

CHAPTER FOUR

FORMS OF PEDOTHERAPY

A child is not something (a thing, an object) but rather is **someone** (a subject, a person). Therefore, we do not merely use techniques and methods but rather we actualize a fundamental attitude of **communication** with him as a person in free, spontaneous ways at each moment, in each situation, in forms that constantly change and that always are timely and new, depending on the situation.¹

For a child who is brought in for pedotherapy, something is amiss with respect to his communication with his world (Langeveld). Consequently, in pedotherapy, the means and end are the same: the child-in-distress has to be helped to re-establish his **personal communicating** and the means for accomplishing this is precisely **personal communication** in pedotherapy.

The most important means of communicating is the **conversation** but because a child often is unable to verbalize, this **communication has to be entered into** (the communication has to begin and unfold so that the child can explore) **and actualized by other means**. The need for different ways of communicating gives rise to the different **forms of pedotherapy**:

play therapy (the problem is played out, played away);
image therapy (the problem is represented, imaged away);
conversational therapy (the problem is talked out, talked away).

For **younger children** (under ten years) the pedotherapeutic form usually is **play therapy**. For older children of approximately ten to fourteen years the form used is **image therapy** and for youths older than fourteen **conversational therapy** is usually employed. Here it is emphasized that **group therapy** is not an acceptable form of pedotherapy because it overlooks the unique nature and unique problematic situation of the individual child-in-distress. Hence, pedotherapy occurs only as individual pedotherapy.

Catharsis (cleansing, purifying, discharging, becoming enlightened, relaxing) and **mimesis** (expressing, depicting, imitating) are

involved in **all therapy**.^{*} In pedotherapy, these therapeutic essentials are actualized only in communication with the pedotherapist and via the three forms of communication noted above.

In communicating with the pedotherapist, and by means of play, image or conversation, the child-in-distress expresses the core and different facets of his problematic situation. Play, image and conversation thus are the means by which the child-in-distress expresses, communicates, gives form (in meanings as well as images) to his unassimilated and problematic lived-experiences. Via these means of communicating he confronts himself, his distressful situation is made more livable and lived-experiencable, his attunement is corrected, he assimilates his condition and he learns to view things in their proper connections. Play, image and conversation provide the common experiential background for **symmorphosis** (pedotherapist and child giving meaning together) to occur. (The difference in attunement between child and pedotherapist regarding this sphere of communication is interesting and meaningful: the child-in-distress attributes his own content to it; the pedotherapist participates in this event in a knowing-analyzing way).

Communicating with the child means that the pedotherapist has to be attuned to and link up with his lived-experiences and personal expressions. The pedotherapist directs himself to what is important to the child in each moment and each expression. He is concerned about the child's longings and emotional unrest. This implies a sensitive openness for all of his expressions and for the emotional meanings that possibly are in them, some clear, some vague and concealed, others entirely unconscious. This is a continual, active, creative event of feeling, of sending out "radar" from one's intuitions, of an **attunement** to his distress and lived-experiences. Thus, it is a searching and groping, a continual probing and guiding in order to communicate optimally.² (In light of this, there is no pedotherapeutic recipe, method or technique).

The pedotherapist knows that this communication is actualized through his continual sympathy, intuition and empathy as well as by responding to the child's behaviors, gestures and words so that it is

^{*} These two therapeutic principles were already inspired by Aristotle.

clear to the child that his lived-experiences exist, flourish and are valued by the pedotherapist and evoke his sympathy.³

The essence of personal communication between the child-in-distress and the pedotherapist is **co-existence (existential communication)**: the pedotherapist is influenced, touched by the child's distress, by his anxiety, his confusion or bewilderment as well as by his need to protect himself (defensiveness). But in addition to this distress, **he also is addressed by the child as a person**. The person and individuality of the child do something to the pedotherapist that does not permit him to be indifferent, and that summons him to spontaneously initiate an involvement with the child in order to communicate with him. To the extent that communication is actualized, **it benefits both partners**, it awakens something in both, it allows something to be revived and relived, and it stimulates the child's becoming.⁴

Thus, pedotherapy involves actualizing **fundamental human values** such as being-present, being-available, providing opportunities, acceptance and appreciation of the child-in-distress--these basic human values are variants of the love that a person has for fellow humans.⁵

Below the three forms of pedotherapy are discussed, the pedotherapeutic possibilities of the **Guided Daydream** are investigated and the importance of **logotherapeutic** moments in pedotherapy also are touched on briefly.

1. PLAY THERAPY

The young child cannot verbalize his distressful situation; he does not have the words or concepts for this. In addition, he has no insight into his problem; for him this is **not a cognitive conflict** but **an emotional one**. Therefore, **play** as a revealing and liberating means is necessary.

Through play, he can depict his distressful situation unconsciously but clearly and--of great importance--in a free, relaxed and defensive way. A child's free play is **cathartic**. Through play, a sphere can be created within which he feels perfectly at home, where he can satisfy his deepest longings.

Langeveld⁶ views play as the preeminent way a child explores the world, as a means for developing his existence, as the most essential active involvement of a secure child with a world that still can be anything for him (open communication). Essentially, play is the opportunity to give **open meaning** to (as well as redefine)* what is offered the child.

Dumont⁷ expresses the essence of play therapy as follows: "As adults talk about their problems, children learn to play their difficulties. Young children are not keenly aware of their problems and they do not succeed in talking about what concerns them. **Then, play is selected as a form of communication.** Within the images of his play, where he shows and demonstrates his world, lived-experiences and moods to us, it is possible, by playing together and by joining him in play, to help him find solutions, to practice them and thus establish a relationship between play and reality. The child **plays reality in the playroom and comes to realize that in his daily living, playing finds solutions**". (Emphasis added by J.W.M.P.).

Finally, Vermeer⁸ shows nicely how play offers the child the opportunity to re-lived-experience (give meaning again; redefine) his world: Play is a sense-giving or meaning attributing involvement with a playmate or toy. Reality is a preformed field of meanings and he becomes acquainted with them with reference to his parents. Also, he goes out of himself exploring and he sees his world with unique eyes; that is, he attributes his own meaning to it. He does this especially in his play, whether in a play-therapeutic or an ordinary play situation.

The question of the meaning of child play, both within and outside of the areas of play research and play therapy, is a **pedagogic problem** within which the child's freedom to himself give meaning is a very important aspect. In playing, he uses reality as a point of departure and he actualizes his play within reality. Play has a very important place in his becoming. In this regard, see Vermeer.⁹

Further, the following important matters regarding play therapy are mentioned: child-anthropological views of play (Buytendijk, Langeveld, Vermeer); modern pedagogic views of play ((Vermeer, Van der Zyde, Faure, Van Wyk); theories of play; forms of play;

* Insertion by the author.

categories of the world of play (Vermeer); play diagnostics; play materials; the playroom; etc. These topics will not be elaborated on in the present study and reference to the relevant literature will suffice.¹⁰

The following is a brief view of the matter of play as a means of therapy:

Of the different forms of child therapy, it is especially in play therapy that the influence of contemporary schools of therapy are clearest. For example, the contributions of Melanie Klein are based on Freud's psychoanalysis. She recognizes symbolic meanings (infantile-sexual) in the child's play expressions. She does not acknowledge the pedagogic situation in her play-analysis and purposefully **avoids any educating**. Jessie Taft (in connection with the relation-therapy of Otto Rank) and Virginia Axline (in connection with Roger's Client Centered Therapy) both **overestimate a child's potentiality** to solve problems himself, and both **disregard the relationship of authority** in their play therapies.

Playing in the world is for the child the most natural form of **dialogue** or means of communicating **with the world**. The world entices him to explore it by means of play; in this involvement with the unfamiliar, he acquires a grasp of the world by **attributing meaning** to it. In his play situation the child is present to his distress, problems and emotional unrest. Each of his play activities is intentionally directed and refers to his landscape. This primordial event also is actualized in play therapy and, therefore, play is a reflection of his inner life, and it is the sphere within which he has to be helped to solve his problems. **Through play a child shows us his world and it is through play that we can participate in his world by helping him.**

The pedotherapeutic value of play is that in his play, a child projects into his world of play his life in reality. Thus, play is not only a means of communication and expression but it is also a means of **projection**. Only in this way are his playroom solutions able to be actualized in reality.

In practice, **play diagnostics** and **play therapy** cannot be separated from each other. Play diagnostics already has a

therapeutic effect while the play therapist learns to know the child much better during play therapy.

The **playroom** is the **background** for the child's **communicative, expressive and projective** activities. Here he constitutes a new situation; here he enters into a different relationship with his world--if the possibilities in reality and in the world of play in the playroom entice him to participate. The playroom provides an appeal for **exploration**. The **playroom and toys** create the possibility for establishing a **world of play**. Both **provide for the longings** of the child-in-distress--the toys are multifaceted while the room provides space and is so arranged that any form of play can occur. **More indulgence** prevails here than in reality. Here many behaviors and expressions are possible that would never be permitted in reality. However, this does **not mean** absolute **permissiveness** since there also are rules, values and norms that hold here in order to make his world secure and safe and this implies the **acknowledgment and acceptance of authority** without which meaningful pedotherapeutic play therapy is not possible.

The child experiences that **while** he is in the **playroom** with the **pedotherapist both** are at his disposal. This gives the child-in-distress a feeling of safety and security. The fact that there is an adult in the room who gives undivided attention to him, who helps and supports him, who offers safety and protection all have special therapeutic value for a child who is materially or affectively neglected. Here his need for calmness is met and he is given the opportunity to change his choice of toys without the interference of other children. The playroom is a **safe space**, although it is a place where he is **confronted** with his problems and where he has to **cooperate** in order to solve them.

There is a greater chance that a child, who **in reality** cannot overcome his distress, is able to deal with it **in play** and, within this framework, find a good, productive solution that then gives him confidence, peace and courage. Such "conquests" are not limited to the sphere of play; through the solutions found in play, he **lived-experiences* himself and his situation in reality as changed**, indeed as changed in ways similar to the solutions arrived at in play (Van der Zeyde).

* Thus, re-lived-experienced as new, different meanings.

In the play situation, the child can rely on the help and support of the pedotherapist. The helpless, support-seeking child-in-distress, who in his **everyday symmorphosis** with his parents can't overcome his problems, now in play therapy has at his disposal a person who accepts and understands him and who gives him the opportunity to design a play situation according to his own needs as a situation of **pedagogic encounter**. Because the derailed child-in-distress is not able to make use of this play situation or the play medium alone, he requires help from the pedotherapist. With the pedotherapist's sympathetic guidance he can **project his problem** into his play and can **find a solution** to it.

Play is not only a means to correct his disturbed lived-experiences but also to re-educate him with respect to the disturbed behaviors that arise from them. The therapeutic value of play is precisely in this possibility of **re-educating**.

A child-in-distress only projects his emotional unrest into his play and not the neglect that has given rise to it. In the play situation the pedotherapist can play into the child's distressful situation and via a pedagogic encounter provide him with the help and support he needs. Providing this assistance in the everyday reality of educating has become very difficult and even impossible because there the child-educator relationship does not allow for a discussion of the problem and it cannot be evaluated and corrected. Thus, play therapy is an event of **re-educating** with the aim of breaking him out of his distressful situation.

2. IMAGE THERAPY

In connection with the use of the image as a means of pedotherapeutic communication, the present study links up with the very excellent **pedagogically grounded** work of Lubbers.¹¹

Lubbers' image-communication-therapy differentiates itself from psychoanalytic as well as non-directive therapy because:

- (i) the content of the image is not interpreted from a pre-conceived theory;
- (ii) in his play images the child expresses what concerns him;

(iii) in this way a solution, a way out, progress is found with the child.¹²

In his use of imaged narrative as a means of assisting a child with educative difficulties, Lubbers links up with the **Guided Daydream** of Robert Desoille (discussed later in this chapter). From this, he learned how to help a child when his image production stagnates because he encounters a barrier he can't cross without help, e.g., by constructing something in the image that changes the situation, by adding a new element to it. For example, in a dangerous situation, the therapist supports the main figure in the story by providing him with fighting mates or weapons. This way of influencing is a principle taken from Desoille. Lubbers works pedagogically by only breaking through the barrier and then letting the child try out this way of breaking through or solution. This implies that the pedotherapist tries to understand the **image**-world the child makes in terms of his **world**-image, to the extent that the therapist knows it. In this way he gets closer to the child and it becomes possible for him to provide help.

Lubbers also links up with the **Art Didactics** of Lowenfeld, with the meaning the latter gives to creativity and expression, with his method of bringing children to put into images what they cannot assimilate and with Lowenfeld's view that creative work need not include more than giving form and then giving meaning to that form. If a child can put into images his unassimilated lived-experiences (i.e., give them form), he can again have them at his disposal (i.e., to give them meaning). If an adult supports him in this way, the possibility of assimilation becomes optimal.

Lowenfeld's value is that he writes so clearly about **free expression as possibility for attributing meaning** and that he developed methods for freeing the creative potentialities of a child by means of drawing and painting. He does not merely see free expression as a communicative possibility but also as "thinking in terms of pictures" by which, during the work itself, good productive **solutions can be found that also are useful in daily life.**¹³

Lowenfeld noticed that **a child identifies himself with his work (images)** and that he depicts what he has lived-experienced. Therefore, he gives explicit assignments for attaining the highest degree of identification. Thus, a good pedotherapist will select

assignments that the child will jump at. In addition, he distinguishes four criteria in this connection¹⁴:

- (i) stereotypic repetitions [no identification];
- (ii) precise renderings of generalities in which one's own experiences are avoided;
- (iii) incidental assimilation of one's own lived-experiences or their substitutes;
- (vi) assimilation of one's own lived-experiences [optimal identification].

Lowenfeld suggests possibilities for allowing a child to put into images those lived-experiences that most captivate him and even those that block him. **By assimilating lived-experiences into images, through identifying with them, the child also is able to emancipate himself.**¹⁵

Because a child himself cannot find the words to express the state he is in, Lubbers¹⁶ chooses means of communicating other than language, namely, images. According to him, communicating via images is a means for a child [in need of therapy] to gain what has spiritually been lost, what has become detached from the familiar possibilities for communicating offered by everyday life.

The following is a brief exposition of **Lubbers'¹⁷ views of image therapy.**

(i) Introduction

A person must assimilate meanings from many situations. In childhood the acquisition of these meanings is a matter for parents and children together. If a child is not allowed to participate verbally with his parents the assimilation of meanings will fail. Then he remains trapped in life situations that are unclear to him. He becomes aware of his own impotence and this leads to **anxiety and defensiveness.**

A child is ready to entrust his problems to lifeless matter. Then boundaries must be broken through in ways that are useful to the child. This implies that we must try to understand the image-world offered by the child from his world-image as this is known to us. As our acquaintance with him becomes differentiated we come closer to him and we can help him.

To understand a child in his child-being the point of departure must be his situation. (Here Langeveld's four moments of becoming are relevant--the **biological, helplessness, safety and security** as well as **exploration and emancipation**).

A child's feelings of insecurity are correlated with a conflict in trust where he cannot, will not, dare not share his anxiety with his parents. The parents then even become representatives of his insecurity because they also still confront their child with the normative.

Langeveld: With troubled children there is something wrong with communication. Such a child conceals his lived-experiences; his educators are not able to "read" his behaviors and emotional life.

In addition, a young child cannot express his problem in words. Therefore, **the aim of image communication is to bring the child back to his educators.**

If a child is able to express his unassimilated lived-experiences (that lead to insecurity and anxiety) in images and if he is supported in this by the adults, the possibility for assimilation is optimal. **Assimilation means: making lived-experiences one's own by giving them sense and meaning**, and this can only occur by forming an image (personal meaning) or a concept (open meaning). Assisting a child in image communication only differs from everyday assistance in that the possibilities for giving meaning [to the images] are optimal. Because he is in a position to express himself symbolically and because he entrusts himself to the adults, he overcomes many of his obstacles--and then the adults become participants in his life and, in this way, his loneliness is overcome. By accepting the child and his efforts, he feels supported. In addition, through the mere expression, a catharsis occurs.

A distinction is made among attributing **implicit meaning** (the meaning is implicit to the situation), giving **open meaning** (the person participates in reality in general as this also holds for others) and attributing **personal meaning** (by which he assimilates his world into his intellectual possessions)*

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- Attributing **open meaning** makes an **objective** world possible, within which the word functions--the world of truth and reality.

By giving **open meanings** (gnostic lived-experiences or cognitive meaning?) and **personal meanings*** (pathic lived-experiences or emotional meanings?), **the symbol is the form of expression** (in forming images and concepts). Attributing **personal** and **open meanings** are extremes that do not occur in pure form in everyday life. Purely subjective or purely objective world-images are human intellectual abstractions. The world of open meanings is constituted via concepts. The personal world cannot be "translated" into concepts [i.e., **reduced to concepts**]. That is, the open meanings are expressed in words (concept formation); the personal meanings are only represented (image formation). The image is a symbol (confirmation). The interpersonal world exists through images and concepts. A person constitutes and assimilates this world by attributing meanings. A person understands his fellow human beings by participating in what that fellow-being discloses in concepts and images. **A concept describes or names an image but does not replace it.**

When a child projects onto unstructured or multivalent material, he provides a reflected (as a mirrored) experience of his defensive and projected self (projection as defense). Catharsis is heightened by analyzing (discussing thoroughly) the projected images (image expressions) or projected stories (verbal expressions). Consequently, projective media (e.g., T.A.T., Columbus, Four Pictures, Rorschach) also have value as pedotherapeutic means, e.g., as possibilities for communicating. (Compare Harrower: Projective counseling, re-educative or remedial technique--you confront the patient with his own productions, the "raw material" from a variety of projective techniques). This is why, e.g., human drawings and sentence completion media are used.

(ii) **Symmorphosis during image communication**

(A person actualizes himself in encounters with others--in response to them). What happens with a child (dejected by unassimilated lived-experiences) who works and plays in security and thus can completely follow his own intentions? Here the child is involved with the world (reality) from a distance because it withdraws behind the image. He can assimilate his world in a safe and carefree way.

* Giving **personal meaning** makes a **subjective** world possible; **my** truth, **my** reality.

Symmorphosis (giving form/meaning with) during image communication rests on the security that the child lived-experiences in his relationship with the helper. For the child who no longer knows real security because of a traumatic experience, a striving for security is the motive for expressing in images (imaging).

A child has to assimilate his lived-experiences; he continually must take up new positions. If he can't (if he can't live in peace with them), these unassimilated lived-experiences become a diffuse, oppressive burden (feelings of discomfort; the content barely reveals itself). Also he lives only by the grace of fear. His existence is attenuated (an attenuated dialogue). He lives in constant threat and does not venture into the new because this demands entering it and determining his position. He only accepts out-and-out trust. He lived-experiences himself as not free and unable to change; with any confrontation, he experiences anxiety and distress. Anxiety leads to powerlessness. The unacceptable meanings are called the avoided meanings in that he cuts himself off from them. The unfamiliar and unknown are the carriers of his avoided self. The child sees in the other what he cannot accept in himself (projection).

The disturbed child breaks contact with persons who do not share in his anxieties and aversions. He cannot do without the security of being-together. If the other accepts him and empathically co-lived-experiences, he feels safe because someone shares his world.

The educator must refrain from confronting the child with what exceeds his real potentialities.

In therapy, the child's unacceptable meanings have to be made concrete. The child tries to withdraw himself as far as possible from his unacceptable and unassimilated self by attributing these facets of himself to the image. Through this projection the impersonal third figure is judged--let happen to him what "I" anxiously retreat from. Hence, the projecting "I" still is confronted with his own problem in the safe security with the other. (Here he will be understood). Thus, the desire to concretize is based on the relationship with the other, on trying to establish and maintain security at all costs.

Symmorphosis means: learning to deal with the strange by following the example of the adults. For example, to attribute a meaning that

does not contain anxiety (say, to a vicious dog); learn to deal with the frightening. Even a frightened child will venture in order to preserve the security of being-together. As a method image therapy is not essentially different from symmorphosis in daily life. There are only optimal possibilities for a symmorphosis search and the anxiety always arises in the projected concretizations because the child must yet attain his security with the new person (therapist) and thus the alarming projection has to be banished. I am with **you** in communication and I project on **another**. I attribute to the other what I cannot accept. You compel me to the projective rejection of the unacceptable facets of myself. You are the beginning and end of the projective defense. Through projection the disturbed child defends himself against the confrontation with his avoided self as this appears to him in the other. Projection is defense.

When projection (as defense) fails, **concretization** can play a role. The child feels secure with another person who does not share his anxiety. Concretization plays a role in times of anxiety and uncertainty. It provides security and certainty. The concrete something surely is unpleasant and risky but not too vague and incomprehensible. You can "take precautions". The concretization is an image of my anxiety (projected concretizations). It is an image of my anxiety ascribed to others that I can calmly explore in your safe presence because you will not expose me.

(iii) **Deprojection through symmorphosis**

In the image the child is reachable and accessible to the therapist. The child wants to be accepted (as he is). Thus, hostility and anxiety are avoided. Here the therapeutic relationship differs from other pedagogic relationships because in the latter, a critical influencing of the child is exercised. In the former relationship, the other is not **opposite** me, he is **with** me. In his growing security the child feels increasingly attracted to the unsafe. A precondition is that he feels safe with his helper. The child's existing security must not be impaired. He gains confidence again if you and I (he) reject the strange world. Thus, the avoided world becomes co-livable and co-lived-experiencable.

When the helper does not let the child assimilate too much the child creates his own images with intense joy (an "urge" to form images). Now the task is to assimilate with the child what he cannot accept from his imaged world. When this succeeds--and the possibility for

this is given in being-together--the reasons for projecting disappear. The safe projections of the imaged world allow the unacceptable to become acceptable to him. Then the child **himself** can find a solution to his difficulties (under the influence of the therapist).

Note: Interpretation and discussion deprive the "thing" of its projective anonymity.

(iv) **Image therapy as methodically guided symmorphosis**

It is surprising how easily, in the presence of an accepting adult, a child enters a relationship with the avoided, and then is led to projective concretizations and finally to full projections. The child projectively rejects what he does not accept in himself. In this way, the lonely self now acquires a co-participant. He accepts the projections because they are not attributed to an existing figure. For example, the child does not blame his father but rather only the fantasy figure that exists through his imaging. As the projections arise in the existing figure the therapist must point out, reflect or interpret. The reality of everyday life is not touched upon. The therapist recognizes the projections and evoked image world and he shelters them with his protective acceptance. Nothing happens to the child; everything happens to an arbitrary other. The child notices that he can reflect, solve--which is a new discovery and a new attitude for him. By means of his attitude toward the frightening the pedotherapist awakens a corresponding attitude in the child. The therapist supports the figure that appears as the concretization of the avoided (Everything occurs in the other--in anonymity). The anonymity of the symbol is respected. The imagined breaking through of barriers is more important than understanding it.

Therefore, the therapist is responsible for offering solutions to difficulties (sometimes even through authority). This is the case when a parent protects his child against something that frightens him. Symmorphosis in image therapy is necessary if symmorphosis in daily life has failed and the parents no longer can serve as guarantors of security. Then something else is needed to free the child from his anxiety through symmorphosis--this must occur under optimal circumstances.

Treatment begins in the symbol of projection and it ends in that of deprojection.

For a child who will not engage in imaging, projective and expressive media can be used.

Criteria

- (a) Self-evaluation (the child remains a stereotype or **defines himself**).
- (b) Level of affinity (**bored-interested**).
- (c) Level of voice (**depressed-excited**). (E.g., a bored child shows a depressed voice). (E.g., the voice rises with affinity and identification).

Continually strive for the **higher image level** that is recognized as the height of (a), (b) and (c).

The anxiety that has given rise to the defensiveness, through image communication, again is concretized and through symmorphosis the content of what is avoided is changed. This content also is functional in daily life (this is why the avoided is considered). As the content changes, this also leads to changed ways of [adult and child] associating by which the child's behavior is influenced in each situation.

In a pedagogic relationship projection is accepted as both a symbol of distress and as a possibility for alleviating it by symmorphosis. The adults accept and protect (a primordial relationship). The adult accepts projections because they aren't really attached to them. He cannot accept projections on existing persons. Therefore, he must prohibit certain behaviors.

Image communication is a detour around the projectively formed image--what is lost is again accessible if it appears in the image projected and if anxiety is removed from it. In the (projective) confrontation with the avoided the child needs the adults' support. The therapist is an educator who deals with the child and who gives whatever support, advice and protection is necessary. This help is characterized by the fact that the therapist maintains the anonymity of the problem--he is quietly engaged with the difficulties of the "he" of the image--in conversing with the child or by enriching the image with another image. If the child accepts the solution for the "he" in the image, the solution also is there for the child himself even though he is not aware of it. Wolpe: The child learns

"emotional responses other than anxiety" in a situation. The atmosphere is intimate, confidential; they question together, the child understands.

According to Lubbers, image communication as a therapeutic method is recommended for those who seek help because some of their life meanings cannot be accepted.

Finally regarding image communication, it is emphasized that the entire range of projective and expressive media usually employed in pedodiagnosics offers very favorable possibilities for use as therapeutic media (e.g., Rorschach plates, Columbus series, T.A.T., person drawings, incomplete sentences). For example, in image communication use can be made of material obtained during pedodiagnosics: the child can draw or model a Rorschach interpretation; he can illustrate a projective narrative with drawings, etc.¹⁸

3. CONVERSATIONAL THERAPY

Conversation is the most important means of communication in pedotherapy and it even accompanies all other forms of pedotherapy. This is the obvious form of pedotherapy especially for children and youths older than 14 since they usually are in a position to verbalize their problem. In contrast to play and image therapy, where there is still involvement with concrete media (toys, drawings, etc.), conversational therapy primarily involves communication between a youth and a pedotherapist by means of conversation. Here there no longer is mention of concrete media, techniques or methods as is the case with the other forms of pedotherapy. In each unique, unpredictable conversational situation, which cannot be completely planned beforehand, only the essentials of pedotherapeutic (thus pedagogic) conversation hold true. Clearly this means that each moment of conversation is characterized by spontaneity, variability, activity, uniqueness and originality.

In order to direct the behavior of the pedotherapist in the conversational situation the essentials of communication (pedagogic/pedotherapeutic conversation) are explicated in terms of the views of a few authors. The most valuable contribution in this connection certainly is that of Prof. J. H. van den Berg.¹⁹ Before briefly presenting his opinions on conversational therapeutic

applications his phenomenological description of "The Conversation" is briefly presented:

The older psychology sought the simplest elements and wanted to build up and clarify the whole of a lived-experience from these elements; e.g., a perception consists of sensations, remembering of engrams, etc. Each elementalistic description is a dismal caricature of what we really experience. The reality of our lived-experiences is not graspable via the elements; the elements are found only in the fantasy of the researcher and not in our life as we experience it. We perceive landscapes, people, **situations**.

Phenomenological psychology does not begin with the elements--also not with gestalts--but rather with the **whole of a human lived-experience**. The phenomenologist is fascinated by human life as it shows itself to him. Therefore, this presentation on conversation does not begin with a description of the **word** as an element of conversation. As soon as **the word** or **a word** is removed from the conversation it loses all of its psychological meaning. We begin with a narrative about a conversation:

(whoever wants to study perceiving should go for a walk);
(whoever wants to study remembering should look up an old friend);
(whoever wants to study the being together of the two genders should take his wife shopping).

In order to show a striking remarkableness about each conversation we begin with a remarkable conversation: Tennyson visits Carlyle and both sit the entire evening silently in front of the fire. Carlyle walks up to Tennyson and concludes their being together with the words: "We had a grand evening, please do come back very soon."

Although no words were spoken still something of a true conversation occurred. With the central precondition for any conversation so optimally fulfilled the spoken word was unnecessary. Their **being-together** is so exceptionally complete that the spoken word is a disturbance of the undivided enjoyment of their trusted silence by the brightly burning fire.

Being-together is the contact within which we know we are understood. We can be silent with the other without feeling tension or alarm. And if we do speak it is comfortable to do so. In weak

contact our words must overcome (the barricade of) the other's presence; there is a wedge between thoughts and expressions; we must weigh the pros and cons, measure our words; it is a fruitless effort. There are more words uttered in proportion to the preconditions for a conversation being inadequately met. Where there are many words there often is minimum real contact. The conversation is defined by the nature of the **being-together**. What is this being-together?

Human being-together is not equivalent to that of animals (Aristotle). Persons can truly be-together even if the other is not physically present. A person is aware of being-with when he misses the other, when he is **lonely**. In a crowd we can easily feel not being-with anyone. The physical presence of a fellow person thus does not guarantee being-with him. Neither does the interchange of words. Speaking-with-the-other is no guarantee of a conversation. The opposite is possible: the spoken word has every chance of disturbing a conversation (See the example of Tennyson and Carlyle).

In really being-with three different persons I will talk in three different ways about the same thing while walking and looking together. There are as many conversations about the same objective facts possible as there are possible forms of being-together. Being-together where a particular appeal is valid will no longer be in force with a new appeal (e.g., from a different person).

With this we arrive at the first answer to the question about the nature of being-together that is constitutive of conversation. This being-together is a being there together. Thus: **worldly** being-together; entering into one world together, being together in this world--only then is it possible for us to speak about this world. Even a quarrel departs from a common world. The precondition for a conversation is a commonly constituted world.

A person must not violate his own principles. In designing a world with another, in being by things with the "conversational partner", a game of give and take is assumed that leaves one's own world image undamaged (as this has developed in communication with everyone who has spoken to us in our life). The conversation is suspended between two poles of responding: a response to a "conversational partner" and a response to one's own history (in other words, to everything that has been the medium for us within which we are

able to be ourselves). The being-with that makes conversation possible implies not only an emergence from the other but also from one's own world.

What role is fulfilled by the spoken word, the conversation itself? The word **details**. We attend to details that **speak to us** the most. In the spoken word the unitary being-with is divided, explained. Speaking is **explaining**. And because of this explaining, this division of the world occurs in contact **with** the other, this dividing is a **communicating**. In principle conversation is communicating a common world. In other words, conversation is a communication of being-together. The conversation does not take place in a sort of vacuum between two inner rooms but moves **in** a world of common efforts. I am compelled to view the other's words as his audible interiority. In a conversation a glance at the other is to ascertain if he makes known with his words what he lived-experiences, what occurs there **within him**.

According to Sartre, each human phenomenon can manifest itself in three fundamentally different ways:

1. The person is world. He "forgets" himself. The stairs teach him the size of his foot and stride; the bicycle indicates to him that he has two hands; the pen shows that he is left-handed, etc.
2. The person is seen by fellow persons.
3. The other notices that I see him. He can experience my look as enriching or impeding. My look is the center out of which his actions acquire content.

The conversation is not only the communication of a commonly designed world but also is a participation in each other's interiority.

Thus, conversation is the most direct contact there is between persons. Important here is the question of the mystery of head (thoughts) and heart (feelings) and their disclosure through the spoken word. This is a question of the role of participation.

Our communication remains a communication with an appeal to a mutual understanding; something the word itself can never

guarantee. The communication is always indirect. We mean more than we say. **The conversation is an indirect communication.** When it is more than mere reporting (and each conversation is more than this), it is indirect communication. The conversation communicates the **hidden** (the secret). What is hidden? It is something **additional** for which words cannot be found but which nevertheless is communicated. It is nothing more than the concretization of our being-together. This additional something remains concealed: no word can directly express it. The word can only indirectly communicate the additional, the hidden, the new aspect of things. Thus, the hidden that the word communicates indirectly is **added** to the objectively given. This addition is the observable concretization of our being-together.

The hidden is the quality of being-with that manifests itself in the things about which the conversation is concerned. The "changed aspect", the quality of the topic of conversation shows me how I stand in relation with the other (and the reverse). Our words revolve around this quality; they are nourished by but are never filled with the hidden. It is precisely because the hidden remains hidden that no conversation can exhaust a topic. That about which we speak is infinitely more than what we can say with words. In principle, the conversation is endless. It can only come to a satisfactory conclusion when our being-together is silently acknowledged.

The above holds not only for contact among friends. Also, indifference, irritation, hate announce themselves as additional themes of the conversation (of being-together).

Being-together is the precondition for a conversation; i.e., the perceptible addition, the hidden in the things talked about nourishes our words. Where we first defined conversation as the communication of a common world, our definition now reads: the conversation is the indirect communication of the being-together that is considered to be an observable surplus lying in the world. Yet, this is an incomplete answer to the question of the nature of the hidden that constitutes the conversation. As a reflection of what is only indirectly communicable, the hidden also finds itself (and equally real) **in us**, in our most inner self as the secret of our heart. The wanderer experiences an urge to communicate with himself when he leaves the noisy street and suddenly finds himself in a quiet landscape. Thus, he experiences two identical things: the landscape

says something to him for which he can find no words, **and** there is an urge from his inner self for which language has no expression. The visible hiddenness of the landscape is at the same time the secret of our inner self. When we turn our gaze from the landscape to the other [with whom we are conversing about the landscape], we experience his hiddenness, the secret of his being-different. There is an immeasurable distance between this secret and expression. His expression remains foreign to this secret, his words are an **alienation** of what in reality urges to be expressed. Thus, his words cannot faithfully interpret his thoughts. Nevertheless, the other's words really do interpret the secrets of his inner self for us, although the secret in itself also remains hidden. This secret sustains speaking with another person. Our words refer to a domain that far exceeds these words in content and value. Our interest stays aroused because for us the other remains hidden (latent). He does not keep himself hidden; but each word refers to the secret within him. Thus, for us the other remains someone strange, new, different about which our interests never fade.

The precondition for the conversation is the secret of the other. This secret in him is what is communicated indirectly by the conversation. (This is the second answer given to the question of the nature of the hidden...). I speak because there is something to communicate. I speak because the core of my being is hidden [and inexpressible]. Who possesses no secret also has nothing to communicate. We can never **completely** know someone through the conversation. Each friendship, love, marital tie lives by the grace of the secret that remains for each other. Only so can we hate or despise another because of the hidden that appears indirectly in his words.

The conversation is carried by a never satisfied--and at the same time ever satisfying--curiosity about the secret of the other. The precondition for the conversation is the strangeness of the other, the inequality of two persons, the **asymmetry of the speakers**. For example, man and woman, teacher and pupil, doctor and patient--the conversation between both knows an entirely new nature; many social norms can be pushed aside in these conversations.

Thus, a precondition for marriage is conversation that is never boring. Those other conversations that know no end live by the grace of an infinite distance. A person speaks because he is

addressed from a distance. According to Van den Berg, there is a desire (or homesickness?) for nearness only when distance is lived-experienced.

In terms of the above, the following are **essentials of a pedotherapeutic conversation**:

(i) For us the basis for fathoming the pedotherapeutic conversation is **the pedagogic situation as a conversational situation**. The **moments of lived-experience** regarding the situation are noted--the reality of our lived-experiences, i.e., the whole of human lived-experiencing.

(ii) A pedotherapeutic conversation revolves around the **quality of the communication**. The **being-together** of child and pedotherapist is here more important than the spoken word. A pedagogic **encounter** has to be actualized in conversational therapy, i.e., they must participate in each other's inner self. Then there is a **joint constitution of one world**. Child and therapist enter together into one world. This common world is the **child's problematic situation**. The most direct contact is actualized between child and therapist; the child's loneliness is broken through.

(iii) The **pedagogic relationship of understanding** is actualized in the conversational situation ("we know we are understood"; there is a mutual understanding).

(iv) The **pedagogic relationship of trust** is actualized. There is an absence of tension and alarm, even when there is silence. Child and pedotherapist speak comfortably; the presence of the other need not be conquered; the fruitless effort of measuring words, of weighing pros and cons is absent.

(v) To influence pedotherapeutically, the pedotherapist need not always be physically present (e.g., during **periodic breaking away**).

(vi) When the pedotherapist talks with the child, there is no guarantee of a conversation. There is a difference between a **dialogue** and **addressing**.

- (vii) The **uniqueness** of each pedotherapeutic conversational situation is emphasized. Thus, it is difficult to use a technique, recipe or method.
- (viii) **Values** are actualized in conversational therapy. Child and pedotherapist are responsible for each other (**pedagogic engagement**) but also for their own principles. Conversational therapy is a play of give and take.
- (ix) By means of the word, the world is detailed, explicated, shared and conversed about; that is, the world of mutual efforts is explored.
- (x) The pedotherapist views the child's words as his audible inner self. Thus, he directs himself to the distressed child's **expressions of his lived-experiences** regarding his problematic situation.
- (xi) The pedotherapist's encountering **look** enriches the child.
- (xii) The question of the **secrecy** (anonymity) of the child's lived-experiences, as a question of the degree of shared participation, is important in conversational therapy. Not **everything** about the child has to be revealed. Often it is preferable to keep certain aspects of the problematic situation anonymous, e.g., by keeping it general or by communicating about it indirectly. Communication must be indirect. Child and therapist mean more than what they say about the problem. The conversation is an indirect communication. It communicates the hidden, the added for which no words can be found. This hidden aspect (the secret of the other) is the quality of the being-together of child and pedotherapist. If the child knows that the deepest secrets of his heart can be discovered and revealed he will not be ready to converse for that purpose. **The precondition for the conversation is the secret of the other** (Van den Berg).
- (xiii) The child has difficulty expressing his disturbed emotional (pathic) lived-experiences. There is an immeasurable distance between the secret (lived-experience) and the expression (Van den Berg). Therefore, the pedotherapist can never completely know the child.
- (xiv) A precondition for pedotherapy is the **asymmetry** of the child and the pedotherapist.

(xv) The pedotherapist must maintain a definite **distance** between himself and the child or youth. Then he will awaken in the child a desire to want-to-encounter the therapist again. Consequently, child and pedotherapist must not become too personal, too familiar with each other.

Perquin²⁰ views the pedagogic conversation as one of the most important means of communicating with youths. However, it is an art to engage in a conversation in such a way that real and fruitful communication arises. Currently, many youths are only "preached to" because their educators allow themselves, time and again, the luxury of giving "good" advice, often unsolicited. Now the adults should let go of their experiences and insights whether of interest or not. Thus, a sermon given to a child does not lead to communication. Often the child feels that the intimacy of his own existence is violated and this leads to confusion. Often he is on guard against the "opponent" (because in such a case this **is** the educator). He knows the topics and the tricks that most likely will arise.

Such forced conversations usually are unacceptable to the youth although they are necessary to help him out of his distress. Often a youth experiences such a conversation as a "fishing" for his secrets. Even the adult feels that he should flee from such a forced conversational situation. The pedagogic conversation is most authentic if it flows naturally from the usual ways of human communication. (E.g., the requirement to first enter into communication with the child before pedagogic intervention can occur--the author). A youth has a need for an encounter that is neither planned nor aimed at. He longs for a trusting, loving being-together with nothing hidden behind it and that thus has no threatening content.

Many youths dread conversations with their parents because they feel that there is always a hidden agenda, also even when conversations appear to move in neutral areas. Youths long for a being-together that provides security, where the educator does not wait for his chance to uncover secrets or give unwanted advice. Consequently, the adult should be a disinterested participant, offer a refuge and represent a degree of security rather than that he have a "talk" with or analyze problems; he should not be poised ready to intervene.

Additional guidelines offered by Perquin²¹ for a good pedagogic conversation, also for a pedotherapeutic conversation, follow:

(i) The conversational room should be furnished with things that appear friendly to the youth. A cozy room (wallpaper, books, pictures) says something about freedom and doesn't suggest any deficiencies with which the youth must be filled. The conversational room also should have a personal character. Neutrality makes a youth uncertain because it can mean **anything**. Room and therapist must form a unity within which the latter's behavior can be understood. The youth must be able to **take possession of the (safe) space** and feel at home there. Although he can be surprised, things there should **occur as they usually do**.

(ii) A youth will--usually with discretion--tease someone. He has no expectations about this because that would create obligations. He prefers to find a busy person. In this regard he is not misled--he lived-experiences the being busy as meaning contact with the larger world.

(iii) A pedagogic conversation cannot be meaningful if it is not **mutual**. Child and pedotherapist must be able to speak and listen to each other. Also, the youth must feel that he has made a positive contribution to a fruitful conversation. He gives something, namely, trust, and he hopes that it is appreciated. In the midst of his uncertainty, he wants to assert himself. Therefore, he will entrust his secrets to the pedotherapist, an act of goodwill that implies a request for reciprocity. Then he will have a conversational partner and not a lecturer.

(iv) A true pedagogic conversation is a loving conversation. It requires a really positive encounter, the experiencing of an existing intimacy; therefore, this cannot be forced: it is and remains a gift--to which the youth looks forward.

(v) Pedagogic conversation is neither "guidance" nor "counseling". "Guidance" runs the risk of becoming a bold intrusion; the advice given and the questions asked often are experienced by the youth as an attack on his freedom. "Counseling" usually does not relieve distress. He is not **personally** affected in an adequate way by it. For the youth, the word should open up the possibility of a reply and must get to the core of his problem. He also is not satisfied with

indirect behavior. The therapist also must approve and disapprove. The youth depends on his empathic understanding, on his entering his situation as completely as possible, on his loving listening, but things have to be really clearly stated.

(vi) The youth (especially the adolescent) wants to experience **freedom**. He should not be bound to the pedotherapist and should be free to go whenever he wants. Loosening himself must remain a lived possibility. Freedom means that the youth seeks a solution and not merely advice or information. He wants to know and to be responsible; he is not in need of ethical or religious guarantees. He accepts information freely with thankfulness. For the youth the pedotherapist means an abiding love in freedom. The youth does not want to lose his freedom of action. However, he has to be guided to take personal responsibility. If he relies completely on the therapist, his personal becoming will not thrive.

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

A good pedagogic conversation is not a technique; it is a being-together in unselfish love. It is a pedagogic relationship within which educator and youth give themselves to each other. Therefore, a valuable conversation also cannot occur if the educator tries to

demonstrate his superiority and goes out of his way to give unsolicited and unwanted advice. The fruitfulness of the conversation grows from the soil of the trust that the youth has in the educator. This implies that they are at one with each other and cherish their mutual thankfulness. This also means that the heart must be involved in the conversation.

Perquin²² writes, "It would be regrettable if the pedagogic conversation were to be reduced to a technique. Fortunately, this is not possible since this would be a contradiction in terms. No single act of educating can exist without love".

In another work, J. H. van den Berg²³ presents the **characteristics of the new therapeutic conversation**. The following pronouncements clearly hold true with reference to pedotherapy: In contemporary society no one knows his place. Our time is characterized by chaotic human relations. The therapist does not say what must happen or be left as it is. **He questions**, but with his questions he emphasizes, exaggerates, diminishes, underestimates his patient. Consequently, he procrastinates; he forces the patient to correct [cure] himself. The therapist helps the patient to take up and maintain a distinct place among persons because involvement with others is only possible if you know where you stand, if you accept your position there where you find yourself in reality in accordance with your qualities and talents. According to Van den Berg, therapy is assistance in attaining this.

Thus, for the youth-in-distress, conversational therapy means an orientation (to determine one's own place). It is pedagogic guidance to re-define his own place in life; it is support so that he will distance himself to a clarification of his existence, to an orientation regarding himself, his possibilities, his future and his pedagogic situation. For the youth, this orientation means **self-affirmation**.

Beets²⁴ demands of the pedotherapist a "democratic association in adolescent therapy". The youth and especially the adolescent want to be treated with equal justice and dignity. They want to be taken **seriously** as a conversational partner.

Once again, Freud was the first therapist in our century to have treated an adolescent (Dora--18 years). Where he was extremely authoritarian with her, pedotherapeutic association with the

adolescent now is more democratic and is characterized by openness. In a **democratic milieu** that is created by the conversational partners together the youth must see a new future for himself. The association also must be light-hearted and playful, characterized by authenticity and open-heartedness. Youth and pedotherapist must **learn** to deal with each other. Still, the pedotherapist should not demand **complete openness** of the adolescent. The youth has the **right to speak and be silent**. Therefore, he is given the following warning: "Think carefully whether you indeed will entrust me with what you are going to say. Will you not regret it later? Don't say any more than what you really want to". Also, the youth's right of privacy must be guaranteed. According to Beets²⁵, within the therapy, new democratic forms of association unfold.

Beets also says that for the youth, therapy means a formative event and especially in the following four respects:

(i) In therapy the youth learns to think about human existence (via questions asked and answers--dialogic-dialectic relation). Here language as a means of expression plays a liberating (talking out) role. One's own existence and future become clarified. Thus, therapy can be called a philosophical adventure. Ordering thinking, acquiring a grasp, seeing perspectives mean that **life is made more livable**.

(ii) In therapy the youth learns to analyze and evaluate situations so he can take a better position with regard to them. The **concrete situation** is analyzed so the youth can know how this is done. It is here that the matters of **intimacy** and **openness** arise. Ordering and analyzing the situation calm and liberate the youth from experiencing chaos and nervousness.

(iii) In therapy the youth learns to analyze and evaluate his activities. He learns to know himself: his individuality, identity, authenticity, potentialities, behaviors, feelings (nuances of the emotional life are correlated with nuances and differentiations of thinking and judging).

(iv) In therapy, the youth learns to behave in accordance with acceptable ethical norms. The therapist is regularly confronted with the question of whether what the adolescent does, thinks, desires and feels is **right or wrong**. The youth learns to distinguish

between those norms he has been devoted to until now and other norms that he will or must live by in the future. The adolescent learns to see himself as others see him. He learns to view himself as he **is** as well as how he **must be**--thus, he is made aware of the fruitful tension between **is** and **ought to be**.

Finally, reference is made to Landman's²⁶ article on "Pedagogic criteria for conversational therapy" that can be studied by a pedotherapist with great benefit.

4. THE GUIDED DAYDREAM (Reve Eveille) OF ROBERT DESOILLE AS A FORM OF PEDOTHERAPY

This therapeutic form of the **Guided Daydream** has been used successfully by J. H. van den Berg. He briefly describes the **Guided Daydream** as follows²⁷:

4.1 History of the Guided Daydream

Desoille (engineer) linked up with the work of Caslant whose approach is related to the analytic method of treatment (relax, give free range to thoughts, report what is experienced--of adventures and trips to unfamiliar and unseen places, people. E.g., exploration of one's personal past by means of free association). In his imagination, the person must move upwards (ladder, airplane); this higher sphere is not uninhabited. This world seen at an elevation is something that is **different** or **new**; with this his **mood** also changes entirely. This imaginative vertical trip has particular psychological value. The person is invited to abandon himself in the realm of the created fantasy. This event has a **liberating action**, an **improvement in the mood**.

Desoille's method is in the spirit of the "surprising liberality" of French psychotherapy of that time where distance is absent (in contrast to German psychotherapy where a greater distance between therapist and patient is maintained). His two works appeared in 1938 and 1945.

4.2 The method

The patient lies down and relaxes and is receptive to everything he sees in his imagination that he then expresses. Instead of introspection and free association, the patient is directed to a world

of living adventures and new encounters. The **Guided daydream** is enacted in the **present**. The account remains in the present. If the patient says "I was", the therapist corrects this to "I am". The patient is bound to an actual and responsible world. Instead of a personal life history, he is invited to return in a new way into his world and take up in new ways the tasks this world requires of him.

An imaginary object can serve as an appeal, e.g., a key. What are you going to do with it? What happens now? Other objects such as a vase, a cup, a flower also can be used.

The patient is invited to move in a vertical direction. This often occurs spontaneously; often he is placed on a flight of stairs with the choice of whether they lead up or down. (Balloon, elevator, diving suit, a boat moving through a cavern, etc.). With the point of departure in the present, a series of imaginative happenings arise (unexpected adventure). The patient is surprised, pleased, annoyed, full of wonder about what he experiences. Characteristic is unimaginable changes in mood--shouting or excited calmness, laughing or crying. However, the course is not always emotional. Slow journeys arise, as do tedium and fatigue. However, the element of surprise remains and is never entirely absent.

The therapist participates: intervenes, asks about details, about feelings and dress (dress is a reliable index of the traveler's emotionality). He accompanies the patient. He does not leave him; **he travels with him**. The following is of importance regarding vertical journeys:

(a) Everyone has a particular, personal affinity to rising and descending. The inhabitability of the vertical levels, the way in which "high" and "low" are at one's disposal vary from person to person.

(b) Psychically sound persons find it easy to move to the deepest depths and to the greatest heights. They do not fall. Neurotics nearly always encounter barricades, ascending as well as descending. They fall easily.

(c) The barricade is usually a living being, embodied in a person, an animal, a figure--that expressly forbids any progress. (Dwarfs, dragons, giants, angels, spirits, gods--depending on the level on which they appear). **Style of images:** going upwards the image

grows lighter, more transparent, etc.; feelings become better, the light becomes white; the image appears in an all-conquering light, etc.

The therapist intervenes in case of a barrier. If the patient cannot continue his upward flight he offers him a means suitable to the situation and to the condition of his spirit that he (necessarily) first makes him describe in detail. For example, sun rays as a road to what is above, a voice calling from above, a helping hand that leads him upwards, free from fears. (The therapist himself!). The patient's fall is stopped. For a descent: spades and dynamite--also a benevolent figure can be present.

The therapist must not waiver in giving help, e.g., entering into a contract or fighting with the guard of the threshold; give the patient the necessary magic weapons, a charm, an annihilating ray or real weapons (swords, revolvers, atomic bombs). Provide soldiers, tanks, or planes; appropriate help. The battle must be won.

Overcoming the barrier means **rest** and an **improved mood**. A **purification** has taken place. Then the journey is resumed--in a new territory (exploration). Sometimes the patient asks himself why he was so concerned and why he wanted so much help. Allow him to look back to the past, to the burden. It is puzzling to him how difficult his life had been (at the barricade). **His entire world has undergone a change for the better.**

One of the main significances of the journey into the unfamiliar is a purification and rejuvenation of everyday existence (psychology of the journey). **A new horizon purifies the old landscape;** one's own inner nature becomes refreshed.

After reaching a satisfactory height, the therapist must allow the patient to return to safety. The return is much more rapid than the ascent. Here he rests well. After this, the patient can describe the journey in detail (the child can draw).

4.3 The anonymity of the symbols

The symbols occurring are not interpreted but rather illustrated. (The patient's father is recognized in the guard of the threshold). There is serious objection to the psychoanalytic method of interpretation. For example, the unfavorable role of the father is

pointed out. Even though the contact with the father was seriously disturbed, was it only the father who stood in the way of his child's favorable development? The patient can consider his father guilty, to maintain him as the guilty one. Only the neurotic maintains the disturbed or negative contact--the emphasis is on his guilt. Sometimes it is necessary for the psychoanalyst to support the postulate of the father's guilt. This theory gives the patient a relative degree of freedom (determinism?). Absolutizing the **constitution** of the patient also is pragmatically paralyzing; we should not look only to the past (overestimating the psycho-"genesis"). This involves **actual** choices; **accounting for**. Thus: interpreting his past; accepting his present; designing his future.

In the relationship of symbol-reality it is the symbol and not reality that is primordial. If a dragon (father) appears, there is merely an interpretation of this symbol: the patient sees his father as a dragon.

With regard to the objective, registerable reality, the symbol is primary; it is a figure giving **expression** to a relationship as yet unknown **in the most adequate way**. The symbol is made visible, explained, illustrated. Reality is a personal illustration of the symbols. In dreams and in daydreams, the symbolic experience is in the foreground. The therapist seeks a cure for his patient within these two forms of human actuality. Life will only become accessible to him again when he dreams or imagines he has succeeded in finding a way again to all of those areas to which daily life never ceases to appeal.

The aim of the **Guided Daydream** is to cure the patient, to make his actual world inhabitable for him through the imaginative regaining of lost territories, in making habitable the world of dreams and imagination. The emphasis is on regaining territories **high** and **low** because no others are so loaded symbolically and consequently have such a direction-giving meaning for real life.

The **high** is the symbol of free actualization; of the future; of the possible; of choices, the acceptance of the new; of becoming more than all that was given before; of unfolding, expanding, of taking possession. The **low** is the symbol of hampering restraint; of the past, of being confined; of being retained and the preservation of property; of a returning to oneself, the bending over oneself; of isolation from all contact, all longing, and the yielding to another longing: that of one's own heart.

He who in his **Guided Daydream** is able to reach the highest heights and the deepest depths without barriers can carry out the tasks of daily life and is psychologically healthy. The neurotic who overcomes his barriers in his Guided Daydreams and learns to travel over and take possession of territories beyond these barriers will be able to move with equal freedom in daily reality, i.e., he will be cured of his neurotic disturbances. This is because the world is the daily illustration of our subjectivity whose purest expression is seen in the images of dreams and reveries.

Only he who calls the world his dwelling place is happy--the whole world--from high to low and from left to right, light, dark, day, night. Those who are happy say **yes** to the entire world. Nowhere is this "yes" as fruitful as in dreams and daydreams. He who is happy can be released in dreams and claims the right to lose himself in the wondrous world of his creative imagination.

4.4 Direction in the Guided Daydream

The Guided Daydream occurs less often outside of the therapeutic situation. The patient needs help for it to proceed easily; he seeks guidance in taking possession of new territories. In the Guided Daydream he is aware of the fact that his journey, his rises and falls are followed and watched. This gives him the strength to enter territories that, if he were alone, would be inaccessible to or even absent for him. Now and then, the therapist asks questions and intervenes. He **directs** the patient's exploration (Guided daydream). This is a difficult task for which it is necessary to put oneself entirely in the patient's situation. A small error can lead to desperation and anxiety. The therapist directs, the patient invites the therapist to suggest a particular direction, he gives the therapist the right to intervene in his narrative. In consulting the therapist, he has made a difficult decision. The patient takes his most important step on his way to a cure by stepping across the threshold of the therapist's room. The direction in the Guided Daydream rests in the first place with the patient. The initiative to seek help is his, the decision to venture into the world of creative imagination; he makes intervention acceptable; it is he who allows the therapist to play a part in his narrative and to help him overcome the barricades.

4.5 Indications for using the Guided Daydream

Only the therapist who has wide experience in interacting with neurotically disturbed persons and who knows the method well (and who does not underestimate its dangers) should apply the Guided Daydream. Thus, he ought not begin his therapeutic practice with this method.

The following also are important: The method should not be used with persons whose past is a large, unpaid bill. Then psychoanalysis is preferred. Also, for patients with a clearly negative attitude towards fellow persons (and therefore also the therapist), psychoanalysis or non-directive therapy should rather be considered.

The Guided Daydream lends itself admirably to use with patients where a clear insight into their own nature is the first, perhaps the only, precondition for recovery. It is also effective in treating neurotic conditions that no longer are fed by a still living conflict but that persist as a "way of life"--the so-called "entrenched" neuroses. A certain degree of intelligence is indispensable. That is, according to Van den Berg, he should be capable of understanding an "introspective" examination.

The aim is not to design an applied child daydream therapy on the basis of the above description. In the following, the author will only investigate the **pedotherapeutic possibilities and meanings** of a few essentials of this form of therapy: it is possible to **combine image narrative** (image communication) and **journey narrative** (re the Guided Daydream) as a means of assisting children in educational difficulty. Prof. M.C.H. Sonnekus has had a number of successes with this newly combined form of pedotherapy.

True to pedagogic requirements, the Guided Daydream is **prospectively directed** so that in applying this form of pedotherapy the child-in-distress will benefit by its direction to his future.

4.6 A pedagogic (pedotherapeutic) evaluation of this method

Just as in the Guided Daydream the therapist **accompanies** his patient on his journey and supports him in conquering barriers (problems), the pedotherapist temporarily is with the child-in-

distress in order to give him assistance in overcoming his problems on his way to adulthood. As pedagogy, pedotherapy is **guiding** the child-in-distress. Clearly then, **pedagogic influence** is possible with such an imaginary journeying together, especially in the form of **support to re-lived-experience** (as re-defining) one's situation.

This form of pedotherapy implies that the child will **express his imaginary vertical journey in images**. Again, this involves an exploratory journey during which he is confronted with his problem or problem-figure and where he must overcome this obstacle with the help of the therapist. If in his expressive journey narrative he can succeed in ascending, he will view the world as **changed** and **new** (lived-experience and re-lived-experience). The psychology of the journey is also valid regarding the child-in-distress: the new landscape of creative imagination changes the old situation (pedagogically distressful situation). Purification, liberation, re-living and re-lived experiencing occur. For the child this means pathic rest (the anxiety is eliminated), an improved attunement. By **creating** a new world, catharsis and mimesis are actualized.

Also, here the child has to direct himself from the present situation to new landscapes (exploration). He is confronted with present and future demands. This implies **actual choices**, and being **accountable** for them.

The therapist takes part in this form of therapy. There is pedagogic guidance and intervention. The child also explores his problem area in order to clarify it. For this, he seeks the pedotherapist's direction and guidance. He feels safe if he is accompanied, protected and directed by a fellow traveling mate on his exploratory journey. He himself now ventures and surmounts problems to the point that he is no longer solitary (alone). The pedotherapist intervenes at barricades (problems, problem-figures) by means of applying aids. **"The battle must be won"** means, in pedotherapeutic language, that **the distressful situation must be broken through**.

The vertical journey allows the child to look back and down on what provokes anxiety. His world changes in a favorable sense because he now attributes other meanings than anxiety to it. During the entire journey, he must experience safety and security.

This imaginary journey narrative further involves the use of vague **symbols** such as symbolically exploring and curing. The world is explored, reclaimed and inhabited symbolically. As the pedotherapist journeys with the child, symbolic solutions are found. These symbolically found solutions have to be actualized by the child in his daily life. If the child is in a position to move to the highest heights and to the deepest depths without barricades, he is mentally healthy. Then he can say **yes** to the whole world; he can assimilate **everything**.

Two essentials of the Guided Daydream are not realizable with a child. On the one hand, the absence of distance is not pedagogically allowable. There must be an optimal encounter with a preservation of distance (Rumke). On the other hand, the child cannot "lie down and relax". This obstructs the look (the point of contact for a pedagogic encounter). In addition, the child will feel more secure and more at ease if he is busy with imaginatively productive activities. Supplementing the journey narrative with imaginary productions provides a means of communication as well as an activity in which the child can take part spontaneously and naturally.

At this stage regarding the above forms of pedotherapy (play, image, conversation), it should be emphasized that they are not separate from each other. Conversation is the most important means of communicating. It is essential for all pedotherapy and it always supplements the other forms. Thus, conversation as well as one or another form of imaging are always actualized in play therapy. In image therapy, the child also is busy speaking and playing. In conversational therapy the youth also represents (expresses in words). Here, light-heartedness and playfulness are also sometimes meaningful (Beets). In play, image and conversational therapy a journey narrative is possible.

In the concrete pedotherapeutic situation this inseparability of pedotherapeutic forms means that, e.g., in play therapy child drawings also can be used. So also in play and image therapy, e.g., the mosaic procedures and projective media can be implemented. Numerous combinations of pedotherapeutic forms and media are thus possible.

5. LOGOTHERAPEUTIC MOMENTS IN PEDOTHERAPY

This matter is related to two themes that were dealt with in the present study, namely, the logotherapy of Viktor Frankl and values in pedotherapy. This is linked up with what was fathomed regarding these two themes.

The present theme is further linked up with the views of Frankl²⁸ and with Nel's²⁹ discussion of them, more specifically regarding pedotherapy.

The pedotherapist must know that he (especially in conversational therapy with the parent, child, youth, adolescent) must actualize logotherapeutic moments in pedotherapy. This concerns more supporting the youth-in-distress to re-lived-experience his everyday meanings feelings, thoughts and values. Logotherapeutic moments in pedotherapy mean that the youth's central meanings as deepest lived-experiences--thus his attribution of meaning to life and reality--are modified. Consequently, the pedotherapist also must make a contribution to the child/youth's optimal actualization as **spirituality**. According to Nel³⁰ "this means the activation and potentialization of the spiritual dimension of the structure of a person, which implies an awakening of the child's conscience, notions of value, and responsibility so that gradually he develops insight into the meaning of life, suffering, love, work and death".

Logotherapeutic moments in pedotherapy thus imply pedagogic intervention in the child's ethical-normative meaning of the world; this aims at the child's eventual acquisition of freedom, leading a meaningful life, vocational fulfillment; in addition, there are issues of morality, choices, religiosity, sense of guilt, etc. Here the pedotherapist will bring about a cure and liberation by bringing the child to a favorable attunement, i.e., by actualizing particular established values, especially regarding the problems of the child- or youth-in-distress. The latter must be able to give an accounting of the aim of his existence. The pedotherapist must interpret this "will to meaning" in terms of a sense of responsibility (Buhler).

Just as with the anthropology (and existential analysis and logotherapy) of Frankl, pedagogic moments are possible³¹, pedotherapeutic moments as particular moments of educating and re-educating also are possible. Just as this is viewed from existential analysis, in the pedagogic there is involvement with **educating to responsibility**, in logotherapeutic moments in pedotherapy there

is involvement with re-educating as corrective educating to responsibility, to having a conscience.

Actualizing logotherapeutic moments in pedotherapy is especially meaningful also with respect to the child or youth with a particular defect or impediment. Since such a defective or unfavorable pedagogic situation cannot be eliminated (e.g., progressive weak sightedness, the death of a parent, etc.), the child must be supported to assimilate and accept it. He must be brought to the idea that his life still has sense and meaning in spite of his difficult lot.

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