

CHAPTER 5

FUNDAMENTAL FACETS OF ORTHOPEDAGOGICS

5.1 THE FUNDAMENTAL ORTHOPEDAGOGIC ATTITUDE

If the orthopedagogue is to have an important role in a child's becoming a person, and if he is to assist so that the PES (Problematic Educational Situation) can again be a functional educative situation he must not view a child as **something** (thing, object) but as **someone** (person, subject). Therefore, he does not primarily direct himself to a problem but to a child himself--as a child who must be educated. Hence, he does not use a particular technique or method as much as he actualizes a **fundamental orthopedagogic attitude, relationship and activity of authentic personal communication with a child**. So viewed, orthopedagogic assistance is inter-**personal** therapy. Only within such an authentic relationship of (re-)educating will a child's personal becoming be promoted. The orthopedagogue has to link up with a child's striving to self-actualization (wanting to be someone himself), and **guide** this self-realization because a child cannot adequately accomplish this without adult support. Consequently, there is a guiding intervention in a child's becoming toward adulthood.

Only in **communicative relationships** with fellow persons can a child realize himself and (again) find his place in the world. Accordingly, a person is disposed to actualize himself in encountering and in responding to others (Trub). In communication with another, one recovers one's true self (Lubbers). Humans especially thrive in successful interpersonal communication (Oberholzer). The fundamental meaning of the word "communication" is **uniting**. This implies that a **personal closeness** is actualized between orthopedagogue and child and the orthopedagogue must **offer the child a communicative relationship** that involves creating, re-establishing, developing and promoting it.

Communication involves an orthopedagogue and a child **being-with** each other as fellow persons in their mutual influencing. The question is: How does a child **lived-experience** his being-with an orthopedagogue? Also, it should be duly remembered that a child has a **need** for interpersonal contact and also has an innate

initiative to communicate with others. He is someone who **wants to encounter** others in ever changing situations and act together with them in discovering new meanings and things.

Educative neglect in the PES deprives a child of what he needs for his undisturbed personal development. In this light, De Lange¹ explains that the orthopedagogue has the task of offering those relationships to a child that he needs. For many children, offering relationships means personal becoming.

Besides the fundamental attitude of communication, an intellectualistic attitude also is possible. The case of a too intellectualistic attitude threatens to reduce a child's life problem to an object of perception. As a result of a lack of personal interest in the life of a "different" child, he remains bogged down in this perception and then one cannot talk about these children as "children of my heart" according to De Lange.²

The fundamental conditions for communication, needed for an orthopedagogue to be an accompanier of a child in his personal becoming, are stated here as **characteristics of the relationship of orthopedagogic communication:**

5.1.1 Genuineness:

In an orthopedagogic situation, a child will not find someone who plays a role or pretends to be interested or caring. He must feel that he is dealing with the orthopedagogue himself as a genuine person and that he encounters him in a person-to-person relationship. The orthopedagogue must appear to a child as how he spontaneously and genuinely feels about him and not with an affected attitude. In his relationship with a child, an orthopedagogue must **be himself** in order to help a child to be himself.

5.1.2 Acceptance:

If a child is accepted in positive and unconditional ways as he is, he lived-experiences emotional warmth and security. He learns to know himself with acceptance and, through symmorphosis he arrives at self-acceptance; i.e., he lived-experiences himself as of worth. If an orthopedagogue hides behind a method, technique or role-behavior, at most he can manipulate and thus objectify and

depersonalize a child. Acceptance as an essential of the communicative relationship means taking into account a child's subjectivity and uniqueness.

5.1.3 Distance:

The orthopedagogue should not bond excessively with a child or make him dependent, and he also should not **intrude himself** into a child's problem.

5.1.4 Understanding:

An orthopedagogue must, with empathy, understand (see below) how the child lived-experiences his world. He must understand the child who is **with** him from the inside out and not understand **about** him (understanding without objectifying the child as a person). A child-in-distress who finds someone to understand him is fortunate. Such a person (the orthopedagogue) can form the bridge to the lost communication, can help the child again come to the other and, consequently, come to himself and his own future (Lubbers).

In practicing a helping relationship, the following are viewed as additional characteristics of a communicative relationship (by e.g., Rumke, Binswanger, Minkowski, Buytendijk, Rogers): depth of the communication, its resonance, warmth, mutuality, clarity, genuineness, respect, etc. Calon and Prick see **acceptance** and an **understanding gift of love** as the core of an orthopedagogic relationship. Christian refers to "healing love." In this connection, De Lange³ explains: genuine emotional contact is the only basis for the reality of educating. The first requirement for psychotherapy (sic) is love; the preconditions for treatment, among others, are empathetic understanding, genuineness and unsuppressed warmth.

For the orthopedagogue (pedotherapist), entering-into-communication with a child means an attunement to and a linking up with his lived-experiences and personal expressions. A pedotherapist directs himself to what in each moment and in each expression is important to the child. He is involved in the yearnings and disturbed emotionality of the child. This implies a sensitive openness for all of his expressions and for the emotional meanings that possibly lie in them, some of which are clear, some vague and concealed and some entirely unconscious. This is a continuously

active and creative event of feeling, of **attunement** to the child's distress and lived-experiences in order to reach an optimal linking up with them.⁴ (In this light, there can be no mention of methods or techniques).

A pedotherapist realizes this communication through his continual **sympathy, attunement and empathy**. He responds with attitude, gesture and word so that it is clear to the child that his lived-experiences exist, live, have value for the pedotherapist and evoke his sympathy.⁵

Essential for the personal communication between a child-in-distress and pedotherapist is co-existence (existential communication). A pedotherapist is moved by a child's distress, his anxiety, his confusion or disorientation and his need to protect himself. Besides, through this distress, a pedotherapist is addressed by the child as a person. The child's person and individuality do not allow a pedotherapist to be nonchalant. They spontaneously summons in him the initiative to communicate with the child. To the extent that communication is actualized, this allows things to be both improved and revived, and it sets the child's becoming in motion.⁶

Orthopedagogy (pedotherapy) involves actualizing fundamental human values (e.g., being on hand, being available, giving opportunity, accepting and valuing a child in distress).⁷

5.2 FUNDAMENTAL TERMS IN ORTHOPEDAGOGICS

The fundamental orthopedagogic attitude of communication (communicative relationship) differentiates into a number of fundamental, orthopedagogic facets that are designated by the following terms:

5.2.1 Pedagogic empathy

Clearly, empathy is a **key event** in one person influencing another. Empathy can be described as a **feeling into** (affective) and **thinking into** (cognitive) the personal being and life and world of another. This is a **direct and original experiential act** by which we learn to know through communicating and understanding that do not occur by means of words or gestures (even unconsciously and unintentionally). It refers to **meaningful communicating, influencing and interacting** between persons. Empathy is a deep,

intense **empathic understanding**, an event of **personal identification** with another, and a state of psychic unity and community. Without empathy, real understanding is not possible. Empathy is the opposite of egocentricity.

The origin of a person's capacity for empathy is the **mystique of participation**--a person's innate potentiality to identify with another. It is the mysterious **co-existentiality (fellow-humanness)** that is possible between **any** two persons. A person cannot isolate himself from fellow humans. If **any** two persons have an encounter their being is not left untouched. Because we **participate** in the other's humanness, a degree of meaningful **understanding** is actualized.

The following related concepts are looked at more closely here:

- o pedagogic empathy : feel **into**
- o pedagogic sympathy : feel **with**
- o pedagogic intuition : feel **from**
- o pedagogic identification : feel **as one**
- o pedagogic Verstehen [understanding] : original (primordial) understanding.

Intuition is the human ability to arrive at an **immediate insight** into a particular situation or human behavior without reflection (intellectual deliberation). Pedagogic intuition helps an orthopedagogue interpret the PES and problematic child behavior. Next to that, **empathy** is the shared feeling of co-lived-experiencing and co-understanding of, e.g., the others feelings of desire and loneliness in connection with the PES.

Empathy is given with being a person, and a degree of empathy is actualized in each conversation. The empathetic quality of a conversation determines the degree of cathartic assimilation. The nature of this empathy will determine the adequacy of an orthopedagogue's relationship with the parents and with their child-in-distress. Consequently, it also determines the influence that he can have on them. Empathy creates an atmosphere of depth, warmth, genuineness and mutuality by which an educator (e.g., parent) and child feel helped. The possibility of influencing and helping are limited when educator and/or child feel that the orthopedagogue is cold, rigid, uninterested, aloof and unfriendly. Then they will not be ready to enter into communication with him.

In order to have an important positive influence on the participants in the PES, an orthopedagogue has to be able to empathically co-lived-experience and understand them.

Consequently, the orthopedagogic situation (diagnostics and therapy) has to be an empathetic one. In practice, an orthopedagogue can, to a greater or lesser degree, actualize an empathetic event with the educator (parent) and the child by completely attending to what they say and do.

Regarding the empathic event, Dumont⁸ states that this not only involves the important **attunement (sensing)** of what is in the heart of the fellow persons being associated with but it also involves **empathetic understanding**. Sensitivity, empathy and sympathy are the ways we know someone else. These never revolve around adapting but around inner freedom and self-development. From this view, the word "treatment" seems wrong. It is precisely the **non-activity** with respect to the other, and **being-there** for the other, that opens him so that freedom can become increased. In essence, all problems are problems of emotional development and identification. Development, no less than love, can become constrained.

5.2.2 Pedagogic identification

Identification is the pedagogic dynamic by which someone strives to **associate** himself with someone else on a particular level of awareness/unawareness. For a child, the first form of identification is his attachment to his parents (pedagogic identification). It is one of the most important events in a child's education and personal forming. Besides, a child cannot adequately actualize himself without identifying with his parents. Therefore, when identification fails in the PES, a disturbance in a child's character arises.

The fundamental relationship between parents and children is **sympathy** that is the lived-experience of **affective communication**. One endures the pain of another and also enjoys his fruits and achievements (according to Langeveld in connection with the event of identification).

Clearly, a child's personal development is an open event. He is open for new discoveries, new influences and new experiences. He is open for identification with his parents and all that they present to

him. When an orthopedagogue helps a child with his problem, the child also is open for identification with him.

Pedagogic identification is possible through a **positive emotional bonding** that might exist between educator and child. A child lives himself in the educators (adult's) role and there is imitating and copying. Identification, attachment, personal bonding and **oneness** of disposition are thus unifying events and events of becoming **one**.

Identification is the basic dynamic of **influencing**. An orthopedagogic relationship between orthopedagogue and child, therefore, must be a relationship of identification within which a favorable, meaningful identification dynamic is actualized. Identification is a mutual event between orthopedagogue and child; the orthopedagogue **feels at one** with the child and the child **feels at one** with the orthopedagogue who offers him solutions to his problems.

It is important that a child in distress identify himself with the values, image of adulthood and problem solutions that an orthopedagogue presents. Pedagogic identification in the pedotherapeutic event promotes symphosis that must be actualized within it. Through his feeling of being **at one** with the orthopedagogue, the child adopts his meaning of reality-without-anxiety. In this identification, the child discovers new possibilities (new communication, new relationships, new meanings).

In order to offer meaningful assistance, an orthopedagogue also has to identify with a child. He takes up for himself a child's helplessness and distress. He identifies himself with a child's well-being and acts **for him and for the sake of him**. However, in this sense, he **becomes** the child in his PES because he so thoroughly is confronted with his PES and this over-identification must be resisted. In an orthopedagogic relationship there must be a vigilance against over-identification by which a child's individuality can become lost.

From the discussion thus far, the following events are clearly distinguishable but not separable in the orthopedagogic event: (affective) communication, becoming-one psychically, personal nearness, influencing, involvement, interaction, empathy, sympathy, identification, intuition--also, trust, love and encounter (see below).

5.2.3 Pedagogic trust

With broken trust and disturbed communication in the PES, a child lived-experiences himself as betrayed along with the related feelings of hate, anxiety and uncertainty. Because of the conflict in trust in the PES, a child cannot share his anxiety with his parents. On the basis of his uncertainty and insecurity, he will not explore. As such, he is a task for an orthopedagogue. It is the extremely difficult task of an orthopedagogue to again restore a mistrustful child's trust in his parents and in life. In orthopedagogy, he establishes a relationship of pedagogic trust with a child.

The preconditions for a child's trust in an orthopedagogue are that he is **accepted** (as a child who must be educated and not as a problem), and that his **child dignity** be acknowledged. In this connection, some orthopedagogic principles are stated. The orthopedagogue has to:

- o win a child's trust;
- o show trust in a child;
- o show acceptance of a child;
- o show respect for his dignity;
- o show genuine interest, concern and sympathy;
- o allow a child to feel safe and secure;
- o establish a stable affective relationship with a child;
- o support a child in his distress.

A child's basic trust can be re-established and strengthened through a relationship of pedagogic trust. This will make him prepared to venture in an orthopedagogic event and also in everyday reality. This gives him confidence on an emotional level that puts him in a more favorable position as far as his other orientations are concerned (cognitive, normative, willing and striving). For a child, this confidence means a new peace of mind after the emotional disturbance, anxiety and distress that characterize his life in the PES. Trust bestows favorableness, willingness, peace and tranquility (Lersch).

When a child is accepted in trust by an orthopedagogue, more than anything else he lived-experiences **security and confidence**. Now he will daringly venture in his anxiety provoking situations. Now he has someone with whom he can share his anxiety. Now he finds a **trusting person** to whom he can indicate his problems and conflicts. A child-in-distress has become aggressive, infantile,

isolated, restrained; now through actualizing trust and through the identification that has occurred, his wanting-to-be-someone-himself is re-established (being-someone instead of being inferior).

Actualization of the relationship of trust also favors the event of identification in orthopedagogy. The child is now ready to identify himself with the orthopedagogue on the basis of the bond of trust existing between them. He will accept the orthopedagogue's actions toward him, his demands of him and his values because he knows he is accepted **as he is** and his human dignity is recognized.

The following are extremely important for an orthopedagogue in actualizing a good relationship with a child-in-distress: **nominal distance**, **realism** and an **intense stake** (Vliegenthart). The seemingly contradictory demand on an orthopedagogue of nominal distance and trust converge in the following principle: with respect to a child, an orthopedagogue must have a warm heart but a cool head.

5.2.4 Pedagogic freedom

Educating is helping a child conquer freedom **to** responsibility (Landman). A child must be educated to freedom--not **from** restraints and obligations but **to** responsibility, also for his own life. He must, in freedom, also be able to take responsibility for his own life. Thus, orthopedagogy has to be characterized by pedagogic freedom. The aim of orthopedagogic intervention is not to help a "different" child to a better "adjustment" but to help him conquer his freedom. This does not mean an absolute freedom from the authority of an educator but rather that a child will **live** his total being to the fullest--that he will **genuinely** (authentically) live the life-phases of childhood.

Educating has a dialogic character. A child actualizes his freedom to the extent that he involves his **whole person** in carrying out a **total dialogue** with **full reality**. In an educative situation, dialogue-obstructing factors are education-obstructing factors (Ter Horst's concept of total-dialogue).⁹

In the PES there are obstructions to dialogue and, therefore, educational obstructions. In the PES, a child essentially lacks freedom. When he cannot assimilate his PES, and this gives rise to anxiety, insecurity and a defensive attitude, the unassimilated

becomes for him a pressing psychic burden from which he continually withdraws and that leaves him with a lack of freedom. This psychic disturbance deprives him of the freedom to be himself. He no longer is master of himself: he is dismayed, dependent, and anxiously awaits new situations. He is not in a position to freely be able or willing to communicate with others and with reality. There seems little opportunity for him to be himself. He is restrained which means that his dynamic of becoming has come to a standstill. He continually is blocked by new situations and new experiences because he can't handle them. He escapes into a stereotypic, restrained, not free, inauthentic child-life. He clings tightly to the familiar and avoids new situations. He does not allow things to occur in constructive ways but waits in fear of what else is going to be allowed to happen to him. Consequently, he feels abandoned and not free, and he is not free in his being directed to the future.

A child also is not free to express his disturbed psychic life. Especially, he is unable to freely express himself. He has become isolated from fellow-persons and alienated from reality. His life is inauthentic and not free and is no longer individualized. He shows an inability and unwillingness to freely be someone himself.

When an orthopedagogue has to bestow pedagogic freedom on a child-in-distress this means that, in providing help, he must give him the opportunity to again be someone himself. He must (re)educate a child **to freedom through** freedom. This also includes offering new possibilities for encounters and communication; freedom for a child to explore his world, but also the chance to explore freedom; the opportunity for free expression in play, image or conversation; support in assimilating; experiences of limited freedom (symmorphosis); practice at venturing in new situations. Thus, a child must be guided to be able to say "yes" to his total situation.

In communicating with an orthopedagogue, a child recovers his true self provided this communication is what relative pedagogic freedom allows where a child is encountered (as free from all incorrect pedagogic **compulsion**, from unsympathetic authoritative guidance and force and from excessive intervention that usually is negative). Thus, trust and being-free are restored in his relationships with fellow persons and especially with his educators. Free communication, free exploration and free expression create new possibilities for encounters between a child and his educators. (Even so, in an orthopedagogic situation, an orthopedagogue is

obligated to act pedagogically if a child does not use his freedom well).

5.2.5 Pedagogic authority

The advocates of e.g., Freudian and Rogerian child therapy are inclined to disregard the relationship of pedagogic authority between child and therapist. The author emphasizes that educating and re-educating are not possible without authority. It is generally accepted that authority is a necessary precondition for educating. A child--and also a "different" child--requires **sympathetic authoritative guidance**. It gives him confidence, certainty and security. Even less so, a child-in-distress should not be dealt with permissively. Authority gives him confidence about where he stands and what he can expect regarding acceptable norms but also in his relationship with an orthopedagogue. Sometimes it is necessary that guidance to personal re-forming be characterized by **authoritative actions** in order to protect and guard a child from dangers that he is not yet up to. Especially in an orthopedagogic relationship, authority must be handled very cautiously and judiciously and a positive emotional bond, trust, identification and love have to form its foundation. (Where love is missing there is no educative authority--Perquin). On the basis of such a favorable relationship, a child will then also recognize an orthopedagogue as the authority and experience him as a benevolent, direction-giving educator who helps him with his problems. Through incorrectly handled authority, a child experiences himself as not understood.

Orthopedagogic assistance includes the following: "Norming", regulating, disciplining, setting limits, making demands for self-restraints. In providing orthopedagogic assistance, a child is not allowed to "have his fling". Also, he must learn to take fellow persons into account and moments of his-not-being-allowed-to-act must be actualized. Through exercising and accepting authority in an orthopedagogic relationship a child ultimately must be lead to freedom and responsibility.

5.2.6 Pedagogic love

Educational neglect points to an absence of love for a child in the PES. Even spoiling a child indicates the expression of "limitless love" in degree and form by which there is a lack of appropriateness with

respect to him and hence there inappropriate love that is pedagogically inadequate.

An orthopedagogic situation is an “our”-situation that contains a relationship of pedagogic love even though this is love more for a child in general. There always is love when an orthopedagogue offers a child what he needs and when he has no other aim than to meet these needs.

Love brings about identification that will not leave either child or orthopedagogue untouched. Love changes and influences the personal being of both and will help bring a child where he ought to be. Love can exercise intense psychic power for the sake of influencing and forming a child as a person and, therefore, it must be actualized in orthopedagogy.

However, this love also must be characterized by a degree of appropriateness. An orthopedagogue should not overburden a child with love as a complex form of relationship but should know what love is for a particular child with whom he enters a relationship and deals with; in other words, an orthopedagogue should know what love a particular child can understand.¹⁰

The entire event of intervening and correcting a child's life and lived-experiences can be viewed in terms of the contrast between **anxiety** and **love**:

ANXIETY (lowest lived-experience)	* LOVE (highest lived-exper.)
results from a lack of love	* actualization of love
interruption of communication	* re-establishment of communication
emotional disturbance	* emotional tranquillity
(anxious) isolation, separation	* (loving) connectedness
anxiety-rousing	* anxiety is eliminated or conquered
restrained becoming	* becoming (self-actualization)
insecurity and loneliness	* security and oneness
education stagnates	* progress and a new beginning in educating

5.2.7 Pedagogic security

In an adequate educative relationship, love is the primary experience of an educator while a feeling of safety and security is mainly a child's experience. Security is a fundamental precondition for a child's existence, his predominant life need. A place of security means for a child tranquility, consistency, familiarity, trustworthiness, constancy and certainty. Only from such a point of rest and point of departure will a child venture to explore his world and expose himself to insecurity because he always can return to his place of security. A child can only be emancipated to full-fledged adulthood via the course of security and exploration.

In the PES, the parents and other educators are not able to assure a child's security. A feeling of insecurity along with the correlated anxiety was previously noted as an essential of the disturbed psychic life of a child in a PES. The question here is what kind of security does such a child with disturbed relationships need with an orthopedagogue in order to eliminate these disturbed relationships.

The claim that the lived –experience of security only is given (as a gift) in a demonstration of love (Langeveld) holds true also regarding the relationship between an orthopedagogue and a child. An orthopedagogue wants to help a child explore his problem area for the sake of a solution. He also wants to help him re-explore his interpersonal relationships so that new possibilities can be discovered. To accomplish this, a minimum precondition that must be met is that he has to experience **pedagogic security with an orthopedagogue**. The appropriateness of orthopedagogic intervention can be evaluated in terms of whether a orthopedagogue allows a child who is with him to experience the security desired.

Consequently, an orthopedagogic situation must be created within which a child feels safe and secure. In this secure situation (basic security) he can then establish or re-establish relationships. A child will be emotionally prepared to venture and thus to explore his problematic area from such a secure space.

An appeal to the will, common sense, conscience or being responsible can create difficulties for a child in the PES--these judgments will increase emotional flooding. Rather, a child's vital-emotional lived-experiences and his need for safety and security must be satisfied.

5.3 ORTHOPEDAGOGIC GROUND-FORMS

To correctively educate a child who is derailed and to help a child conspicuous in his becoming with his deficiencies and problems is an original educative activity (an original human form of living). Examples of such corrective-pedagogic or re-educative forms of living are the following: Deviant children were admitted to institutions for the sake of **care** long before there was orthopedagogics as a science. An adult diverts a child's attention away from what upsets him through **play**. An educator **explores** and communicates, in one form or another, with a child regarding his problematic situation. **Assignments** are given to a child to try again at a matter that he has failed. A **conversation** is entered with a child regarding his problem. A child is **re-taught** regarding knowledge or cultural skills that he could not master on the first instructional attempt. An adult presents a child with an **example** of how to give a meaning other than anxiety to an anxiety-arousing situation.

Care, play, exploration, assignment, conversation, re-instruction and example are everyday, original, fundamental forms of living that are present in the original experience of the reality of educating. A situation of orthopedagogic assistance can take on these forms. In orthopedagogics, these implemented forms of living are called **orthopedagogic ground-forms**.

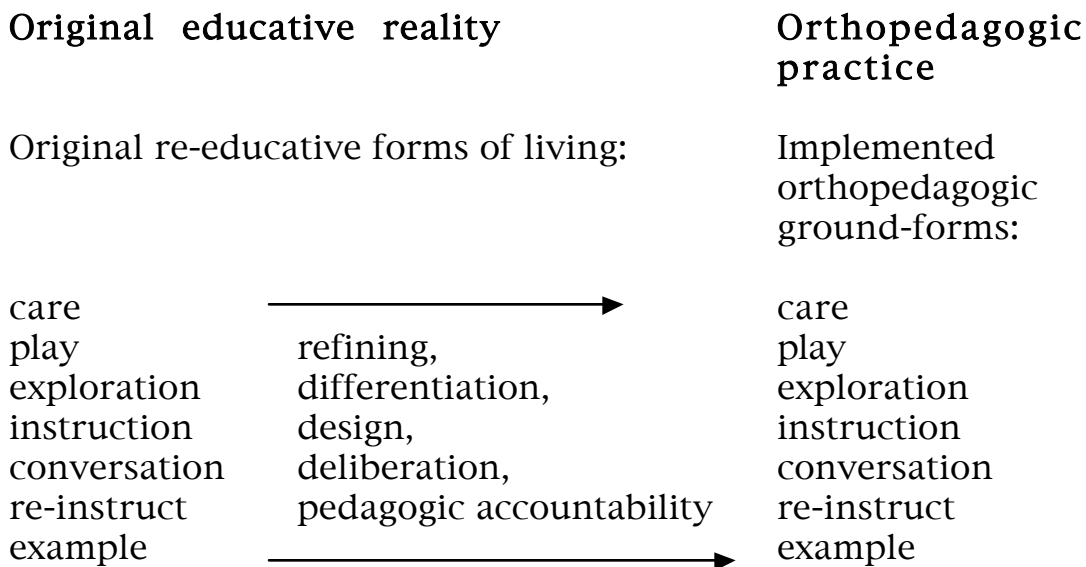
An orthopedagogue uses combinations of these ground-forms as activities or ways in which he intervenes with a child in order to bring about positive change, influence and re-lived experiencing (re-defining). In the original reality of educating, both educator and child participate in actualizing re-educative forms of living, e.g., caring and being-cared for, playing together, exploring together, giving and carrying out assignments, conversing with each other, re-teaching and corrective learning, setting an example and following an example. Only in this way do both orthopedagogue and child participate in implementing the orthopedagogic ground-forms.

In an orthopedagogic situation of giving assistance, these forms of living are not actualized as spontaneous, intuitive, undifferentiated activities as they are in the original reality of educating but rather in purposeful, deliberate, pedagogically accountable ways as forms of orthopedagogic assistance, i.e., as orthopedagogic ground-forms. The original ways of participating in the educative reality are now implemented knowingly and purposefully. These forms of living are actualized after their essentials are refined and differentiated;

orthopedagogic assistance is formally, indirectly and methodically designed in terms of these forms of living.

These corrective-pedagogic forms refer directly back to the original human forms of living. The course of re-educating in giving orthopedagogic assistance progresses as in the original situation of educating. What occurs in orthopedagogic practice does not differ essentially from what also can be perceived in ordinary, daily re-educative situations, according to De Lange.¹¹

The rise of orthopedagogic ground-forms from original forms of living is schematically represented as follows:



Because the orthopedagogic ground-forms spring from the original forms of living of a child, they take into account the structure of being-an-educand and a child's spontaneous life world. The actualization of orthopedagogic ground-forms, and especially a child's participation in them, is not a foreign activity for him, but normal, natural, everyday activities that are familiar aspects of his life world.

A single orthopedagogic ground-form is never actualized apart from the others. In each orthopedagogic situation there is a combination of orthopedagogic ground-forms that are actualized; for example, in conversation therapy a youth's problem is explored via language as a form of communication and conversation is actualized in all other orthopedagogic ground-forms.

The choice of the orthopedagogic ground-forms that must be actualized in a particular orthopedagogic situation are determined by the particular age of a child as well as by the nature of his deviation or problem that has to be remedied or eliminated. For example, an extremely feeble-minded child and a materially neglected child are dependent on care; an emotionally disturbed child is dependent on play therapy if he is a toddler, on image therapy if he is a puerile child, and on conversational therapy if he is a puber or adolescent; a child with learning difficulties is dependent on play, instruction, etc.

The above orthopedagogic ground-forms are dealt with briefly below.

5.3.1 Care

It is an original educative activity to offer special and accessory care to those children who are dependent on it because of their conspicuousness or handicaps. Thus, for example, in 1770 institutional care for handicapped children began with the establishment of the first institute for deaf children in Paris.

A child in his helplessness and dependency on an adult educator is in need of care, i.e., he has a need for care so that his physical growth and personal development to proper adulthood is allowed to occur undisturbed. Also, he has a right to a carefree childhood. He must not only be adequately cared for physically and psychic-spiritually, there also must be **loving care**. Adequate care implies that an educator provide a child with what he needs for his physical growth as well as for his unrestrained psychic-spiritual becoming. A primary pedagogic question is about the **adequacy** of this care as well as about the **loving** and cherishing paired with it. Loving care as, **human care**, understandably has a far-reaching influence on a child's personal development. This requires of an educator love for a child that embraces his total, complete well-being and thus calls for his total input in a child's care.

A child experiences his helplessness as a need for loving care. If he receives it, it gives him the driving power for his further growing up because he then feels safe and secure. Nel¹² indicates "that **loving** care is the first and most important task of an educator... The execution of this task by a parent has not only an affective

formative effect on his child but the intimate experience of spiritual satisfaction by him necessarily gives rise to a spiritual deepening of parenthood by which his child's education is changed by receiving more direction, becoming more purposeful, more concrete in form."

In the PES, a child, conspicuous in his becoming, often is dependent on special physical and/or psychic-spiritual care because of his deficiencies, handicaps, deviations and problems. A handicapped child has a need for extra, specialized care as a consequence of his particular physical, sensory or intellectual deficiencies. A pedagogically and materially neglected child has a need for a reestablished care in light of the fact that he is neglected by the inadequate caring effort of his parents.

For these children, an orthopedagogue has the particular task of creating a **caring space** as part of his comprehensive plan of orthopedagogic action to bring about adequate care for these children, in addition to or in place of the care received by a deviating child in his family.

An orthopedagogue brings about this specialized, re-established, accessory and/or alternate care by arranging for the adequate care of a child in one or another instance. In such a case a child who is conspicuous in his becoming is a **cares-for-child** (with reference to the Dutch concept **zorgenkinder**). This extra educative help is orthopedagogy, and an orthopedagogue actualizes **care as an orthopedagogic ground-form** with his purposely planned, pedagogically accountable care of a deviant child.

Instances within which adequate re-established care for a child can be arranged and guided by the orthopedagogue are the following:

(a) The family: Where the parents' care of their child in a family situation is inadequate, an orthopedagogue must stress in family therapy with the parents the matter of adequate care. His task is to inform, advise and guide the parents for the sake of improving their child's primary environment and his adequate care in the family.

(b) The foster family: In cooperation with a social worker, an orthopedagogue can arrange for a neglected child to be placed in a foster home. A suitable older couple is found who is willing to accept the child temporarily or permanently as a foster child for

care or education. This will occur particularly when a child's parents are dead, when the mother is unmarried, or when the parents cannot or will not carry out their obligations to care for and educate their child, e.g., mentally disturbed parents, indifferent and irresponsible parents, severely handicapped parents, etc.

(c) A hospital: A hospital is the first example of a residential institution or child institution to which a child can be referred for specialized alternative care (compare, residential orthopedagogy). This case may involve a sickly child who has been placed in a hospital or nursing institution so that medical prescriptions and treatment can be followed in a controlled, specialized way. In addition to care regarding medical and paramedical treatment, rest, proper nourishment, etc., the services of play directors (play room), child-care workers and a hospital school also are employed.

(d) Special school boarding house: A child who, on the basis of specific limitations cannot pursue ordinary education, is placed in a boarding house connected to a school for special teaching. The school-boarding house center or boarding-school cares for the child by means of educating, teaching, medical and paramedical treatment attuned to the child's specific deficiencies and restraints. In addition to the special instruction and education the child receives here, he also learns to live with his defect and learns to help himself. The following children are appropriate for care in this school-boarding house center: sensory, intellectually and physically handicapped children, epileptic children, brain-damaged children and some children with learning difficulties.

(e) Institutional care: A child who is severely seriously handicapped physically and/or psychic-spiritually such that there is little mention of personal development means a burden that is too great for a family to carry. Here we think of children who are not able to engage in human communication and, therefore, can be viewed as "uneducable". Such a child is as dependent as an infant and needs to be cared for in an institution, e.g., a child with serious mental retardation (idiot-child) that usually is paired with physical deviations (e.g., a Down's syndrome child). It often is necessary to care for an autistic child with low intelligence in an institution. A child who shows a psychiatric image has to be admitted to a psychiatric institution, e.g., a youthful psychopath.

(f) **The home for children:** A child whose parents cannot or will not care for him, a child with seriously disturbed educative relationships, educative difficulties or behavioral problems is dependent on being admitted to a home for children, an orphanage, a rehabilitation center, a center for drug addicted children, etc. for care. This can include an authentically psychopathetized and “neurotic” child.

Each of these situations or residential institutions of care present their own unique, particular problems. A child must continually be engaged in a substitutive caring institution in which he must be supported to a good child life and unrestrained personal development. This is a complex problem with which an orthopedagogue has to contend.

There is a distinction between **physical care** and **spiritual care**. With physical care, there is a particular expectation of a child about fulfilling his biological needs. In a neglectful situation, this expectation is frustrated. A child needs the following for his physical care: rest, nourishment, cleansing, exercise, order, clothing, preventive medicine (by inoculation), opportunities for play and expression. A physically and sensory handicapped child has a need for care in order to remedy or to completely or partially eliminate his handicap, e.g., medical therapy for epilepsy and other illnesses; visual, hearing and orthopedic apparatuses; paramedical therapy such as speech therapy, physiotherapy and occupational therapy; neurological treatment of a brain-damaged child.

Spiritual care includes the personal re-forming that must be orthopedagogically actualized, namely, conventional forming (orderly and firm), religious-moral, esthetic, sexual and social forming. The task of caring for a handicapped child is extremely important. He must receive spiritual care regarding the assimilation and acceptance of his unchangeable handicap so that from day to day he can live in peace with it. If the parents are not able to actualize these forms of care through everyday symmorphosis, an orthopedagogue must do so via methodically guided symmorphosis (i.e., communicative pedotherapy). Thus, to this end, a child must receive care in order to surmount an uncorrectable disturbed biological moment by giving new psychic-spiritual meaning to it.

5.3.2 Play

5.3.2.1 Play as a child form of living

Play, as an original, genuine form of child life offers a rich opportunity for life fulfillment, free expression and personal development. It means much to a child as a possibility actualizing and possibility creating activity. For him it is a genuine, natural, spontaneous and obvious way of involvement in reality. The special value and meaning of play in a child's life (educating, teaching, growing up) cannot be emphasized enough.

There are a number of theories regarding what play essentially is. Among others, play is viewed as a safety-valve for excessive vital energy (Spencer); it is seen as the preparation and practice of skills that will be indispensable for later life (Groos); it also is viewed as the precursor of work (Karl Buhler), and Maria Montessori views play as the exercise of functions, as preparation for the future. Each of these theories contains a grain of truth but none is in a position to make all appearing forms of play completely understandable.

Langeveld¹³ views play as child exploration of the world, as a means to his personal development, as the most essential active involvement of a secure child with a world that still can be anything for him (open communication). Essentially, play offers a child the opportunity to attribute open meaning (giving new meaning).

Playmates and playthings are the two direction-giving factors in the development of child play. A child himself has the initiative to play and be active, and in interaction with playmates and playthings he is led and formed to play, explore and engage in purposive activity.

5.3.2.2 Play as orthopedagogic ground-form

Ter Horst¹⁴ mentions the following in connection with play: Play is the orthopedagogic ground-form par excellence. It provides the important opportunity for being-together (of child and orthopedagogue). An orthopedagogue must learn to play with a child. This requires sensitivity, involvement, creativity, communication, distance, authority and future-direction on the part of the orthopedagogue. From what orthopedagogic play deals with, there is a high degree of transfer to other forms of activity.

Through play a child's distressful situation can be represented, unconsciously but clearly--which is very important--and also

emancipated, released and averted. A child's free play and expression is cathartic (discharging, enlightening, relaxing). Through play, a sphere can be created within which a child comes to feel completely at home and where his deepest yearnings can be satisfied.

Vermeer¹⁵ shows nicely how play offers a 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 plaything. Reality is a preformed field of meanings and a child learns to know them with the help of his parents. Also, he goes out of himself exploring and seeing his world with unique eyes; that is, he attributes his own meanings to it. He does this especially in his play, whether in a play-therapeutic or 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 problem of pedagogic play within which a child's freedom to give meaning is a very important aspect. A child's play uses reality. Play has a very important place in a child's becoming.¹⁶

As an orthopedagogic ground-form, play can be implemented fruitfully and meaningfully with respect to a child who is conspicuous in his becoming because it offers the opportunity for:

- o life fulfillment (compare under actualization of potentialities)
- o expression (compare a restrained, an aggressive child)
- o personal development (compare restrained growing up)
- o actualizing possibilities
- o creating possibilities
- o exploration (compare an exploratively-disturbed child)
- o being together (compare a lonely child)
- o the communication of new interpretations (new meanings) (compare a psychically disturbed child).

5.3.2.3 Orthopedagogic play

A young child cannot talk about his problem in order to reveal it or release himself from it because:

- o he doesn't have the language at his disposal to do so;
- o he cannot analyze his problem with insight; for him it is

- o not an intellectual but an emotional conflict;
- o in each case communication with his educators is disturbed.

For these reasons **play** is necessary as a revealing and releasing medium.

In addition to the possibility that a child can spontaneously play in his everyday life situation or that play can be implemented as a didactic ground-form, here the concern is with a child playing with an orthopedagogue in a playroom, i.e., actualizing play as an **orthopedagogic ground-form**.

Two main aspects are distinguished in orthopedagogic play, namely **play-diagnostics** and **play-therapy**. However, these two aspects are not separable: in play diagnostics a child's play expressions already mean for him an enlightenment and a release from his distress; in play therapy an orthopedagogue learns to know a child and his world much better than before.

In play diagnostics, an orthopedagogue learns to know a child with respect to the conflict with which he is involved. In terms of play, it is determined which child possibilities are not actualized and which child experiences are not assimilated.

Play therapy means an orthopedagogic form of assistance directed to a young psychically-disturbed child (of approximately four to ten years of age) in terms of a playful involvement. A child is approached in this sphere where, as a young child, he can actualize and express himself in the most spontaneous way, i.e., in his play.

A child expresses himself in play images. These play images must be carefully interpreted by an orthopedagogue. He must not do this apart from their relation to the PES. He has to interpret the contents of a child's play against the background of the information acquired from the historicity image and the diagnostic study of him. For example: if a child in his play always lets a doll-figure overturn everything in the doll-house, then this does not indicate that the child will do this in his own house. Rather, this might be interpreted as an inner tension with respect to the situation at home. Thus, an orthopedagogue comes to understand the problem with which the child is internally involved, and he can read the seriousness and intensity of the problem from the violence with which the child plays.

Koster¹⁷ provides the following insights about **the play of a child with problems**: a child will not play smoothly and act in sporadic ways on a superficial level, only to make or draw something and be busy merely in order to be busy. His play remains spasmodic and stiff because he dares not let go of his contact with reality and is afraid to loose himself too much in a dynamic course of play, e.g., out of fear for the intense feelings that can be aroused. A child is intuitively afraid of the images that play can produce. We find another indication of problematic play in the sudden interruption of illusive (e.g., make believe) play at the moment of intense pressure. The moment when feelings become too intense, the play suddenly is broken off and after this we see the child grapple with another, lower, more relaxed form of play or completely withdraw from playing. Also, play on too childish a level can be an indication for us that we are dealing with a problematic child. A child makes a weak effort to begin to engage in illusive play but dares not.

Play as orthopedagogic ground-form is closely related to child-play and child-life. A child can indeed only borrow contents from his own life world when he has to give contents to his play world. Thus, he projects his own life into his play world. His everyday world is a precondition for his play world.

Just as adults talk about their problems, children learn to play (out) their problems. Because a child's problem cannot be communicated and explored in linguistic form, play occurs as a communicative and exploratory form in pedotherapy or orthopedagogy. The play world is the "screen" onto which a child projects his life and by which he directly and unconsciously indicates to us his experiential world.

By playing with a child, an orthopedagogue can help him to consider solutions by making proposals and offering new possibilities. A solution to the problem is communicated to a child **indirectly, symbolically, playfully** or by **pretending**. Discussing, explaining or interpreting the problem will remove it from the sphere of play. For example: a young child in his play lets the father doll-figure stand outside of the doll house. This indicates that the child, on the basis of a disturbed educative relationship, does not accept his father within the intimate family circle. An orthopedagogue will not communicate a positive, acceptable meaning of the father via conversation. He will illustrate that the child place his father in the family circle where he belongs. Similar

to what the child then symbolically (playfully) allows to happen to the father figure, he now will attribute to the father other positive meanings.

In the following essentially three-sided event, a relationship is laid between reality and the playroom:

(a) A child plays his reality in a playroom.

reality —————> playroom

(b) With the help of an orthopedagogue, in a playroom he finds a solution to his problem--a new meaning.

(c) A child actualizes his play-found solution in his daily life outside of a playroom: reality <----- playroom.

Thus, for a child, even orthopedagogic play is a natural means of communicating with the world. A play therapist and a playroom entice a child by means of play to explore and in doing so to give meaning to and acquire a grasp of his problem. In the play situation, a child is present to his distress, his problems and his disturbed psychic life. He places his disturbed lived-experiences in the play and, therefore, play is the mirror of his inner life, the sphere within which he must be helped, and also it is a way in which our helping can participate in his world. Consequently, a child's experiential reality is recovered in his play and, similarly, his playroom solutions are to be actualized in reality.

Play therapy rests on the following two assumptions:

(a) In play there is a better chance that a child who cannot overcome his distress in reality can tackle it in play and in the frame of the play find a good, productive solution within which he continually conquers trust, peace and courage.

(b) Such conquests do not remain limited to the sphere of play: through the playfully found solution a child also **lived-experiences*** himself and his situation in reality as **changed**, changed analogous to the solution found in play (Van der Zeyde).

A child-in-distress who cannot overcome his problem via everyday symmorphosis with his parents, now, in play therapy, has a person at his disposal who accepts and understands him and who through

* Thus, re-lived-experience as a new, different meaning.

methodical guidance and accountable pedagogic symmorphosis helps him find a solution.

Play is not only a means to correct a child's disturbed psychic life but also to re-educate him regarding his disturbed expressive life (behaviors) flowing from this. The therapeutic value of play is precisely in these possibilities for re-educating.

A child-in-distress only projects his disturbed psychic life into his play and not the educational neglect and educational mistakes that gave rise to it. A child is helped by playing out his PES. This assistance would have been very difficult or even impossible in the everyday reality of educating because there the child-educator relationship cannot be discussed with him, evaluated or corrected.

Thus, play therapy is an event of re-educating with the aim of breaking through a child's distressful situation. Play is a means of communicating and exploring and, therefore, also a means of educating and re-educating. Clearly, play therapy is a means of projection and expression.

5.3.2.4 The quality, choice and level of play

These three facets of orthopedagogic play are closely united because in play diagnostics and play therapy the physical and psychic-spiritual potentialities and state of a child determine the form, quality and level of his play activities. A seriously mentally retarded child **cannot** play; a restrained, anxious child **dare not** play; a seriously pedagogically neglected child **does not know** how to play; an autistic child falls into stereotypic, compulsive play activities. The question is whether a particular child really is in a position to play and to give **contents** to his play. Restrained and the handicapped children find it difficult to display in their play rich fantasy, creativity, flexibility of mind as well as resourcefulness and in their play to really be themselves and manifest a free initiative to play.

As far as the quality and level of his play are concerned, a child can choose to actualize one of the following forms of play (compare here Vermeer's¹⁸ classification of the play world):

(a) Illusive play: Here a child's play comes to **full development**. Illusive play has **contents** and a **thematic course** and he creates

for himself an illusive or metaphorical world in terms of the real world in which he finds himself. It is a **dynamic** form of play because he **creates events** in his play. Actually he plays the story of his own life, e.g., his home or school situation--the doormat is an island, the chair is a train, the piece of wood is a cigarette, etc. Here he engages in **role playing** in which the role of the adult (doctor, parent, teacher), age-mates, animals or lifeless objects are identified with or imitated **if** he arrives at a spontaneous, free, creative expression of his experiential world.

(b) Esthetic play: In an improvised involvement (with play), a child builds and forms things with the play materials; e.g., he builds something with blocks or forms something with sand. Esthetic play is more haphazard, more static, less developed and less planned than illusive play. For example, he builds a house not to enact a story about it but merely for the sake of its outward appearance, its esthetic aspect.

(c) Playful handling: Here a child is involved merely with a pre-thematic handling of playthings and objects. For example, an anxious child cannot create an event or design a theme in his play; he merely handles the playthings, e.g., a toy car is pushed back and forth, blocks are built up and knocked down, a doll is dressed and undressed.

(d) Bodily play: Here a child creates a world of play by touching and being touched. By immediate contact with substances or formless material such as water, clay, mud and paint, the sensing (sensory) and pathic (emotional) aspects are strongly emphasized. Therefore, this type of play is called **sensopathic play**. Here it is one's own bodily form, one's **own body** that one feels and experiences.

5.3.2.5 The sphere of play

A playroom is the background for a child's communicative, exploratory, expressive and projective activities. Here he creates a new situation and enters into a different relation to the world than in reality. The possibilities of the world of play in a playroom entice him to participate. A playroom fulfills his yearnings and provides a space within which any form of play can occur. Greater indulgence holds here than in reality. Here many behaviors and expressions are possible that would not be allowed in reality. However, this does

not mean absolute indulgence since rules, values, prohibitions and directions are necessary in order to make a child's world secure. Thus, meaningful orthopedagogic play is impossible without authority.

A child is aware that while he is in a playroom, it and the pedotherapist are at his disposal. This gives him a feeling of safety and security. That there is an adult in the room who gives undivided attention to him, who helps and supports him, who offers security and protection all have special therapeutic value for a child who is materially or affectively neglected. Here his need for tranquility is fulfilled and an opportunity is offered to deal with the playthings of his choice without the interference of another child. A playroom is a **secure place** even though it is a place where he is confronted with his problems and where he must cooperate to solve them.

A playroom contains as wide a variety as possible of carefully selected playthings (human figures or dolls, doll house, animals, trees, blocks, toy vehicles, little guns, sensopathic materials (e.g., clay), drawing materials, etc.).

A frequent **function of a play therapist** is to consciously guide and give direction in order to play together and to give approval (to confirm, to validate, to approve). On the one hand, he must perceive and analyze the course and contents of a child's world of play; on the other hand, he must absorb himself in the play world in order to be able to provide support. If he tranquilly-understandingly joins in, the orthopedagogic sphere of play means for a child anticipation, surprise, a dynamic involvement with playthings, an active, intensive and constructive play, an eliminating and easing of his PES. However, if a play therapist conducts himself in a one-sided and non-empathetic way, a child finds himself alone and anxious in the play situation, thrown back on himself and his play behavior becomes nothing more than superficial.

5.3.3 Exploration

It is an original form of human life that educator and child explore together a child's problem. Thus, for example, a disturbed educative relationship between parent and child can be explored and analyzed in a conversation (talk about the problem) in order to arrive at a satisfactory understanding.

A child's **inclination to explore** is of considerable importance and one cannot understand the psychic development of a child without it (Langeveld). A child must be made emotionally ready in order to explore because with an act of exploration, he is assessed emotionally. He must be actively involved in his own growing up and problem solving. He must not merely receive help but also explore. In each exploration there is independence; this means always going one's **own** way. In exploring, a child's possibilities are released--in the PES his possibilities remain unrealized and his restrained venturing means a restrained growing up.

In an orthopedagogic situation, a child must first be made to feel secure and then he is invited to explore his problem area with an orthopedagogue. An orthopedagogic event essentially is an event within which an orthopedagogue supports, directs and accompanies a child in a **symbolic exploration of his problem area**--by means of play, image, assignment and conversation. Here a child will explore because he wants to be someone himself, i.e., he wants to emancipate himself and gladly solve his problem. An orthopedagogue guides and protects a child in his investigation of and conquering of his problem. It is through the person of an orthopedagogue that a solution to the problem speaks to a child. Thus, an orthopedagogue is co-explorer and co-interpreter (co-giver of meaning—symmorphosis = giving meaning with), and he **leads** a child's exploration of his problem in a particular direction for the sake of solving it.

As an orthopedagogic ground-form, exploration is implemented in pedodiagnostics as well as in the various forms of pedotherapy by both the orthopedagogue and the child. First, the orthopedagogue explores in pedodiagnostics the child's problem area (his problematic situation and his problematic lived experiencing of it). Essentially, pedotherapy is a co-exploration of the child's problem area, a reconnaissance of it for the sake of conquering it through actualizing new discoveries, new experiences, new meanings and new possibilities. The most important and essential form of orthopedagogic action, besides communicating with a child, is to **allow him to act** and this really means to **allow him to explore** (Van Gelder).

In orthopedagogic practice this allowing to act or allowing to explore means that a child handles orthopedagogic materials in pedodiagnostic and pedotherapeutic situations (intelligence media,

play material, drawing material, projective and expressive media, didactic media, etc.). Thus, he explores his problem world via these materials or media and introduces his problem in play, image or word (play-themes, drawn-images or conversations).

Exploration is implemented in combination with the other orthopedagogic ground-forms; e.g., a child explores the new **caring space** that is created for him, a young child explores his problem area by means of **play**, the **assignment** that a child is given to deal with the media is really an assignment to explore that piece of reality that each medium represents, and to explore his problem via the media. Exploring and analyzing the problem by means of **conversation**, by **re-instruction** essentially is an exploration of a piece of reality (learning contents) that is re-unlocked by an adult for a child, as co-explorer and co-interpreter. An orthopedagogue sets an **example** for a child regarding how to represent the reality that he explores.

5.3.4 Assignment

In the original, everyday reality of educating, it often happens that an educator in his re-educative intervention with a child who is derailed, arrested, different or has failed gives a particular assignment, e.g., the assignment to try again regarding a failure, or to correct a matter regarding a derailment. It is unthinkable that orthopedagogic assistance can be actualized without implementing assignment as an orthopedagogic ground-form. Thus, there is mention of work, task, labor, activity and being busy that a child must carry out in an orthopedagogic situation.

The concept **orthopedagogic form of activity** implies that there are **actions** by orthopedagogue and child in contrast with, e.g., medical treatment where a child is passive while he is treated by a doctor. Thus, a child also must act in an orthopedagogic situation, he must create and perform and in this way he carries out his responsibility regarding the abolition of the PES. For this, he continually receives an assignment that sets for him the demand to make an effort. He must assimilate his problem; he must actualize his potentialities. Also, a child must **work on** and **work with** his PES in order to change it; as a central factor in the PES, his stake is to **work** in order to change himself.

Implementing an assignment as an orthopedagogic ground-form essentially is an event with three parts:

- (a) An orthopedagogue **gives** a child an **assignment**;
- (b) the child **carries out** the assignment;
- (c) the orthopedagogue **guides** the child in carrying out the assignment.

In doing this, the orthopedagogue and child remain **active**, **purposeful** and **task-bound** in their involvement in the orthopedagogic event. The child's participation in the orthopedagogic event works as a positive power, e.g., the child's carrying out the assignment to freely express himself is already a catharsis.

The following example indicates how assignment, as an orthopedagogic ground-form, is actualized in pedodiagnostics: a child receives an assignment in order to act (with performance or perceptual media), i.e., to draw, to complete sentences, to tell a story about a picture, to provide answers to problems (intelligence medium), to write a composition, to do sums, to read a piece, to spell words, to answer questions, to play, etc. He receives similar assignments in the pedotherapeutic situation where he also receives assignments to change his productions in order to change and improve his problem area so that, analogously, his giving meaning to reality can be a positive and education-promoting influence.

5.3.5 Conversation

It was already indicated that conversation is an original re-educative life form. When educators mutually converse about the problems of children, this equally is an original event. Language clearly is a means of educating and re-educating and a conversation is viewed as a core aspect of orthopedagogic assistance. Conversation is actualized in forms such as linguistic expressions, chatting, listening, speaking, asking, clarifying, talking things out, informing, narrating, answering, explaining, interpreting, etc.

Conversational therapy, as a form of pedotherapy, is most appropriate for youths older than 14 because in this period of life they are in a position to verbalize their problems. Where play therapy and image therapy involve concrete media (playthings, drawings, etc.), conversational therapy primarily involves a

conversational communication between a youth and an orthopedagogue. Thus, here there is less mention of a concrete means or technique than is the case with the other forms of pedotherapy. In each unique, unpredictable conversational situation, the essences of an orthopedagogic conversation (see below) are applicable. Conversational therapy clearly involves the spontaneity, variability, actuality, uniqueness and originality of each moment of a conversation.

A conversation is an **activity** by which youth and orthopedagogue participate as well as the **means** by which a problem area is communicated and explored. An orthopedagogue purposefully implements the conversation in order to communicate and solve a problem and, therefore, he **plans, directs and leads** the conversation around the problem. Disturbed communication in the PES leads a child and youth to feel insecure and uncertain and this throws him back on himself so that psychic conflict arises. Of the various methods for recognizing and eliminating conflict, conversation remains the "royal road to understanding another person" ("via regia zum Verstehen eines andern Menschen") (E. Ell). Thus, it is the best way, the most fruitful means for understanding a youth. The **relationship** and the **acceptance** that arise within and through conversation is more decisive than the understanding by means of a discussion as a more direct approach to the problem and as the advice that might then be given; a conversation delivers a youth from his loneliness because in the midst of his problem he seeks tranquility and security. No single conversational "technique" outweighs the personal relationship that is brought about between a youth and an orthopedagogue (according to Perquin).

Based on a few views of a number of authors about **conversation** (J. H. van den Berg, Rollo May, Perquin, Beets, Landman), the following are offered as **guidelines** for implementing conversation as an orthopedagogic ground-form:

(a) The orthopedagogic conversation revolves around the **quality of the communication**, namely the quality of **being-with**. Being-together is a precondition for a conversation. It is the contact within which we know we are understood. Physical presence and/or the exchange of words are no guarantee of a true conversation; rather, it is the being-together that is the guarantee because this means to enter together into one world, into a common world. The common world is the situation of a child's problem area. The most

direct contact is actualized between child and orthopedagogue; a child's isolation is broken through.

(b) The conversation (word) is **detailing** (particularizing), **explicating, sharing and communicating** a common world; it is a movement **into** and an exploration of a world of shared concerns, but it also is a **participation** in each other's "inner life".

(c) The child's **inner mystery** must be respected. Not **everything** about the child needs to be made public. Delicate facets of the PES sometimes are best kept anonymous, e.g., by communicating them in general ways or indirectly. Then communication has to be indirect and child and orthopedagogue mean more than what they say about a problem. Hence, a conversation can also be indirect communication. This communicates the mysterious, the implicit for which no words can be found. This mystery (the others secrets) is a quality of the being-together of child and orthopedagogue. If a child knows that the deepest secrets of his heart can be discovered and exposed, he will not be ready to converse. The precondition for a conversation is the other's secrets (Van den Berg). Thus, a child or youth must not experience the conversation as a "fishing" for his secrets. It should not be expected that he merely reveal everything in a detached way. A child has difficulty expressing his emotional life. There is an immense distance between secret experiences and expressing them (Van den Berg). Consequently, an orthopedagogue can never learn to know a child **completely**.

(d) An orthopedagogue must not **lecture** to a youth; conversation is a **dialogue**, not a "telling". In a lecture, often unasked advice is given and such advice always is superficial to the degree that it is one-sided. "Preaching" to a child does not lead to communication. This imposes a "conversation" and puts a child on the defensive. Orthopedagogic conversation is most fruitful if it develops in natural ways out of ordinary human communication. A youth has a need for an encounter that is something neither explicitly aimed at nor pursued. He longs for a trusting, loving being together that involves nothing else and, thus, is not threatening. He does not want to be interrogated but rather he wants to have an opportunity to express himself to a conversational partner who listens empathetically, calmly and with honest interest because, to him, this means that he is accepted. If an orthopedagogic conversation is not **mutual**, it cannot be meaningful. Child and orthopedagogue must be able to talk and listen to each other. Also a youth must feel that

he has contributed positively to a fruitful conversation. With trust and appreciation, he will tell his secrets to an orthopedagogue. Then he will have a conversational partner and not a lecturer.

(e) An orthopedagogue must maintain a definite distance between himself and a child or youth. Then he stimulates in a child a desire for subsequent encounters. This means that child and orthopedagogue must not become too personal and familiar with each other. There must be an optimal encounter while maintaining a distance (Rumke).

(f) An authentic orthopedagogic conversation is a **loving conversation** and **not a technique**. This requires a truly positive encounter, i.e., the experience of a prevailing intimacy; consequently, this encounter cannot be forced. As viewed by a child, it is and remains a gift. Forced conversation and forced trust lead to mistrust. It would be regrettable if an (ortho)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 or re-educating can exist without love (Perquin). Thus, a good orthopedagogic conversation is no technique; it is a being-together in unselfish love. It is an educative relationship within which orthopedagogue and youth give to each other. Therefore, a valuable conversation also cannot occur if an orthopedagogue tries to demonstrate his superiority and gives too much unsolicited and unwanted advice. The fruitfulness of a conversation grows from the soil of the trust that a youth has in an orthopedagogue as an adult. Thus, the heart must be involved in a conversation. The heart must be filled with warmth but the head must be cool.

(g) A **conversational room** should be arranged with things that appear friendly to a youth. A cozy room (wallpaper, books, pictures) says something about freedom and doesn't suggest any deficiencies with which the youth himself must be filled. A conversational room also should have a personal character. The neutral makes a youth uncertain because it can mean **anything**. Room and orthopedagogue must form a unity within which a youth's behavior can be understood. A youth must be able to possess a safe space and feel at home and relaxed there. Although he can be surprised, things should progress there as expected.

(h) An orthopedagogic 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 a youth as an attack on his freedom. "Counseling" usually does not relieve his distress. He is not **personally** affected in an adequate way by it. For a youth, the word should open the possibility of a reply and must get to the core of his problem. He also is not satisfied with a non-directive approach. An orthopedagogue also must approve and disapprove. A youth depends on his empathetic understanding, on him entering as completely as possible his PES, on his loving listening, but ultimately things have to be clearly stated.

(i) A youth (especially an adolescent) wants to experience **freedom**. He should not be tied to an orthopedagogue and he should be free to go whenever he wants. Loosening himself from an orthopedagogue must remain a psychic possibility. Freedom means that a youth seeks a solution and not merely advice and information. He wants to know and to be responsible. He does not want to lose his freedom of action. However, he has to be guided to take personal responsibility. If he relies completely on an orthopedagogue, his personal development becomes restrained.

(j) An orthopedagogic conversation need not be limited to a conversation room. Youths like the talking together to move among issues in natural and obvious ways. Also, they 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 a way out of an awkward conversational situation and a return to neutral conversational contents. 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 bodily 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 an educative relationship that frees a conversation from its usual deliberate character.

(k) An orthopedagogic conversation means an **orientation** for a youth: In the disturbing and chaotic human relationships of our time--and especially of the PES--a youth no longer knows his place; he is disoriented. An orthopedagogue helps him to once again take his place and hold his own among people so that he knows where he stands because involvement with others only is possible if one knows where one stands, if one stands where one is in compliance with the possibilities one ought to exercise. Consequently, orthopedagogic conversation means an orientation for a youth-in-distress (to determine his own place). It is a pedagogic guidance to re-define his own place in life; if the conversational experience clarifies his existence and views, he arrives at an orientation to and clarification about himself, his possibilities, his future and his pedagogic situation. For a youth, this orientation means **self-affirmation**.

(l) For a youth, an orthopedagogic conversation is a **formative event**: In the conversation, a youth learns to think about human existence (via asking and answering questions). Here language, as a means of expression, plays a liberating (talking out) role. Thus, an orthopedagogic conversation can be called a philosophical adventure and exploration. A youth orders his thinking and sees new perspectives (compare lack of perspective). Thus, his life is made more livable for him. He also learns to analyze and evaluate his **own activities and achievements**. In addition, he learns to know himself: his individuality, his potentialities, his identity, his behaviors, his feelings. He learns to behave in accordance with acceptable ethical norms. He is confronted with the question of whether his activities are **right or wrong**. He learns to distinguish between those norms he has been devoted to until now and those that he will or must abide by in the future. He 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**. Finally, a youth in an orthopedagogic conversation learns to analyze and evaluate **situations** so he can take a better position regarding them. The **concrete situation** is analyzed so a youth can know how this is done. Ordering and analyzing the situation calm and liberate him from experiencing chaos and nervousness.

(m) The orthopedagogic conversation requires a **democratic association** with a youth: A youth and especially an adolescent

want to be treated with equal justice and dignity, and he wants to be taken seriously as a conversational partner. An orthopedagogic conversation must be characterized as open, authentic, honest and frank. The association also must be able to be light-hearted and playful. In a democratic association, a youth has the freedom and the **right to speak and be silent**. 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". A youth's right of privacy thus must be guaranteed.

5.3.6 Re-teaching

In the original reality of educating, a child is re-taught by an educator when, after a first attempt to teach, he does not achieve a grasp of the knowledge or cultural proficiencies. Where the emphasis in the PES falls on the failure and derailment of the teaching and learning event, and the PES (now more specifically viewed as a problematic teaching situation) primarily is a matter of teaching and/or learning problems, we enter the field of **orthodidactics** and there is mention of implementing re-teaching as an orthopedagogic ground-form.

The orthopedagogic assistance, that is specifically directed to re-teaching a child who is conspicuous in his becoming as far as his learning activity is concerned, is referred to with the names of orthodidactic assistance, orthodidactic therapy, curative teaching and remedial teaching (although the latter refers only to a facet of the total practice of orthopedagogic-orthodidactic assistance).

Because teaching and learning are human events, they can fail for one or another reason. They can go wrong in the original teaching situation, and they can fail in the formal lesson situation at school.

Teaching is the other side of educating. "Who teaches, educates" (Waterink). Who teaches is pedagogically engaged and influences a child pedagogically. Teaching is a form of educating and re-teaching is a form of re-educating. Therefore, teaching is an orthopedagogic ground-form. Re-education is actualized in the (ground-)form of re-teaching. The original life form of educating necessarily includes teaching. Child and educator each have a share in teaching; an educator teaches (*didaskhein*) and unlocks reality for a child while a

child unlocks himself for reality; he enters reality, he learns. He is guided/accompanied in his learning activities by an educator.

Re-teaching, corrective teaching or rehabilitative teaching thus mean the re-unlocking of reality (learning content) for a child so he can learn correctly (correctively). This also is viewed as supporting a child to an adequate re-lived experiencing of the learning contents.

A learning handicapped as well as a learning restrained child is dependent on re-teaching as an orthopedagogic ground-form; a learning restrained child underachieves because of his correctable learning activity; a learning handicapped child underachieves because his uncorrectable sensory, physical or intellectual handicap prevents him from receiving instruction by the usual methods or by being able to learn as a non-handicapped child does. Through re-teaching (orthodidactic assistance), an orthopedagogue (orthodidactician) tries to make a contribution to the education and personal development of a child who has become conspicuous on the basis of his being restrained or handicapped.

The specific **didactic ground-forms** of **play**, **conversation**, **assignment** and **example** are implemented in the re-teaching. Then they are actualized as **orthodidactic ground-forms**.

5.3.7 Example

"The example is an inherent way in which a person understands, interprets and also makes available for others who do not yet know the reality that surrounds him" (Van der Stoep). In the original reality of educating, an **example** that an educator presents, points out or demonstrates to a child is clearly a way of educating. This pronouncement also holds with regard to the re-educative intervention with a child who is "different". Example, as an orthopedagogic ground-form, arises from this original reality of educating and it can be meaningfully and fruitfully implemented in providing orthopedagogic assistance.

The image of adulthood that an educator represents serves as an example that a child emulates in his becoming adult. Thus, there is mention of an educator demonstrating, illustrating, prompting, exemplifying, showing how to play and a child imitating, copying, reciting back, emulating. A child learns-life from an educator's

example which, regarding a meaningful life-style, he has already mastered to a certain degree. Through the example-presenting activities of an educator a child is enticed to himself try in terms of learning-life (in terms of the adequate handling of situations--also problem situations). By imitating an example, a child actualizes his potentialities and educator and child, themselves, can see what his status is. Thus, a child learns **conduct** and he also learns to **interpret (give meaning to)** reality after the example of the adults. The latter set examples regarding both objective factualities (cognitive) as well as subjective lived-experiences (affective). A corrective, re-educative example is implemented with reference to a child who in his imitating the example of his educator has become derailed.

The re-teaching (corrective teaching) of a learning restrained and handicapped child, e.g., is unthinkable without implementing example as an orthopedagogic ground-form. An exemplar always is chosen to present to a child with learning difficulties in order to serve as an example because the reality of a particular theme or phenomenon is too comprehensive for total mastery by him. The example chosen must be representative or generally valid with respect to the particular theme or phenomenon in reality being unlocked. In terms of the example, a child can learn to know the essences or principles of the matter, and thus learn to master the matter. Thus, on the basis of examples of learning material, a child with learning difficulties is brought to understanding and insight.

Also, example as an orthopedagogic ground-form is implemented in the different forms of communicative pedotherapy (play, image and conversational therapy). Communicative pedotherapy is essentially the communication of new interpretations (new meanings) to a child, i.e., a child learns in accordance with the **example** of an orthopedagogue to give meaning to his problematic situation. In this connection, Lubbers¹⁹ describes the event of symmorphosis as giving meaning together--an event that arises everyday in the contact between parents and children (and also in the contact between adults). Symmorphosis is learning to deal with the strange and the anxiety provoking in accordance with the **example** of the adult. Lubbers uses the following example to illustrate the working of symmorphosis: A child shows fear of a dog. His mother lifts him up protectively and tries to reconcile him with the fright by petting the dog. Her child also tries to act as she does and as she expects him to act through her example (tendency to identify with her). The

mother understands her child's anxiety and is herself not afraid. Her attempts at reconciling, protecting and comforting are a form of communication. Her child has the experience that things can be different because his mother has presented him with an example for that purpose.

In communicative pedotherapy a situation is created by play, image or conversation that is a symbolic or exemplary representation of a problematic situation that a child cannot assimilate and that makes him anxious. A psychically disturbed child shows disturbed communication, inadequate exploration, defective venturing and negative meanings. As co-explorer and co-interpreter of the symbolic problem area or of the example-situation, an orthopedagogue presents an example to a psychically disturbed child of how to deal with and interpret his frightening situation. An example is held before a child of how he must communicate, venture, explore and give meaning in anxiety provoking situations. A child follows this example of dealing and signifying; he carries this over to his situations in everyday reality; he actualizes in his daily life the new ways of acting and signifying; he has learned to attribute meanings other than anxiety. Thus, an orthopedagogic example of acting and signifying has a lasting influence.

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