

CHAPTER ONE

FOUNDATIONS OF PEDOTHERAPY

1. A historical-critical foundation of pedotherapy

"The initial consideration in understanding the relationship between phenomenology and psychotherapy is that we confront directly the work of Sigmund Freud. If we try to bypass Freud, we shall be guilty of a kind of suppression. For what Freud thought, wrote, and performed in therapy, whether we agree with it or not, permeates our whole culture, in literature and art, and in almost every other aspect of Western man's self-interpretation. Freud obviously had more influence on psychology and psychiatry than any other man in the twentieth century. Unless we confront him directly, consciously, and unflinchingly, our discussions of therapy will always hang in a vacuum". (Rollo May¹)

The history of child therapy (child analysis) began in 1906 when Sigmund Freud (1856-1939) for the first time applied psychoanalytic therapy to a young child. This is the famous case of "Little Hans" about which Freud reports in his article of that time, "Phobia of a five year old boy". Freud's help was enlisted in the treatment of Hans who suddenly began to experience excessive anxiety (e.g., nightmares) that he would lose his mother; also he developed a phobia for horses.

Freud's view mainly amounts to the fact that traumas of childhood sexuality give rise to neuroses in adults. Freud interprets Hans' anxiety and fear in terms of the Oedipus complex; i.e., his real anxiety stems from his desire to have his mother for himself. His fear of horses is really an expression of his interest in the sexual. In addition, Hans' anxiety can be attributed to infantile masturbation.

Freud introduced this oedipal situation into the lives of all children. "Long before he was born, I knew that a little Hans would come who would want his mother so much that he would fear for his father".²

Freud's analysis of little Hans is an identifiable beginning point for professional intervention with the child who finds himself in educational distress*

"Freud himself said that Hans' child neurosis is the type and model of all child neuroses. Anyone who is occupied with treating emotionally disturbed children comes to a particular moment when it is necessary to express himself regarding the treatment of little Hans. Therefore, it seems important to me to place points of criticism and agreement next to each other and also consider other methods of treatment", writes Dumont.³

Although Freud refers to "pedagogic measures" that must be used to force the patient to a new choice and although his followers also advocate a degree of "pedagogic guidance"⁴, nonetheless, Freud separates education and therapy. In contrast with Freud's view, the following is strongly emphasized: **pedotherapy is orthopedagogy** (corrective educating, re-educating) i.e., pedagogy (educating).

According to Freud, the patient must be brought to a **re-lived-experience** as a becoming aware again of unresolved conflicts from earlier childhood so that emancipating (from the conflicts) and healing are made possible. Thus, in theory and practice he is directed to his past—thus this is a retrospectively directed therapy with the aim of re-lived-experiencing directed to the past. In the present study, the author attributes a new, phenomenological meaning to the category **re-lived-experience** in the sense that pedotherapy involves supporting a child to a re-lived experiencing as a re-defining of his own situation (see below). Thus, pedotherapy, just as are other forms of therapy that rest on a phenomenological foundation, is a prospectively directed therapy with the aim of re-lived-experiencing directed to the future.

The following are presented as the four main schools or directions in therapy, each with its own variety of modified branches:

(i) The psychoanalysis of Sigmund Freud: Some of the most important followers of Freud are Adler, Stekel, Jung, Otto Rank, Ferenczy, Reich--and in more modern times Karen Horney and Harry

* The concept "educational distress" is chosen over the current "emotional disturbance" because it deals with interpsychic or relational conflicts (in the child-adult relationship as primarily a pedagogic relationship) rather than with intrapsychic conflicts.

Stack Sullivan. The most important advocates of a psychoanalytically grounded play therapy are Anna Freud and Melanie Klein;

(ii) The "Client-Centered Therapy" of Carl Rogers: His followers, especially those who have specialized in play therapy as child therapy, are Virginia Axline, Hayworth, Tausch and Tausch, Ginott, Moustakas and Allen.

(iii) The logotherapy of Viktor Frankl: Ungersma.

(iv) The Guided Daydream of Robert Desoille: J.H. van den Berg has had good success with this method while Lubbers, with his image communication, also links up with it (see Chapter Four).

In current child therapy the following four main directions, approaches or schools can be distinguished as far as working-hypotheses, methods and aims are concerned:

(i) Child therapy on a psychoanalytic foundation (Anna Freud):

Here the aim is for the child to become aware (re-lived-experience) of until now unconscious conflicts in "adjustment"--difficulties, traumas and "deviant mechanisms"--and bring them to a level appropriate for his phase of life and to where he no longer has other difficulties.

According to this method, making-aware is the core of therapy and is the key to a cure. The feelings of anxiety or guilt that can arise with this method then are solved in the situation of transference with the analyst--by identification and by "abreaction" of tension. In this way the child's conflict is eliminated.

(ii) The Jungian method (Frances Wickes):

Negative (unconscious) influences are exposed and thus the child becomes enlightened and emancipated from them. In his most fundamental relationships, the child must feel secure in order to thrive. Here the unconscious symbolism of child play is emphasized. The child is a personality in itself that must arrive at individuation.

(iii) The Non-directive method (C. Rogers and Virginia Axline):

Through a client-centered situation in the playroom, the child's difficulties are echoed and he is emancipated from them by means of reflecting his own tensions and frustrations; he then can become aware of his own possibilities and fully actualize them: a recognition of his authentic self which leads to growth, further maturation and self-actualization (fulfillment). Also, Rogers indicates how important it is for the child to feel that he is safe in his youth. This psychic growth and increased satisfaction lead to better "adjustment" in society ("socially effective citizens").

(iv) The Relationship-theory (Fr. Allen):

Here the aim of treating the child is "to help the child help himself".

Through adjusting relationships (child-therapist, child-milieu, therapist-child's milieu) self-awareness is restored. Here great value is attributed to playing out the child's problems, although verbal contact is very important.⁵

The aim here is not to give a comprehensive description and evaluation of the therapeutic methods of Freud and the initiators of the other therapeutic schools. Rather the aim is to briefly place these therapeutic approaches in an historical-critical framework in order to orient the reader regarding the nature and possibilities of a responsible pedotherapeutic method based on a phenomenological foundation; the aim also is to present a critical view of what was previously done regarding the child-in-distress, and to point out moments that will be useful in designing a phenomenological-pedotherapeutic theory and practice.

Below the approaches of Freud, Rogers and Frankl are evaluated from a pedagogic perspective while the method of Desoille is discussed in Chapter Four.

(a) The psychoanalysis of Sigmund Freud

The stream of thought of depth psychology (psychoanalysis and its various branches) is the most prominent example of a therapeutic theory that has as its foundation a naturalistically oriented anthropology. This anthropology was strongly influenced in the eighteenth and nineteenth centuries by the natural sciences; for example, Darwin's materialistic-evolutionary anthropology was a

reaction to the romantic and idealistic views of his time. In addition, this naturalistic anthropology held the following views, among others: the principle of causality (of mechanistic lawfulness) is absolutized; a person is viewed as an extension of the animal and thus of nature--he is an elevated animal form; ontogeny is viewed as an abridged and accelerated recapitulation of phylogeny; there is no difference in nature between person and animal but only a difference in degree. Thus, a person clearly is a biological being, a psychophysical or biophysical (animal) organism with no **spirit**, no conscience, no values, no religiosity. Further, Freud subscribes to a psychic determinism; psychic occurrences are (instinctually) causally determined (e.g., the causal connection past-present). This determinism nullifies the reality and meaning of being-human (Sartre). It undermines a person's sense of responsibility. Missing from Freud's view are essential modern phenomenological concepts such as encounter, openness, Mitsein (Being-with), communication, understanding, concern about another's well-being and fulfillment, authentic trust, the need and possibility to go out to another, a participation in the other, the risk that participation always has, and the need for persons to actualize their own being (Rollo May).

Finally, Freud stressed that a person is an instinct-driven* being. He views a person merely as a product of his drives and environment. For him a person has no freedom; thus he is not free to choose. The dynamic of human behaving is traced back to the simplest possible terms. Further, this rules out responsibility, morality and self-reliance as voluntary choices and leads to fatalism, pessimism or skepticism.

Freud's psychotherapy is not elaborated on here. As already stated, this is a retrospective method, i.e., the analysis is directed to ferreting out traumas in the past and thereby finding the causes of the disturbances (neuroses). These causes are always sought in the earliest years and often in one's sexual life. Freud's therapy also is directive: the therapist has to decide which contents of awareness

* Compare the following views:

Freud (psychoanalysis): The sex drive is at the root of a person's behavior (will to pleasure).

Adler (Individual psychology): Striving for power is at the root of a person's behavior (will to power).

Frankl (Existential analysis): Sense and meaning are at the root of a person's behavior (will to meaning); a person strives for the meaningful. You are responsible for your existence.

and instincts must be ousted, which satisfied (allowed) and which must be sublimated. Freud's division of the psyche into conscious, pre-conscious and unconscious is well-known as is his conception of the structure of personality (Super-ego, Ego, Id): The Super-ego censors the Ego, which confronts reality and which, in its turn, must control the Id (the seat of libido).

According to Freud, a neurosis is the collapse of the Ego, i.e., the Ego no longer succeeds in having the Id under effective control; its power of integration has weakened. Thus, a neurosis means a weakening of the Ego. An emotional disturbance or neurosis arises from the conflict between what a person **wants** to do (Id-sex drive) and what a person is **allowed** to do (Super-ego).

With his psychotherapy, Freud's aim is to strengthen the Ego so that it again can fulfill its regulating and integrating functions.

Ego-strength occurs by:

(i) Delving into the past to find the origin of the derailment--in accordance with the psychoanalytic interpretation of the past. Then an "emotional unloading" must occur, i.e., the state of anxiety must be decreased. Thus, unconscious contents must be made conscious by abolishing the event of repression and by allowing repression to occur in the reverse direction. Anxiety disappears when memories are brought to light--made conscious again (re-lived-experienced). The problem is solved by rationalizing what is in awareness (in terms of the framework of the Oedipus complex).

(ii) "Emotional" support to the patient by the therapist, e.g., by suggestions about future behaviors, acceptance, confrontation with facts that the patient must understand and accept.

(iii) Giving intellectual support, i.e., the problem is discussed rationally (talked out). Naturally this occurs with psychoanalysis as the background.

The following are the methods of psychoanalytic therapy:

(i) Obtaining a clinical history of the patient that describes his own past, problems, etc., and also about which direct questions are answered. This method is applied by nearly all schools but here it occurs and is interpreted from a psychoanalytic standpoint.

(ii) The patient expresses everything that comes to mind. Forgotten and repressed contents then are interpreted as causes of feelings, thoughts and behavior. A thorough knowledge of the patient naturally is a requirement. Here the therapist is the sympathetic listener. Free-association relieves the Ego of repressed impulses--repressed contents ultimately must be brought to the surface. This strengthens the Ego again.

(iii) Forming transference: By free-association all repressed impulses are cast back on the therapist, i.e., as it were, the patient goes into the therapist. He really charges all of his difficulties to the therapist and thus discharges them from himself. It is a transfer of one's difficulties to the therapist. Thus the patient forms an inseparable bond (dependency) with the therapist. Initially, this is a good thing. But the relationship is a transference neurosis. This relationship ultimately requires a distancing between the two. This distancing must come gradually from the patient himself. Compare the case, e.g., between a male therapist and a woman patient. The therapist must know when he should conclude the therapy.

Transference is worked out by decreasing and interrupting support and by the patient being allowed to precede more on his own. The patient is cast back to the outer world and his contact with it is re-established.

(iv) Intellectual insight into the trauma and conflict is acquired.

(v) Hypnosis: the disturbed situation is lived-experienced again.

(vi) Dream analysis: latent contents are placed against manifest contents. A dream is the fulfillment of unfulfilled desires and wishes.

(vii) Projective techniques: T.A.T., Rorschach.

(viii) Analysis of resistance: the patient draws a "blank" or is confused and offers such resistance against the contents that he wants to avoid because they are of little interest or because they are too intimate (associative blockading).

Criticism of Freud's psychoanalysis especially has come from a philosophical-anthropological perspective (Frankl) (see below),

from psychological and psychiatric perspectives (J.H. van den Berg) and from a pedagogic perspective (phenomenological pedagogues and pedotherapists).

Three examples of such evaluations of Freud's conceptions ought to be useful in orienting the reader regarding the acceptability of psychoanalysis in general and more specifically as a therapeutic method with children:

(i) J. H. van den Berg⁶

The cause of neuroses is not the instinctive past of the patient. The nature, frequency and appearance of neurotic disturbances depend on time and place. Thus, the cause of neurotic disturbances must be sought in society with its neurosis-producing factors. Neuroses are social diseases (socioses). Compare also Karen Horney regarding social causes. The most important neurosis-producing factor is **anomie** (lawlessness, disorientation). The anomic social life disorients the individual (the anomic disconnection of the spiritual sector).

Loneliness is the first symptom of contemporary neurosis--the symptom that psychologically is inseparably connected with this is **anxiety**. The psychoanalytic method of treatment belongs to the past. A characteristic of the new therapeutic conversation is to allow the patient to lived-experience (attribute meaning) differently. Compare re-lived-experiencing in a phenomenological sense with re-lived experiencing in a psychoanalytic sense. It deals with helping one find and maintain one's place among persons (compare humanization; compare the pedagogic situation as a place among persons). It involves helping one know where one stands (also pedagogically). It concerns helping one determine one's own place in life (orientation) in accordance with one's potentialities.

(ii) J. J. Dumont⁷: (refer to Hans)

All neuroses are not unresolved conflicts from early childhood years. Then what about child neuroses? The child still lives in a time within which the basis for the neurosis is laid. The idea of a child neurosis, as well as its underlying developmental psychology is derived from the psychoanalysis of adults. Dumont rejects the primary significance of sexuality as well as the role of the unconscious as primary events. The Oedipus complex is and

remains a myth. The positive side of child psychoanalysis is that the child acquires a scheme as solution. He must view his anxiety as an expression of his unconscious Oedipus complex. The strange, vague, incomprehensible, unclear anxiety (dreams) acquires a comprehensible, manageable, acceptable assimilable framework, namely, the Oedipus complex. Fear of the horse really is fear of his father. Nothing points to Hans' hate for his father, except the theory. The Oedipus view (scheme) helps bring about structure where confused feelings and drives impel, it helps by creating order, naming, indicating place and determining relations. Thus, the myth helps to give form.

"The operation of the oedipus myth is only explicable in that it structures, orders and clarifies, **but it is impossible to accept that it offers a model to define universal content.** The choice of the oedipus myth suggests these contents are universal. Science can go no farther than to determine factors, in general it can account for a particular type of disturbance in emotional or socio-relational development. **To refer to the person, in general, beforehand and point out the role conflict plays in each person is to reverse the step from mythology to science**" according to Dumont ⁸. (My emphasis).

(iii) Van Haecht⁹: (One of the most optimistically disposed regarding the encounter of phenomenology and psychoanalysis.)

There is a transition possible from psychoanalysis to phenomenology. Psychoanalysis acquires its true significance in the framework of phenomenology. The real significance of psychoanalysis is that it shows that a purely biological function such as the libido contains a whole history that necessarily must be made explicit and that is constituted by the intentional relationships of the subject to his surrounding world. From an existential view of the libido one learns to see it as a source of possible projects, as a whole of meaning creating psychic attitudes. The erotic world indeed is one of the most important levels of the life world and the analysis of such a sphere of meaning is sheer phenomenological work. In modern psychopathology one finds the same evolution in accordance with the phenomenological. There is an attempt to understand abnormal phenomena as possible structures of the human situation. These are all lived experiences that must be described in the framework of a general anthropology and that must be made explicit by the phenomenological method.

Van Haecht places the historical character of both directions of thought in the foreground--both have to do with the problematic of the historical character of being human.

Further points of criticism against Freud are the following:

(i) The anthropology (person-, world- and life-view) underlying psychoanalysis is entirely unacceptable because of its naturalistic nature. Further, it is characterized by a number of different "isms": pansexualism, determinism; rationalism (the psyche is completely understandable rationally), evolutionism, hedonism (a person has no will; his only goal is pleasure, e.g., sexual pleasure; life has no higher meaning than the pursuit of pleasure), dualism (a person is always caught in a struggle between two conflicting forces but is not free to choose). With respect to ethical and religious values, Freud holds the following view:

Conscience is the inheritor of the Oedipus complex. The only drive is the libido that strives for pleasure and aggression. Thus, he does not recognize morality or religion. For Freud, conscience is tyrannical and his notion of religion is merely traditional and exists only out of feelings of guilt and compulsions. He has no view of a Creator as a creative force or religion as a creative vision.

Also, for him no creative power exists. A person's creations are only expressions of the libido; inspiration from a higher power simply doesn't exist. Everything is merely transformation.

Finally, Freud's entire view is extremely mechanistic. Over and again he imports physiological and other natural science concepts and generally refers to mechanisms, apparatuses, energy, etc. In this connection, Ruttin¹⁰ says: "For anyone who experiences the unpleasant occurrence of neurotic ways of behaving intuitively understands that psychoanalysis in its classic form is a mechanistic doctrine. Also, Freud says that the cause of all human behavior is in the individual's past. In his view, a person reacts on the basis of an unconscious sphere of drives and is a prisoner of his "psychic apparatus" not only in his dreams".

Thus, the patient is seen as being controlled by mechanisms; the therapist then is the one who understands the technique in order to treat the mechanisms.

[In spite of the naturalistic interpretations underlying the psychoanalytic view and its initial over-emphasis of the biological-materialistic, later psychoanalysis underwent a certain "humanization" and more human categories played a greater role in practice. Thus, there is a clear contrast between this naturalistic theory and the real events in psychoanalytic practice (therapy). In real therapy, it is pretty much impossible not to include the human levels of a spiritual and existential nature (e.g., values)--Janse de Jonge].

(ii) Psychoanalysis is presumed to be a scientific method of investigation that is directed to bringing to light unconscious contents and relations but its scientific character is seriously doubted. The Oedipus complex is a myth that must be demythologized, i.e., we must allow it to be a **myth** instead of the basis for a scientific theory about the origin and treatment of child neuroses.

(iii) In psychoanalysis as a therapeutic method, the meaning of the past predominates instead of being directed to the patient's future.

(iv) Psychoanalysis involves itself with the study of the causative connections among psychic phenomena (causalism). However, little attention is paid to the personal quality of lived-experience, i.e., how the person himself represents his situation. Thus, Freud is not acquainted with phenomenology and all psychic events are viewed in a physical or physiological light. A person as a totality is overlooked by dividing up a human being's unity (atomism). In the views of the conscious and unconscious, these two "events" are separated too absolutely.

(v) The view that sexual urges, although of great importance, together with aggressive urges, underlie all actions is much too narrow. The view that a person primarily is a driven being, as the puppet of his urges and early childhood, is entirely unacceptable. Also, infantile sexuality is over-emphasized. A person's social inclinations and religious longings are not sufficiently acknowledged.

(vi) Another objection is that Freud generalizes too easily, e.g., the libido as sexual and aggression as drive is at the basis of everything; everyone goes through the Oedipus complex.

(vii) The last objection is that Freud too easily applies the abnormal to the normal. What he observes in abnormal persons he summarily uses to explain normal persons.

It is especially in evaluating Freud's ideas and methods from a pedagogic perspective that they appear to be unacceptable and unpedagogic. For example, by using the Oedipus hypothesis as a universal schema in terms of which all child neuroses must be explained and treated, he denies the unique being, the unique course of becoming and the unique (pedagogic) situation of each child.

Freud separates educating and therapy--thus he does not recognize the therapeutic situation with a child as a pedagogic one. For him the therapist is pedagogically neutral and therapy takes place in a pedagogic vacuum (De Miranda). Such a situation is a violation of child-being (De Miranda). Viewed from a pedagogical perspective, a child is always **pedagogically situated** and therefore a therapeutic involvement with him is always purposive, intentional **re-education**. For Freud, the orthopedagogic (pedagogic) moment is missing from therapy. The fundamental pedagogic structures are neither recognized nor acknowledged; i.e., pedagogic authority, understanding, encounter, engagement and intervention (approving or intervening) are not actualized in his therapy. No pedagogic categories or criteria arise. The therapist remains for the child an onlooker instead of a co-participant; the therapist does not accept pedagogic responsibility for the child.

The following important facts are misunderstood by Freud:

Pedotherapy involves an adult-child relationship that essentially is a pedagogic relationship. Educating "is an inculcation of an authentic appreciation of values, norms, authority and the cultural heritage, including a sense of what is proper".¹¹ The pedagogic aim in therapy is to support the child-in-distress so that he can reach his destination (full-fledged adulthood, responsibility, moral independence). Also, regarding the therapeutic help the child receives, the full implications of the following pedagogic question holds true: "How must the understanding educator, as an authoritative and trusting person and as representer of the norm-image of adulthood support the child by means of his association and encounter with the authority questioning child who is a

potentiality in becoming, who wants to be someone himself and who is entrusted to the educator so that he can increasingly be considered an adult?"¹²

Freud also ignores the following: the child is **spirituality**, he is a valuing being and, therefore, "the pedotherapist's intervention with the child...must be guided by a hierarchy of value preferences".¹³

Freud's errors of judgment are certainly the result of his not having at his disposal an accountable theory of the nature of a child. In psychoanalytic therapy there is too little pedagogic intervention; the therapist is too passive. In agreement with Freud, Melanie Klein purposefully avoids all pedagogic influencing and in her play therapy it is entirely in the background and she even allows the child to **lead his own life** himself.

A principle of psychoanalytic treatment is the verbalization of all unconscious material. However, this method of treatment cannot be used with a child because of his inability to verbalize. In addition, it is difficult for a young child to rationalize his problems and get insight into them precisely because of his pathic attunement to reality. Also, the child is not yet adult, not yet responsible. Thus, he cannot be thrown back on himself to help himself. He is helpless, in need of help, he seeks assistance and support. He does **not** get this help and support from the psychoanalytic approach.

Finally, psychoanalysis is too retrospectively directed. Although we cannot ignore the child's lived-experiencing in the past and thus must take it thoroughly into account, this is a one-sided way of viewing pedotherapy. Pedotherapy has to be future-directed. As pedagogue, the therapist clearly is concerned with the child's future, i.e., with his becoming adult. Therefore one should proceed not only retrospectively but also prospectively.

In spite of the above critique, still there are some important merits of Freud to be noted and they are briefly mentioned here:

He brought attention to the importance of the unconscious in general and also to early childhood. Although he did not see personality as a unity, still he referred to the mutual connections with the psyche. His work is related to the understanding psychology (of Dilthey) in that he tried to push through to a person's deepest motives and hiding places and in doing so to reveal

a person's psychic life. His determinism, although overdone, also indicates causality in the psychic life. His dynamic view of the psychic is valuable. He places the power of instinctive drives in the foreground. His great merit is that he began to exploit the importance of the Id. His pansexualism, although exaggerated, is of great importance since he shows that the sex drive plays an important role in life. The method of free-association has cathartic value. His concepts of the "mechanisms" of repression, sublimation, identification, transformation, complexes, etc. are of great value. The psychology of dreams, in particular, was helped greatly by Freud. In addition, his views also have had pedagogic implications since they have shown how hazardous conflicts can be.

(b) The "Client-Centered Therapy" of Carl Rogers¹⁴

As with all other directions in therapy, Rogers' school also is a reaction to the psychoanalytic conceptions of Freud with his interpretations, his hypothesis of compulsion, the fact that the power to grow lies on only one path, and that the child is dependent in a double sense (as the child of his parents and as the neurotic child of the therapist). Freudian therapy is directive, therapist-centered, authoritarian, domineering, controlling--external influencing where the therapist accepts the major responsibility to direct the patient's lived experiences and even daily behaviors. In contrast to this approach, Rogers' therapy is non-directive, client (child)-centered, democratic, permissive, participative--internal influencing where responsibility for personal development is placed on the client himself. It is assumed that the client (child) is in a position to solve his own problems. Therapy proceeds in a sphere of friendship, trust, acceptance and patience. The client's longing for moral responsibility (adulthood) is aroused and used. Here the client's feelings are emphasized rather than his symptoms. An outstanding characteristic of this approach is the attitude of total permissiveness on the part of the therapist.

The origin of Client-Centered Therapy (C.C.T.) is the so-called "will-therapy" of Otto Rank and the "relationship therapy" of Jessie Taft. The latter emphasizes the relationship in therapy: the client is treated permissively and may express anything; the child-therapist relationship is the basis for growth and "development".

The methods of C.C.T. briefly are the following:

In order to establish a permissive, non-directive relation, the therapist honors particular positive and negative principles. He avoids giving advice and counseling, re-assurance, persuasion, questions, interpretations, criticism. He especially tries to recognize the client's feelings or to unconditionally affirm and accept everything the client says. Sometimes he clarifies the role of therapist and client (structuring: he allows the client to know that he is accepted and that they will work together to solve the problem--there is a warm, positive attitude). Still there are re-assuring moments such as acknowledging feelings, the therapist's tone of voice, choice of words, interested facial expressions and his general attitude. The therapist avoids interpretations (suggesting a motive) of the client's behavior but suggests rather that he can give an explanation himself. The therapist does not take responsibility for the client's choice of behavior. The therapist assumes that the client is in a position to find a suitable solution to his problem. He accepts the client and responds to his feelings whether they are positive or negative and if they are about the client, his knowledge, or the therapist himself. Everything the client says is accepted; the therapist's warm and permissive attitude allow him to feel he is understood and that he is free to solve his problem in his own way.

The first conversation is usually one of catharsis (talking out; purifying; working out)--the client pours out his problem. Then the therapist structures the situation; but the client takes responsibility and arrives himself at an acceptable (for him) practical understanding of and solution to his problems. Where the client initially gives very negative expressions, gradually positive attitudes toward particular situations arise along with an increase in insight (e.g., into his own childhood, his own being a person). The client recognizes that the essential event is finding a solution and choosing to take (or not) these necessary steps. Then he chooses particular activities that must lead to the solution of his problem and tries them out (tentative testing). After a real change he feels ready to deal with most of his problems on his own initiative. Then the treatment is ended.

Regular, fixed sessions are planned--one or two per week. Extra conversations are prohibited in order to avoid over-dependence. The therapist-client relationship is professional and business-like (non-affective), although it is warm and understanding.

As a theoretical foundation for his therapy, Rogers stresses the following four basic premises:

- (i) The individual has at his disposal motivation for growth, health and "adaptation";
- (ii) C.C.T. emphasizes the "emotional" side of the "adaptation" rather than the intellectual;
- (iii) The method is directed to the immediate situation rather than to the "emotional" situations from childhood;
- (iv) The therapeutic relationship is itself a growth-experience.

Rogers emphasizes the client's subjective lived-experiences in the situation. He subscribes to a theory of personality based on 19 postulates that briefly amount to the following:

Each individual exists in a continuously changing experiential world of which he is the center; he reacts as a totality to it since he experiences it as reality. His basic strivings are to actualize, maintain and enhance himself. His behavior is directed to this goal. Emotions accompany and give rise to this behavior. The basis for understanding behavior is the internal frame of reference of the individual himself. Part of the experiential world is gradually differentiated into the self. The structure of the self is formed through interaction with the environment and others--an organized pattern of characteristics, relationships and values of the I. Experiences are organized in a particular relationship to the self. Behavior is usually congruent with the concept of self and follows the experiences and needs of the self. Psychic maladjustment exists when individual, particular experiences are not organized into the whole of the self-structure--then a basic or potential psychic tension arises. Psychic adjustment exists when the self-concept is such that all of a person's individual experiences can be assimilated in relationship to it. Unassimilated experiences are perceived as a threat. This leads to a rigid organization of the self-structure in order for him to maintain himself. With the absence of threat, the self-structure can be revised to assimilate all sorts of lived experiences. As all lived experiences are organized into an integrated system, the individual is viewed and accepted more, in contrast to others, as a separate individual. This event includes a continual change in his value-system.

This method usually succeeds best with students: they are intelligent, not too emotionally bonded to a family, they have maturity without rigidity, are free from excessive environmental limitations and want self help. It also is useful with marital problems, vocational guidance, parent-child problems (with play therapy), emotional problems of normal persons and mild psychoneurosis. It is less successful with persons of low intelligence and persons older than fifty. The client must be able to verbalize and not be too dependent.¹⁵

Thus, according to the view of C.C.T., the child must solve his problems on his own initiative by getting a grip on his feelings because he becomes aware of them, not as symbols or expressions of hidden motives but as attitudes, attunements and "behavioral fixations". The therapist is the friendly, understanding mirror that the child holds in front of himself. Thus he helps only as a partner and tries to grasp and understand the child's feelings; he tries to disengage his own attunement and view and experience the world of the child through the eyes of the child.

A first point of criticism regarding Rogers' therapy is that of Dumont.¹⁶ For him, this involves the question: what is "neurotic" regarding children? As the authors of the non-directive method state, their method only works with non-structural, functional, emotional disturbances that must be viewed as learned behaviors to be unlearned. (Also, the problem must not be too serious and the method works best with educative difficulties that almost go away by themselves--Dumont). Dumont¹⁷ also notes the following:

"Also here once again, just as with psychoanalysis, the to be treated disturbance is defined from the therapeutic possibilities. As we study the numerous case descriptions of Axline, Hayworth and Moustakas and notice which categories are excluded by Tausch, we get the impression that the group [of categories] from which non-directive therapy gets its direction is rather small. The idea of the frustrated, traumatized, emotionally neglected, restrained neurotic child is one construction of one theory that states that to open, unlock and unblock the restrained emotional development is the exclusive definition of therapy. In practice we especially see restless, tense, aggressive, disturbed concentration, superficial, extrovert, learning difficult, educationally difficult, labile, chaotic, structurally poor and moderately intelligent children mostly on the

basis of slight functional neurological disturbances. There seems to be an inverse relationship between the amount of literature on the neurotic child and the frequency of its occurrence in children. In my opinion, non-directive psychotherapy reflects this discrepancy".

As we evaluate further Rogers' views and therapeutic attitude against the background of the image of a child that we in modern pedagogics have, and against the background of the fundamental pedagogic structures,¹⁸ the following objections hold:

(i) The child on his laborious road of becoming cannot solve his own problems.* For this, he has a need for just this help in becoming (as education) from an adult. C.C.T. over-estimates and exaggerates the child's potentiality to solve his own problems, to himself make choices and decisions. That is, he cannot assume responsibility for his own personal development--he is not-yet responsible.

He is not yet in a position to interpret his own lived experiences and behaviors (as affectively disturbed, he is too pathically flooded and as a child, in each case, is too pathically attuned); he cannot yet arrive at insights into his own problems.

(ii) The permissive, non-directive, democratic attitude that characterizes the therapy of Rogers is pedagogically unacceptable. In his educational distress, he does not want to be treated in a non-directive way. He needs the adult to **direct** his lived experiences and behaviors and in doing so direct him **normatively**. In C.C.T. the pedagogic relationship of trust is absolutized while the pedagogic relationship of authority is altogether not actualized. It is indeed a requirement that acceptance, tolerance, participation, affirmation, friendliness, trust and indulgence be actualized in the pedagogic, but then the complementary side consisting in the educative content, i.e., the exercise and acceptance of authority, cannot be ignored. The child's need for guidance, accompaniment, approval and disapproval, but especially his need for consistent, sympathetic, authoritative guidance is overlooked by the Rogerian attitude.

(iii) In non-directive therapy the normative also does not appear; minimum limits are set while the absence of constraints,

* This "do-it-yourself" as well as permissive attitude is, naturally, American oriented.

prescriptions, suggestions, pressure, correcting, disapproval, interference, etc. prevail. Rogers' aim is to accept **everything** the child does, all of his expressions irrespective of their level or nature and "to leave the major responsibility in the hands of the child". In this way, especially the pedagogic aim structure of **norm identification** is lost sight of.

(iv) Rogers overlooks the problematic pedagogic situation of the child-in-distress. How can the child solve his own problems when the unpedagogic deeds and neglect of his educators have given rise to them?

(v) The child-centered therapist wants to create for the child an optimal "opportunity for development". Therefore, therapy occurs in a sphere of freedom where the child feels that here he can and may do everything, that here he "can be himself". Therefore, the therapist sits to one side with a distanced attitude and takes notes. The therapist is **by** but not **with** the child.

Being-by each other (pedagogic association) does not progress to being-with each other (pedagogic encounter).¹⁹ Thus, pedagogic association clearly is actualized but pedagogic encounter as well as pedagogic engagement are not. Further, Rogers wants to avoid the child's dependency on the therapist and he wants to keep the therapeutic relationship business-like; both are aims that are not to be actualized in therapy with a child.

(vi) According to Snyder²⁰ a requirement for success with this method is that the client be intelligent, that he not be affectively attached, that he be "mature", free from excessive environmental limitations. In addition, he must be able to verbalize and not be too dependent.

A comparison of these demands with the child's potentialities and situation lead to the conclusion that not much success can be expected with this method.

(vii) Rogers' psychology has a naturalistic-evolutionary orientation; among other things his choice of concepts is an indication of this, e.g., growth, adaptation, organism, reaction, behavior (as an attempt to satisfy needs), organization, assimilation, process.

Dumont²¹ offers the following excellent summary of the whole matter:

The aim is the **real growth** of the person (see Moustakas: **Existential Child Therapy**). The existential definitely does not lie in the relationship between therapist and child. The framework of educator-educand falls away and there is no mention of an educative situation or of an analogue of the educative situation that is foundational for child therapy. But yet another positive characteristic is also missing here because the adult deals with the child from what is an incomprehensible distance for the child and engagement is lacking. This distance indeed is a therapeutic moment in C.C.T. but this view of therapy cannot serve as a model for educating (as a condensed and concentrated educating).

The child himself arrives at clarity and equilibrium with difficulty; he makes difficult choices and decisions. To elevate his wanting-to-become-someone-himself is incomplete (from a fundamental pedagogic view). A tolerant educational attitude is optimistic and humane-idealistic. The non-directive attitude clearly recognizes the pedagogue. Acceptance, tolerance, participation, affirmation all are facets of an educational attitude that the pedagogue and orthopedagogue have to actualize. However, this attitude is only one facet of the therapeutic attitude that is required regarding children.

As a method, C.C.T. is appropriate for a very small group of children. As an attitude it is only manageable in child therapy and more broadly in orthopedagogics if it is supplemented and accompanied by other equally important aspects, according to Dumont.

Although it certainly contains some meritorious aspects, the author strongly rejects the non-directive approach and states that orthopedagogic caution must be used against attempts to import this method into the terrain of educating.

(c) **The existential-analysis and logotherapy of V. Frankl²²**

"All therapies have a philosophy, but few are so explicit in their relation to a philosophic view of the world as is existential analysis" (W. van Dusen).

Under the titles, "From psychotherapy to logotherapy" and "From psychoanalysis to existential-analysis", Frankl begins his "general existential-analysis" with the following statements: Psychotherapy in psychoanalysis aims to make psychic contents conscious. In contrast, logotherapy wants to make a person conscious of his **spiritual contents**; especially he will be **made conscious of his responsibility**. Logotherapy is psychotherapy "of the spiritual"--existential-analysis is psychotherapy of the spiritual, of responsibility-consciousness.²³

Frankl grounds his logotherapy in the following anthropological formulations: Being-human means being-aware and being-responsible²⁴; one finds one's calling and fulfills it, and in this way one finds and fulfills oneself²⁵; a person is morally accountable--he can choose freely and he can act responsibly.²⁶ Frankl holds the view that because the therapist is continually confronted with world-view problems (especially the question of the meaning of life), he has the basic right to also exercise a spiritual (and not only a psychological) influence in his treatment.²⁷ Traditional psychotherapy is inadequate with regard to spiritual problems. Logotherapy points the way to inner freedom and also to a person's lot. It aims to "educate" a person to an awareness of his being-responsible, by which he then can also still give meaning to his difficult life and content.²⁸

In his objection to the **isms** that characterize a naturalistic anthropology as well as to Freud's psychoanalysis, Frankl formulated his personological anthropology, i.e., his three-dimensional ontological structure of being a person. Where Freud views a person as a psycho-physical (thus two-dimensional), instinctively driven being, and where the person is depersonalized by his atomism and anatomism, Frankl views a person as a somatic-psychic-spiritual being. For him, being-human means being-a-person; the personal core is the spiritual unconscious and here resides one's responsibility, conscience, religiosity, values, choices, decisions (some in opposition to drives), freedom, the ethical, the erotic, sense of guilt, self-consciousness--it is the I that decides, that is not driven by drives but that strives for the meaningful, that will fulfill its calling, that can responsibly choose and act. This spiritual-unconscious (spiritual dimension) is the real driving and guiding force behind all of a person's acts and restraints.

In his logotherapy, Frankl explicitly brings up the matter of life values. His philosophy of the meaning of life, of death, of suffering, of work and of love²⁹ is very valuable for anyone involved in a situation of existential distress. According to Frankl, the person's **attunement** (e.g., to values) with respect to his lot is very important because one often cannot do much about one's lot but the healing and liberating come from the spirit because the person has arrived at the desired attunement. Instead of analyzing the person, Frankl rather understands the person in his distress and he is able to do this on the basis of his own experience of suffering.

The merit of Frankl's modes of being lies in the fact that his anthropology (with points of criticism) is very acceptable to pedagogics in general (as indicated by Dienelt³⁰ and Schoeman³¹ among others) as well as in the possibility of logotherapeutic moments in pedotherapy (as especially noted by Nel.³² See the section in Chapter Two titled "Logotherapeutic moments in pedotherapy"). Specifically, this has to do with educating and re-educating the child by guiding him to a meaningful life, a forming of will and conscience, to choices, to obedience, to the acquisition of freedom, etc. The child has to be made aware of his responsibility and of his calling--also of his own task, that a person has obligations and not only rights and privileges.

It is correct that the therapist must not just sit back and let the child go his own way but that he must understand the child and intervene in his becoming and introduce norms--he must teach the child values. He has to help him assimilate and accept his lot, his defect, his own problematic situation*. Frankl states directly that this intervention, this help and guidance can only occur through an encounter with the child in need of help.

However, the assertion that logotherapy with children is pedotherapy (as stated by, among others, Nel³³ and Faure³⁴) is not pedagogically grounded. Logotherapeutic moments are not readily achieved with the pathically flooded child-in-distress. Although such logotherapeutic moments indeed can be actualized (especially with an older child in conversational therapy), pedotherapy implies

* It is this **assimilation** and **acceptance** that the author equates, in the present work, with **re-lived-experiencing** as re-defining, as giving new, different, positive sense and meaning. Logos means **sense** (meaning); logotherapy thus means a therapeutic working through the attribution of sense and meaning.

much more than merely logotherapy with a child, and pedotherapy is an entirely different, special form of treatment. Frankl has treated adults exclusively (anxiety and compulsion neurosis) and, therefore, his logotherapy and "medical ministry" are especially directed to the derailed and neurotic adult and his problems. The logotherapeutic situation is primarily a relationship between two responsible adults. Compare this with the pedotherapeutic situation as a pedagogic situation where a morally independent, responsible adult encounters a not-yet morally independent, not-yet responsible child.

The basis of logotherapy is Frankl's theory of existential-analysis and not the pedagogic situation as indeed is the case with pedotherapy. If we agree that logotherapy with children is pedotherapy, there is the risk that we will design a pedotherapy that merely is an applied child logotherapy where the existential-analytic and logotherapeutic technique are simply applied to the treatment of the child-in-distress.

In addition, it cannot be expected that the child becoming adult can freely and responsibly choose or **independently** tackle the problem of existential meaning (as this influences his own life, distress and potentialities)--as logotherapy demands of a person.³⁵ Also, with his pathic attunement, the child still is not in a position to understand, grasp and see the deeper meaning of life. Much higher life-values are not yet achievable by him.

As far as his anthropology is concerned, Frankl tends to fall into a dimensionalism with his view of three "dimensions" of a person. It is not only the spiritual dimension that exists and activates a person. He does not **have** three dimensions, he **is** one being (an existential totality).

Frankl separates, e.g., the spiritual core from the psychic (e.g., drives) ways of being human. The author contends that spirituality "acts" throughout the psychic life. A person's values and feelings are not tied only to the spiritual dimension. (Compare Max Scheler's value modalities: the values of sensory feelings; of bodily and vital feelings, of mental feelings; and of spiritual feelings). The meaning of all educating is not to awaken and form the spiritual dimension (the spiritual, existential "center"), as is asserted following Frankl. What then of bodily (physical) educating?

Ungersma³⁶ further states the following logotherapeutic demand: "...the traveler must make his own **choice**, for he travels alone". This demand cannot hold with respect to a child. On the one hand, pedagogics clearly says that initially choices are made **for** the child, later choices are made **with** him so that still later he is able **himself** to choose. On the other hand, it is emphasized that the child does not travel **alone** on his way to adulthood. The feeling is that in logotherapy his treatment does not follow his state of becoming. Consequently, it seems that there is little if any mention of the need for pedagogic authority in the logotherapeutic situation.

Thus, it seems that logotherapy as a therapeutic method with children sets its demands too high especially for the young child and, therefore, it is not an appropriate form of treatment for the child-in-distress. Nowhere in the current logotherapeutic and pedagogic literature is it shown how, in particular, the meaning of life, etc. precisely are logotherapeutically awakened in the child.

Some merits as well as a number of points of criticism can be made regarding each of above three schools of therapy, but a common and conspicuous objection to them is that all are based on a theory of treatment and not on the pedagogic situation so that not one meets this primary requirement for an accountable pedotherapy. Therefore, if we take any one of these three as the basis for designing a pedotherapeutic theory and practice, our pedotherapy will merely amount to an applied child-analysis, child-centered therapy or logotherapy.

2. Child anthropology as a foundation of pedotherapy

The pedotherapeutic event, as a particular pedagogic event, is exclusively an interpersonal or anthropological event and, therefore, the foundation of an accountable pedotherapy must also lie in an acceptable child anthropology. The problems of pedagogics and pedotherapy can only be solved if these disciplines rest on the foundation of a child-image that is in agreement with the nature of a child.

"All therapies have a philosophy..." (W. van Dusen). Therapeutic theory and practice are always strongly influenced by philosophical tendencies and the anthropology from which they have sprung. Also, this theoretical investigation implies a view of a person (child) and if this is not explicated now, the reader will be left to decide

from what perspective the author views a person (child). Therefore, here there is a distinction especially between a naturalistic anthropology (that essentially is mechanistic, biologicistic, behavioristic, deterministic, etc.) and a modern philosophical-anthropology (that is more personological in nature).

According to a naturalistic anthropology, a person is merely a psycho-physical being or organism who reacts to stimuli; he is merely an extension of the animal (and thus of nature); he is bound to mechanistic and biological laws to which he is subjected and causally determined. As a result of this nihilistic line of thought, human existence is viewed as the expression of being **surrendered** [to nature] (it is a closed human image).

Further, a naturalistic anthropology provides a predetermined person-image and definitive statistical interpretations and explanations of human existence; it aims at inferring ready-made fundamental definitions of a person from a categorical conceptual system--thus, it aims at an unchanging ontology of a person. This naturalistic anthropology, as traditional anthropology, **does not yet see the essence of being-human (existence)**. Also, entirely unacceptable is this anthropology's linking up with the dualistic-substantialistic view of a person (separation between psyche and body) and the resulting monisms as views of persons where the psyche is absolutized (spiritualism) or the body is absolutized (materialism).

According to the mechanistic view of this anthropology a person is an extremely complicated apparatus, a functioning instrumentarium that receives stimuli and reacts; his "behavior" is the product of "psychisms", i.e., of the functional whole of mechanisms and processes. The psychic apparatuses function lawfully; the preconditions (laws) of this functioning can only be ferreted out. If we had a complete blueprint of this machinery, then all human "behavior" could be predicted. Drives, motives and the unconscious function mechanistically to reduce tension. Psychic "processes" are causally bound to each other.³⁷

In the light of this naturalistic person-image, education (and thus also therapy) is viewed as an extremely mechanistic-behaviorist event. According to B. F. Skinner³⁸, e.g., educating is merely a question of "behavioral engineering": desirable characteristics are **trained in**, learned; undesirable characteristics are **trained out**,

unlearned. Human behavior must be determined and controlled from the outside. Then we can train a person to be "happy, informed, skillful, well-behaved, and productive". Skinner does not recognize, e.g., the idea of religious or moral tension. A person does not need to do something himself either for his daily bread or for his moral and other perfection. It is merely a question of scientific conditioning. Virtues such as "self-control" or "personal responsibility" are neglected.

Noordham³⁹ summarizes this person-image as follows: "The anthropological image becomes strongly reduced to its natural scientific, technical and measurable aspect. All sorts of forms of living such as religion, concepts such as self-learning, striving for a better life, working on yourself, conscientious decisions and personal choice are pushed overboard. When if any method of conditioning is used and if a person-image is accepted that arises in this way, perhaps a person begins to exist as a being without essences".

As a result of the above person-image, a number of therapeutic approaches have arisen that are mechanistic and behaviorist in nature and that are based on learning, the development of habits, reinforcement by rewards and repetition as a means of learning new behavior, conditioning, etc. This mechanistic line of thought leaves little room for spontaneity and personal freedom (the reverse of quantifiability and predictability). Also drives and processes are overemphasized in therapy.

A good example of such a therapeutic method currently popular and in general use is so-called behavioral therapy or "behavior modification". Accordingly, therapeutic methods and techniques that are based on learning experiments with persons and animals are used to eliminate undesired, "non-adaptive" behavior. Behavior therapy then essentially is nothing more than applied learning psychology.

Often these methods amount to simple "tricks". With this therapeutic practice the child's wanting-to-be-someone as well as his human dignity are overlooked since in superficial, mechanistic, behaviorist ways it is attempted to get the child to learn or unlearn a particular behavior--similar to the conditioning of animals. Problems that are addressed with these methods are, e.g., adjusting appearances and modifying symptoms.

Instead of the therapist in each unique therapeutic situation allowing himself to be guided by his pedagogic intuition, the behavioral therapist continually surrenders the child to particular therapeutic techniques, methods, programs, procedures, recipes, prescriptions, schemes, models, manipulations, planning, strategies, "tools, tricks, tasks", etc. An example of such a behavioral therapy is the so-called structuring treatment of Redl and Winemann. Other advocates of the "modification of behavior" approach are, e.g., Eysenck, Krasner and Ullmann, Dupont, Engeln, Gelber and Meyer, Heiner (Netherlands), Neale--and too many more to mention!

Other approaches that overlook the child in his being-human, in his human dignity, in his uniqueness and in his wanting-to-be-someone are the following: programmed instruction, psychoeducational processes (e.g., Hollister, Goldstein), group therapy (e.g., Slavson, Ginott), conversational groups ((e.g., R.C. Anderson), process theory (e.g., Rogers), deconditioning (e.g., Lazarus), re-educative program (Redl), life space interview (Redl), educational engineering (Hewett), operant techniques, desensitization methods (Wolpe), therapy based on learning theories (Ross), etc.

"The child-in-distress wants to be someone himself. This means that also in the pedotherapeutic conversational situation, he must be given the opportunity to be different from others. Thus, all recipe-like behavior with him must be avoided and this means that the possibilities of an encounter between pedotherapist and child-in-distress must be free from fancifully constructed and artificial theories", writes Landman.⁴⁰

In contrast to the above naturalistic anthropology (that, e.g., is the foundation of the approaches of Freud and Rogers), the author subscribes to a philosophical anthropology.

Philosophical anthropology is a field of philosophizing whose object of study is being-human **in his totality in relationship to his world** (Bollnow). Additionally, it is described as a radical and total reflection on the **humanness** of a person--a search for what it is that makes a person a person. It is an accountable vision of a person on a phenomenological basis that views a person as a somatic-psychic-spiritual being (thus also a moral being) and that, as an always provisional person-image, views a person as definable without end, unfathomable--as an **open question**, as never

complete. A person also is founder and shaper of the world in which he lives and resides; his existence is viewed as **openness**; he is not something with characteristics but is an initiator of relationships (Buytendijk).

This **open person-image** sees ever new possibilities in a person as openness; rather than seeking a conclusive answer to the question regarding being a person, it keeps open the discourse about the essence of a person. The bases for this phenomenological anthropology are the phenomena and actions of the person **himself**.

Philosophical anthropology originated in the existential conflicts of modern times, thus also in existential philosophy. Accordingly, a person is a unique individual who can make **choices** and be accountable for them; human existence is existence-in-freedom; a person **exists** and thus self-actualizes himself.

Phenomenological anthropology also includes the **personological image of a person** with its fundamental concepts: person, intentionality, existence, being-in-the-world (Dasein), being-in-the-world with others (Mitsein). Accordingly, being human is viewed as **being-a-person**; a person is not bound to nature and driven by instincts (in the same way that an animal is). Here categories are used that call into existence the humanness of a person and that emphasize the **radical difference** between a person and any organism. This being-different is indicated by the word **spirit**. A person is not a **thing** and must not be studied as if he were. His behaviors and lived-experiences must not be viewed as causality but rather as intentionality. Phenomenological anthropology understands a person from the meaning of his situations and world. He notices that there is an **indissoluble relatedness** between person and world. Thus, in place of a causal-explanatory (quantitative) method he subscribes to an understanding (qualitative) method.

Phenomenological anthropology views a person not merely as a psycho-physical being or organism; a person is a somatic-psychic-spiritual totality-in-communication-with-his-world; he is a conscious being, a self-conscious being; a being with historicity; with a sense of values, with a sense of guilt, with a conscience; he is an existential being which refers to his possibility to step outside of himself and in doing so to actualize himself.

Ruttin⁴¹ supplements this personological person-image as follows:

The **person** is the subject of all of his doings; his words and deeds portray him and form the material from which we come to know better the behaving person himself. His life history is a continuous succession of actions that he carries out himself. His psychic life cannot be subsumed under absolutely valid laws. The subject's lived-experiences and behaviors are a result of his relation to the situations he finds himself in. Much of his lived-experiences and behaviors cannot be studied under laboratory conditions (under the demands of objectivity and exactness).

Here we have to do with the subjective moment, the personal, the subject-body; the portrait of human personality is a personal self-determination, writes Ruttin.⁴²

The human being is a person: an animal only **lives**, a person lives and **lived-experiences**: he gives an account of himself.⁴³ A person, who also knows despair, responsibility and guilt must discover his place in the world; he also can give of himself without losing himself. A child must actualize himself in terms of preferred norms (life examples).

Where until recently all communication between persons was described with concepts from the world of technique (e.g., contact) now it involves (and also in the present phenomenological child anthropology) a personal **encounter** that precisely underlines the humanness of communication.⁴⁴

The following briefly summarized person-image that, according to Noordam⁴⁵, holds for educating in general also clearly holds more specifically for pedotherapy:

The person's (child's) exceptional position is emphasized. If a person is to accomplish his task well, then he must be free from all instinctive and vital drives: only the non-anxious, non-neurotic person properly deals with things and plays with the world. This non-anxiety is a result of firm (but not coercive!) guidance during youth that provides security and safety. Learning, intelligence, language and sexuality always are human for a person and are not exactly comparable to those of an animal.

Only a person can think about himself, give an account of himself and give answers to the typical questions arising within human existence. He is a rational and moral being, he lives in a community, he has the task of forming himself; he occupies a special place in the midst of other beings: he is without essences. A person is indeed rooted in nature but acquires his stature in culture. Therefore, he must be educated to a particular adulthood, according to Noordam.⁴⁶

Further, brief reference is made to the modern anthropological views of Buytendijk and Langeveld about children and youth. According to Buytendijk, in his **exceptional position**, a person has no milieu but rather a situation that simultaneously is a **gift** and a **task**; therefore, his dialogic response is not a "reaction" but a "creative achievement". A person continually discovers new values and gives new meaning. This is not so with animals. Youthful movement expresses that child and young persons face things pathically; adults stand gnostically, more matter-of-fact in life, they also are more stable.⁴⁷

Langeveld⁴⁸ means by the concept "development" of the child that his becoming and changing are in the direction of adulthood. This does not include only physical growth but also the acquisition of moral maturity. It is more than merely growing or maturing. It also includes the fact that the child makes something of himself, he develops and changes himself. "I become bigger" does not mean only that his body becomes longer, but it means that something new arises: additional **meaning is given** to the world. Langeveld emphasizes this unique **giving form (giving meaning)** by the child. (On the significance of Langeveld's moments of becoming for pedotherapy, see section 5 below).

Thus, the author chooses an anthropology that views the child as a dynamic and dialectic being, as openness, and as always (pedagogically) situated with the potentiality to **become different through attributing meaning**. It is this modern philosophical anthropology that must serve as the foundation for designing an accountable pedotherapy.

3. Fundamental pedagogics as a foundation of pedotherapy

A pedotherapeutic situation always implies a particular pedagogic situation and pedotherapeutic influence is possible only through a

pedagogic encounter. The foundation for pedotherapy cannot be one or another theory of treatment but only the pedagogic situation. Therefore, it follows that the particular part-discipline of the pedagogic situation that concerns itself with uncovering fundamental pedagogic structures, namely, fundamental pedagogics, is foundational to pedotherapy.

If we state that pedotherapy is re-educating, is pedagogy, then, e.g., fundamental pedagogic structures (analyses of the essentials of the phenomenon educating) also hold for pedotherapy and the pedotherapeutic situation.

According to Landman⁴⁹ therapeutic action can only be typified as pedagogically permissible and accountable if it is characterized by, among other things:

(i) the establishment of a pedagogic relationship of understanding, trust and authority in authentic ways;

(ii) the flourishing of the pedagogic association to an encounter and the maximal use of educative and re-educative moments that become visible in this encounter;

(iii) attaining the educational aims, namely, pedotherapeutically lead the child back onto his path to adulthood followed by further pedagogic guidance to adulthood; and

(iv) implementing some basic pedagogical principles. Thus, fundamental pedagogical structures have to be actualized in pedotherapy.

Further, Dumont's⁵⁰ view of the relationship between educating and therapy is insightful: Educating is not only a re-opening of (psychoanalysis) or a reliance on reservations addressed (non-directive methods) but also providing possibilities and showing the way. Therapy is not something accomplished outside of educating, in a separate place, at a particular time, free from the life situation, sometimes in contrast to the life situation.

"In the therapeutic event one finds nothing not found in educating. Concepts such as tolerance, affirmation, stimulation, structuring, suggesting, directing, etc. are applied as much in an educational situation as in a therapeutic one. The difference is that in a

therapeutic situation they occur in a different manner--more explicitly, more intensely, more emphatically, more completely or more precisely, more verbally or concretely but always as a sort of concentration, 'as in a high-pressure-chamber'" as Redl says. Thus, it is a concentrated educating or, in other words, educating itself is therapeutic: orthopedagogic.

"They emphasize the points of difference between the relation educating-child therapy. Some even speak of an exclusive relation, generally realizing too little what educating is and seeing it as something secondary to development although it is evident that only educating makes what abstractly is understood as development possible" says Dumont.

"In practice trust in the child's power of growth, trust in his making-his-own-possibilities and acceptance of the actual level of each moment are one whole and this also makes it possible to realistically **help** [the child] to **progress further**" (my emphasis).

Child psychotherapy and orthopedagogics are not two alternative, exclusive modes of treatment conceivable apart from each other. The concept **therapy** is only acceptable as a concentrated, condensed form of pedagogically founded treatment. Also, it is decidedly wrong to allow the content of therapy to clash with what in pedagogics is viewed as the pole of allowing growth. As an analogy of pedagogics and orthopedagogics, therapy can assume all forms that lie between this pole and that of giving guidance. Just as little as therapy can be identified with the one, orthopedagogics can be identified with the other pole. Also, such a representation of matters does not do justice to the reality of educating and to difficulties in educating, according to Dumont.⁵¹

In connection with the above relationship between educating and therapy, Langeveld⁵² observes the following: Therapy is re-educating. Therapy only has meaning on the basis of an already incorrectly laid educating. Therapy does not **create** what is offered in and through educating, namely, the fundamental emotional basis for participating in the life of a person himself. Thus, therapy fails not only, e.g., because of the incompetence of the therapist or because the therapist and therapy are rejected as unacceptable but also when it, in a strict sense, elevates nothing. Here a complete surrender of the therapist to the child is desired by which he in fact becomes for the child the fully loving companion-in-distress (= the

father, the mother), and hence therapy is **pure educating**. In each morally acceptable relationship between adults and children is the seed of the educational relationship. (Thus also in an accountable pedotherapeutic relationship--the author).

Since the **fundamental pedagogic structures** mentioned above and their actualization (adequate or not) are useful and have significance for pedotherapy, these structures are presented briefly in terms of Landman's⁵³ phenomenological analysis of the pedagogic situation along with a description of each moment with which the actualization of these structures is correlated.

(a) THE PEDAGOGIC RELATIONSHIP STRUCTURE

(i) The pedagogic relationship of trust

Two preconditions for the child's trust in the adult are that the adult **accept** him (as a child--as he is; and as what he can, must, will, ought to become--an adult), and that the adult shows respect for his **dignity as a child**. Actualizing this relationship of trust is what makes the child ready to **explore** along with as well as apart from the adults. A conflict in trust leads to the child's insecurity and uncertainty that give rise to his not wanting to explore. Also, he has to be accepted in **love** before he will experience security (Langeveld: the lived-experience of security is only present when love is shown). Also, he must be **lovingly cared** for before he will explore with security. ("Love and care are basic, their absence has disastrous consequences"⁵⁴).

Other important moments here are interest, protection, support, readiness to care, sympathy (feeling-with), sociality (we-ness), stable affective relations (bondings), emotional security (emotional, pathic rest) of the child, safety, understanding, confidence, one-ness. (One-ness and safety are present in love; loneliness and insecurity arise from anxiety--Carp). Further, the parent must allow the child to carry responsibility--thus, show trust in the child. The child must experience that he is welcome, that he is at-home with his parents, that he is received there; that his parents take care of him. With the inadequate implementation of this relationship, the child can become traumatized by a defect in love and care. With a defect in trust, he cannot share his anxiety with his parents and therefore he becomes a pedotherapeutic problem.

(ii) The pedagogic relationship of understanding

The educator must **know** the child (his nature and his destination); he must show an **understanding** about and a **conception** of him. Often parents have their own conception of a **child** to which their wishes, expectations, demands and norms are attuned. Their view is that of an idealized, normal child to which their own difficult to educate child corresponds hardly of all. This gives rise to pedagogic and affective uncertainty in the parents so that their child also lived experiences uncertainty; in addition, the fact is that he is a child who is not understood (see below).

Only accurate knowledge of the conditions for physical development, psychic becoming and spiritual unfolding in the various periods of a child's life put us in a position to give support to him. This protects us from discouraging the child by demands that are too high and allows us to create the preconditions for a sphere of security and loving interest, according to Muller-Eckhard.⁵⁵

(iii) The pedagogic relationship of authority

A child has a need for consistent, sympathetic authoritative guidance. This authoritative guidance must be stable and not labile or impulsive. Such authoritative guidance especially provides the child with normative confidence, certainty, security. In addition, this relationship implies moments such as setting limits, making demands, prohibiting, exemplifying norms and values, as well as moments such as disciplining, routinizing, ordering, guiding.

(b) THE PEDAGOGIC SEQUENCE STRUCTURE

(i) **Pedagogic association:** Educator and child are **by** each other. Through the one-ness and we-ness that arises, the child feels safe (from loneliness and insecurity).

(ii) **Pedagogic encounter:** Here educator and child are **with** each other; they enter each other's experiential world. Here **we-ness** means that there is a [shared] world between them. It is only through this pedagogic encounter that pedagogic influencing is possible.

(iii) Pedagogic engagement: This points to the responsibility-for-relationship of educator as well as educand. Here they are for each other.

(iv) Pedagogic intervention: This can take the form of pedagogic corrective action (disapproval, punishment, prohibit) as well as pedagogic approval (allow, praise, prize, accept).

(v) Return to pedagogic association: Here the child can again be himself, he can peacefully assimilate the educator's intervention with him so that by giving meaning he can grasp what is held before him.

(vi) Periodic breaking away: Here a breaking away from the pedagogic association and encounter occur, i.e., child and educator temporarily withdraw themselves from each others presence. Thus, the pedagogic sequence includes moments of encounter, breaking away and encounter again. This periodic breaking away implies that the educator gradually makes himself superfluous to the child--this is practice so that complete (pedagogic) separation will one day be possible.

(c) THE PEDAGOGIC AIM STRUCTURE

The following aim structure is directed to the child's future and destination (adulthood):

- (i) Meaningfulness of existence.
- (ii) Self-judgment and self-understanding.
- (iii) Respect for human dignity.
- (iv) Morally independent choosing and acting.
- (v) Responsibility.
- (vi) Norm identification.
- (vii) Outlook on life (philosophy of life)

(d) THE PEDAGOGICAL CATEGORIES AND CRITERIA

The following are possible pedagogical categories (means of thought) that also can be used as criteria for evaluating the educator's activities:

- (i) Explore-with-the-other.
- (ii) Thankfulness-for-security.

- (iii) Responsibility-for-relationships.
- (iv) Hope-for-the-future.
- (v) Task-of-designing-potentialities.
- (vi) Fulfilling-destination (adulthood).
- (vii) Respect-for-dignity.
- (viii) Task-of-self-understanding.
- (ix) Freedom-to-responsibility.

In an accountable pedotherapy, the pedagogic relationship, sequence and aim structures must thus be actualized. The pedagogic categories are expressions of what is essential for a pedotherapeutic event; the pedagogic criteria must be applied to evaluate the therapeutic activities of the pedotherapist.

For the sake of designing a pedotherapy on a pedagogical foundation, in the present study:

(i) the **pedagogic relationship structure** is viewed as the **precondition** for the pedotherapeutic event;

(ii) the **pedagogic sequence structure** is seen as being equivalent to the **course** of the pedotherapeutic event;

(iii) the **pedagogic aim structure** is considered to provide some **criteria for evaluating** the pedotherapeutic event.

These essentials of pedotherapy are described in more detail in Chapter Three.

4. Psychopedagogics as a foundation for pedotherapy

Pedotherapy clearly has to do with the essential question: In terms of **lived-experience**, what happens when the adult's attempts to educate fail because the fundamental structure is actualized in inadequate ways or not at all and when, through re-educating, the child is brought to the desired attunement? For an answer to this question it is essential that yet another part-perspective that has lived-experience as its fundamental category (basic, fundamental concept) serve as a foundation for pedotherapy⁵⁶, namely, psychopedagogics. Psychopedagogics has as its area of study the convergence of the course of a child's becoming and the guidance of that becoming. For this part-discipline, the central question is about

lived-experience and a pedagogic account of child lived-experience need to be provided but will not be done here in detail. In this regard the reader is referred to some recent literature.⁶⁰ Here a brief indication of the place of the concept lived-experience in psychopedagogics, a definition of lived-experience and some of its distinctions will suffice:

All psychic life, all conscious life, all psychic factualities are reduced to two basic psychic phenomena (basic states), namely, feelings (pathic lived-experiences) and thoughts (gnostic lived-experiences); these two are reduced to a general, aggregate concept and collective fundamental form, namely, lived-experience.⁶¹ In light of this, **lived-experience** is a fundamental category of psychopedagogics.

As a fundamental form and aggregate concept, lived-experience is briefly defined as follows: **Lived-experience is the personal** (pathic-gnostic-normative-conative striving), **intentional** (sense-giving, sense-taking, taking a position, meaning-giving) **continuous activity of being-aware of reality.**⁶²

Moments of lived-experiencing that must be emphasized here, especially regarding the psychic event in pedotherapy, are those of **giving sense***, **giving meaning**** and **attunement** (taking up a position). It is through his lived-experiences (as giving sense and meaning) that the child-in-distress must acquire a grasp of reality (e.g., by attributing a meaning other than anxiety to a situation). The child's becoming different is actualized by giving sense and meaning. This view has important implications for pedotherapy and it is in this light that the following is strongly emphasized: this study is not concerned with a behavioral therapy or an emphasis of the child's behaviors since his disturbed behaviors usually are the results or symptoms of his disturbed lived-experiences. Therapy directed to the child's behaviors (e.g., "modification of behavior") often implies merely the treatment of symptoms and devotes much time to removing symptoms or "adjusting appearances". (Compare, e.g., the problem of bed-wetting). Our concern in the therapeutic event clearly is the psychic aspect or, in other words, a focus on

* Compare Husserl's pronouncement: Intentionality is essentially an act of **giving sense**.

** Compare Linschoten's pronouncement: lived-experience is a **meaning-giving activity**.

moments of lived-experience as psychic moments in the pedotherapeutic situation.

Further distinctions are those among pathic, gnostic and normative moments of lived-experience: The pathic moment is the emotional moment (affective, subjective, sensing); the gnostic moment is the knowing moment (cognitive, objective, perceiving, thinking, etc.). Feelings and thoughts are two basic psychic phenomena, i.e., a person is always primarily either pathically or gnostically directed (attuned) to reality. Pathic lived-experience is the necessary origin, the pre-formed field for gnostic lived-experience. In order to really know, to order, to think, to grasp, the child must loosen himself from his subjective sensing and distance himself to a more gnostic level (self-distancing).

The child manifests a pathic disposition or habitual pathic attunement when his lived-experiencing is predominantly pathic, when he habitually (usually) is subjectively-affectively attuned to reality. Naturally, the opposite of this is a gnostic disposition.

It needs to be emphasized that a pathic disposition is a continuing aspect of gnostic lived-experiencing or of a knowing directedness and that a gnostic disposition always is emotional.

Because pathic lived-experiencing is the first and primordial aspect of lived-experiencing, one cannot expect anything other than a pathic disposition with a little child (e.g., infant, toddler, preschooler). With an older child (from approximately 9 years) as well as with a puber, adolescent and adult a gnostic disposition is expected. However, with serious and long-lasting affective disorders, as well as whenever there is pathic flooding of the gnostic, the child continues to cling to his pathic disposition and does not distance himself to a gnostic disposition.

Lived-experiencing originally is pathic but in moments when there is an appeal to do something (e.g., moments of actualizing intelligence), the child has to be able to leap from emotional lived-experiencing to a knowing directedness, he must be able to progress from the pathic to the gnostic. Clearly, the child's becoming takes place in terms of a progression from a pathic to a gnostic disposition. (From a child's way of lived-experiencing to an adult's way).

Additionally, it must be stressed that in the experiential world there is no separation between pathic and gnostic moments, as if reality in one moment can be lived-experienced either only pathically or purely gnostically. (Compare the empiricist's separation of "thought" and "feeling"). The indication of pathic and gnostic moments is only a distinction for the sake of scientific clarity. Pathic and gnostic are viewed here as an inseparable, coupled event; as a position, as content and as an activity, lived-experiencing (pathic and gnostic) forms a unity.

The concepts pathic or pathic-gnostic lived-experience thus refer to moments of lived-experience that are predominantly pathic but that most decidedly also have a gnostic side, however, slight this might be. Similarly, the concepts gnostic or gnostic-pathic lived-experience refer to lived-experiences that are actualized primarily gnostically but that at the same time these lived-experiences are also emotional.

Further, reference is made briefly to the matter of normative lived-experience:

As an intentional lived-experienced event, all giving of sense and meaning, position taking and change (to a world-for-me) occur in terms of particular norms and values. Therefore, each moment of lived-experience also is an existential or axiological moment. Every lived-experience is thus at the same time a lived-experience of values.

Consequently, the concern here is with the sense and meaning the child's lived-experiences have for him, with his lived-experiences of sense, meaning and values. Hence, his experiential world also has to be viewed as a world of sense, meaning and values.

Also, the unity between pathic and gnostic lived-experiencing, on the one hand, and normative lived-experiencing on the other hand, cannot be stressed enough; in other word, on all levels of lived-experiencing (pathic and gnostic) there is normative lived-experiencing.

Finally, reference is to the possibility that with respect to the categories of lived-experience, a number of psychopedagogic criteria can be designed for evaluating the child's lived-experiences in the pedotherapeutic event, e.g., to evaluate the pedagogic

permissibility of the pedotherapist's intervention with the child.⁶³ (See Chapter Three in this connection).

5. The psychology of becoming as a foundation of pedotherapy

For a penetration of what, in terms of lived-experience, gives rise to a child's derailment and what has to be lived-experienced in pedotherapy, it is essential that the principles of becoming as set forth by Langeveld⁶⁴ in his **Ontwikkelingspsychologie** be used as a foundation of pedotherapy.

According to Langeveld⁶⁵, educating a child is more than merely "feeding and protecting" if he ever will prosper as a person. Also, the child has a need for a certain loving pampering and if this is deficient, then his becoming occurs in unfavorable ways. His helplessness is not rectified merely by physical care. He has a need for something more, namely to **lived-experience safety**. This experience of safety is only present in manifestations of love. That the child is not hungry, thirsty, cold or agitated is **not a** sufficient response to what he needs for his becoming, writes Langeveld.⁶⁶

Thus, Langeveld⁶⁷ views the following four moments of becoming as essentials or principles of the child's psychic development:

- (i) the **biological** moment;
- (ii) the moment of **helplessness**;
- (iii) the moment of **safety and security** ("safe security");
- (iv) the moment of **exploration** (reconnoitering) **and emancipation** (becoming free).

The ways in which these moments are actualized amounts, briefly, to the following:

(i) The **biological moment**: This principle is the driving force of life in general and is encountered on the vital level (See however the moment of bodily lived-experience). Thus, biological defects, deficiencies, deviations or limitations (e.g., blindness, brain-damage, epilepsy) strike the child in his entire becoming and direct a strong and particular appeal to the adult for his supplementary help and support. Under this aspect, Langeveld understands particularly the child's physical growth and development--his physical health, care

feeding, clothing, lodging. Although this is a biological given, it has extremely important implications for the pedagogic.

(ii) The **moment of helplessness**: Because of the extreme helplessness of the child, he is dependent on the help, support and care of the adult as educator. It is precisely this helplessness that makes educating necessary and directs an appeal to the educator to provide loving care. Thus, the child also experiences this helplessness as a need for loving care.

Biological short-comings, poor emotional care or inadequate physical care give rise to the child experiencing a stronger helplessness since he then cannot "conquer" this moment of helplessness. The educator helps the child by supporting him to accept and assimilate his biological deficiencies through sufficient loving physical care.

If the child does not receive this help and loving care, he remains stuck in the vital-pathic and he becomes restrained in his development. If he does receive this help, he overcomes his helplessness. This gives him the impetus to flourish further since he now has at his disposal sufficient safety, security, confidence, tranquility and satisfaction and consequently he experiences no unnecessary tensions and anxieties.

(iii) The **moment of safety and security**: If the child is unable to overcome his helplessness, he will feel himself to be so unsafe and insecure that he will not fully explore his world; he will not fully venture into his world. Thus, he will also lag behind in his total becoming. Namely, a child must have a background of safety from which he can explore what is for him an unfamiliar and unsafe world, since his active going out to the world means for him that he exposes himself to uncertainty; i.e., he ventures himself and he longs for a safe place to which he can return whenever he is threatened by helplessness and insecurity.

The safe child thus **ventures** because he **feels** safe, i.e., he has to **be affectively ready** to participate in the world; the child who experiences safety goes out to his world to fully **explore** (reconnoiter) and discover it. Thus, the pathic provides a preformed field for exploration. In this exploration, the child constitutes his own world and attributes his own sense and meaning to it and transforms it into his own unique life world.

(iv) The **moments of exploration and emancipation**: The child's intentionality is reflected in this principle. If he is impaired in the above three moments, i.e., if he is **biologically** lacking, feels excessively **helpless** and **insecure**, his exploration of his world will stagnate and this will restrain and derail him on his way to adulthood. Then he does not become **emancipated** to full-fledged adulthood and independence. Thus, the moment of emancipation is embedded in the moment of exploration which implies that the educand is someone who also wants to be someone himself. This involves the child exploring his world and emancipating himself; thus, it is a matter of self-actualizing and self-realization. Essentially, emancipation means setting free or actualizing the child's potentialities.

The question that arises now is how can the child in his helplessness venture out of his state of security in order to acquire all sorts of new experiences by which he creates the possibility of experiencing a state of insecurity again? As far as his safety and security are concerned, he always turns back to them because in going out to the world frustration and failure are possible. Why does he leave his safe place, expose himself to insecurity and venture into the unfamiliar? The answer lies precisely in the above-mentioned moment of emancipation: the child is a being who **wants to be someone himself**.

In the following it is indicated how the first three moments, i.e., the biological, helplessness and safety are predominantly lived-experienced pathically by the child although these **pathic** lived-experiences also have a knowing side for him. On the other hand, the moments of exploration and emancipation are viewed as moments that, although affective, are predominantly lived-experienced **gnostically**.

The biological moment is, as a moment of bodily lived-experiencing, clearly a moment of vital-pathic lived-experiencing. The lovingness, emotional richness and emotional warmth with which the child's care is paired are lived-experienced by him on a vital-pathic level. It is his **body** that is cared for, pampered, caressed and coddled and this is pleasing in a vital-pathic sense. The child's lived-experience of helplessness also is a pathic lived-experience. He **feels** helpless. He lived-experiences this (especially pathic) helplessness as a need for loving care, and thus as an affective need for pathic support.

When these two moments are conquered, the child feels safe, secure and certain (once again an affective intention) and he is ready, especially in an emotional sense, to explore his world. Sonnekus calls this an affective readiness to participate. The child is affectively ready to intelligently explore, to go out to and explore his world cognitively. Thus, his lived-experience of a safe space is a pathic.

Now, when he explores his world, clearly there is a knowing directedness. Although an affective activity, his exploration of the world is seen as a knowing or intellectual breaking through and thus is especially lived-experienced gnostically. Also, his emancipation can be viewed in terms of becoming, always as an emancipation to a higher (gnostic) level of lived-experiencing. Emancipation, as a setting free, and as the child's actualization of potentialities of lived-experiencing, is a unitary pathic-gnostic event.

The "conquering" of the biological moment and the moment of helplessness by feelings of safety and security and by progressing to moments of exploration and emancipation imply a distancing from pathic to gnostic moments of lived-experiencing. In other words, this is a progression from a feeling way of lived-experiencing (biological moment, moment of **feeling** helpless, moments of **feeling** safe and secure) to a knowing directedness (exploration as a **re-connoitering**, and emancipation as a **knowing** on a continually higher gnostic level).

If the first two moments are not overcome, the child lived-experiences a strong helplessness; he lived-experiences himself as insecure and uncertain as well as anxious and tense. This means pathic lived-experiences that then **overflow** into his knowing directedness. He remains stuck on a vital-pathic level of lived-experiencing, and his exploration and emancipation stagnate along with his total psychic-spiritual becoming. The resulting phenomenon of infantilization indicates that his lived-experiences appear too childlike (infantile) in comparison with the expected level of pathic lived-experiencing for his age, and hence there is mention of infantile lived-experiences.

The concept **infantile lived-experience** indicates that the child cannot make the leap from emotional lived-experiencing to the gnostic, that he cannot distance himself from the pathic to the

gnostic. Infantile lived-experience thus indicates a pathic imprisonment or a habitual pathic disposition as a consequence of needless, excessive feelings of helplessness, insecurity, uncertainty and anxiety.

As this study progresses, it will become clear what the implications of these moments of becoming are for the educational neglect of the child as well for the pedotherapeutic adjustment of the disturbed lived-experience image of the child-in-distress.

6. Orthopedagogic foundation of pedotherapy

Orthopedagogics is the scientific domain at the foundation of pedotherapy. Pedotherapy is always orthopedagogics (re-educating, corrective educating).

Nel and Sonnekus⁶⁸ describe orthopedagogics as that aspect of pedagogics that tries to re-educate the child with somatic, psychic or spiritual (or also somatic-psychic-spiritual) deviations by specialized, corrective pedagogic measures with the aim of reaching his attainable level of adulthood.

Vliagenthart's⁶⁹ definition of orthopedagogics briefly amounts to the following: Orthopedagogics is the science whose object is to educate children with serious impediments in the course of educating.

Dumont⁷⁰ notes the following regarding orthopedagogics and therapy: The object of orthopedagogics is to educate aggressive, asocial, restrained, insecure, nervous, anxious, behaviorally disturbed impulsive children. Before the existence of orthopedagogics, these children were treated from a psychotherapeutic perspective in the form of institutionalized care for children difficult to educate which was strongly influenced by the existing psychotherapeutic schools, so strongly that the foundations of practical work were influenced by this. This influence is even more strongly demonstrable where the concern for the child difficult to educate has directly initiated the therapeutic task.

"Thus, it seems that before orthopedagogics, a significant inventory of a great number of treatment models existed. Often they made explicit the background and medium of the practice of providing

treatment. At the same time, from an orthopedagogic standpoint, these treatment models should be carefully and critically studied: which of them offers a theory for educating the emotionally disturbed child? In the light of conceptions of therapy, often one model is chosen over orthopedagogics, sometimes because of the therapeutic school it expresses", writes Dumont.⁷¹

(In the present study, the author has tried to meet the demand stated here, that the existing models of treatment be carefully and critically investigated from an orthopedagogical, i.e., pedagogical, perspective).

Orthopedagogics directs itself to the child's pedagogically **distressful situation** and to his **disturbed lived-experiences and behaviors** in their relation to this situation. It also aims at breaking through this distressful situation by "adjusting" the child's disturbed lived-experiences and behaviors (through pedotherapy).

In the orthopedagogic field of work, that includes orthopedagogic theory and practice (diagnostics and giving help), three central categories are distinguished:

(i) The central category in **orthopedagogic theory** is **being-different**, namely, a **lived-experience of self as being-different***: Vliegthart⁷² states that the being-different of all children found in the orthopedagogic field of work is a fundamental given. With all of these children, a lived-experience of oneself as being different is evident. The essence of this is a self devaluation⁷⁴, a subjective lived-experiencing of the deviation as something that makes one inferior to those around one.⁷⁵ These children are **different** and this changes the educative situation; often the educators have difficulty being attuned to and understanding (the pedagogic meaning of) this "**difference**". These children lived-experience **differently**. They lived-experience themselves as **different**, their world as **different**, they show a **different** disposition, they attribute **different** meanings (psychopedagogic implication).⁷⁶ (However, in his distress, each child is **uniquely different**). Consequently, the orthopedagogue must especially

* **Being-different** is the fundamental pedagogic meaning of this category; **lived-experiencing of self as being-different** is the psychopedagogic meaning of this category.

direct himself to the lived-experiences of these children. Indeed, help regarding the subjective lived-experiences of the "different" child is the central task of the orthopedagogue, according to Vliegthart.⁷⁷

(ii) The central categories of **orthopedagogic** diagnosis are **disturbed lived-experiencing and behaving**. In orthopedagogic diagnosis, the moments of the child's disturbed lived-experiencing and behaving are explored and described.

(iii) The central category of orthopedagogic assistance (and thus pedotherapy) is **support to re-lived-experiencing**: This means that the primary concern in **pedotherapy is to support the child to re-lived-experiencing** as a re-defining in the sense of attributing new, different, desirable meanings to his own situation; it is "giving meaning on the basis of positive lived-experiences".⁷⁸

The following are synonymous with this support to re-lived-experiencing, which also is described as what essentially occurs in pedotherapy:

Educating to taking-a-distance (Vliegthart);
breaking through the distressful situation;
acceptance and assimilation;
seeing with another eye (Lubbers);
taking a position (Sonnekus);
de-infantilizing;
symmorphosis (giving form/meaning together) (Lubbers);
assimilating a personally determined position (Lubbers);
attunement (Nel).

In connection with the concept "attunement", Nel's⁷⁹ description of pedotherapy is significant: Pedotherapy is the "use of specialized methods and techniques to bring the child to a correct psychic-spiritual **attunement**" (My emphasis).

With respect to child lived-experiencing, the primary pedotherapeutic task is that of re-lived-experiencing so that the pathic, gnostic and normative aspects necessary for his becoming can be actualized, so that unactualized lived-experiential potentialities can be actualized and so that deficient lived-experiences can be supplemented.

Pedotherapy is re-educating and re-orienting; it is supporting and guiding to a re-attunement⁸⁰ and thus to a re-lived-experiencing. This event includes the child's acceptance of himself, of his unique situation, of his unique lived-experiences, a self-actualization and a surpassing of himself.⁸¹

According to Joubert⁸² a child in an orthopedagogic situation must first lived-experience reality differently, go forward in new ways, and then become different or change--this is re-orientation. The child's attunement is of essential importance for his self-actualization. Hence, pedotherapeutic help must be directed to the re-orientation of his unique situation so he is able to arrive at a modified lived-experiencing and self-actualization. This includes an understanding of his experiential world and appealing to him to change and re-interpret it. This requires intervention in the existing (lived-experienced) reality and transforming it into a different, positive and more assimilable and realizable reality.⁸³

This experiential world modification is viewed here as re-lived-experiencing: the lived experiencing of "new" sense and meaning of reality, or lived-experiencing reality as new and different.

Orthopedagogic help is supporting and appealing to the child to positively and responsibly actualize his strongest potentialities⁸⁴--also potentialities of lived-experiencing. The child "makes from his being-in-the-world a positive being in the ways of **living and lived-experiencing**", according to Joubert.⁸⁵

Moustakas⁸⁶ calls this moment of re-lived-experiencing (as moment of attributing and lived-experiencing "new" sense and meaning) an **existential moment**. It is the moment of being-conscious (lived-experiencing) and discovering (awareness and enlightenment), the moment of search, struggle, choice, conviction, yielding, resistance, entrusting, maintaining--thus of actualizing potentialities.⁸⁷ In this moment, the child discovers new meanings and values.⁸⁸ It is a moment of self-discovery, self-actualization, self-transformation and self-unfolding⁸⁹. Thus, in the orthopedagogic event the child is required: "To begin to actualize his own special potentialities", according to Moustakas.⁹⁰

Because a defensive attitude (Lubbers), as a way of lived-experiencing or as attunement, is unfavorable for a child's becoming, the concern here also is with a re-attunement or re-lived-

experiencing of the child's defensive attitude. Demands and tasks that have been set too high or too early lead to conflict in the child which then forces him into an entirely troublesome lifestyle and attitude toward life. He wants to escape his lived-experienced situation of conflict and is driven to a defensive attitude as a way out of his need and distress. Then he chooses one of three possible directions of flight, each of which, intrinsically, is a particular primordial lived-experience of a defensive attitude. Muller-Eckhard⁹¹ calls them the three fundamental lived-experiences of a defensive attitude:

- (i) a fleeing forward (aggression) [future];
- (ii) a fleeing into oneself (isolation) [present];
- (iii) a fleeing back (regression) [past].

Also, regarding this lived-experience of a defensive attitude, he has to be supported to a more favorable re-lived-experiencing because the above three ways of escaping restrain his becoming.

Thus, in pedotherapy the concern is with re-educating a child who deviates in his lived-experiences and experiential world, i.e., by supporting and guiding him with the aim of actualizing the highest attainable level of pathic, gnostic and normative lived-experiencing.

Finally a recent formulation by Vliegthart is presented here because it too is a foundation for the pedotherapeutic event. With respect to the educative situation in the orthopedagogic field of work (thus also in the pedotherapeutic situation), for Vliegthart⁹² this has to do with the removal of distorted educative "factors" by educative means and he makes the following important statement: children who fall under educational care must be reached by educational means (deliberate, consciously planned, goal-directed educator activity) that arise in ordinary educating through educational factors (association, the factual milieu).

The author views pedotherapy as a means of educating. Namely, pedotherapy is a more directed educating aimed at returning the child to his usual way of being educated.

What is attained with everyday educative "factors" must be brought about by educative means. This formulation by Vliegthart has the same ring as the following statement by Lubbers⁹³: Symmorphosis (giving form/meaning together) in daily life is comparable to that of

image therapy. Image therapy (as methodically guided symmorphosis) is necessary if symmorphosis in daily life has failed.

These two statements simply amount to the following:

According to his own norms and values, the adult wants the child to attribute particular sense and meaning to reality*. He supports and leads the child to do this because it is through this giving of sense and meaning that the child acquires a grasp of reality. Thus, in childhood, the acquisition of meaning is a matter of parents and children together (Lubbers). In the usual, daily pedagogic situation, this symmorphosis (joint meaning) is actualized in the association (and encounter). When, because of an unfavorable educative situation, or defects and derailments of the child, this joint giving of meaning fails, symmorphosis must occur in deliberately, consciously planned, goal-directed, methodically guided ways, i.e., as educative means, as pedotherapy. In other words, when a child's lived-experiences in the original pedagogic situation are unfavorable for his becoming, he has to be supported to re-lived-experience in the pedotherapeutic situation. For example, if he no longer feels secure with his parents and thus his pedagogic situation signifies excessive anxiety, a professional (pedotherapist) is needed to rid him of his anxiety through symmorphosis. Because the pedotherapist also is a pedagogue, he knows what lived-experiences are favorable for his becoming.

Both of these above-mentioned statements have particular significance regarding what essentially is actualized in the pedotherapeutic event.

In the next chapter a brief critical overview is given of the three main schools that currently are followed as therapeutic models of treatment from the perspective of a number of pedagogical pronouncements, structures, categories, criteria, moments, principles, etc. in order to serve as foundations for designing an accountable pedotherapy. Also, some facets of the pedotherapeutic problematic are dealt with.

* Educating is always helping a child with meanings (Landman).

References

1. May, R.: "On the Phenomenological Bases of Psychotherapy" in Lawrence, N. and O'Connor, D. (Eds.): *Readings in Existential Phenomenology*, Prentice-Hall, New York, 1967, pp. 366-367.
2. Dumont, J. J.: "Orthopedagogiek, Pedotherapie en Opvoeding" in *S. A. Tydskrif vir die Pedagogiek*, Vol. 3, No. 2, Dec. 1969, pp. 44 and 45.
3. Dumont, J. J.: op. cit., p. 46.
4. See Buhler, C.: *Values in Psychotherapy*. The Free Press of Glencoe, New York, 1962.
5. Klinkhamer-Steketee, H. T.: "Indicaties, tegenindicaties en grensgevallen in de speltherapie" in *Osiologen over het kind I*, Wolters-Noordhoff, Groningen, 1968.
6. Van den Berg, J. H.: *Wat is psychotherapie*, G. F. Callenbach, Van Niekerk, 1970.
7. Dumont, J. J.: op. cit., pp. 47 and 48.
8. Dumont, J. J.: op. cit., p. 48.
9. Van Haecht, as quoted by Janse de Jonge, A. L.: *Anthropologie en Geestelijke Volksgezondheid*, J. H. Kok, Kampen, 1959, pp. 80 and 81.
10. Rutten, F. J. Th.: *Mensbeelden in de Theoretische Psychologie*, Dekker and Van de Vegt, Nijmegen, 1970, p. 11.
11. Landman, W. A. and Gous, S. J.: *Inleiding tot die Fundamentele Pedagogiek*, Afrikaanse Pers-Boekhandel, Johannesburg, 1969, p. 4.
12. Landman, W. A. and Gous, S. J., op. cit., p. 60.
13. Landman, W. A.: "Pedagogiese criteria by die gesprekstherapie" in *Psychologia, Pedagogica Sursum!* University Publishers and Booksellers, Stellenbosch, 1970, p. 46.
14. Rogers, C. R.: *Client-Centered Therapy*, Houghton Mifflin, Boston, 1951.
15. Snyder, W. U.: "Client-Centered Therapy" in *An Introduction to Clinical Psychology*, (Ed.) Pennington, L. A. and Berg, I. A. Roland Press, New York, 1954, p. 548.
16. Dumont, J. J.: op. cit., pp. 50 and 51.
17. Dumont, J. J.: op. cit., p.51.
18. Landman, W. A., Roos, S. G. and Liebenberg, C. R.: *Opvoedkunde en Opvoedingsleer vir Beginners*, University Publishers and Booksellers, Stellenbosch, 1971, pp. 7-10.
19. Landman, W. A., Roos, S. G. and Liebenberg, C. R.: op. cit., p. 20.
20. Snyder, W. U.: op. cit., p. 548.
21. Dumont, J. J.: op. cit., p. 50.
22. Frankl, V. E.: (i) *De Onbewuste God*, Dutch translation: Melotte-Athmer, Helmond, 1948. (ii) *Medische Zielzorg*, Erven J. Bijleveld, Utrecht, 1959. (iii) *Psychotherapy and Existentialism*, Simon and Schuster, New York, 1967.
23. Frankl, V. E.: *Medische Zielzorg*, p. 24.
24. Frankl, V. E.: op. cit., p.8.
25. Frankl, V. E.: op. cit., p. 12.
26. Frankl, V. E.: op. cit., p. 22.

27. Frankl, V. E.: op. cit., pp. 13 and 14.
28. Frankl, V. E.: op. cit., pp. 99 and 100.
29. Frankl, V. E.: op. cit., pp. 24-142.
30. Dienelt, K.: *Opvoeding tot Verantwoordelijkheid*, Pax, 's-Gravenhage, 1962.
31. Schoeman, S. J.: *Pedagogiese momente by die antropologie Van V. E. Frankl*, Serie Verdiept Inzicht No. 17, Amsterdam, 1961.
32. Nel, B. F.: *Die Grondbeginsels van 'n Pedagogies-Verantwoorde Pedoterapie*, Jubileumlesings, H.A.U.M., Pretoria, 1963.
33. Nel, B. F.: op. cit., p. 50.
34. Faure, J. S. M.: *'n Modern-Pedoterapeutiese Benadering van Spel*, Opvoedkundige Monografiee, No. 7, H.A.U.M., Pretoria, 1963.
35. Ungersma, A. J.: *the Search for Meaning*, George Allen and Unwin, London, 1961, p. 35.
36. Ibid.
37. Rutten, F. J. Th.: op. cit., pp. 7-13.
38. As quoted by Noordam, N. F.: *Het mensbeeld in de Opvoeding I*, Wolters-Noordhoff, Groningen, 1969, pp. 39 and 40.
39. Noordam, N. F.: op. cit., p. 40.
40. Landman, W. A.: *Pedagogiese criteria by die gesprekstherapie*, p. 46.
41. Rutten, F. J. Th.: op. cit., pp. 18-30.
42. Rutten, F. J. Th.: op. cit., pp. 24-26.
43. Noordam, N. F.: op. cit., p. 30.
44. Rutten, F. J. Th.: op. cit., p. 30.
45. Noordam, N. F.: op. cit., pp. 33-35.
46. Noordam, N. F.: op. cit., II pp. 8 and 15.
47. Buyendijk, f. J. J.: quoted by Noordam, N. F.: op. cit., II pp. 29-31.
48. Langeveld, M. J.: quoted by Noordam, N. F.: op. cit., II pp. 32-34.
49. Landman, W. A.: op. cit., p. 46.
50. Dumont, J. J.: op. cit., pp. 54 and 55.
51. Dumont, J. J.: op. cit., p. 55.
52. Langeveld, M. J.: *Beknopte Theoretiese Pedagogiek*, Wolters, Groningen, 1965, p. 33.
53. Landman, W. A. in: Landman, W. A., Roos, S. G. and Liebenberg, C. R.: op. cit., pp. 7-11.
54. Spitz and Bowlby as quoted by Buhler, C.: op. cit. p. 83.
55. Muller-Eckhard, H.: *Kinderen Vragen Begrip*, Prisma-boeke, Utrecht, 1966, p. 65.
56. See: (i) Sonnekus, M. C. H.: *Die Verhoudingsstrukture van Die pedagogiese situasie in Psigopedagogiese Perspektief*, Publications of the University of Pretoria, Nuwe Reeks No. 59, Van Schaik, Pretoria, 1971, p. 5. (ii) Sonnekus, M. C. H.: *Die Leefwereld van die kind as Belewenswereld*, University Publishers and Booksellers, Stellenbosch, 1968. (iii) Pretorius, J. W. M.: *Belewing as moment in die leefwereld van die kind: 'n Psigologies-Pedagogiese Studie*, Pedagogiekstudies No. 67, University of Pretoria, 1971, p. 9.

57. Pretorius, J. W. M.: op. cit., p. 89.
58. See: (i) Kouwer, B. J. and Linschoten, J.: *Inleiding tot de psychologie*, Born, Assen, 1969, pp. 94-96. (ii) Linschoten, J.: Nowoord in: *Persoon en Wereld*, Van den Berg, J. H. and Linschoten, J. (Ed.s), Bijleveld, Utrecht, 1969, pp.244-253.
59. Rutten, F. J. Th.: op. cit., pp. 22 and 24.
60. See: (i) Sonnekus, M. C. H.: two quoted works. (ii) Kouwer, B. J. and Linschoten, J.: op. cit. (iii) Linschoten, J.: op. cit. (iv) Linschoten, J.: *Op weg naar een fenomenologische psychologie*, Bijleveld, Utrecht, 1959. (v) Pretorius, J. W. M.: op. cit.
61. Pretorius, J. W. M.: op. cit.,p. 9.
62. Pretorius, J. W. M.: op. cit.,p. 8.
63. E.g., Pretorius, J. W. M.: op. cit., pp. 52-70.
64. Langeveld, M. J.: *Ontwikkelingspsychologie*, Wolters-Noordhoff, Groningen, 1963, pp. 42-45.
65. Langeveld, M. J.: op. cit., pp. 41 and 42.
66. Langeveld, M. J.: op. cit., p. 42.
67. Ibid.
68. Nel, B. F. and Sonnekus, M. C. H.: *Psigiese Beelde van kinders met leermoeilikhede*, Opvoedkundige Studies No. 33, University of Pretoria, 1962.
69. Vliegthart, W. E.: *Algemene Orthopedagogiek*, Wolters-Noordhoff, Groningen, 1975, pp. 35 and 36.
70. Dumont, J. J.: op. cit., p49.
71. Ibid.
72. Vliegthart, W. E.: op. cit., p. 30.
73. Vliegthart, W. E.: op. cit., p. 17.
74. (i) Vliegthart, W. E.: op. cit., p.39 (ii) Also see: Rupp, J. C. C.: "Gehandicapt?" in: *Problemen Rondom het Gehandicapte kind*, Wolters, Groningen, 1967, pp. 30-34.
75. Vliegthart, W. E.: op. cit., p 36.
76. Vliegthart, W. E.: op. cit., pp. 42-44.
77. Vliegthart, W. W.: op. cit., pp. 25 and 38.
78. Vliegthart, W. E.: op. cit., p. 45.
79. Nel, B. F.: op. cit., p. 57.
80. Joubert, C. J.: *'n Ondersoek na die Betekenis van die Ligaamlikheid by die Beroepskeuse van Jeugdiges*, D.Ed. Dissertation, University of Pretoria, 1967, p. 163.
81. Joubert, C. J.: op. cit., pp. 159 and 189.
82. Ibid.
83. Joubert, C. J.: op. cit., p. 164.
84. Joubert, C. J.: op. cit., pp. 167 and 188.
85. Joubert, C. J.: op. cit., p. 170.
86. Moustakas, C. (Ed.): *Existential Child Therapy*, Basic Books, New York, 1966, pp. vii and viii of introduction.
87. Moustakas, C.: op. cit., p. 2.
88. Ibid.
89. Moustakas, C.: op. cit., Introduction p. viii and p. 2.
90. Moustakas, C.: op. cit., p. 4.
91. Muller-Eckhard, H.: op. cit., p.86.
92. Vliegthart, W. E.: op. cit., p. 76.
93. Lubbers, R.: *Voortgang en Nieuw Begin in de Opvoeding*, Van Gorcum, Assen, 1966, p. 88.