

CHAPTER FIVE

SYNTHESIS

In **Chapter One**, the author placed the methods of three of the most important therapeutic schools (Freud, Rogers, Frankl) in a critical-historical framework, otherwise the present reflections on the foundations of an accountable phenomenologically based pedotherapy would have taken place in a vacuum.

First, from **Freud's** analysis of little Hans, points of criticism and merit were made concerning the psychoanalytic system. The primary objection to Freud is that he separates educating and child therapy. Throughout the present study, it is emphasized that **pedotherapy is orthopedagogics (and, thus, pedagogics or educating)**. Where Freud's patient brings content from the past (retrospective direction) as a re-lived-experiencing, as a being conscious of it again, modern pedotherapy involves giving support to the child for a re-lived-experiencing as a re-defining of his own problematic situation (prospective direction).

Further, in light of the following objections **Freud's psychoanalysis is deemed to be pedagogically unacceptable**: the naturalistic philosophical anthropology underlying psychoanalysis; the -isms that characterize his views; the unscientific nature of the Oedipus-scheme; disregard of a person's situatedness as well as of his lived-experiences of his situation; in Freud's child-analysis the pedagogic is not actualized; pedagogic questions and aims are not raised by psychoanalysis; the child does not receive the help and support from the psychoanalytic approach that he needs and consequently the demands placed on his potentialities are too high. Still, Freud's contributions have pedagogic implications since he was the first to notice the full importance of the child's lived-experiences and he also showed how detrimental conflicts can be.

Rogierian therapy overestimates and exaggerates the child's potentialities to understand and solve his own problems. Also, the permissive relationship characterizing this school is pedagogically unacceptable. This is because **the relationship of trust is absolutized while the pedagogic relationship of authority is not actualized**. Instead of a **norm-centered** relationship non-

directive therapy is especially **child-centered**. The child's problematic educational situation is overlooked. **Pedagogic encounter and engagement** are not actualized in client-centered therapy. Most of the aims of this therapy cannot be attained with a child because many of the preconditions for its success cannot be carried out by the child. Finally, this method is appropriate for an exceedingly limited number of children and it is strongly rejected in spite of some merits.

Frankl's personological philosophical anthropology and his emphasis on a person as **spirituality** is very acceptable to the pedagogue. The life-demand that a person actualize values, especially established values, also is clearly valid in pedotherapy as a pedagogic event. It is appropriate that the pedotherapist direct himself to making the person requiring help aware of spiritual contents and that he establish an **encounter** with him. However, it is alleged that **logotherapy with children is not pedagogically grounded**. Pedotherapy is something else and something more than logotherapy with a child. Logotherapy primarily is directed to the problems of **morally independent adults**; its basis is Frankl's existential-analytic theory and not the pedagogic situation. Pedotherapy must not be viewed merely as applied child-logotherapy. With respect to freedom, responsibility, independence, choices and the actualization of higher values of life this therapy places demands on the child's pathic, affective attunement that are too high. Thus, it is not a suitable form of treatment for the child-in-distress.

The general objection to the therapeutic approaches of Freud, Rogers and Frankl is that **all three have a theory of treatment as their point of departure and not the pedagogic situation**. Not one meets this primary **requirement** for being an accountable pedotherapy. If one takes one or another of these three as one's point of departure one's "pedotherapy" will merely amount to an applied child-analysis, child-centered therapy or logotherapy.

Because pedotherapy is a particular **interpersonal** event, the author has laid down an acceptable child anthropology as its foundation. A naturalistic image of the child is rejected as unacceptable with the consequence that a number of behaviorist approaches to therapy also are rejected, including behavior modification. These therapeutic practices overlook the human

dignity of the child and the fact that he wants to be someone himself. They are directed primarily to techniques, programs, tools.

In contrast to this naturalistic anthropology the author recognizes a modern philosophical child anthropology where the child-in-distress is viewed in his totality in relation to his world. Here there is a search for the childness of the child-as-an-open-question. The child is a unique initiator of relations, he is always new possibility, he can choose and he can be accountable, he exists via self-actualization. He is a person, intentionality, Dasein, Mitsein, spirit. He is always (pedagogically) situated. His becoming is actualized by his giving meaning to the world.

A pedotherapeutic situation implies a particular educative situation. **Pedotherapy is educating.** Thus, its basis cannot be a particular theory of treatment but only the pedagogic situation. Therefore, **fundamental pedagogics**, with its disclosure of structures fundamental to educating, provides a **foundation** for pedotherapy. These structures are clearly valid for the pedotherapeutic situation, and therapeutic actions with the child are only pedagogically permissible and accountable if the pedagogic relationship, sequence and aim structures are actualized. Pedagogic categories (structures) express the essential occurrences in pedotherapy; it is with reference to pedagogic criteria (structures) that pedotherapeutic actions are evaluated.

In light of the above, in the present sketch of pedotherapy the **pedagogic relationship structure** is the **precondition** for the therapeutic event, the **pedagogic sequence structure** becomes its **course** and the **pedagogic aim structure** provides the **criteria** for evaluating its results.

Concerning the question of the lived-experience of educational neglect and its pedotherapeutic correction, **psychopedagogics** with its fundamental category of **lived-experience** provides an additional **foundation** for pedotherapy. This part-discipline (of pedagogics) is concerned with the question of a child's educatively situated lived-experiencing and behaving. Aspects of lived-experiencing that are emphasized during pedotherapy are **attributing sense and meaning** and **attunement**. By means of these aspects the actualization of the child's becoming is **changed**. Important distinctions are made among the **pathic (affective)**, **gnostic (cognitive)** and **normative** aspects of lived-experiencing.

The child's becoming occurs in terms of a distancing from a habitual pathic (affective) to a gnostic (cognitive) way of lived-experiencing. Consequently, in pedotherapy the child needs to be supported and guided in these ways.

Because the aspects of becoming described by **Langeveld** have significance and implications regarding the origins and correction of educative difficulties **his psychology of becoming** is posed as yet **another basis for pedotherapy**. In terms of his theory of becoming an adult, if the **biological** aspect and those of **helplessness, security, exploration** and **emancipation** progress **unfavorably** the child becomes a pedotherapeutic problem; on the other hand, **security** and **exploration** **have to be actualized in pedotherapy**. Of the above-mentioned aspects, the first three (biological, helplessness, security) are primarily **emotional** lived-experiences for the child while the latter two (exploration and emancipation) indicate that the child directs himself to his world **cognitively** and that his becoming is being actualized on a higher level of lived-experiencing.

Orthopedagogics is the scientific domain underlying **pedotherapy**. Pedotherapy is always orthopedagogics. Here the concern is with educating a child with serious restraints in his being educated. It is specifically the task of orthopedagogics to carefully study and evaluate, from a pedagogical perspective, existing models of child-therapeutic treatment.

The central category of orthopedagogic theory is **the lived-experience of being-different** characteristic of all pedagogically restrained children. Essentially, this is a lived-experience of **being inferior**. **Assisting** these children regarding their subjective lived-experiences is the **central task of the orthopedagogue**. The **central categories of diagnostics** are **disturbed lived-experiences and behaviors**. The **central category of giving assistance** (thus, also of pedotherapy) is to **support the child to a new lived-experiencing**, as attributing new, favorable, positive meaning to his own situation. This support is synonymous with Lubber's concept of symmorphosis (to give meanings with the child). Thus, pedotherapy is corrective educating as a reorienting; it is support for readjusting and actualizing the child's particular potentialities. A defensive attitude (aggression, isolation, regression) is unfavorable for a child's becoming, and he has to be supported to attain a new, more favorable lived-experiencing of this.

What is attained by **educative factors (everyday symmorphosis)** during adequate educating has to be brought about by **educative means (pedotherapeutically guided symmorphosis)** with an educatively distressed child.

In Chapter Two some facets of problems appropriate for pedotherapeutic intervention were discussed briefly. First, the child's **distressful situation** was described as **resulting from pedagogic neglect**, that is, by not actualizing or inadequately actualizing the **fundamental pedagogic structures**. Defective educating means for the child disturbed lived-experiences, especially on a pathic [emotional] level as well as not actualizing his cognitive and normative potentialities for lived-experiencing. The distressful situation also was presented as an inter- and intra-psychic situation of conflict where, by deficient educating, the child's needs, yearnings and initiative are thwarted.

Some essentials of the distressed child's pathic (emotional) unrest are his lived-experiences of **being-different, being-inferior, loneliness, insecurity, helplessness, uncertainty and anxiety**. These emotional lived-experiences usually are correlated with labile gnostic (cognitive) lived-experiences (also, the pathic and gnostic cannot truly be thought of as separate from each other). The separate meanings and the mutual relations of these basically negative pathic lived-experiences are indicated. The child lived-experiences his distressful situation primarily in an emotional (pathic) way, and, therefore, **the first pedotherapeutic task is to stabilize the child emotionally**.

Guiding educators (e.g., parents) means that by giving advice and support to the child's educators the pedotherapist provides the occasion for **abolishing the child's pedagogic distress**. Problems of educating always are **relational**, and, therefore, problem-directed pedotherapeutic assistance has to be **paired with family therapy**. The family often is the origin of the child's problem and then deficient educating has to be first corrected there. Thus, **helping a child** in educative difficulty is a **combination of general-pedagogic influencing in the family and pedotherapy**. Hence, the primary task of the orthopedagogue is to advise the educators of the child in distress so that a favorable pedagogic situation can be created. The pedotherapist as well as the educators have the task of providing security. The result of the

orthopedagogue guiding the educator (parent, teacher) is that he will educate with greater understanding and certainty.

Questions about the encounter, engagement and intellectual potentialities of the child-in-distress as well as about his constitutional, affective, situational, temperamental and organic condition provide valid criteria for deciding how treatable the child receiving deficient education is. In this regard, the following borderline cases are presented: the child with less than average intelligence and the child with organic defects. Factors that can lead to the failure of therapy are a lack of communication between the child and therapist, an inadequate understanding of the problem as well as other shortcomings regarding the child and the help given.

As a final pedotherapeutic facet it is strongly emphasized that in pedotherapy there is a clear concern with **norms and values**. A primary task of the pedotherapist is to actualize particular values with the child. It is clear that in pedotherapy categories such as **values, meaning, self-fulfillment, identification and becoming** are valid.

In Chapter Three the essentials of pedotherapy are presented as indicating the **preconditions**, the **course**, the **criteria** and the **phases** of the pedotherapeutic event. From the question of what is lived-experienced in pedotherapy when the **pedagogic relationship structure** is actualized some additional preconditions are noted. In this respect, **the primary precondition for pedotherapy** is the establishment of a **secure and safe space as "our" space**. In addition, a **desired affective bonding** between therapist and child has to be brought about. Also of great importance is the principle that the child lived-experience himself as **understood** and that his need for **authority**, certainty and security are met in the pedotherapeutic relationship.

As the pedotherapeutic event takes its course the [fundamental] **pedagogic sequence structure** becomes completed by and intertwined with the [fundamental] **pedagogic activity structure**. In terms of these two structures the desired pedotherapeutic course of activity is constituted as well as the correlated course of pedotherapeutic lived-experiences. The sequence and the activity structures then were viewed individually to indicate in more detail their specific significance in the pedotherapeutic event.

After this, some criteria were presented for evaluating the pedotherapist's intervention with the child-in-distress. The aspects of the fundamental **pedagogic aim structure** are changed to pedotherapeutic criteria. Here, the primary question is whether the child is being **supported toward adulthood**. Next, criteria offered by several authors were cited. Then, attention was given to criteria derived from the essentials of lived-experience and to criteria for evaluating the results of pedotherapy.

Finally, with reference to Lubber's expositions, the following four phases of giving assistance were differentiated: establishing **communication**; helping the child give **meaning (form)**; **dialogue** via images (e.g., drawings) and the pedagogic **conversation**. Each of these four phases includes a number of pedotherapeutic sessions so the course of pedotherapeutic treatment is repeated a number of times within each phase.

In Chapter Four, in addition to the logotherapeutic aspects of pedotherapy, three forms of pedotherapy were considered in some detail, namely, **play therapy**, **image therapy** and **conversational therapy**; also, the pedotherapeutic possibilities of the **Guided Daydream** were investigated.

Finally, the following aspects were established as essential and common to the different forms of pedotherapy (i.e., play, image and conversation):

(1) The pedotherapeutic situation is a **particular educative situation**. Therefore, the **fundamental pedagogic structures** must be actualized in all forms of pedotherapy. These structures are:

- (a) the **pedagogic relationship structure**: trust, authority understanding;
- (b) the **pedagogic sequence structure**: association, encounter, engagement, intervention, etc.;
- (c) the **pedagogic activity structure**: giving meaning with increasing responsibility, norm exemplification and emulation, venturing (risking) with each other pedagogically, etc.;

(d) the **pedagogic aim structure**: independence, responsibility, self-understanding and self-judgment, etc.

(2) More important than any pedotherapeutic means or consideration of methodology is the fact that in pedotherapy an attitude of authentic **personal communication** must be actualized via pedagogic encounter, being-together and the participation of the child and pedotherapist.

(3) In pedotherapy, a particular **means of communicating** is used, namely, a play-, an image- or a conversational-means. [Of course, combinations are common]. **Play, image and conversation** also are the means for problem disclosing and releasing (liberating) in pedotherapy.

(4) The pedotherapist supports, directs and guides the child in a **symbolic exploration of the problem area** via the above-mentioned means. This problem area forms **the common world lived through** by child and pedotherapist. However, the child's problem often remains anonymous and is communicated indirectly. The lived-experience of safety and security when with the pedotherapist is a precondition for the child wanting to further explore the different meanings that can be given to his problem. In the **safe presence** of the pedotherapist the child is **confronted symbolically** with his unassimilated lived-experiences.

(5) A positive mutual **affective bonding** between child and pedotherapist must occur.

(6) By means of the above-mentioned communication and guided exploration the possibility is created for the child to be able to assimilate the new meanings of his situation if **symmorphosis**, as the guided attribution of meaning, is actualized. That is, symmorphosis means that the pedotherapist, by suggesting changes in the [meanings of the] child's productions, encourages and supports him to give the most favorable meanings to his problematic lived-experiences.

(7) **Catharsis** [cleansing, purifying, discharging, becoming enlightened, relaxing] and **mimesis** [expressing, depicting, imitating] are actualized by which a solution, a way out, a way to proceed is discovered for educating the child.

(8) The **symbolically discovered solution** (assimilating, giving new meanings) has to be actualized by the child **in his daily life**.

(9) The **aim** of pedotherapy is not for the child to "adjust" to his environment but to **re-educate** [correctively educate] him to attain full-fledged **adulthood**.

(10) The projective and expressive media currently used in **pedodiagnostics** have possibilities as **pedotherapeutic media**. Consequently, a number of **combinations** of pedotherapeutic forms (e.g., play) and pedotherapeutic media (e.g., drawing a person) are possible.