Unconditional communication
with most severely handicapped persons
Winfried Mall Diplom-Heilpädagoge (FH)
Neustrasse 22
D-79312 Emmendingen
Fon: +49-7641-07641-95932-50, Fax: -51
e-Mail: post@basic-communication.info
Internet: http://www.basic-communication.info

Basic Communication – Unconditional Encounter

published in German in
Fröhlich, A., Heinen, N., Lamers, W. (Hg.):
Schwere Behinderung in Praxis und Theorie - ein Blick zurück nach vorn.
Texte zur Körper- und Mehrfachbehindertenpädagogik.
Dortmund (verlag selbstbestimmtes lernen) 2001
translated by the author

1 Backgrounds

Basic Communication was developed around 1980 through the attempts to help 9 year old Thomas (MALL 1980). With severe mental retardation he showed grave balance problems and problems in his contact behaviour: Walking on his toes, high muscle tension, high pitched, long drawn screams, no speech; problems with rapid changes of body posture, with adapting to irregular or moving ground surface or to being moved passively; contact behaviour like pinching or pulling the other person's hair. My attempts in helping him improve balance control and contact behaviour with approaches then topical in Germany like Basic Stimulation, Rhythmical-Musical Education, or Psycho-Motoric Education had positive short term results, but did not lead to prevailing improvements. Trying to get a comprehensive impression of the boy got me to recognize the profound anxiety expressed in all of his behaviour, for which his biography - left back in hospital by his mother right after birth, he grew up in the hospital and an infants' home - offered sufficient explanation.

My encounter with the approach called Functional Relaxation according to Marianne FUCHS (1989) was decisive. Through systematic practise of differentiated self perception it enables the body-oriented focussing of psycho-somatic problems.

Fuchs' (1989 S.23) own key experience, to be able to help her son aged 18 months with fits of his spastic bronchitis by touch of her hand and co-sounding with his breath - "Mummy, make pooh!" he called it - pointed to the chance of enabling comparable experiences without the need to talk. I started to adapt this concept to the special situation of a person like Thomas, to be able to put something up against his deep anxiety.

2 The concept

Basics

Basic Communication builds on every person's ability to communicate, taking serious WATZLAWICK's axiom "You cannot not communicate." (WATZLAWICK et al. 1985, S.53, re-translated by W.M.) Communication begins when my partner takes up my expressions and answers them in a fitting way: The cry of the new-born baby turns to communication by the soothing answer of his mother (the German word for breast feeding is "stillen", i.e. "to satisfy", "to calm"). - The "stereotyped" rocking of a person turns to communication when I stand beside him and start rocking myself, or answer it by a melody or the beat of a rhythm instrument.

The specific aspect of Basic Communication is its relating to the rhythm of breath as the basic process of exchange of every living person, revealing his/her way to live. Tuning in into this rhythm - perceiv-

able in body contact by the movements of my own breath, or by sounds, voice, touch, vibration - I get into a process of direct mutual exchange, enabling the experience of understanding and security, of a individual situation of being together, into which I can integrate elements of other concepts like Basic Stimulation, massage, music therapy, Gestalt, physiotherapy, etc., according to my own backgrounds.

Basic Communication consistently sees the other person as a partner - no matter what his handicap may be - who designs his/her life according to her/his competence as autonomously as possible, with more or less need of help. It does not know better than he/she does what is good for her/him, but perceives itself as an offer that can be rejected as well (see MALL 1992). It wants to meet the other person in the situation of her/his life and - if he/she is ready to - accompany her/him for a while, well according to the tradition of the person-centred attitude of humanistic psychology (see PÖRTNER 1999).

Influences

The following concepts have had an influence to the development of Basic Communication:

Functional Relaxation (FUCHS 1989): The rhythm of breath as a "guideline"; the phase of breathing-out as a place for letting go as well as for good tension; a "subjective anatomy" with the three crosses of the skeleton, the inner spaces, the body openings, the skin; the three rules (see FUCHS 1989, p. 42) "Everything while breathing out!", "Only two or three times!", "Re-feel!"; self experience as the starting and reflecting basis of an encounter. Yet verbal reflection of experiences as a help to remember them is hardly possible in most cases.

Basic Stimulation (FRÖHLICH 1998): It explains situation and needs of persons with most severe handicaps, opens up possibilities of creating meaningful situations for them. Basic Communication integrates somatic, vestibulatory, vibratory and tactile stimulation, can be expanded with olfactory, gustatory and auditive stimulation. It enables what FRÖHLICH (1982) described as an experience of "somatic dialogue" some persons need to reduce their anxiety and enabling them to open up for Basic Stimulation to begin with.

Rhythmical-Musical Education according to SCHEIBLAUER (see KRIMM-V. FISCHER 1995): Basic Communication deals with rhythm - breath, sounds, movement - accordingly, even when the essential experience is of a very subtle kind, hardly to be seen from "outside".

Gestalt-therapy with handicapped persons according to BESEMS and VAN VUGT (see GLAR 1997): Basic Communication emphasizes the correspondence between physical and psychological aspects of attitude and movement, the balancing play with power, dynamics, and polarities, as well as the way to deal with emotions in a comparable way, but prefers the one-to-one situation, puts more emphasize on the fine, subtle, hardly perceivable aspects, and primarily has no explicitly therapeutic intentions.

Target Group

Basic Communication aims at persons whose themes of life can bee seen according to PIAGET’s (1975) steps of development up to the level of "secondary circular reactions": Experience unity - the need to survive - experience oneself in mobility - experience the sensual effects of the environment (MALL 1997, HAISCH 1988). They may be diagnosed like "severe mental retardation", "severe autistic behaviour", "severely multiply handicapped". Just as well it looks at persons whose circumstances in life have brought the same themes to the foreground again: Persons with "dementia" (see GROND 1988) or with "apallic syndrome" (see FRÖHLICH et al. 1997, BIENSTEIN et al. 1994).

Teaching Basic Communication

The author himself teaches Basic Communication in training courses for different institutions. A two day introductory course emphasizes the participants’ self experience. After practical, body-oriented experiences with themselves as well as with a partner they experience Basic Communication "with their own body" together with another participant. (see MALL 1998). A lecture, discussion, and role

play illustrate the theoretical background, a videotaped encounter and its discussion addresses questions of application with handicapped partners. At a follow-up meeting after about 3 months the participants share their own experiences, supplemented by some more theory and other videotaped examples of Basic Communication with different partners. - A 4-day course called "Learning To Talk With Your Body" offers the chance to experience not only Basic Communication, but also to deepen the theoretical and practical background, as well as to experience massage (see LEBOYER 1979).

The effective teaching of Basic Communication as a way to encounter depends on very subtle conditions which hardly can be acquired by theoretical research or by a singular experience alone, such as a sensitivity for one's own body and that of the partner, or a consequent, person-oriented attitude towards people with handicaps (see MALL 1992). To ensure that the application of the term in teaching goes along with certain quality standards, trademark protection has been applied for the German term "Basale Kommunikation".

An example

Rolf, 12 years old, is lying on a mat in the living room of his group in a home. Most of the other children are at school, the attendant is assorting the laundry and preparing dinner before her colleague returns from his break. After oxygen shortage during birth Rolf has developed tetra spastic, he is positioned in a way that should prevent his pathological reflexes, supported by special pillows. One hand is inside his mouth - as mostly - all wet with saliva, his other hand reaches out into the air, seemingly without aim. His head turns form side to side, his neck all over-flexed, his eyes wander through the room, they do not seem to focus on anything. Now and then a smile goes across his face, especially when his movements reach the rustling coloured ribbons hanging from the ceiling. He also produces simple, long stretched vocal sounds of different pitch.

The therapist enters the room to visit Rolf. They do not know each other yet. He does not react to her coming in, even when she addresses him, calls his name there is no change in his behaviour. She does not know if he perceives her at all. She sits down on the mat beside him, carefully putting her hand on his hip. There he stops his movements and sounds for a short moment, only to continue with them right away.

She repeatedly talks to him, with a calm, a little melodical voice. With one hand she feels the rhythm of his movements, and she actively supports it a little with her hand. Her voice takes up this rhythm when she pronounces Rolf's name or imitates his sounds. In between she softly talks to him, introduces herself, expresses that she will come to see and to get to know him. She takes away her hand again. For a while Rolf remains calm, then he starts moving again.

Now she bows across him and looks into his face. Her eyes try to "catch" his glance. Along with it she says something like "Hello, Rolf, how are you?", repeats it several times. For a very short moment Rolf's eyes meet hers, then drift away again. When she tries a little bit to hold his head calm with her hand and to direct it towards her, his movement increases, and he pushes her hand aside with his head. So she retreats again.

After a short break she again puts her hand on his hip and goes along with his movements, now and again accompanied by her voice. Then - Rolf lies on his side - her hand with explicit pressure strokes down his back, from neck down to the bottom, repeats this several times, tries to pick up the rhythm of his movements. He does not show a reaction, but does not seem to reject it . So she broadens her stroking across his arms, his legs, his whole body. When she slightly massages his hand she feels how cold it is. In between she interrupts, watches for Rolf's reactions. His movements get smaller, he more and more calms down. She gets the impression as if he is enjoying it.

After about two or three minutes she stops with stroking again. Rolf remains calm. She again talks to him, tries to get into eye contact. His reactions are similar as before. Now she watches more exactly how Rolf is breathing. He shows a very flat rhythm, hardly perceivable. Only when he produces one of his sounds it is in a long stretched breathing out. She tries to tune into his rhythm of breath herself, and

to breathe out together with him. She picks up his sounds, or she hums herself into his breathing out. Now and then her hand vibrates his body during breathing out in light, quite rapid vibrations. Since his rhythm of breath is difficult to adapt to, she leaves it in between and lets her own rhythm flow. She takes care to remain as relaxed and calm as possible. Rolf calms down gradually, his own movements nearly stay away, his hand is not inside his mouth anymore.

Now she sits down on the mat behind him, leaning to the wall, so she is able to let him feel her body in a more intensive way. She takes some pillows to support her back. Then she takes Rolf under his arms, lets her hands lie there, watches his rhythm of breath, and with a breathing out she pulls him towards her and lets him lean with his upper body against her. This strong action leads to an increase of his tension, he rapidly moves his head from side to side, utters pressed sounds. She expresses her understanding for his being startled and soothingly talks to him. His legs turn rigidly inside, so she puts her own legs across his thighs and carefully turns them outside. She puts her arms over his shoulders, so he can lean against she well. So she waits for a moment to see his reactions, tries to feels sensitively if he shows rejection or even fear by his muscle tension, his body movements, or his voice.

After the first moment of fright though he becomes calmer again, his muscle tension subsides. Again she can perceive the rhythm of his breath. With the movement of her own breath which he can feel distinctly at her abdomen she mirrors back to him this rhythm. Thereby she accentuates the breathing out, taking care that it is as synchronous with him as possible. Breathing in she just lets happen freely with him as with herself. It is important to her to deal with their now common rhythm in a playful way, not to force anything, so stay calm and relaxed herself if possible. At first his rhythm is very much broken up, with long breaks in between, or with phases when he is breathing in a very flat way, or with breathing out in a long drawn, pressed way, often combined with one of his characteristic sounds.

She "underlines" their shared breathing out by humming soft sounds, and stroking along his arms or the sides of his upper body. Now and then while breathing out she sends very fine, rapid vibrations into his body, repeated only a few times, then leaving it. The rhythm of his breath gradually gets more quiet, more flowing, more harmonious. His muscle tension subsides in a tangible way, his back moulds more and more into her body. In his legs and arms as well she feels less of the spastic tension. Finally he even opens up his palms, his toes are not drawn upwards in high tension as they were before. She takes care not to show too much activity, but to return to doing nothing at all in between, just letting him feel their shared rhythm. After about 10 minutes she feels like he has fallen asleep. She enjoys feeling him so relaxed feeling safe in being with her.

After having sat with hardly any activity for several minutes she feels how some more tension rises in Rolf’s body. He tries to turn his head around towards her, perhaps to be able to look into her face. He also produces more sounds again. She talks to him, telling him what she perceives, and how she understands it. Her hands again stroke over his body, she plays with his hands which are much softer and warmer than before. Finally she turns him sideways, so that he comes to sit between her legs, supported by her left arm. Several times he briefly looks at her, his facial expression is relaxed, even a little joyful. The rhythm of his breath is more vivid than before. Again she talks to him, touches him in different ways, plays with his fingers. Then she takes his hand, leads it up to the ribbons hanging from the ceiling and makes them rustle. He tries to follow her with his eyes.

About 30 minutes ago she has entered the room. Soon the other children will return from school. She is quite satisfied with her first attempt to get into contact with Rolf, and he seems to share this feelings. Besides, sitting against the wall starts to become uncomfortable to her, so she decides to come to an end with their encounter. She tells Rolf about this, by her words and through her body, holding him less close and withdrawing more and more. At the end he lies on his mat as in the beginning. She talks to him a little more, softly blows in his direction, touches him. He still is rather calm. Then he turns his head away and starts his movements and his sounds. - Tomorrow she will come back, and so she will during the coming days, weeks, months, perhaps years. She is looking forward to how her relationship with Rolf will develop. (see MALL 1998)

Dealing with bodily contact

Basic Communication is possible without direct physical contact, especially when my partner is too ambivalent towards being very close to another person. Its full potential, however, can unfold only in directly feeling each other: back to abdomen, hand on one's body, leg to leg. This requires a rather uninhibited way to deal with physical closeness, perhaps nurtured by self experience in body-oriented therapy approaches. For unprepared outsiders the situation may seem quite strange, which is why the backgrounds of this approach should be explained to relatives, colleagues, or superiors.

Persons from the described target group only seldom will experience this closeness in a sexual way, since quite different themes of life are much more prominent for them and their relationship to other people. It is much more likely that the situation gets a taste of infancy with themes like trust, care, and a more one-sided role distribution regarding activity (see MALL 1998, p.86 ff). There the described position of my partner sitting in my lap, his back leaning against me, fits in well.

Certainly it cannot be excluded that experiencing this physical closeness may stimulate some partners' sexual feelings, especially with persons showing very unbalanced profiles of development. Then it depends on my own attention to notice this and to guide it into acceptable tracks, which may mean to give up such close experiences. But it would be a pity to miss the chances of Basic Communication only to do everything to avoid this "danger".

Limitations

With persons showing very strong ambivalence towards contact not structured by themselves, who tend towards panic and resistance even when you try to "creep in" with getting close, Basic Communication may come to a limit. Often though it is worth while not to give up too early, but to approach this limit again and again. Taking even more time, patience, and continued, careful effort you may be succeed in becoming so attractive to your partner that he overcomes his ambivalence.

Basic Communication looses its meaning with persons who relate to their environment in a more conscious way. They find the other person's behaviour "strange", start to act, and the flow of their breath looses its spontaneity. Basic Communication is located in the pre-conscious field and should not primarily be perceived by the conscious intelligence. There are other, more developed ways to communicate, e.g. those known as AAC (see TETZCHNER and MARTINSEN 2000; KRISTEN 1997), as well as other approaches of body-oriented therapy (see also PÖRTNER 1999, PROUTY et al. 1998).

What comes "after that"?

Communication sets on with the experience: My partner takes up my "expressions" and reacts to them in a fitting way. In Basic Communication as far as possible all expressions of life are answered with own behaviour, even the rhythm of breath. Comparable experiences are made by an infant in her/his first weeks after birth, and so he/she experiences to be in relation to his/her environment and to be able to influence it. Starting from this basis the person will differentiate her/his communicative behaviour, if he/she is able to, and her/his own share of active, intended communication will increase.

The person's individual needs (safety, food, warmth, being clean) are met in a reliable and appropriate way. - His/her expressions (facial expression, sounds, movements, rhythms), mirrored back by the parenting persons, are recognized as something familiar returning from outside. - Her/his sensual tastes and distastes are respected. - His/her behaviour sets off familiar proceedings, she/he can influence his/her environment in an effective way. - She/he is able to successfully express own intentions and have them fulfilled.

Basic Communication - often in the "special" situation of training or therapy - may set off such a process of communicative development, which has to be continued though in the everyday situation of the person concerned.

Watch closely the handicapped partner in his everyday situation, recognise his/her expressions and react to them. - Mirror back her/his own behaviour (sounds, movements, rhythms, ...), with breaks, so that he/she has time to react, watch these reactions. - Interrupt familiar routines (in nursing, feeding, play, ...), wait for the partner's reaction, let the continuation of the routine depend of the kind of this reaction. - Interrupt favourite activities, wait until the partner shows his/her wish to continue. - Offer alternatives in a distinct way (e.g. while feeding: Do you want to drink or to eat?), watch any reaction the partner may show if it reveals some kind of preference, then fulfil it. Perhaps pictographs or symbols may substitute the real objects after some time. - Combine distinct expressions of the partner with a meaning, tell her/him that you do, and then start reacting appropriately. - Perhaps by intentionally mis-understanding provoke aversive reactions and then react accordingly (e.g. apologize and correct your behaviour) (see TETZCHNER and MARTINSEN 2000; KRISTEN 1997).

By developing means of communication the partner's personality will develop as well, as her/his self-perception will improve. He/she sees her-/himself be taken serious and challenged as a person and feels that and how he/she can exert influence on her/his environment.

3 Critical summary

Basic Communication as a way of unconditional encounter between persons from different realms of life (handicapped, alienated, powerless vs. competent, decisive, autonomous) reveals the wound of any segregating concept of "special education". Disability is experienced as being created during the course of an individual life, that happens in direct interaction, and is no objective, permanent fact - a concept essentially constructed in the social and inter-personal environment (see ELBERT 1982 and NIEDEKEN 1998). At the same time education, training, therapy are experienced as a communicative process designed by both partners in mutual cooperation, which goals cannot be defined one-sidedly beforehand.

Here you will meet the resistance of those who prefer to keep control over this process. They criticize the lack of "purpose orientation" of this proceedings, or that "that's no serious work" when you "only" sit together on an mat and "cuddle". Concerning adult partners a lack of "adult orientation" may be emphasized as well. Perhaps these arguments disguise a fear not to be able anymore to tell in advance how the encounter, the educative or therapeutic actions will develop, finally risking that ones efforts will remain fruitless and ineffective, as well as constantly renewing the partner's handicap.

Of course Basic Communication in school, training centre or living home comes as an addition to the needs and routines of everyday life, as well as to other possibilities of training, therapy, or just life. It may offer an enduring basis where "attendant" and "the attended", "therapist" and "patient", "teacher" and "student" can return to whenever they wish or need it to reassure each other of their relationship. Both feel if they still are in contact, how both are at the moment, if the partner is really met with what was offered. Then they can return to everyday life together, maybe even to make new progress through educational, therapeutical or training experiences.

4 Perspectives

Up to now experiences with Basic Communication are encouraging, even in an objective way when observed exactly. Persons with handicaps see themselves as accepted, make a new start to discover themselves as well as their environment, show more self-confidently what they want. Professionals win the experience really to get into contact, experience themselves as really meaningful for their partners. What is to be seen is, if a special profile of competence will be established for multiplicators who will train others in practicing Basic Communication.

There are reports of Basic Communication applied with old people with dementia (GROND 1988), which unfortunately meets the very narrow limits in time and personal resources in this field. Promising attempts to utilize Basic Communication in establishing contact with persons with apallic syndrome (MALL 2000) give reason to hope for new chances facing the common helplessness when facing these

people. With the latter both groups of persons though the aspect of "training" should be seen even more reluctantly, and to begin with the emphasis should be laid on accepting these persons just as they are. Then it would be left in their own decision to open up for changes if they feel ready to do so.

More attempts are desirable to convey the concept of Basic Communication to parents, which has been quite difficult up to now. Certainly the reasons are very complex and to be seen in front of their generally extremely difficult situation. When mothers could get acquainted with it they had the encouraging experience of really being able to offer their child a literally "maternal" situation.

5 Literature and materials (all in German)

AFFOLTER, F.: Wahrnehmung, Wirklichkeit und Sprache. Villingen-Schwenningen 1987

ELBERT, J.: Geistige Behinderung - Formierungsprozesse und Akte der Gegenwehr. In: KASZTANTOWICZ, U. (Hg.): Wege aus der Isolation. Heidelberg 1982. To be found under: http://bidok.uibk.ac.at/texte/formierungsprozesse.html

FRÖHLICH, A. D.: Der somatische Dialog - Zur psychischen Situation schwerst mehrfachbehinderter Kinder. In: Behinderte 5. Jg./1982 Heft 4, S.15-20

FRÖHLICH, A., BIENSTEIN, CH., HAUPT, U.: Fördern - Pflegen - Begleiten. Beiträge zur Pflege- und Entwicklungsförderung schwerst beeinträchtigter Menschen. Düsseldorf 1997

FRÖHLICH, A.D.: Basale Stimulation - Das Konzept. Düsseldorf 1998

FUCHS, M.: Funktionelle Entspannung: Theorie und Praxis einer organismischen Entspannung über den rhythmisierten Atem. Stuttgart (4th print) 1989

GLAR, P. (Caritasverband für das Bistum Aachen e.V. - Hg.): Reader Gestalttherapie mit Behinderten. Aachen 1997. (To be ordered from the publisher: Referat Behindertenhilfe, Kapitelstr. 3, 52066 Aachen)

GROND, E.: Die Pflege verwirrter alter Menschen. Freiburg (4th print) 1988

HAISCH, W.: Kognition, dargestellt an der Entwicklung der sensomotorischen Intelligenz. In: Schermer, F. H. (Hg.): Einführung in Grundlagen der Psychologie. Würzburg 1988

KRIMM-V. FISCHER, C.: Rhythmik und Sprachanbahnung. Heidelberg (3rd print) 1995

KRISTEN, U.: Praxis Unterstützte Kommunikation - Eine Einführung. Düsseldorf (2nd print) 1997

LEBOYER, F.: Sanfte Hände. Die traditionelle Kunst der indischen Baby-Massage. München 1979

MALL, W.: Entspannungstherapie mit Thomas - erste Schritte auf einem neuen Weg. In: Praxis der Kinderpsychologie und Kinderpsychiatrie 29. Jg./1980 Heft 8, S. 298-301

MALL, W.: Basale Kommunikation - ein Weg zum Andern. In: Geistige Behinderung, 23. Jg., Heft 1/1984, Innenteil. - Reprinted in: Bundesvereinigung Lebenshilfe für geistig Behinderte e.V. (Hg.): Hilfen für Behinderte - Handreichungen für die Praxis II; Marburg/Lahn 1987

MALL, W.: Die Wiederaufnahme der primären Kommunikationssituation als Basis zur Förderung schwer geistig behinderter Menschen. In: Zeitschrift für Heilpädagogik 36. Jg./1985 Beiheft 12, S. 24-32

MALL, W.: Heilpädagogische Partnerschaft mit schwerstbehinderten Menschen. In: Annehmen und Verstehen - Perspektiven der Förderung von Menschen mit sehr schweren Behinderungen, Tagungsbericht des Fachkongresses am 3./4.9.1992 in Duisburg. Hürth 1992

MALL, W.: Kommunikation - Basis der Förderung. In: Frei, E.X., Merz, H.-P. (Hg.): Menschen mit schwerer geistiger Behinderung - Alltagswirklichkeit und Zukunft. Luzern (2nd print) 1993

MALL, W.: Sensomotorische Lebensweisen - Wie erleben Menschen mit geistiger Behinderung sich und ihre Umwelt? Heidelberg 1997

MALL, W.: Kommunikation mit schwer geistig behinderten Menschen. Ein Werkheft. Heidelberg (4th print) 1998

MALL, W. Wie kommt der Austausch in Gang? In: Unterstützte Kommunikation - ISAAC's Zeitung, Heft 2-3/1998

MALL, W.: Das Lächeln des Herrn T. - Basale Kommunikation bei Menschen im Wachkoma. In: Zeitschrift Wachkoma und danach? Heft 2001

NIEDEKEN, D.: Namenlos - Geistig Behinderte verstehen. Neuwied, Kriftel, Berlin 1998

PÖRTNER, M.: Ernstnehmen - Zutrauen - Verstehen. Personzentrierte Haltung im Umgang mit geistig behinderten und pflegebedürftigen Menschen. Stuttgart (2nd print) 1999

PROUTY, G., PÖRTNER, M., VAN WERDE, D.: Prä-Therapie. Stuttgart 1998

TETZCHNER, S., MARTINSEN, H.: Einführung in Unterstützte Kommunikation. Heidelberg 2000

WATZLAWICK, P., BEAVIN, J., JACKSON, D.: Menschliche Kommunikation. Formen, Störungen, Paradoxien. Bern/Stuttgart/Wien (7th print) 1985

The author:

Winfried Mall, Diplom-Heilpädagoge (FH)
Neustrasse 22
D-79312 Emmendingen
e-mail: contact@basic-communication.info
web: http://www.basic-communication.info
(There is additional information to be found, including some translated articles.)