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Communication - Basis Of Education

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The first time I met Thomas was in 1978, he was 8 years old at that time. His mother had abandoned him the day after his birth and left him at the hospital. He grew up in the pediatric hospital and an infants' home, until at the age of 6 he was sent to an institution for mentally retarded. From the medical point of view an early cerebral damage was presumed, perhaps as a consequence of Rhesus factor incompatibility.

Since in his movements Thomas constantly showed too much tension and insufficient control of balance I started my therapy with exercises of sensuo-motoric coordination with emphasis on tactile-cinesthetic perception. Only after I repeatedly recognised fear and panic beneath his lack of movement control, I came to see Thomas' behaviour as the expression of his basic way to live, as a deeply rooted, generalised fundamental fear which seemed quite understandable considering his past.

I am very grateful to Thomas. He not only helped me very practically to discover the way of Basic Communication. Far beyond that he made me comprehend that for children like him there must be understanding, security and comfort before any training can be started, and that even these experiences alone can mobilize energy to do new steps on their own and to grow in proficiency.

What you hear in the following is the attempt to put up theoretical arguments for the importance of communication and attachment when living together with people with severe mental retardation. But to make clear my own relationship of theory and practice I would like to emphasise that the described views grew primarily and intuitively out of my own practical experiences - as a therapist and counsellor - with people who are labelled as severely mentally retarded, autistic, or emotionally disturbed, as well as out of my own private life as a father of three children.

I would like to summarise my arguments by six statements:

- I want to proceed from the view that the disruption of communicative exchange is an essential aspect of severe mental retardation.
- Going back to the primary communicative experience in the mother-child-symbiosis as the foundation of basic confidence I want
- to describe how by disturbing or preventing these experiences in the lives of many people with severe mental retardation
- the insufficient formation of basic confidence fosters the growth of a generalised, fear dominated motivational conflict that may often hinder their development more than their physical damage. Further I want
- to conclude that the re-establishment of the primary communicative exchange resp. the prevention of its interruption must be postulated as the logical approach to the education of people with severe mental retardation, and then
- to describe Basic Communication as one way to do this in practice.

Severe mental retardation is essentially determined by a deeply rooted disturbance of communicative exchange with the human and physical environment.

We all are born into a given, always changing environment. To survive every child depends on dealing with humans and things, in the same way we adults do. It is continuing dialectics of assimilation and accommodation, as PIAGET tried to catch it in his research on the development of intelligence.

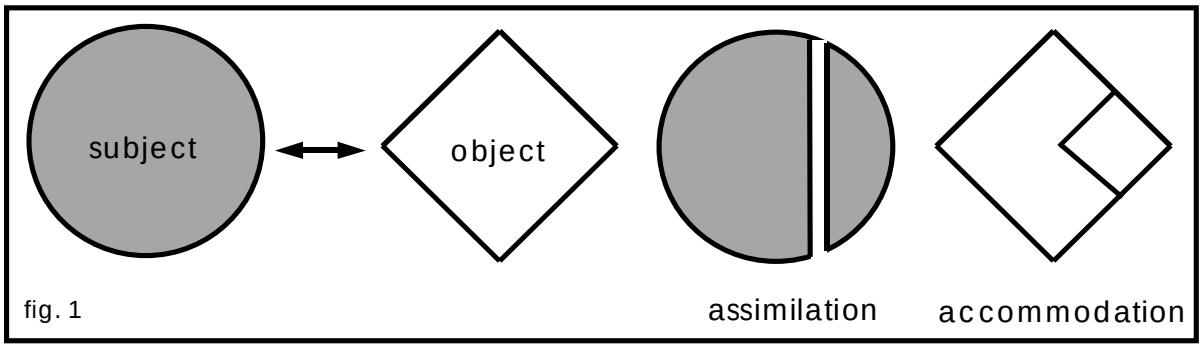


fig. 1

To adapt and to influence - accommodation and assimilation - it is obvious to see that these are just different concepts for the principle of dialogue that forms the basis of all human growth and development. (fig.1)

What I am trying to make clear in a theoretical way, e.g. that the far-reaching disturbance of communicative exchange is to be seen as an essential aspect of severe mental retardation, should well be covered by your own practical experiences, living with these people:

- „That child doesn't find a way to reach other people."
- „I have the feeling he is surrounded be an invisible wall."
- „I don't know what really pleases her, or how she feels."
- „I don't know if he likes what I do with him."
- „She never cries. When she laughs I often don't know why."
- „He seems to be most content when left alone."
- „She obviously doesn't feel well, but I don't know how to help her."

Such expressions you may know from yourself or from your colleagues. I know them from myself as well. Quite similar it is in respect to how they deal with things:

- „She isn't interested in anything except for her plastic animal."
- „He refuses to touch anything new, especially when it offers many different sensations."
- „She never looks around in the room."
- „He walks around as if he doesn't perceive anything."

All these statements show the lack of mutuality, the refusal or the inability to let oneself be influenced, to adapt oneself, the lack of accommodation.

The process of communicative exchange is initiated by the primary communicative experience of the mother-child-symbiosis. It enables the formation of basic confidence. So it fosters the person's readiness to grow into an ever closer relationship with the surrounding world.

For the first nine months of the child life, his mother's womb forms his world. During this period already there are many hints that interchange takes place, of a not only physiological but also psychological nature. This can partially be proved, as the growing insights of pre-natal psychology show. According to the development of the sensorial organs and to the kind of stimulation present in the womb, besides the auditive mostly the tactile-cinesthetic system, dealing with touch, movement control, and balance, is involved in these pre-natal ways of interchange.

Right after birth a baby vitally depends on the contination of these processes, precisely regulated and tuned to his needs. For this purpose the sensual systems, which already have developed to a certain maturity in the womb, may suit best.

- The little boy cries after birth. - His mother holds him close to her body, caresses him, talks to him soothingly. - The child calms down, his features relax, he starts looking around.
- The little girl cries. - Her mother offers her breast. - The child stops crying, takes the breast, drinks, looks at her mother.
- The little boy is tired and cries. - His mother carries him around, rocks and moves him, sings a lullaby. - The child calms down and falls asleep.
- The little girl on the arm of her mother turns away her head. - Her mother increases her efforts to reach her child, tries to take up visual contact. (LENSING 1982)
- The little boy forms his mouth as we do when we smile. - His mother smiles at her child and shows pleasure. - After many repetitions the child recognises smiling as a social signal and learns to use it. (TINBERGEN 1984, table 15, p. 143)

These are examples of communicative sequences from the first weeks of life which I am sure everybody who has lived together with babies knows. Communication can be seen as a circular process of mutual influence, where the behaviour of one side is related to the behaviour of the other. (fig. 2)

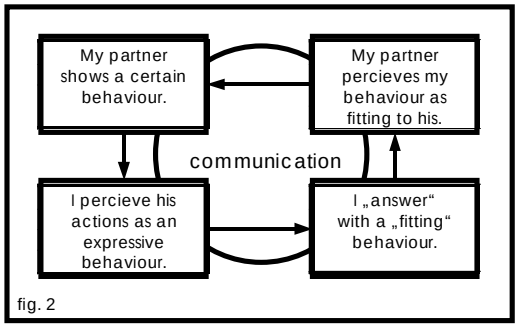


fig. 2

a) In primary communication the mother or other **parent person** is obliged to initiate this continuing circular process and get it going again and again. One of the first experiences in the life of many children: After birth the child cries. - His mother relates his crying to herself, takes her child to her body, caresses him, talks to him. - The child experiences that there is an answer to his expression of displeasure. - He calms down in the maternal security.

b) My behaviour has to **fit** to the behaviour of the other person: Maybe I satisfy a need expressed, maybe I imitate and so mirror back the other's behaviour, maybe I „play“ with his behaviour, take it up, vary it, reply it - my own behaviour relates to the other person in a sensually perceptible way.

c) Communication needs **means of expression**, and according to its holistic nature primary communication includes all levels of physical behaviour. Here I want to emphasise the rhythm of breath as a very basic level on which I can express myself and get into contact with somebody else („Basic Communication“). Besides you can name voice (kind of sounds, frequency, volume, pitch) - eye contact (frequency, duration, kind of look) - expression of the face - posture of the body - distance between each other - movement (kind of movement, speed, adjustment to the partner) - touch (active/passive, frequency, adjustment to the partner) - muscle tension - skin temperature - skin moisture - pulse ...

All these means of expression also have their important place in our own behaviour („non-verbal communication“). Especially in the case of misunderstanding this is quite often felt by the contradiction between what I say and what my body communicates. Yet the verbal part of communication has been moved to the foreground, to such extend that we have become quite helpless concerning the language of our bodies and have to practise it again.

d) Important elements in primary communication are **rituals**. Recurrent occasions (e.g. greeting, meals, nursing, bringing to bed) are always arranged in a similar way. So these series of words and actions become a whole which is recognised by the other person, to which he can adjust. Familiar elements

create familiarity, and so the deliberate design of rituals in the course of the day can give much security and trust, can also partially compensate the change of parent persons (e.g. in an institution).

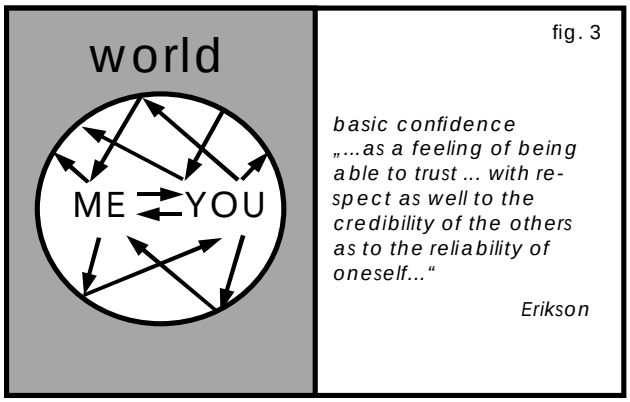
e) **Mirroring** the behaviour of the other person is another opportunity to relate oneself to him and let him feel that I am present for him. I take up movements, sounds, posture, facial expressions of the other person and imitate them. The other person recognises his own behaviour in mine and in a deep sense experiences himself as being understood and accepted. Especially for the development of speech it is well researched in early parent-child-communication which importance mirroring has in the shaping of the child's behaviour.

f) Certainly **verbal expression** has its place in primary communication as well. But to prevent it from disturbing or distracting it stays with the situation here and now. I express what I do, what I intend to do, what of the other person's behaviour, feelings, needs, intentions I see. I talk about my expectations in our meeting, note changes in the condition, attention, alertness of the other person.

The success of the primary communicative experience equals to the formation of the mother-child-symbiosis (MAHLER 1980) which has its peak during the first six months. It can be understood as the merging of mother and child into a system of communication and regulation which is most closely tuned to each other. It is the basis from which - not before the second half-year - emerges the independence of the two partners, mother and child.

By the experience of mother-child-symbiosis, by being nursed, carried around, rocked, caressed, talked to, imitated, and that means being accepted without frustration and reservations, cared for, stimulated, understood, comforted, the conviction of our own „rightness" grows, and this allows us to live. „The only positive self-confidence the infant can know is based on the presumption that he is right, good, and welcome." (LIEDLOFF 1982, p. 48)

This „basic confidence as a feeling of being able to trust ... with respect as well to the credibility of the others as to the reliability of oneself" (ERIKSON 1966, p. 62) forms the platform on which the child can let himself get involved with the human and physical world and meet it in action, without getting overwhelmed by fear. (fig. 3)



The biography of persons with severe mental retardation frequently indicates the disturbance or prevention of the primary communicative experience.

To begin with I want to respond to the suspicion that I am going to blame the parents for letting their child develop to be a person with severe mental retardation. The opposite is the case. As a rule especially the parents themselves are victims of an unfortunate development just the same as are the children. And the parents' behaviour professionals often tend to see worth of criticism mostly can well be understood as the result of this disastrous „downward spiral" (TINBERGEN 1984, p. 133 ff) which I myself doubt I could escape without help of others if I had to meet the same fate myself.

„Kuhnert in 1971 already pointed out that with 66 percent of the severely physically handicapped children she cared for the pregnancies were influenced by special stress of their mothers. ... Beyond that Kaspar could show in the population we care for that, because of life threatening situations, medical operations, and long hospitalisations, the time of the first year of life may have been experienced as threatening, depriving and inducing permanent fear. (Kaspar 1978)" (FRÖHLICH 1982, p. 18)

And all this meets together with an already prevailing, congenital or early acquired physical handicap which by itself would have made it hard enough for the child to find his way into the world. Instead of getting a better chance to overcome the physical handicaps by a surplus of warmth and security, as well as lack of frustration these children often are exposed to experiences which would throw even a physically healthy child out of his path of development.

As if that was not enough the medical and educational professionals frequently add their share to undermine the parent-child-relationship. Which mother, which father will be able to keep up a positive, open and hopeful attitude towards their child when they are confronted with statements like these:

- „For your child it would have been better not to be born at all."
- „Your child will always remain an idiot."
- „You will have a problem-child for the rest of your life."
- „You better find a nursing home for your child soon. There is nothing you can do for him anyway."

and what else parents get to hear.

Our professional views also tend to make us act as if we knew only too well what a mentally retarded person is, how he will develop, and what behaviour he must show. They should be scrutinised closely. Perhaps they are self-fulfilling prophecies, which in fact deny the other person's choice not to develop as we presume he will. Then his „problem behaviour" - as we define it - could well be understood as a desperate attempt at keeping a minimum amount of self-determination. Here we finally renounce any intention to take the other person seriously as a partner in communication and let him tell me something - about himself, about me, about us.

Also to be mentioned are the results that our therapeutic approaches have on the parent-child-relationship, which still too onesidedly emphasise the role of professionals. The more they seize the child with their pretended or actual attitude of knowing-it-all and can-do-it-all the less the parents see how they are involved in his education. This will increase the alienation between them and their child even more and lead to a feeling of not being responsible for their own infant.

The appearance of persons with severe mental retardation is determined to a great extent by the basic, fear-dominated motivational conflict, which is founded by the lack of basic confidence, e.g. the failure of the primary communicative experience.

Even at the risk of assuming a digression from the subject I want to outline in a few words the statements TINBERGEN has added to the discussion about the origin of autism some years ago. They have stimulated my own practice in a very advantageous way and have lead to educational approaches which in part were surprisingly effective (TINBERGEN 1984).

Prevailing autistic behaviour - to be distinguished from autistic episodes to be found with many children - according to TINBERGEN may develop when a child is consequently hindered from the experience of the mother-child-symbiosis. This can be caused by different factors. Among these „autism-generating" factors TINBERGEN for example counts early separation from the mother, incubator nursing, medical problems of the baby, young mothers inexperienced in child care, and so on, related, though, to presumed innate tendencies of reaction and vulnerabilities.

Instead of basic confidence fortified in a good mother-child-symbiosis in this case we find deeply rooted basic fear. Autistic behaviour then is seen as the expression of a comprehensive, fear-dominated motivational conflict, e.g. a conflict between the motivation to get into contact and the tendency towards flight and avoidance. The latter usually wins, but the need to have contact to others does not subside but remains undiminished. So this person continues to live in a prevailing ambivalence which can often be observed in his behaviour. (fig. 4)

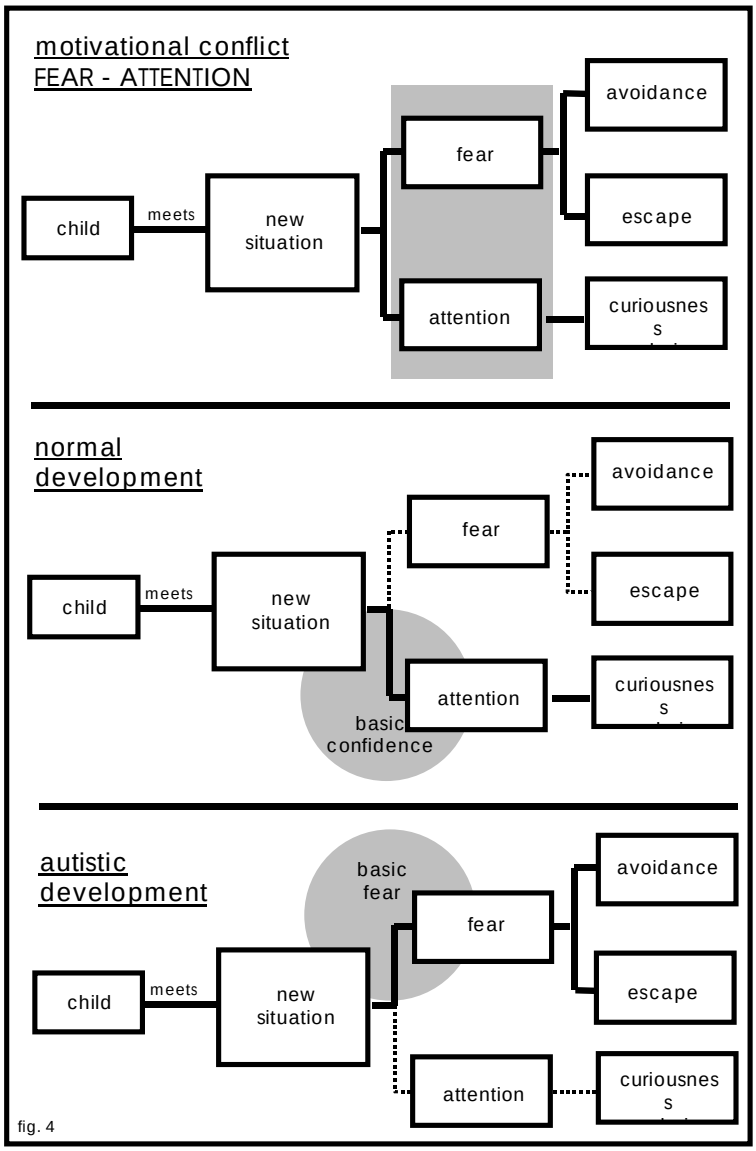


fig. 4

So much in all shortness about TINBERGEN's view. Now how does this apply to persons with severe mental retardation? Let us watch what they do: Stereotyped or self-stimulating behaviour, abnormal reactions towards specific sensations, resistance towards human contact or insistence on defining the manner of the contact, persistence in uniformity within their capabilities, isolated peaks of performance in relation to their common level - who does not know these kinds of behaviour from many „typical" persons with severe mental retardation? With anybody else this would be sufficient to justify the diagnosis of „autism".

And this should not surprise - staying with TINBERGEN's view - when as I tried to show earlier for many persons with severe mental retardation just the experience of basic security in the mother-child-symbiosis was made impossible. As an additional, aggravating „autism-generating" factor in the sense of TINBERGEN you can understand the physical handicap, the brain damage, the cerebral palsy, the sensorial handicap. (fig. 5)

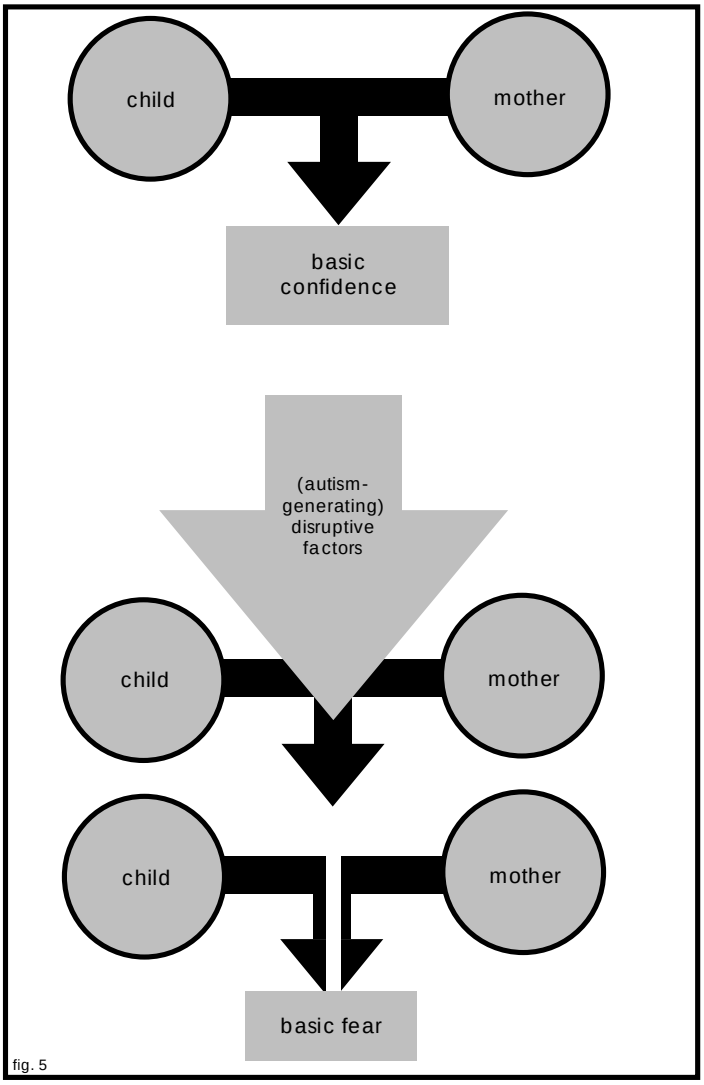


fig. 5

So when I get to know people who are said to be severely mentally retarded the question urges on me which is not to be answered anymore by now: Which part of the actual handicap could be ascribed to the physical defect, and which to the results of the total or partial failure of the communicative exchange between mother and child? Frequently I cannot help myself thinking that the the share of the latter might be definitely the larger one. (fig. 6 + 7)

The logical approach to the education of persons with severe mental retardation resp. to the early education of children threatened by the development of such a handicap is the resumption of the primary communicative experience resp. the prevention of its breaking-off.

When I have stated that

- the primary communicative experience in the mother-child-symbiosis is the starting point for the development of basic confidence as well as for the whole social, emotional, and intellectual development, and that further
- especially persons with severe mental retardation very frequently could not or not sufficiently experience this situation, so that
- the disruption of the communicative exchange really can be seen as an essential aspect of their handicap,

then obviously the next step should be the attempt to get their delayed or blocked development going again just by offering them experiences related to this early period of development. So when I have to deal with a person with severe mental retardation my first concern is to get into some kind of relation to him, to build up some way of exchange.

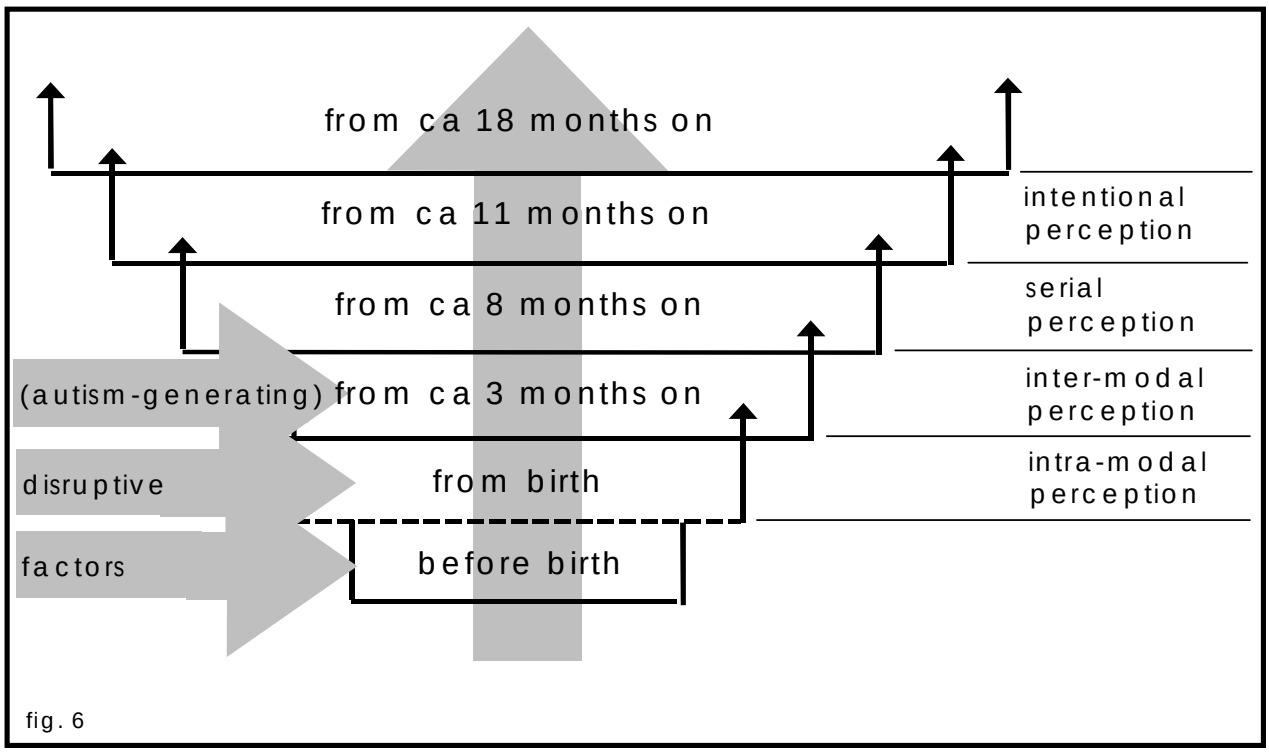


fig. 6

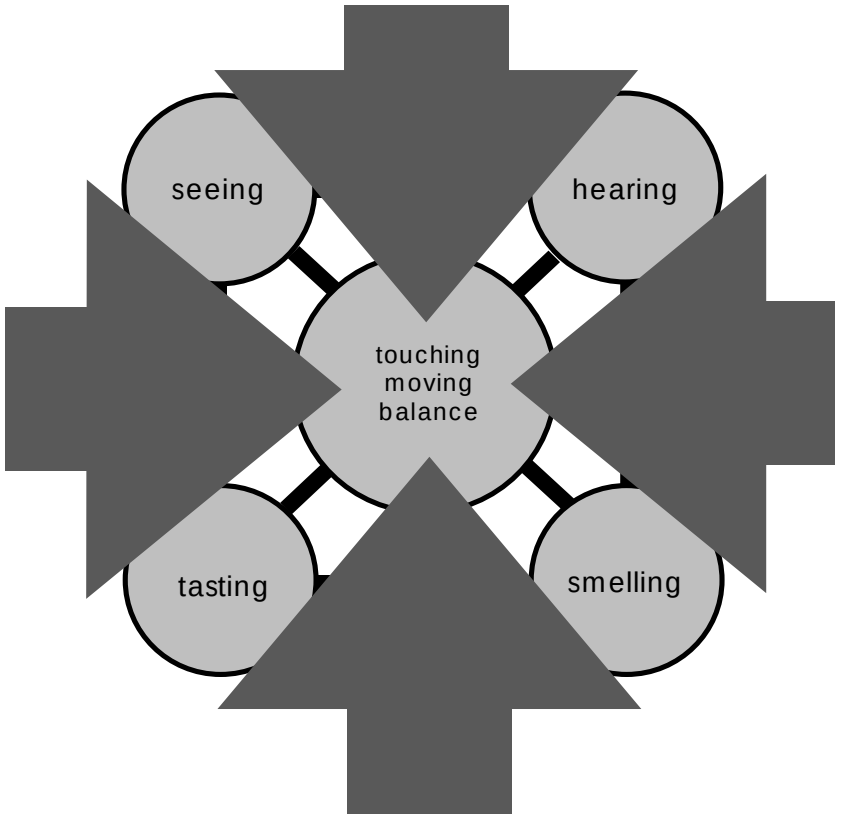
„You there, here is another person. I want to get involved with you in a way you might like.“ This might be the first statement I want to communicate. If now I approach him and shake his hand with a „Hello! Nice to meet you!“ and a smile, it certainly has not the effect as it would with non-handicapped people. Perhaps he will endure it without a reaction. Perhaps he will get out of the way and withdraw. Perhaps he will hit me. In any way he will not receive my message as I would like him to. Now step by step I can go back in the development of ways of communication. Perhaps I can sing a tune or play hide-and-seek or pull faces. Or I start some of the little games you play with infants, or what else may come to my mind.

If all this is still not successful - that means, I do not feel the other person react in a way fitting to what I want to tell him - perhaps I finally get into the field of primary communication, just like it goes between an infant and his parents:

- In my whole appearance, my posture, my movements, my facial expressions, gestures, and intonation I can tell him my concern without having to use many words.
- I can touch the other person, caress him softly or more distinctly, move him, carry or rock him, without saying much.
- I can imitate his sounds, movements, facial expressions and thus mirror them back to him in a playful way.

I will do this with greater caution than I would when e.g. I tried to get into contact with the baby of friends for the first time, because I sense the disappointments and injuries which have shaped his experiences of relationship. I will try to feel how far the other person is ready to get involved with me, when he rejects me, wants to shut himself off, meets my message with scepticism. I will react with behaviour alternating between sympathetic retreat and patiently renewed attempts, leaving breaks, and taking much time for him and me.

Since these persons often understand language quite well I repeatedly will verbally express what I want, what I experience with him, how I will react, which feelings I see on his side and mine.



The formation of inter-modal links is disturbed.

fig. 7

It might happen that the other person tries to find out how serious my offer is, by testing me, trying to annoy me or to do me harm. He may also try to quickly fit me into a certain way of contacting, as he has learned to protect himself from being monopolised. Then I want to transmit another message:

„I want to meet you and get into an exchange with you. I will respond to what you tell me. But I want to tell you something, too, and that you respond to it."

This mutuality of relationship will have to be worked out on the physical level. Perhaps I will follow a path of small steps, by approaching the formation of attachment in such small units which the other person still can tolerate without having to reject or monopolise me. In this way I may be able to continuously increase the degree of mutuality.

I could also offer resistance, prevent him from hurting me or monopolising me, without doing him any harm or breaking off contact. That can be very hard and demand a lot of physical and psychological strength. But indeed it may create a relationship that is characterised by mutuality, by real communication and partnership. In the most consistent way - but then reserved to parent persons - this way comes up to the „holding" which is very effectively used to change autistic behaviour (TINBERGEN 1984, PREKOP 1984, MALL 1983/84, BURCHARD 1984).

Basic Communication is an approach to meet a person with severe mental retardation on the level of the primary communicative experience and to enter into a mutual exchange. It is methodically comprehensible and can be mediated to others.

When at a workshop I guide the participants to experience Basic Communication with each other, after having helped them to intensifiy their feeling for their own bodies, again and again I am surprised myself how much they appreciate it. It is felt as a really pleasant way of being together, very simple, without any big expenditure, very close, without constricting, in a way very intimate, without an immediate taste of sex.

The central experience of Basic Communication (MALL 1984) is the sharing of a common rhythm. The level of contact is at the rhythms of breath of both partners. There are the different roles of the active, concentrated partner and the passive partner who may let himself go.

The active partner starts off by centring himself within his own body. From there he looks for the other's rhythm and begins to take up this vibration, melting his own rhythm into it. When you push someone on a swing you give your impulse away from you, letting him swing back freely. In the same way you relate to the other person's rhythm of breath, where you put the impulse on breathing out, letting go, often just in opposite to the other person's emphasis on breathing in.

The harmony, though, will be reached only when at first I consistently get involved in the other person's rhythm, as crazy as it may seem to me, according to the rule to meet the partner just where he is right now. Only gradually I will feel how much he is ready to come along with me, up to the experience of being unable to distinguish who is adapting to whom, who guides whom.

To let Basic Communication turn out good it requires that I as the active partner am close to myself, that I can let my own rhythm unfold, deal with myself composedly, live in my own body with awareness. At first I have to speak in the language of the body myself, and maybe struggle to relearn it, before it can serve me in encountering the handicapped partner.

The experience of sharing a common vibration can already be sufficient for this encounter and help to build attachment. But it also can form a platform for ongoing exchange between my body and the partner's. In a very spontaneous and playful way I can take up everything he offers: His sounds, movements, stereotyped behaviour, his tensions and his relaxation. I bring up as my means of communication: My closeness and warmth, my touch, my movements and sounds. I also can use speech, very much related to the present situation.

Not every person with severe mental retardation will accept this way of encounter in Basic Communication from the beginning. In many cases, however, it is possible to get more and more close to the other person, in loving obtrusiveness, always finding new ways to get in touch with each other, until he finally is able to open himself to my offer and to find pleasure in the mutuality of this exchange.

However, Basic Communication represents only one possibility among others to meet a partner with severe mental retardation on the level of the primary communicative experience.

With every person I will have to try anew to find out which is the best way to reach him. So with time it is important to practise a whole repertoire of verbal and non-verbal approaches of communication which in every single encounter I can combine in an creative and playful manner to enable attachment.

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