

CHAPTER FOUR

CHILD PLAY: A PEDOTHERAPEUTIC PERSPECTIVE

4.1 INTRODUCTION

In the Chapter Two there was an explanation of how the playing-child-in-education becomes involved in actualizing fundamental pedagogic essences, and in Chapter Three a psychopedagogic perspective on the playing child was described. During play the child takes part in actualizing pedagogic essences, and this means that as he plays his education thrives.

Of course, it can happen that for several reasons this thriving does not follow the desired course and this leads to educating being inadequately actualized. Then, the child-in-education is a child in a deficient educative situation. The educator cannot merely be aware of this deficiency but must act in particular ways to abolish or at least alleviate it. This means that pedotherapeutic action is necessary. Such action implies that particular means be used to intensify and assure the actualization of the relevant essences.

In connection with the inadequate actualization of pedagogic essences, the following can be noted: when they are inadequately actualized, the phenomenon of educational neglect arises together with a restrained lived-experiencing by the child. A child is educationally neglected whenever the educator makes too little of his educating, guiding, authority, and discipline. Educational neglect is deficient upbringing that arises, e.g., because of a pedagogic aim that is lacking, or because of a deficient intervention, and these are observable in the child's disturbed experiences and behaviors. This lack in actualizing pedagogic essences means that the educator is not providing the child with sufficient support in his lived-experiences and in his experiential world for the attainment of proper adulthood.

4.2 ESSENCES OF THE WORLD OF THE CHILD WITH DEFICIENCIES

In thinking pedagogically, one uses categories, and a particular psychopedagogic category of value for understanding child play is lived-experiencing. The child's lived-experiencing in connection with his pedagogic situation is either favorable or unfavorable for his becoming and also for his level of play.

According to Lubbers¹ a child must assimilate the meanings of the different situations in his life and what he cannot assimilate can give rise to negative pathic (i.e., emotional) lived-experiences. For a child with defective upbringing, as a child in distress, these pathic lived-experiences mean emotional unrest that is paired with lability, confusion, and disorientation with respect to cognitive lived-experiences, among others. For the child in distress, pathic unrest is recognizable in excessive feelings of being different, being inferior, lonely, insecure, helpless, uncertain, and anxious². The neglect and these feelings cannot be thought of in isolation from each other. Therefore, their interconnections are now briefly considered.

To genuinely understand the child in his being-a-child it is necessary to go to the situation in which he is involved, namely, that through birth he is a helpless gift to his parents. He is delivered to their care and he can do nothing about it if he is not lovingly accepted. Yet whether he experiences security with his parents depends precisely on this "acceptance in love". Only with such acceptance is bonding actualized and the becoming of the child becomes a joint adventure.

Parental care provides relative security. When a child does not experience the necessary security with his parents, he is, in his helplessness, exposed to risk. He will then try to escape any confrontation with what is threatening by not venturing (risking) at all. But also, even when he doesn't come into contact with what is threatening, he cannot set himself free from the preceding anxiety. The impotence of the parents to help their child and the impotence of the child to ask for help are grounded in a faulty relationship between child and parents. Such children often withdraw into themselves and experience intense loneliness in their lived-experiencing of being different. It also happens that the parents themselves become a threat to the child rather than a support. It is understandable that such a child no longer trusts his parents. Consequently, other experiences of insecurity are paired with this conflict in trust. When a child will not or might not share his anxiety with his parents, not only are the relationship of trust and the actualization of the other pedagogic essences disturbed, but the

parents also become the representatives of insecurity. Then he will withdraw if the risky or the unknown arises and he will experience intense loneliness. Loneliness is the first symptom of neurosis, and is often paired with anxiety³. Anxiety is at the center of this child's experiential world, and the related severe helplessness leads to feelings of uncertainty and loneliness.

According to Carp, anxiety and fear are the silent companions of each person's life. However, a person must show that anxiety has not become absolutized; that in living his life he can experience anxiety cannot be denied, but living one's life also can lead to trust, thankfulness, and faith⁴. The existence of anxiety strikes the child's becoming in all areas and impedes the unfolding of a nuanced (varied) person-image⁵. Feeling inferior arises from being ashamed and offended and insecurity arises from a feeling of being less worthy⁶. The child experiences himself as different but also as inferior because of his deficiencies and his own imperfections.

The feeling of insecurity that arises from this is the greatest restraint for a child's entire becoming toward proper adulthood, and intense insecurity, once again, means an anxiety-laden lived-experiencing. Owing to the child's helplessness, insecurity and anxiety become the foundation of his "attunement" to the world.

According to Langeveld, with disturbed children there is something amiss with respect to their communication, and their behaviors become unintelligible to their educators. In this regard Piaget indicates that such communication inadequately expresses the reality of a human being as a person. Thus, child play, as a pedotherapeutic medium, is concerned with a child's lived-experiencing embedded in his distressful pedagogic situation and with "returning" such children to their educators.

4.3 THE PLAY OF THE CHILD WITH DEFICIENT EDUCATION

This child might not even play. For example, he might only involve himself with building blocks and drawing media. Missing from his play is the required flexibility because he cannot leave a concrete contact with reality. He is afraid to lose himself in the dynamic course of play. He is afraid of the images that can be called up by play and, thus, he does not venture to illusive (fantasy) play.

A second possibility is that the child does play and that in his play his problems come into view for the pedotherapist. The child now engages in illusive play and from the content of his play, i.e., from the images he designs, the pedotherapist grasps the problem with which the child is really involved. Understandably, one must show extreme caution in interpreting these images. The seriousness and extent of the problem are "read" from the impetuosity of the child's play, and also sometimes from the intensity with which he loses himself in the play.

Another indication of problematic play occurs when there is a sudden suspension of illusive play when the child becomes tense. At the moment the child confronts a problem in his play or when a conflict arises and he is affectively touched, play suddenly stops and the pedotherapist sees the child has changed, usually to a lower level of play or even to a complete withdrawal from play.

Finally, a child also may play on a lower level than what is expected of him at a certain age. Then the pedotherapist looks for signs of a beginning of illusive play that, however, is not actualized because of a defective venturing attitude.

4.4 WHAT IS MEANT BY PEDOTHERAPY

Where an educative situation is seen as a passage of the child to proper adulthood, a problematic educative situation is lived-experienced by the child as meaningless and threatening; in other words, a problematic educative situation lacks a future perspective. The pedotherapist aims to design effective means by which the obscure future perspective can become clear once again. Here the point of departure is the idea that educating is a human event that, under usual circumstances, progresses in natural ways. Thus, the pedotherapist views the child as an educable person-in-becoming.

In seeing the child as turned away from the future, the pedotherapist not only adequately prepares him for the future but also makes the future bearable for him. This requires the abolition of the obstructive factors in educating, and it is very important that the pedotherapist be with the child in his world. Then play can be used as a pedotherapeutic medium because, according to Salzman, it is an orthopedagogic (also a pedotherapeutic) fundamental form. Play demands of the pedotherapist sensitivity, involvement, creativity, communication, distance, authority, and future-

directedness. Pedotherapy is assisting a child in educative distress. In close connection with his parents, the aim is to bring the child to a life directed at proper adulthood.

The task of the pedotherapist is to offer the child security, to give him what he needs, and to bring the world and the present into perspective. Lubbers⁷ argues that a child can find more security from adults because they are further along than he is, and, therefore, can allow him to see that he can become different.

A fundamental relationship in pedotherapy is the pedagogic encounter, and when a form of pedotherapy is chosen, the child's age, nature, and situation have to be kept in mind to arrive at a genuine encounter. To encounter a young child one must enter his world of play. That is, play is a medium especially appropriate for establishing an encounter with a young child. Play as a pedotherapeutic method will be treated in greater breadth later.

4.5 THE ESSENCES OF PEDOTHERAPY

According to Landman⁸ in all pedotherapy, and thus in play therapy, the pedagogic relationship, sequence, activity, and aim structures must be actualized. In agreement with this, Pretorius⁹ views the essentials of pedotherapy as particular occurrences of educating and corrective educating.

The preconditions for the pedotherapeutic event are that the pedagogic relationships of **trust**, **understanding**, and **authority** be actualized. Pretorius says this amounts to the following¹⁰:

- (i) the child's trust is won and trust in him is shown;
- (ii) acceptance of the child is shown;
- (iii) respect for his dignity is shown;
- (iv) interest, concern, and sympathy are shown;
- (v) the child is allowed to feel safe and secure;
- (vi) a stable affective relationship with the child is established;
- (vii) the child is supported in his distress;
- (viii) understanding of the child is shown;
- (ix) authority is exercised and, thus, demands are made and limits are set;
- (x) norms and values are exemplified.

A child wants to grow up and he places himself unconditionally under the guidance of his educators. He trusts them without

reservation and, consequently, obedience becomes possible. Obedience (as docility) means that even though the child cannot judge something, still he does as he is told; for the child, this means to take a risky step in the dark. By means of his trust in the adult, authority becomes possible on the basis of the adult's love for and acceptance of him.

If a child trusts the adult he wishes to obey him, but at the same time that child is venturing in order to attain an increasing degree of independence and, in this connection, it is necessary for the educator to show trust in his venturing efforts. The educator must accept him and take responsibility for guiding him gradually to moral independence, and this means that the adult must actualize the essentials of authority with him. This responsibility only can effectively be taken when the pedotherapist also trusts, and this is a trust based on pedagogic love.

Out of the actualized essentials of trust one can and must demand obedience from the child with regard to what he can carry out independently, given what can be expected of someone at his level of becoming. Thus, it often happens that the child leaves the trusted and known in order to achieve something new and something higher. As soon as he finds tranquility in the known, the desire again prospers to go forward to meet and further explore the open world. The pedotherapist defines, to a great degree, the future of the young child by directing him in his play to consider a meaningful future and by appealing to him to do what he ought to do.

For children who cannot go out to their world, for whom everything is lived-experienced as threatening and unsafe, who will not venture to an encounter, who prefer to follow the trustworthy and the well beaten path, and who don't venture on an exploratory voyage, their lived-experiencing will come to a standstill (stagnate).

Then, the first task of the pedotherapist is to come forward and meet such a child and establish a relationship of encounter by actualizing the essences of an encounter with him. The child must be viewed in his totality and individuality. Each child is different from all others; each child has his own problems that are extremely important to him. This means that the pedotherapist must give unconditional love, provide security, and be a supportive person for the child. This requires continual attention and dedication. At the

same time, the therapist must be directed to the child and understand and accept him in his "being-different". In his relationship of "being-at-one-with", he must, however, keep an adequate distance in order to maintain respect for him in his individuality, which includes his positive and negative potentialities.

The child must feel and lived-experience that he is understood and only then will he become more spontaneous and trusting and thus increasingly more likely to agree with what is considered to be appropriate to be an adult. Then, he will participate intensely and display more initiative and once again his play reaches its aim.

At this point, the pedotherapist and the child can come together more deeply by the therapist presenting a play problem and problem solution and thus arrive at a higher level of living. In this way, the pedotherapist introduces a new motive that provides a future perspective to the child's involvement. Through play, the lived-experiencing of pathic lability gradually recedes into the background and increasingly the child becomes lost in being-together (with the therapist), even to the extent that he loses track of time; thus, the everyday time of the clock has given way to a more inner lived-time. In experiencing personal time, the child learns to see his way to the future and to accept his past as past. When a child learns to enter a situation and genuinely experience the present he also can experience the past and future, which is necessary for further becoming to occur. This can be presented more clearly with an example of play therapy:

A little girl of seven who is hysterically afraid of doctors and dentists happily constructs a child's ward in the hospital where eight children lie in their beds. The play took a good course and she provided continuous commentary. Then, grandma arrived to see how it is going with the ill child, and a nurse brought some medicine and announced the doctor's arrival. The girl becomes more deeply involved in the play and it becomes very intense. The initial joyfulness become more somber until suddenly her play stopped. She could not continue; she hasd reached a limit that she could only surmount with the help of the pedotherapist. Here reference is made to Calon who, in his article "Catharsis and mimesis", provides the classic definition of catharsis:

"not only a being discharged and relieved of what initially restrained, but a rearrangement and regulation accomplished

precisely by calling up and stimulating the emotions. This stimulation and bringing to expression of the affect occurs in a very different way, namely, by means of mimesis, the depiction of an event". When this occurs in the play situation, van Groningen says, "this catharsis of emotion and inner disturbance is actualized more quickly in the sphere of play than in that of life itself"¹¹.

Only when, with the help of the pedotherapist, the child can give form to this frightening experience (of whatever nature) in his play can he place it outside of himself so he can take a position toward it. Only then can he again direct himself to the future. By taking a position, such actualization is possible and the frightening experience can belong to the past and no longer be frightening in the present. Life acquires a perspective, and there comes a moment when the child fully enters the present.

The pedotherapist should attempt to determine and understand what the problem is. The problem should never be approached too hastily and a joint solution has to be found that includes the parents. The parents have to be informed of what the problem is so the child can lived-experience more understanding also at home. Thus, the child notices that the path he previously could not dare to take is now more accessible and he can venture along this way. As the tension lessens, so does the role of the pedotherapist. A pedagogic task is that the pedotherapist and the child have to become closer to each other in an attempt to find a solution. When this attempt succeeds because they really encounter each other, then eventually they go together toward subsequent problems that each time can be solved more easily. The meaningful moment is when the child allows himself to be encountered, and when he trusts and again opens himself for further educating. At this moment, the child genuinely says "yes" and once again experiences progress in his life. This means the moment has arrived to gradually lessen the play therapeutic intervention. The child gradually will have less need for help in solving his problems because they will be more ordinary ones to which he himself can find a solution.

The child experiences himself as assimilated once again into his family, and with that the therapeutic intervention moves more and more into the background. When the pedotherapy finally is concluded, then the child's being bound to the pedotherapist is discontinued of its own accord. The child again has become the

child of his natural educators, namely, his parents and, consequently, the task of the pedotherapist as a temporary supplementary parent is ended.

References

- (1) Lubbers, R., **Voortgang en nieuw begin in de opvoeding**, Assen, 1966.
- (2) Pretorius, J. W. M., **Grondslae van die pedoterapie**, McGraw-Hill Boekmaatskappy, 1972, 51.
- (3) Van den Berg, J. H., **Wat is psichoterapie?**, Uitgeverij G. F. Callenbach, N. V. Nijkerk, 1970, 44.
- (4) Landman, W. A., Kilian, C. J. G. en Roos, S. G., **Denkwyses in die opvoedkunde**, 113-114.
- (5) Noordham, N. F., **Het mensbeeld in de opvoeding**, 18.
- (6) Lersch, P., **Algemeen psichologie**, Aula Boeke, 1966, 256 and 345.
- (7) Lubbers, R. op. cit., 1966
- (8) Landman, W. A., Pedagogiese Kriteria by die Gespreksterapie, in **Psychologia Pedagogica Sursum!**, Universiteitsuitgewers en Boekhandelaars (Edms.) Beperk, Stellenbosch, 1970, 46.
- (9) Pretorius, J. W. M., op. cit., 63.
- (10) Pretorius, J. W. M., op. cit., 63.
- (11) Calon, P. J. A., Katharsis en Mimesis, in **Psychologen over het kind**, deel I, Groningen, 1968.