

CHAPTER TWO

SOME FACETS OF THE PEDOTHERAPEUTIC PROBLEM

1. The distressful situation of the child

When a pedagogic situation is characterized by pedagogic neglect because it is directed by ignorance and apathy instead of by pedagogic input based on an understanding and trust of the child, for the child this is a situation of pedagogic distress. His disturbed lived-experiences and behaviors regarding such a distressful situation mean a disturbed and delayed becoming, gaps in his development; his becoming is restrained. For the child pedotherapy means breaking through the distressful situation, **making up** (overcoming) **this delay in becoming**.

This distressful situation is mainly the result of inadequately or not actualizing the fundamental pedagogic structures. In terms of these structures some of its moments are described below in order to acquire an image of what such a distressful situation essentially means to the child:

Findings such as the following are sufficient to show how a child becomes experientially disturbed when the **pedagogic relationship of trust** is not actualized: A child who lives in affective neglect has difficulty learning the meaning of human dignity, he doesn't know freedom and he does not venture in the world. Correlated with his conflict in trust are feelings of insecurity (Lubbers). If a child does not receive sufficient support, his helplessness leads to anxiety; with love, one-ness and safety are present, with anxiety, feeling unsafe and being lonely arise (Carp); with a defect in trust, he cannot share his anxiety with his parents (Lubbers); he becomes traumatized by deficient love and care; with rejection and non-acceptance, he lived-experiences insecurity (Sonnekus); with a labilized relationship of trust the course of gnostic (cognitive) lived-experiences is adversely influenced (Sonnekus); if the child's trust is shaken he will not venture into the gnostic tasks at school and in life (Sonnekus); as far as attributing normative meaning, less meaning is lived-experienced in the lability

of the relationship of trust (Sonnekus); with fear, one feels one's individual safety threatened; with trust it is the other way around (Lersch); love is the only spontaneous response to the child's distress (Perquin); lived-experiencing security is only present with love (Langeveld); with defective trust the child lived-experiences himself as left in the lurch, abandoned and betrayed with related feelings of hate, anxiety and uncertainty (Nieuwenhuis); feelings of ambivalence between parents and children put a strain on him (Rienstra).

With the **pedagogic relationship of understanding** the concern is whether the educator knows, understands and grasps the child. Also a relationship of understanding, as a cognitive and knowing relationship, must be actualized between educator and child because such misunderstanding can lead to serious restraints in his becoming since it is especially becoming-adult that underlies the being with each other of the educator and educand.

For Muller-Eckhard¹ this has to do with the fate of the misunderstood child. Thus, he also titles his work **Kinderen Vragen Begrip** [Children Ask for Understanding]. The child asks understanding from the adult educator about his encounter with the order of adulthood and about the difficult move from the subjectively attuned and vital-pathic primordial experiential world of the child (free, unhindered, arbitrary, undisturbed, unlimited, care-free, unrealistic, trustworthy, desirous) to the world of adulthood with its own order, soberness, efficiency, matter-of-factness, time-boundness, etc.² Thus, Muller-Eckhard indicates that where loving interest and understanding are lacking from the parents, "confused and perplexing lived-experiences"³ arise in the child along with a desire for power, aggression, feelings of guilt, anxiety and distress.⁴

The fruit of unresolved conflicts is the psychopathology of the child. An inappropriate attunement as well as a derailment are forced on him.⁵ He becomes "sick" through what his parents deliver as education, especially through a lack of authentic understanding. The parents are the destiny of their child, says Muller-Eckhard.⁶

Regarding the misunderstood child, Muller-Eckhard⁷ adds that he "probably suffers damage that, because it occurs at such an important time, will be felt for a lifetime. He becomes restrained,

retarded in his entire psychic development. And why? Because in one sphere the child experiences that his spirit is not supported".

When because of too strict, too lenient or inconsistent educative actions by adults the **pedagogic relationship of authority** is not actualized the child becomes disturbed in his normative lived-experiencing. He becomes egocentric, stubborn, uncontrolled--especially he remains in doubt about dealing with norms and values. In this way he has great difficulty in attaining his freedom and a sense of responsibility.

The child's freedom is tediously instilled through educating. The opposition between "authority" and "freedom" is incorrect: in fact, authority **creates** freedom. A child, left to his own resources, does not arrive at "freedom" but rather falls into chaos, formlessness, arbitrariness--a pure vital vegetative (vital-pathic lived-experiencing). Thus, human freedom means being bound [to the authority of particular norms and values derived from a particular view or philosophy of life]⁸.

With respect to the non-actualization of pedagogic association, encounter and intervention the following are noted: Only pedagogic association can lead to a pedagogic encounter; pedagogic intervention is actualized only through a pedagogic encounter and where this **pedagogic sequence structure** is not actualized the phenomenon of pedagogic neglect arises together with what this means experientially to the child.

The question of pedagogic neglect is not considered here in detail and the reader is referred to the works of Nel⁹, Rienstra¹⁰ and Vedder.¹¹ The last-mentioned author briefly describes this phenomenon as follows:

"There is mention of **pedagogic neglect** when too few demands of self-limits are imposed on the child, when no norms are taught".

Thus, a child is pedagogically neglected when the educator does too little in his educating, guiding, his exercising authority and disciplining. Consequently, pedagogic neglect is defective educating as a deficient actualization of the pedagogic aim structure and pedagogic actions. The parents do not come up to expectations in their intervening pedagogically with their child; they do not hold him enough to particular demands and norms; they allow him too

much freedom to direct himself to what immediately is satisfying. This freedom means that he receives inadequate or insufficient guidance.

It is especially Rienstra¹³ who nicely describes how the unfavorable pedagogic climate in the home injures the child as seen in the form of disturbed lived-experiences and behaviors. Some **disturbed lived-experiences** of a child that he mentions in this connection are the following: affective hunger; fawning attitude; defensive attitude; lack of interests; egocentricity; feelings of rejection; affective instability; restlessness; hostile attitude; apathy; indifference; insecurity; anxiety; jealousy; neglect; feelings of guilt; traumas; frustration; loneliness; uncertainty; inferiority; lack of initiative; resentment; discouragement; spite; resistance; animosity; aggressive feelings.

Here a few additional examples of **disturbed behaviors** are noted. However, the pedotherapist does not direct himself primarily to these behavioral problems since he views them merely as symptoms, signs or expressions of disturbed lived-experiences: enuresis; encopresis; sexual deviations; theft; labile behavior; withdrawal; irritability; eating disorders; aggressiveness and hostile behavior; excessive activity and restlessness, weariness (tension and conflict demand much energy; the child cannot relax, rest or sleep, she feels too threatened), frustration, intellectual under achievement (e.g., apparently poor ability as a symptom).

Reference also is made to an investigation by the writer¹⁴ in which the following were found to be lived-experiential consequences of pedagogic neglect: In each [of five] cases, "the educator did not support the child in his lived-experiencing and experiential world to reach adulthood--thus, in one form or another, pedagogic neglect is present along with the lived-experiences flowing from such neglect, namely, insecurity, uncertainty, helplessness, anxiety. Additional common findings are a constricted experiential world; infantile and confused lived-experiences; learning and/or behavior problems; non-acceptance of the child, his defects or problems by the parent; unassimilated lived-experiences by the child, e.g., from traumas, handicaps, deficiencies, problems; defective personal becoming; a pathic disposition. Each of these images **culminates in the finding of an inadequate actualization of pathic, gnostic and normative potentialities of lived-experiencing** and of the

fact that the child's lived-experiencing is unfavorable for his becoming".

Finally, it is fruitful to take a few thoughts from what Lubbers¹⁵ calls "the anthropology of the life of the disturbed child": whether the child will find safety with his parents depends on "being accepted in love". After security arises, the child then can thrive undisturbed. Parental care provides relative (not absolute) security. If the child cannot feel secure with his parents, he cannot conquer his helplessness. If there is defective bonding, the parents are unable to help their child and he is unable to ask them for help--this can lead to educative distress. Where trust is lacking, the child's possibility to freely self-actualize becomes limited. With a conflict in trust, he cannot, will not, dares not share his anxiety with his parents. Then, according to Lubbers, the parents even come to represent insecurity.

With disturbed children something is missing in their communication; then their lived-experiences and behaviors become "unreadable" to their educators (Langeveld).

The child's situation of distress also clearly is a situation of conflict involving inter-psychic and intra-psychic conflicts and tensions. This means that by deficient educating, the child's needs, longings and initiative become obstructed. The following are some illustrations:

The child's needs

/ The conflict situation

The child wants to be someone himself (an adult)	/	he is kept small.
The child is an initiative of relationships	/	he is limited to expected relations
The child wants to be accepted	/	he feels rejected.
The child wants to feel something of worth	/	he feels inferior.
The child seeks stability	/	he experiences lability.
The child wants to be understood	/	he experiences himself as not understood.
The child seeks support in realizing his potentialities	/	he is constrained.
The child wants to know where he stands	/	he experiences disorientation.
The child wants to break through new situations	/	he is frightened of the new.
The child has a need for authority	/	he experiences the lack of authority.

The child's response to these conflict situations is a defensive attitude (Lubbers, Muller-Eckhard) as a tendency to flee, as a way out of his distress and misery; a fleeing forward (aggression), a fleeing into himself (isolation) and a fleeing backward (regression).

Thus, therapy clearly has to do with what a child lived-experiences in a distressful pedagogic situation. One of Freud's greatest merits is that he correctly saw the importance of such child lived-experiences: "And however much in principle and in detail one might differ with Freud the fact that **he was the first to have had a full understanding of childhood lived-experiences** is enough to ensure him a place among thinkers that mankind is greatly indebted to," writes Kohnstamm.¹⁶ (Author's emphasis).

2. Essentials of the pathic unrest of the child-in-distress

The child's lived-experiences of his pedagogic situation are either favorable or unfavorable for his becoming. He has to assimilate the meanings of the different situations of his life (Lubbers). Everything he cannot assimilate (thus all unassimilated and problematic lived-experiences) gives rise to particular and **basically negative pathic lived-experiences***, namely, needless and excessive feelings of:

being different;

being inferior (the deviation makes the child feel less worthy);

loneliness (he is in an affective no-man's-land);

insecurity (unsafe, threatened);

helplessness (clumsy, dependent, powerless);

not being confident (a general basic uncertainty about life);

anxiety (accompanies all of these pathic lived-experiences).

These pathic lived-experiences mean for the child-in-distress **pathic unrest** that usually is paired with lability (labile disposition, labile status), confusion and disorientation regarding gnostic lived-experiences. For the child-in-distress none of these **essentials of pathic unrest** can be thought of without the others. The views of a few authors regarding their separate meanings and mutual relations follow:

* Thus, for the child, pedagogic distress means **affective distress**.

Anxiety is a name for the most personal that is lived-experiencable just as is its ontological contrast: **love**. Anxiety is an existential lived-experience, the lowest, most primordial lived-experience. It is difficult to put into words something fundamental about anxiety. The word **anxiety** has a different ring for everyone, a different meaning. **My** anxiety is entirely different from **your** anxiety; **my** being-anxious is a unique lived-experience. Scientific thought only finds a lifeless, depersonalized anxiety. As with **every pathic lived-experience**, I escape my anxiety as soon as I try to perceive my being-anxious (as truth or reality). Anxiety is at the center of the experiential world. It is coupled with a dividing **helplessness**. To the extent that love is the highest lived-experience, anxiety is the lowest. And as **one-ness** and **safety** are present in love so do feelings of being **unsafe** and **lonely** arise in anxiety. According to Carp¹⁷ anxiety and fear are the silent companions of each person's life*.

The existence of anxiety restrains all areas of becoming and obstructs the development of a nuanced human image.¹⁸ Anxiety, uncertainty and despair (as negative feelings)--but also love, hope, care--are fundamental lived-experiences and basic relationships to the world.¹⁹ Anxiety is the basic attunement of human existence.

The following distinctions by Lersch²⁰ also are valid with respect to the child-in-distress: **life anxiety** is coupled with insecurity; **existential anxiety** is coupled with (pedagogic**) being-unrooted; **inner-anxiety** is coupled with inner disharmony.

The feeling of **inferiority** has an undertone of shame and being-offended; uncertainty arises from a feeling of inferiority.²¹ If the child is viewed as deviant or derailed, a **value-judgment** is expressed, in the sense of less-valued--the child also lived-experiences this as such. Other persons devalue him because of his deficiency; he accepts these judgments of others and devalues himself. Then he becomes "sensitive to the hidden, concealed negative feelings of being different" which he lived-experiences as "depreciating."²²

* However, here anxiety is not absolute; the way of life is also a way of thankfulness, trust, faith and meaning (Landman).

** Insertion by the author.

Loneliness is the first symptom of contemporary neurosis. The symptom that is paired with this is **anxiety** because psychologically they are inseparably related.²³ Human beings lived-experience a primitive anxiety regarding what is **different** and ugly (deviant) that is carried back to his anxiety about confronting general human defects--and thus with his own. This is the essence of the **loneliness** of the child-in-distress. He moves away from others he doesn't know. This changes his world-image. He lived-experiences this new experiential quality as incommunicable, as if the other (the adult) in communicating doesn't understand.²⁴

Insecurity is the greatest bottleneck of the child's entire becoming adult. The secure space that the child desires means a human space that offers him **security** and human security is based on (pathic) **rest** and (gnostic-normative) **clarity**. The contrasts of anxiety and uncertainty offer few possibilities for child existence. Uncertainty torments a child. Intense uncertainty means a lived-experience full of anxiety. A child who is extremely insecure and unsafe more easily lived-experiences anxiety than a child who feels safe and secure. Because of his helplessness, uncertainty and anxiety are the foundation of his attunement. With feelings of security and safety a child more easily can venture in anxiety provoking situations.²⁵

In light of the above, finally, it is emphasized that the child's distressful situation primarily is lived-experienced pathically and that the first pedotherapeutic necessity is to bring the child to pathic rest.

3. Educator guidance

Regarding his distressful situation, the child has to be stabilized emotionally or be brought to pathic rest. The precondition is that his distressful situation be changed to a more adaptable and actualizable pedagogic situation. Often the child's distress is the result of educational deficiencies. Therefore, his educators have to be **guided** by the pedotherapist to correct their unpedagogic treatment of him. By supporting, advising, forming, leading and even teaching them, the educators are guided regarding their interventions with the child-in-distress--we call this the **orthopedagogic guidance of the educators** (parents, teachers, etc.) and it is directed to the child and his problem.

The impression must be avoided that difficulties always "reside in the child" and that the solution is in the child "having therapy". Indeed, the beginning of educative difficulties often lies in the unique nature of the child. Even so, the educative problem remains relational: among family members, among child and educators, among related children. Consequently, problem-directed help often has to be directed to the relation, to the family (family therapy), the parent-child relationship (pedagogic therapy) and the child and his age-mates (group therapy), according to Dumont.²⁶

Also, Rienstra²⁷ has studied the family as the origin of learning and behavioral difficulties of elementary school children. His findings have important implications for the matter of educator guidance. Some examples of educative shortcomings that, according to this author, have to be corrected are the following: affective neglect; rejection of the child; too strong a bonding between parent and child; ambivalent emotional relations between parent and child; setting demands too high for the child; pedagogic neglect; indulging and spoiling; over-protecting; a labile, uncertain educational attitude.

Helping the child in educative difficulty, thus, is a combination of **general pedagogic influencing of the child in the family** (indirect therapeutic approach) and **pedotherapy** (direct therapeutic approach). The family and school are natural life situations for the child. Often correcting his pedagogic situation can be done by "ordinary" educating that exercises a much greater therapeutic influence on the child than does pedotherapy. Besides, an important pre-therapeutic consideration is the question of whether the distressed child's pedagogic situation is such that it can be favorably changed so that pedotherapy can be undertaken with the expectation of a reasonable degree of success. (See below). If the activation and guidance of the child's becoming is not corrected by regular pedagogic measures, "ordinary" educating has to be supplemented and then "concentrated" educating (pedotherapy) occurs.

Here the primary task of the orthopedagogue is to give advise to parents and teachers so that they can create favorable family and school situations where the child's basic security and safety are strengthened and/or re-established. The educators' pedagogic consistency leads a child to security. Thus the educators have the task of providing security. The essence of this educator guidance

means that the pedotherapist, in his turn, provides the educators with security (confidence) because they often are pedagogically and affectively insecure in dealing with the child in educative difficulty.

Thus, the educator and pedotherapist have two constant tasks that will provide the child with safety and security, namely, an affective task (the intellectual also is favorably influenced by this) and a pedagogic task (leading, disciplining, exemplifying norms, etc.).

Educator guidance increases his insights into and understanding of the lived-experiences and behaviors of the child-in-distress so that his pedagogic intervention can occur with greater confidence.

The pedotherapist's intervention with and the educators' change of the child's pedagogic situation can contribute to its re-establishment. This is a guided changing and influencing directed to the problematic pedagogic situation of the child-in-distress. In addition, it is providing insight--the problematic situation has to be clarified for the educators (affectively and/or intellectually). Success depends on the independence of the educators (especially the parents) and on their **objective** cooperation.

4. Some pre-therapeutic considerations

An important facet of the pedotherapeutic problematic is the question of criteria for the treatability of children with educative difficulties. Pedotherapeutic influencing is not attainable with all children or all forms of being disturbed. The following are some possible criteria for deciding whether a particular child will receive pedotherapeutic help or not:

(i) Pedotherapy is preceded by an investigation, namely, one of pedodiagnosis. A thorough evaluation already implies therapeutic results--especially if the pedodiagnosis leads to an **encounter** between pedotherapist and child. The question of whether the child is (affectively and intellectually) amenable to therapy can already be decided in pedodiagnosis, e.g., from the question of whether the child accepts or rejects help, whether he accepts and trusts the therapist or not. Because an encounter with an autistic child, e.g., is accomplished with extreme difficulty, if at all, the possibility of pedotherapy with such a child is slim;

(ii) What is the nature of the child's **person-image**? For example, if it appears from the image that he is **constitutionally disposed psychotically** (e.g., if he manifests psychotic characteristics), little can be attained with pedotherapy. Depending on other criteria, a child with **acquired psychopathy** (one who has become psychopathic) can be influenced, though with a sever form of pedotherapy. It can be too late to help a child with a long-standing and serious psychopathology;

(iii) An additional question is whether there is/were **traumas** in the child's life. The answer is that even with seriously traumatized children a great deal can be achieved with pedotherapy;

(iv) The child's intelligence is an important criterion. In pedotherapy he must display a degree of insight and initiative. He must at least have a normal intelligence. Successful pedotherapy is very difficult with a child whose IQ is less than 80.

(v) The child's implementation of potentialities at home and at school has to be evaluated. How he implements them, given his situation, depends on his unique nature. His intellectual, temperamental, association and encounter potentialities are important here;

(vi) In addition, children with serious organic defects often are not amenable to therapy, e.g., children with serious brain damage and correlated intellectual deficiencies, children with a low energy level, etc.;

(vii) What does the pedagogic situation at home look like? For example, the father-mother relationship and the parent-child relationship? Pedotherapeutic success depends primarily on the relationships at home. If a child's pedagogic situation cannot be favorably changed, therapy is actually meaningless. If the parents (and teachers) do not cooperate, therapy will not succeed.

(viii) What possibilities are offered by the teacher-child relationship? In other words, the school situation often must be corrected first. Thus, here there is mention of a triangular structure of influence: home-school-pedotherapist;

(ix) Other moments also are important for pedotherapy, e.g., the child's age, gender and physical condition; whether or not the child

is in an institution (boardinghouse, orphanage) influences the therapeutic outcome.

Klinkhamer-Steketee²⁸ offers a useful set of criteria regarding the question of which children should be considered for pedotherapeutic assistance. In this regard, he differentiates among indications, counter-indications and borderline cases:

Indications

The child to be treated must have at his disposal:

- (i) a normal, reasonably integrated personality structure;
- (ii) sufficient intelligence by which played out situations and discussions can be "understood";
- (iii) a satisfactory milieu-climate in the sense that therapeutic influencing is not thwarted when he returns to his own home and that the therapist can work together with the child's milieu in order to help him further conquer his difficulty;
- (iv) good physical condition--the child must have adequate vitality at his disposal; e.g., he must be able to be active in the playroom.

Counter-indications

For children with personality, intelligence or vitality deficiencies, or who find themselves in an uncooperative milieu, the chance of improvement by means of therapy is considered to be slight. Expressed in terms of classifications, this means the following:

- (i) children with clear psychopathic or psychotic behavior;
- (ii) seriously debilitated children (IQ under 80);
- (iii) a-vital, neurotic children;
- (iv) children from families with a negligent character (deficient educating).

Borderline cases

Here the following are indicated:

- (i) Children with psychopathic character traits: because of these children's ungraspable and unpredictable nature they are the most difficult group and they require great patience and initiative from the therapist who has here rather a controlling, advising and

directing task. Success here is dependent on the pedotherapeutic relation, identification, neurosis forming of the child, his milieu (a-social or not), etc.;

(ii) Children from an ambiguous milieu. Often the milieu has a neuroticizing influence on the child and then the attitude of the educators is: we made a mess, you make it right again. Or also: it is our duty as parents to permit pedotherapy with our child but we really don't believe in it and therefore we give nothing of value from ourselves and our situation. The fact that the child comes from an institution or a disharmonious marriage drastically reduces the expectation of success. It also makes a big difference whether the child is helped with the backing (acknowledgment) of the parents;

(iii) The good-as-normal child. We must guard against the child feeling he is "abnormal", different or exceptional because of the fact that he regularly visits the therapist for the removal of particular unassimilated lived-experiences (that appear with each child) or talking out problems that mostly will be solved in daily life by themselves (through play, sport, dreams, contact with parents and friends, etc.). If serious restraints or stagnation appear that will last longer than they should without treatment, brief therapeutic communication can yield good results;

(iv) The child with an organic disturbance. Here the pedotherapist must work together with other specialists. Organic disturbances often mean learning disturbances as well as educative difficulties (e.g., labile behaviors). Besides working with, e.g., a neurologist (for an E.E.G.), a pediatrician, a child psychiatrist, an internist or endocrinologist, or an ear-nose-throat specialist, guidance and help from the pedotherapist also are meaningful, especially to provide the child with the necessary relaxation to work against neuroticizing him and also to teach him to live with his situation. Where in previous years such a case would be considered only for purely medical help at present the view is increasingly held that besides medical help pedotherapeutic guidance is indispensable in most cases.

Of the borderline cases mentioned, children with psychopathic character traits are a group with the least favorable prognosis; the almost normal children give the most positive results. Here is the critical question: is the favorable course of therapy not also dependent on other moments? And: was it useful and necessary that we had our pedotherapeutic intervention with this child?

The above criteria are only rough indications. Knowledge and the actualization of pedotherapy lead to an even finer tuning of indications so that the differences in the various forms of therapy can become continually clearer and more nuanced. The mutual exchange of experiences and thoughts by pedotherapists is indispensable as is subsequent work and further research in this connection.

Finally, Klinkhamer-Steketee²⁹ indicates some moments that can give rise to therapeutic failure, especially where indications for therapy appear to be favorable but when after a reasonable course of time the therapy has not been accepted.

The following are possibilities:

- (i) Defective communication between child and therapist by which an optimal mutual encounter does not occur. First the therapist must search his own heart, but resistance can also reside with the child so that he must first be helped with that;
- (ii) The child's age is inappropriate re treatment or length of time available for assisting is inadequate. Then the child shows no initiative for communication, for expressing himself through play, image or word;
- (iii) When a past trauma or conflict situation in his own milieu is the occasion for the therapy, it can happen that after the course of time, the problem is not timely enough or understood enough to help uncover and revise it by means of therapy. An attempt to give help nevertheless must first be made in each case before coming to this conclusion.

5. Values in pedotherapy

Where Freud in his psychoanalysis ignored all values, and where the Rogerian therapist treats the child with such indulgence that values are not presented to him with authority*, here (in agreement with Frankl's modes of being) it is strongly emphasized that pedotherapy clearly has to do with norms and values.

* For example, in order not to disturb the relation of absolute trust, friendliness, acceptance and indulgence, a Rogerian permits and allows a child to sit with his feet on the desk or arrive late for a session.

Van der Stoep³⁰ writes: "Where adults and children are dependent on each other, pedagogic norms and values (the **content** of educating) are always unconditionally valid and understandably demand unconditional obedience". As the content of educating, values also are the content for re-educating, pedotherapy. Among other things, pedotherapy is educating to value-acknowledgment and value-actualization (especially established values) as well as to the respect that always accompanies value-acceptance. A respectful life attitude is the only possibility for there to be shared values. Respect thus means being bound to values. As educating, i.e., re-educating, pedotherapy also means a confrontation with life-values and helping the child discover, integrate and form a hierarchy of values.³¹

The child's attributing meaning, by which he acquires a grasp of reality, occurs precisely in terms of particular norms and values. Thus, in pedotherapy, it is a primary task to actualize particular norms with the child, especially regarding his unassimilated and problematic lived-experiences.

The pedotherapist's intervention with the child is guided by a rank order of value preferences. According to Landman³², the pedotherapist represents adulthood and the support he provides is aimed at actualizing changes to which values are attached.

Even when a therapeutic theory does not recognize values, still it seems that values are followed (e.g., the value of not having any values). A therapeutic practice within which values do not arise is unthinkable and therefore the background of the values of child and therapist cannot be ignored. The pedotherapist ought to have the greatest success with a child whose background includes more or less the same view of values and of life as he does.

For Charlotte Buhler³³, as an event of human encounter, psychotherapy clearly involves the unique creation of human **values** regarding the intensification of awareness and understanding (also of values) and distinguishing among values through a new "seeing" (new lived-experiencing as new meaning). Consequently, therapy is not possible without involving **values**. Values arise in therapy in meaningful ways only if they are related to values in human life and becoming. Therefore, the therapeutic course and lived-experiences must be calculated in relation to the life-style and period of life of the "patient". (In designing a

responsible pedotherapy, there is an attempt to satisfy these criteria).

Buhler³⁴ states the problem in connection with the present double theme:

- (i) Whether, why and how the therapist must be concerned with the value problems of his patient;
- (ii) How his self-actualization and self-understanding as well as the role of values in human life influence the therapeutic event in necessary ways.

The above problematic regarding pedotherapy will not be treated in detail. Here only a few additional modes of being presented by Buhler will be stated briefly so the pedotherapist will be directed by them in his theory and practice.

Pedotherapy involves self-actualization and, because a person (child) also is a valuing being, the actualization of values.

With respect to Buhler's³⁵ modes of being, the following can be stated regarding pedotherapy: the pedotherapist's knowledge of the child's view of life and background influence the child-pedotherapist relationship. The pedotherapist's own system of values serves as the referential framework for his intervention in the child's life of values, for how he communicates and deals with values in the pedotherapeutic relationship. It cannot be otherwise! The pedotherapist will transfer some of his values to the child. However, he has to consciously and deliberately exemplify his personal response to the situation, his point of view, his attunement to the child. An understanding of particular basic principles of life **must** arise in the pedotherapeutic relationship, otherwise there will be little pedotherapeutic influence. This relationship has an undercurrent of human values that child and pedotherapist lived-experience as essential to their lives. (Here the identification of child with therapist is extremely important).

The child has to be guided by the value positions of the therapist to the most desired meaning of human existence and to the purpose of his own life. (Compare here Frankl's logotherapy that specifically is aimed at unfolding the "will to meaning"). One extreme that cannot be followed in pedotherapy is to leave the child to himself to find his own values and faith. Because of the uncertainty of

contemporary value systems, such an ideal is not attainable by every child. The child cannot yet discover and evaluate for himself what he will believe (as Jean Jacques Rousseau would have it). In this connection, the child's potentiality to "do it yourself" cannot be relied on. Because he cannot yet make responsible choices himself, values have to be emulated (held up) for him. Clearly then, in pedotherapy, categories such as **values, meaning, self-fulfillment, identification and becoming are valid.**

Finally, Charlotte Buhler³⁶ has formulated some general principles for dealing with values in therapy:

- (i) A person must be guided to self-understanding so that he can assimilate reality and be able to live his own life ("to **master his own life** better than he did before");
- (ii) A patient must struggle through his own problems (not appropriate to actualize with a child);
- (iii) The **personal relationship**, as is the therapist's **interpretations**, is at the basis of the patient's initiative, becoming, lived-experiences and behaviors;
- (iv) The therapist's preparation, experiences and personality, which define the therapeutic event, differ greatly from therapist to therapist. Irrespective of theoretical and practical approaches, each therapist must help the person-in-distress to live his life more meaningfully and to learn to see life as valuable.

Buhler³⁷ writes, "All through therapy, value problems and value conflicts come up for discussion, for re-evaluation, for new solutions".

By imposing general principles and specific measures on and allowing them to prevail in pedotherapy, according to what is allowed by the pedotherapist's own convictions, will make him guilty of misunderstanding the unique opportunity that each pedotherapeutic moment offers as well as denying the unique nature and situation of each individual child-in-distress.

This entire matter of **values in therapy** is, in itself, a meaningful theme for research that obviously is connected with the idea of logotherapeutic moments in pedotherapy, a pedotherapeutic facet that will be given specific attention in Chapter Four.

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