a child and his parents are in therapy for twelve to sixteen sessions.

If follow-up contact is necessary, it usually is the parents who return to receive supplementary assistance. Experience shows that parents who come once to receive help return more easily for advice when they again become concerned about their child in a problematic situation. The reason for this possibly can be attributed to a loss in self-confidence on the basis of their initial experience of shock about their problematic situation or to the negative connotation or

stigma attached to seeking such help. However, if the pedotherapeutic aims are thoroughly discussed with the parents beforehand, they likely will abandon the unrealistic expectations about orthopedagogics which most parents have, namely that the therapist will either merely quickly make their situation problem-free for them, or that they have to rely on the therapist for assistance **ad infinitum**. Given the nature of the matter, such expectations are neither practicable nor desirable. The pedotherapist assists the child and his parents only until his becoming is on a level commensurate with his specific potentialities. As soon as the educative harmony is reestablished and the child's restrained becoming is eliminated, the pedotherapist is superfluous.

2. THE PEDOTHERAPEUTIC SITUATION

Disharmonious educative dynamics indicate a gap in communication between educator and child. In order to bridge this gap, specialized help usually is required of the orthopedagogician within a pedotherapeutic situation.

With the intervention of the pedotherapist, the bipolar situation of parent and child changes into a triangular one. However, the pedotherapist never replaces the parent. He does not casually engage the child in education; on the contrary, he builds a bridge between parent and child so they again are accessible to each other. He re-establishes educative communication in such a way that the parent once again can see a chance to venture into the future with his child. He creates again for both the parent and the child a future perspective by neutralizing the distressful situation.

Educating is actualized because the pedotherapist, as a full-fledged adult, assists the child in his distressful becoming in such a way that:

- his unfavorable meanings are modified;
- his restrained becoming progresses again;
- his course of becoming is accelerated so the gap or restraint is eliminated; and
- he again participates in a harmonious educative dynamic and now goes to meet the future on an ever higher level of becoming.

Therapeutic assistance given to the child is always a matter of educating. All of the fundamental-, psycho- and didactic-pedagogic

structures are implemented. In supporting the child, each of the essentials of educating appears but with a different flavor (Olivier, 1980: 128-178). Pedotherapeutic support to children is not the same as the parents' ordinary, primary educating. It also is not the same as secondary pedagogic teaching in school. Even though it appears to be different, essentially it is still authentic educating.

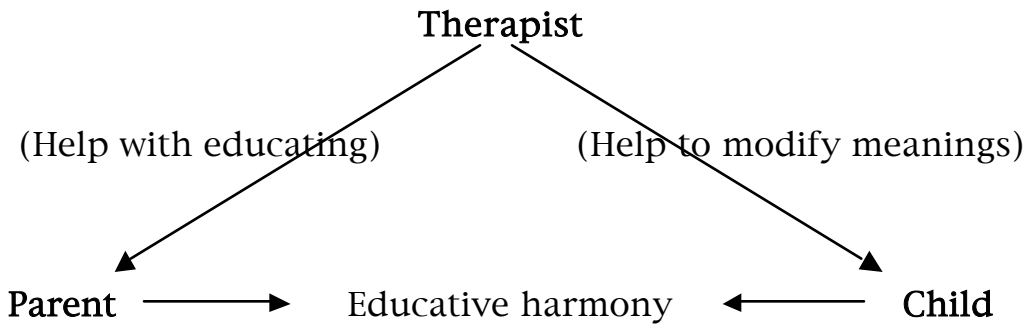
As an example, maintaining **authority** is an essential of educating. A parent maintains authority in a different way than a teacher in a classroom. The pedotherapist's authority also is used in a specific way. But in all three situations very clearly there is essential educative authority. Also consider how **trust** figures between parent and child at home and how this is expressed in school as well as how trust is manifested in the therapeutic situation. There are describable differences in their forms of appearance but essentially they remain the same phenomenon. Consequently, pedotherapy is not merely a concentrated repetition of ordinary parental education (see Pretorius, 1972: 63-79).

Because the child always is educationally situated, and thus also in his derailment, during his pedotherapy, and after therapy, the parent(s) should be involved as early as possible. Thus, pedotherapy is not merely supporting the child but at the same time it is helping the parents so they can carry out their "normal" educative tasks as they should. The parents are helped to surmount their confusing educative situation so that they again can have hope for the future of their child. Therefore, in addition to the child, pedotherapy simultaneously is **helping the parents** and other educators with the task of educating. When any form of support is pedotherapeutically offered to the adults (e.g., information or marriage counseling), ultimately this always is done in behalf of the child. The adults are helped to be better parents. If the parents' own distress involves more than this, they are referred to other professional experts.

In summary, **pedotherapy is assisting adults with educating their child at the same time that it is helping the child in an educative manner so his becoming can again be optimally actualized.**

Schematically, the pedotherapeutic event can be represented as follows:

THE PEDOTHERAPEUTIC SITUATION



From the above it is clear that nothing occurring in pedotherapy is foreign to educating. Everything that occurs must serve the educational aim of the child becoming an adequate adult. This point is relevant to the aims and procedures of pedotherapy.

Additional important matters of relevance are the nature of the relationship between the therapist and the parent as well as between the therapist and the child. When the therapist guides the "stuck" child in such a way that he can come nearer to the level of becoming adult he is capable of, this can only occur within a pedagogic situation. The therapist is a morally independent adult and the child is not yet. He is still "on the way". Thus, the therapist is responsible for supporting him in such a way that he is not harmed.

In supporting the parent, the situation is different. Here it is one adult who comes to the aid of another adult in distress. Thus, this is an andragogic and not a pedagogic relationship. Both therapist and parent are morally independent. Each carries the responsibility for his own choices. The pedotherapist can talk to the parent with authority because his authority lies in his more professional knowledge and not, as in the case of the child, in the fact that he also is responsible for the outcome of the event. A pedotherapist dare never deprive the parent of his responsibilities. He does not choose in the name of the parent, he does not fill the parents' role.

A pedotherapist assists the parent to adequate parenthood. He helps the parent and child to become more accessible to each other. He re-establishes primary educative communication so that there can be a new beginning and educating can progress once again.

Lubbers (1971) points out that this is the primary aim of child assistance, but he fails to involve the primary educator (i.e., the parent) in the event at all.

3. CHILD ANTHROPOLOGICAL GROUNDING OF PEDOTHERAPY

Since the personological philosophical anthropology underlying the practice of orthopedagogics was discussed elsewhere in this book, here reference is made only to a few facets of being a person that have particular relevance to the pedotherapist who wants to treat educative disharmony with responsibility.

The child is Dasein (being-there). He is continually present in the world as a meaning-giving being while actualizing his potentialities. He continually gives sense and meaning to the surrounding life-reality in affective, cognitive, and moral-normative ways. In these ways, he constitutes a unique "world-for-me". Some of the meanings he attributes to the contents of life are such that he holds them in **common** with all human beings. There are matters of sense and meaning that are universal for all persons, e.g., the protection of human life, mother love, respect for food. These universals, as **human meanings**, are invested with **implicit** sense. It is important for the pedotherapist to gauge the extent to which the child already understands the implicit sense of specific life contents and has integrated them into his hierarchy of values.

However, the child also gives **specific** meaning to particular contents on the basis of his cultural commitments. He does not have these cultural meanings in common with all humans but shares them only with those who have in common the same culture and system of values. For an Afrikaans speaking, Christian child, the bible will mean something other than it does for an Asian, Buddhist child. These meanings that are shared among persons of the same group, society or culture are **open** (shared) **meanings** (Lubbers, 1971: 33). The pedotherapist specifically has to search for areas of open meanings between himself and the child and/or parent in order to establish a basis for conversation. How many areas of open communication there are between therapist and client determine how favorable the possibilities are for giving assistance.

For a long time the question of whether trans-cultural assistance is possible has been considered. It cannot clearly be said that orthopedagogic assistance among persons of different races, nations

or cultures is or is not possible. This depends on the individuals involved and especially on the personal flexibility of the therapist, but above all there has to be a shared language.

The attribution of meanings that are of particular importance to the pedotherapist is the client's unique meanings, i.e., those meanings that as a unique, single, unrepeatable person he attributes to his world, i.e., those which are unique to him as an individual and not shared with others. This is referred to as the client's **personal meanings** (Lubbers, 1971:34). The therapist must try to establish how the world appears to this specific person.

Since a child's behavior is an answer to the appeal of the world as it appears for him as a unique being, in order to understand why a specific child behaves in a particular way, the therapist must take note of the unique meanings he has given to his world.

As already noted, educating indeed is assistance with attributing meaning, and pedotherapy is assistance with modifying meaning. The child's acquisition of meaning (whether favorable or unfavorable) occurs under the guidance of and in interaction with his educators. Therefore, if the altered meanings and their changed forms are to be maintained, it is very important to involve his educators in the therapeutic event.

Because the child is not yet morally independent, it cannot be expected that he be responsible for the consequences of his choices. He requires support. In the pedotherapeutic situation, the therapist's charge is to support him so he can feel secure enough to risk change. Because the therapist guides the child and takes responsibility for his becoming during the event, pedotherapy should never take a haphazard course. This is not to say that the therapist acts as a substitute parent or that he relieves the parent of his task. On the contrary, pedotherapy only can progress as it should when parent(s) and child, and all involved in the disharmonious educative event are jointly implicated in the corrected or harmonious actions.

The child as a person is intentionality and has choices at his disposal. He is never a piece of clay to be shaped by his educators. As a person, he has his own will and possibilities of choice. He always is co-responsible for his own becoming because, at least, he has a choice with respect to attitude or disposition. Because of this,

the results of pedotherapy (as of all educating) cannot be guaranteed. No one can make a child learn if he himself will not learn. At most, it can be made possible for him to learn; an appeal can be directed, but whether he is going to gain insight and acquire or modify meaning cannot be determined with certainty beforehand.

Appropriate scope must be provided in pedotherapeutic practice for awakening the child's intentionality and for allowing him to make choices and willful decisions.

The child is totality-in-function in communication with his world (see Part I of this book). Thus, the pedotherapist intervenes with the child as a totality and does not direct himself only to a few defective "functions". No pedotherapist dare concentrate only on modifying unacceptable behaviors without taking into account the fact that he is dealing with a person with his own will and conscience.

Helping to resolve learning and behavioral problems can only be accountable if the child's affective and normative attributions of meaning also are taken into account while the cognitive contents are being considered. The pedotherapist always takes into account the reality that child and body are one. He is his body and it is as body, corporeality (Buytendijk, 1951), that he has to be guided in the therapeutic event.

In the following, attention is given to the therapist's preparation for assisting the child.

4. PREPARATION FOR PEDOTHERAPY

4.1 Introduction

In most cases where **psychotherapists** work with children, the therapist's primary choice is one of technique. Depending on the school of thought of the therapist, the choice will be a particular technique. Thus, e.g., a behaviorist will choose behavior modification and a Rogerian will make use of non-directive reflection. Such a high premium is placed on technique that some therapists attribute their therapeutic success to their technical competence.

In the case of pedotherapy, such an approach is unacceptable and at best there can be an expectation of chance success. If a therapist only limits his planning and preparation to a technique, this is comparable to a traveler who limits preparation for his trip to the choice of a particular make of car. If a therapist undertakes a session by only planning his technical dexterity as his arsenal, it will remain merely a trial-and-error approach and valuable time, work, money, and opportunities for personal change and becoming will be wasted.

Pedotherapy is highly structured, purposefully planned, and orderly. It is preceded by a penetrating evaluation (see Part II of this book). Providing assistance as a whole as well as for each separate session are planned and prepared beforehand. This prevents the therapy from floundering in a morass of general chitchat or degenerating into an opportunity for practice during which the therapist merely improves his technical skills.

Many therapists complain that in spite of initial progress, the therapy soon bogs down in an impasse where the child regularly reports for sessions and during the sessions he becomes relaxed and affectively calm, but that little progress occurs regarding his blockage in everyday life. This problem can be prevented by the therapist's systematic preparation, especially with respect to the questioning and the functionalizing phases of the session (to be discussed later).

Still another general complaint is that little transfer of insight occurs from the therapeutic to the everyday situation. The client apparently arrives at insight during therapy but shows little evidence of a changed lifestyle as the result of the new meaning he gives to his situation. This problem also can be attributed to poor planning, especially regarding the choice of therapeutic content and an inadequate opportunity for functionalizing.

Inadequate **reduction of content** and poor **ordering** by the therapist can make it impossible for the child to discover the essentials of the matter and make use of their possibilities for application. Then, the exemplar presented during therapy does not offer the needed orientational beacons. Pedotherapy always is a **didactic** matter and as with any other formally established teaching opportunity, to be effective, it should be structured with an ordered sequence. The acceleration of the child's lagging becoming is a

matter of urgency and cannot be left to chance. In order to pedotherapeutically guide the "different" child in an accountable way, attention has to be given to planning--

--the aim;
--the form;
--the content; and
--the methods.

Each of these aspects is considered below.

4.2 Pedotherapeutic aim(s)

4.2.1 Introduction

The very first matter the pedotherapist has to attend to is goal setting. A clear goal/aim gives direction to all of the decisions and choices he must make in--

--designing a session;
--determining his own involvement during the session;
--evaluating each individual session as well as the help to be provided; and
--coordinating assistance to the child and help to the parents and/or family as a whole.

Four matters are relevant to setting the aim, namely:

(a) Taking stock (taking inventory)

A list needs to be compiled of the various aims that can be raised regarding the specific disharmonious educative event. Here specific consideration is given to the relevant essentials of becoming, the unique potentialities of the child, cultural and social demands, correcting restrained aspects of becoming, restoring a future-perspective and replacing inadequate meanings.

(b) Formulating the aim(s)

This occurs by carefully describing, delimiting, and unambiguously stating the aims. This is necessary for the pedotherapist to be able to avoid vague or unrealistic aims. He is compelled to be realistic and practical when formulating his aims in terms of functional

actions. Thus, he should formulate them in terms of activities for the client, e.g., what he expects the parent or child to be able to **do** after the assistance is provided. This procedure holds the danger that only those aims that can readily be formulated as activities will be considered. A useful procedure is to formulate the aims as verbs (Compare the psychopedagogic categories which also are expressed as verbs, e.g., knowing, willing, experiencing, lived-experiencing).

(c) Evaluating the relevance of the aim(s)

After the carefully expressed aims are compiled, the next step is to pedagogically evaluate them. By applying pedagogic in connection with longitudinal and cultural criteria, it is determined if a specific aim is relevant to and realistic for the specific child. In evaluating the aims, the orthopedagogue makes use of the following:

* his pedagogic knowledge of child becoming (especially the phases of becoming, e.g., exploration, emancipation);
* his knowledge of the child's own unique potentialities as revealed by the pedagogic evaluation and diagnosis; and
* his knowledge of the societal and cultural expectations of the child

In this connection, questions such as the following are relevant:

* Is it realistic to expect a particular assignment of an eight year old?
* Does this specific, unique child have the ability to do it?
* What can be expected of an eight year old living in his neighborhood, school, or community?

Once again, reference is made to the large differences in parental and societal expectations among the various sections of the population, especially in the Republic of South Africa. A White, Afrikaans speaking therapist cannot merely hold out a therapeutic aim for a Black or a Brown child without thoroughly knowing the relevant social environment within which the child has to acquire a place.

(d) Classifying the aim(s)

This entails ordering the aims in a methodical system to insure balance. As soon as the pedotherapist is busily concerned with this

preparatory step, he will find out if the aims regarding, e.g., the child's intellectual potentialities predominate and that his emotional life, perhaps, is set aside. Also perhaps, a greater balance can be brought about between short- and long-term aims.

Because eliminating the disturbing behavior or symptom is a matter of immediate urgency, the child, as someone who ultimately is on the way to full-fledged adulthood, often is lost sight of. During the classification of aims, it will quickly become apparent if the pedotherapist, perhaps, has become stuck in a rut and directs himself only to achieving an equilibrium or homeostasis.

Pedotherapy includes more than re-establishing communication between the child and his parents (see Lubbers, 1971: 86-108). A degree of accelerated becoming also needs to be present during the course of therapy, and, above all, the child has to attribute meaning to his world on a progressively higher level of becoming. Pedotherapy is not directed only to the here-and-now but also to the future.

4.2.2 With respect to the **macro-structural** classification of pedotherapeutic aims (i.e., those of relevance for all educative harmonization), the following is indicated:

* Neutralize those educative obstructions that can be;
* Put into motion the "stuck" becoming;
* Modify unfavorable meanings; and
* Re-establish primary educating (with parents).

These pedotherapeutic aims arise in **all cases** where children in distressful becoming are treated. One also can refer to these as **overarching** or **long-term aims**. They refer to what the pedotherapist would like to have attained at the end of his giving assistance.

4.2.3 To deal with a specific child whose becoming is in distress because of unique circumstances, a more refined classification of aims is necessary and, therefore, the following **micro-structural** classification is made:

4.2.3.1 Implicit aim(s)

Implicit aims are those that arise by implication during a session but which are not necessarily the main aims of that particular session. Matters such as emotional stabilization, cognitive ordering, acquiring one's own philosophy of life, and accepting the demands of propriety might be of relevance in the case of a particular child. If so, the pedotherapist selects the educative structures of relevance in the case of a unique child and formulates them as aims. The pedotherapist as orthopedagogue avails himself of all pedagogic criteria (e.g., Fundamental-, Didactic-, Psycho-, and Socio-pedagogic) in his microanalysis of an individual child's distressful situation in terms of the disharmonious educative dynamics and decides what educative categories are most relevant for harmonizing the event. Because these implicit aims arise in more than one or even all of the sessions, they are referred to as **intermediate aims.**

Since educating is a dialogic event that moves between the two poles of adult and child, both of these poles have to be taken into account when formulating aims. It would be shortsighted to pursue a particular aim during a helping session and not take the precaution that it be followed up or reinforced at school or in the family life at home. If the therapist fails to attend to this **harmonizing task**, the progress made during the session often becomes neutralized or criticized at home. Thus, the assistance given to the child needs to be coordinated with the help given to the parents. **Educative assistance** to the child must be in harmony with assisting the parents as educators. To insure that the parent's/teacher's role agrees with the child's progress, parental/teacher guidance per session needs to be planned in connection with helping the child modify meanings.

For example, as the child expresses emancipation, as an implicit aim, the essentials of emancipation need to be spelled out for the parents so they can understand this in terms of their unique child and how they should act in response to his new attitude. The pedotherapist is obligated to help the parents make interpretations such that their actions will speak to their child. If the parents do not receive this help from the therapist, they will be inclined to fall back on their old patterns of behavior or to distort the new insights to fit them into their old frame of reference. Often the parents remain firmly under the (false) impression that they adhere to the new insight and then they become discouraged and feel confused because their efforts did not bear fruit.

4.2.3.2 Explicit aims

Explicit aims refer to the immediate aims for the particular session. These aims are determined by analyzing those life contents to which the child attributes inadequate meaning. These meanings can be inadequate because they are faulty, i.e., on too low a level or because they are erroneous in terms of what is generally acceptable in the child's social environment, in terms of his phase of becoming, and in terms of his unique potentialities. It should always be kept in mind that his unacceptable behavior, be it vandalism, aggression, an eating disorder or any symptom at all, primarily is the result of his attributing "inadequate" meaning.

This matter of attributing attenuated or inadequate meaning can be illustrated with an example. If to a three year old a book means something that one merely turns its pages while looking at pretty pictures, this is acceptable. Should a book still mean the same for an intelligent thirteen year old, this is not acceptable because it is a very attenuated meaning and is on too low a level. His attribution of meaning must then be pedotherapeutically modified so his behavior with respect to the book also can change. However, should he view a book as something for making more fire (depending on the cultural context), this meaning is very inadequate.

After the diagnosis is completed, a table can be constructed of the contents to which the child attributes inadequate meanings. Each person gives meaning to--

* himself;
* other persons;
* things (concrete and abstract); and
* (If religious) one's God.

In the first place, he gives meaning with his feelings (affective lived-experiencing). He then uses his feelings as norms for determining the value and/or meaning of what he experiences. He also gives meaning with his intellectual potentialities (cognitive lived-experiencing). In this case, he applies cognitive norms as yardsticks. A person also attributes meaning with his sense of propriety as norm (moral-normative lived-experiencing).

In his differentiated diagnosis, the orthopedagogician needs to determine specifically where the problem is. It often happens that this information is not readily available after the course of diagnosis but first comes to light as the pedotherapy progresses. A wise therapist also goes through diagnostics with the client and never relies completely on his initial findings.

An example of such a meaning analysis for a nine year old girl who repeatedly ran away from home and who fought with other children at school is presented on the following page.

The problem areas that serve as targets in therapy now are clearly in view but in order to be more effective in providing assistance, the therapist must construct a second table indicating the favorable substitute meanings. At this point, the child's social situation (taboos, customs, expectations, demands of propriety, etc.) as well his own unique potentialities and limitations are taken into account. After these two tables have been constructed as completely as possible, the therapist has a comprehensive overview of the child's experiential world and which paths he should follow with the child.

Here the orthopedagogue's methods differ from other prevailing child psychotherapies where the concerns of the referring persons (usually the parent and teacher) indicate the target behavior. No pedotherapist should manipulate a child's behavior with the exclusive aim of making him more easily manageable by the parents or less disturbing in the classroom. The proper becoming of the child as a person must never be lost sight of. All of the educative essentials are actualized and the educative aim is always served (Olivier, 1980: 112-178).

Now, for each session a selection is made of one or more of these explicit aims that the therapist anticipates will be relevant. However, the therapeutic event is never so strictly structured that the child's choices, potentialities, desires, and will are misunderstood; room always is allowed for the unexpected, the fortuitous, for improvisation and surprise. For example, the therapist has anticipated as his aim the child's sense of discipline and punishment but finds that he eagerly wants to talk about his friend. With a total image of aims in view, the therapist easily can deviate from his plan and still make the session meaningful. The value of this overarching, comprehensive planning cannot be stressed enough.

The following is a table of **inadequate** meanings given by the child (9 year old girl):

	Unfavorable Meanings Given		
Content	**Affective**	**Cognitive**	**Moral-normative**
Assignments	Feels afraid she will fail	Thinks she can't succeed	Wants to be trust-worthy
Home sit'n	Feels spiritless and depressed	Knows she is surrendered	Wants to run away Home life is "worthless"
Adults	Feels a lack of pampering	Knows she falls short of expectations	Reproaches them about her own lack
Children	Longs for friendship	Doesn't know how to make friends	Will extort friendship
Father	Feels aggressive toward him	Knows him as bad tempered	Conforms to his demands out of fear
Mother	Afraid of rejection	Doesn't know how to please her	Rejects her authority
Self	Feels shame	Thinks she is dumb	Will not grow up

The following is a table of **substitute** meanings selected for this child.

	Substitute Meanings		
Content	**Affective**	**Cognitive**	**Moral-normative**
Assignments	Self-confidence	Know she can succeed	Prepared to make an effort
Home sit'n	Cheerful, secure	Understand parents' sit'n	Appreciation
Adults	Acceptance	Understands realistic limits	Obedience
Children	Self confidence in emotional relationships	Know how to interact with friends	Appreciation of others
Father	Security	Insight into his personal nature	Thankful for care
Mother	Acceptance	Insight into limits	Respect for dignity
Self	Acceptance and satisfaction	Insight into own uniqueness and place in family	Take responsibility

4.3 Form

4.3.1 Introduction

Now that the pedotherapeutic aim has been delimited, the next step is to choose the form that each individual session will take. This choice is made each time the results of the previous session are evaluated and the upcoming session is planned. In pedotherapy, two forms are distinguished, namely--

- o indirect pedotherapy; and
- o direct pedotherapy.

4.3.2 Indirect pedotherapy

This form of pedotherapy comprises an indirect way of dealing with the problematic content. This means that the content (to which the child has given inadequate meaning) does not figure in its original form of appearance but rather symbolically.

During the diagnosis or the beginning phase of providing assistance, the child has the opportunity to project. He concretizes his meanings by casting them in symbolic form (Van Niekerk, 1978: 126-140). What the child cannot directly express, he gives form in his projections. These projections can be elicited verbally, graphically (i.e., via drawings) or with play. On the basis of his knowledge (understanding) of the unique child in his unique situation, the therapist analyzes and interprets phenomenologically his projections. He determines what it is that the child really wants to say. This clarification or interpretation is never shared with the child. That would damage the relationship of trust between therapist and child because it would present him with what is painful and that is precisely what he is not able to appropriate for himself, and thus another projection, but now deprived of anonymity, is forced on him. By being present during the projection, the therapist is able to take part in attributing meaning to it--symmorphosis in Lubber's language, which means giving form (meaning) together (Lubbers, 1971: 74-76). These unique and private meanings of the child, i.e., his personal meanings, now become accessible to the therapist. Thus they become an area of open (shared) meanings between therapist and child.

For example, the therapist knows that when this child refers to the snake that lies in the grass, he really means his fear of mathematics, or that the deep abyss in the road refers to his mother's death. During indirect therapy, the therapist conducts the conversation in terms of the symbolic language chosen by the child **himself.** That is, each time the mother's death is referred to, there is talk of the abyss. Therapist and child know what is meant by this because they share the open meaning.

At this point, the therapist analyzes what is problematic in order to determine what it is that the child needs to know, feel, recognize, etc. so that he no longer feels afraid and threatened and thus so he can assimilate what he now cannot accept.

When the child assimilates something, he becomes familiar and well acquainted with it in such a way that what was strange, vague, and amorphous becomes known and clear to him. As soon as he can distance himself from and objectify it (this is indeed what occurs during projection), he can change his attitudes and attribute new meanings so he can appropriate them for himself and embed and

integrate them into his possessed experience. When this level of assimilation has taken place, he is prepared to put into words the rejected, the unacceptable, the painful, and interpretation occurs.

As soon as the child begins interpreting, the therapist also expresses the matter in words and, with this, there no longer is a need for a symbolic treatment of the matter. Then the therapy can progress more directly. Now de-projection arises in the child. This means that he no longer has the need to project.

Helping the child modify meanings via indirect therapy occurs because, at first, the child concretizes in symbolic form his personal attributions of meaning. The therapist interprets these symbols, adds new or changed meanings to them, indicates connections or places the familiar in a new perspective. The child can appropriate for himself these new meanings because he identifies himself with the symbols in which they are clothed. These meanings are plausible, accessible and not threatening to the child because they originally were his own products; they have arisen from his own personal giving meaning.

A child's inadequate meanings never can be totally eliminated. He has arrived at them on the basis of his life experiences. This cannot be erased. What can occur is that, via therapy, insights are supplemented and experiences are acquired that can place the old existing insights into a new perspective or cast new light on them so that they now appear more favorable.

During indirect therapy, the therapist and child are conversational partners. The therapist is the responsible adult who takes responsibility for the course of a session by guiding the child such that he can arrive at an adequate problem solution or insight. His role is to provide direction. However, this does **not** mean that he forces his decisions or solutions on the child. The child must choose and decide for himself. Even so, the therapist manipulates the event so that the child can reach a solution. For example, if during non-directive therapy a child makes a less than satisfactory choice, the therapist recognizes this and explores with him (still in symbolic language) the consequences of that choice. This gives him freedom to explore other alternatives with the therapist and to modify his choice or decision accordingly. The therapist has the responsibility of assuring that the child does not cause himself grief and of insuring that he ultimately makes the most acceptable

decision. Only when he experiences that it was his own decision, choice, or plan can he be in a position to be co-responsible for the choice and accept the consequences.

4.3.3 Direct Pedotherapy

The term direct pedotherapy has a double meaning. First, it refers to the form of the problematic content, namely, direct, undisguised, in the same form as it appears in everyday life reality. Thus, use is not made of indirect symbols. The problem is expressed in words and the clients concerns are explicitly acknowledged.

This therapeutic form usually is the obvious way to offer parental assistance, but also it is used liberally to assist children, e.g., during a guidance discussion, making the child ready for school, language enrichment, and giving orthodidactic assistance.

The second meaning of direct therapy refers to the role of the therapist. As in the case of indirect therapy, the therapist is responsible for the direction of the interpretations and choices the child makes under his guidance. A pedotherapist never acts without direction. To expect that a child can make morally independent decisions and accept the consequences of his choices is to misunderstand his being-a-child and to indeed surrender him to his not-yet-being-adult.

Because the therapist has the responsibility of guiding the child to a new attitude as the basis for attributing changed meanings to his situation, he must so structure the learning event to avoid unnecessary wasted time and wandering off the path.

The pedotherapist once again analyzes the problem and identifies the areas where the child's meanings fall short and what the substitute meanings should contain. He orders the course of the session in such a way that the child is given ample opportunity to choose possibilities, make willful decisions and participate as a full-fledged conversational partner. A directive therapist is not an authoritarian teacher. The child himself must discover the solution. The therapist only makes this possible for him.

Because the therapist reduces the new contents to their essentials, i.e., strips them of everything that is accidental or can be thought away (not essential), he helps the child attain a grasp of what is

fundamental. Finally, this allows the therapist to guide the child in a situation-analysis so that he can discover new relationships or perspectives. No blocked child (and few adults) can see his own involvement in a problematic situation in perspective without support and guidance. The blocked child remains stuck in his own emotional distress if he sees nothing but details. Ordering, structuring and providing direction are the tasks of the therapist.

4.3.4 The form of the course of the session

Assisting the child in modifying meanings and helping the parents must be so structured that learning can be adequately actualized. Although the course of a session does not follow a standardized form, the following phases of the course of a session can be indicated. Sometimes they overlap or they intertwine, but in the course of each session, the following should figure in:

- Orientation (Actualizing foreknowledge)

During the orientation phase, both the therapist and child have an opportunity to orient themselves to each other, to the event and to the media (e.g., tests). The therapist gauges the child's level of readiness and decides if his anticipation of the child's level of entry is correct and if he should make adjustments and adaptations regarding the proposed course of the session. He introduces the child to the media and/or procedures that are going to be followed and explains what can be expected of each of them. In succeeding sessions points of departure from the preceding sessions are sought or questions are asked in order to evaluate the results of the previous session.

If during the orientation phase it appears that the child is not ready for the session anticipated and aimed at by the therapist, he quickly makes modifications in light of his comprehensive long-term planning.

- Stating the question (problem)

The question stating phase is extremely important. The question directs a relevant appeal to the child with the aim of stimulating his intentionality and learning intention as well as directing his concentrated attending. The child is called to participate. This call can be directed to his emotional life, e.g., by making him aware of

his own negative feelings, or it can have a cognitive nature, e.g., by directing his attention to his own gaps in knowing and deficient insights. Even a moral-normative stating of the question can occur by an appeal to act according to his conscience, sense of propriety or sense of values. Also, the child's sense of justice can be addressed.

It often happens that becoming aware of the question gradually occurs during the course of the entire session. This need not be a single, verbal appeal or occur at a given specified moment. What clearly is important is that the therapist, already in his preparation, plans strategies that can put this phase into motion. The nature of the question should be connected directly to the explicit as well as implicit aims of the session. When this matter of posing questions is neglected, the child often feels the therapy is meaningless and he feels uninvolved.

- Exposition

This usually takes the greatest amount of time. During this phase, the substitute meanings as contents are analyzed, ordered, and synthesized and changes in meanings are brought about. It is important that the therapist evaluate, during the course of the exposition phase, if the relevant change in meaning occurs and if the aims are furthered. For example, the therapist should determine by observing, questioning, or giving assignments if the child has become emotionally stabilized, if he has become cognitively ordered and has established new relationships, and if he responds to the event as something meaningful. Once again, the therapist has the opportunity to change strategies if this seems necessary.

- Functionalizing

This very important phase often is left to chance. The therapist must purposefully plan how he is going to present the matter to the child so he can put to use the newly acquired, changed insights. What the child has experienced during therapy must be practiced. If this remains merely a single, detached occurrence, the existing insights and meanings hardly will be changed. The therapist has to create opportunities for putting the insights to use. These opportunities are not just limited to the therapeutic session itself. Indeed, the greatest amount of transfer of meaning and change in lifestyle occurs in the periods between sessions. The therapist must

plan for this. He needs to make it possible for the child to transform the therapeutic incident into personal experience.

This phase of the session is not only used for helping children but also for assisting the parents or other educators. Also, for each session, the parents need to be oriented, asked questions, given the opportunity to change meanings and be supported to consolidate, digest, and make use of new insights. Often it is the changed behavior of the parent that gives the child the opportunity to functionalize and become different.

4.4 Content

In his preparation, the therapist gives attention to the aim and form but also to the choice of content. The therapeutic content is determined by stating the problem in terms of unfavorable meanings in connection with the resulting behaviors. The child needs to re-confront what is problematic for him. Those life contents that initially are disabling must again be presented to him but in a controlled manner under the guidance of the therapist. From the safety of the therapeutic situation, in full knowledge of the therapist's support, the child can venture to such a re-encounter and can attribute new meaning.

It is absolutely necessary that the child realize that the therapist supports him, that he does not stand alone or is surrendered to his circumstances. The therapist will stand up for and assist the child and he, as fellow traveler, will also accept responsibility. From this safe situation, he dares to venture and again face the problematic. Here is one of the main differences between direct and indirect therapy. The pedotherapist does not allow the child to avoid the problematic and to evade the unpleasant when he wants to. But also, he is not allowed to remain plodding in his being bogged down in his stagnated becoming. The therapist directs the therapy by, among other ways, selecting and ordering the content.

By the nature of things, any human problem is complex. Often the persons involved cannot distance themselves enough to arrive at an adequate situation-analysis and problem solution. Above all, distanced, cognitive thinking often is beyond a child who has run aground. Children are inclined to manifest a "fight or flee" approach and often stagnate on a trial-and-error level. Then, typically, a few side-issues are made the main point of focus.

Without appropriate preparation with respect to content, the therapist and client can easily fall into an inadequate exploration of the content and unnecessarily end up on a dead-end street.

When the problematic content is identified, the therapist makes a careful analysis. He reduces the content to those core facts that will convey the necessary insight to the child. These essentials or core facts are called elementals. Elementals are the focal points that refer to the crux of the matter (Kruger, 1975).

During the therapeutic event, and under the guidance of the therapist, when the child learns and masters the elementals, he can apply them in general life situations as fundamentals (personally meaningful contents). He then has beacons for orienting himself. The better his grasp of reality (the concept/content), the more secure he feels and the less threatening is the unknown.

It is of cardinal importance that the content considered during a session (be it direct or indirect in form) have the value of being transferable. Rogers (1939: 345) has already pointed out that "Transfer of training is facilitated when there are many common elements [meanings--G.Y.] between the two situations". The transformation of elementals into fundamentals is at the foundation of the dynamics of pedotherapy (Olivier, 1980: 199).

The following are some criteria for evaluating the therapeutic content:

* Does it contribute to understanding the relationships and order of life reality? For example, can the child discover the relationship between cause and effect?
* Does it make sense for both therapist and child? For example, disco dancing might be valuable to the child but less so for the therapist.
* Does the therapist have command of the content? For example, can he talk with the child about pop-music or make-up?
* Does it have value in the child's cultural community? Obedient, docile behavior might be highly valued in a specific community but be despised in another.
* Does it correspond to the child's level of becoming? For example, fairy-tales might bore a teenager and frighten a toddler.
* Does it have the possibility of bringing the aim within reach? Not all conversational themes are therapeutically useful. It will be

difficult to help the child re-encounter what is threatening if he always is allowed to choose "safe" content.

* Does the content contained in the situation exceed the child's potentialities? Thus, in terms of these few examples, can the child solve other similar life problems?

Carefully reduced and refined contents provide the child with the opportunity to arrive at cognitive order which gives rise to affective stability. According to Leuner (1960: 6), this affective result from instruction is one of the most important components of therapy.

4.5 Technique

The last matter to which the therapist has to direct his attention is the choice of technique.

There is no exclusive method or technique that is unique for pedotherapy. As an orthopedagogue, the therapist considers all psychotherapeutic techniques that he can justify pedagogically. All that corresponds with fundamental pedagogic pronouncements are, within the framework of orthopedagogic assistance, used in behalf of the child in educative distress and the "different" child as well.

Now that attention has been given to the preparation for giving assistance, in the following chapter, the focus is directed to several of the most useful techniques. Of course, there is no claim to completeness because only some of the techniques generally in use are discussed.

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