

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](mailto:post@basic-communication.info)  
Internet: <http://www.basic-communication.info>

## Basic Communication - Finding A Path To Your Partner

### *Encountering people with severe mental retardation*

published in German in: Bundesvereinigung Lebenshilfe für geistig Behinderte e.V. (Pub.):  
Hilfen für Behinderte - Handreichungen für die Praxis II; Marburg/Lahn 1987  
(From the journal: Geistige Behinderung, 23<sup>rd</sup> year., Heft 1/1984, insert)

#### ***The starting point***

The problem is widely known among those who share life with mentally retarded people: I stand in front of such a person and ask myself how to reach him. He does not talk, or just in such a limited way that he cannot really communicate himself. His facial or gestural expressions do not express a perceivable meaning. When I talk it obviously does not reach him, he avoids eye contact, he does not react, or even resists, when I touch him. To me this person seems to live in a world of his own which I cannot enter. Or I may feel that he strives to tell me something, to get into contact, but has no means to accomplish it. Communication seems impossible, there is no mutual exchange.

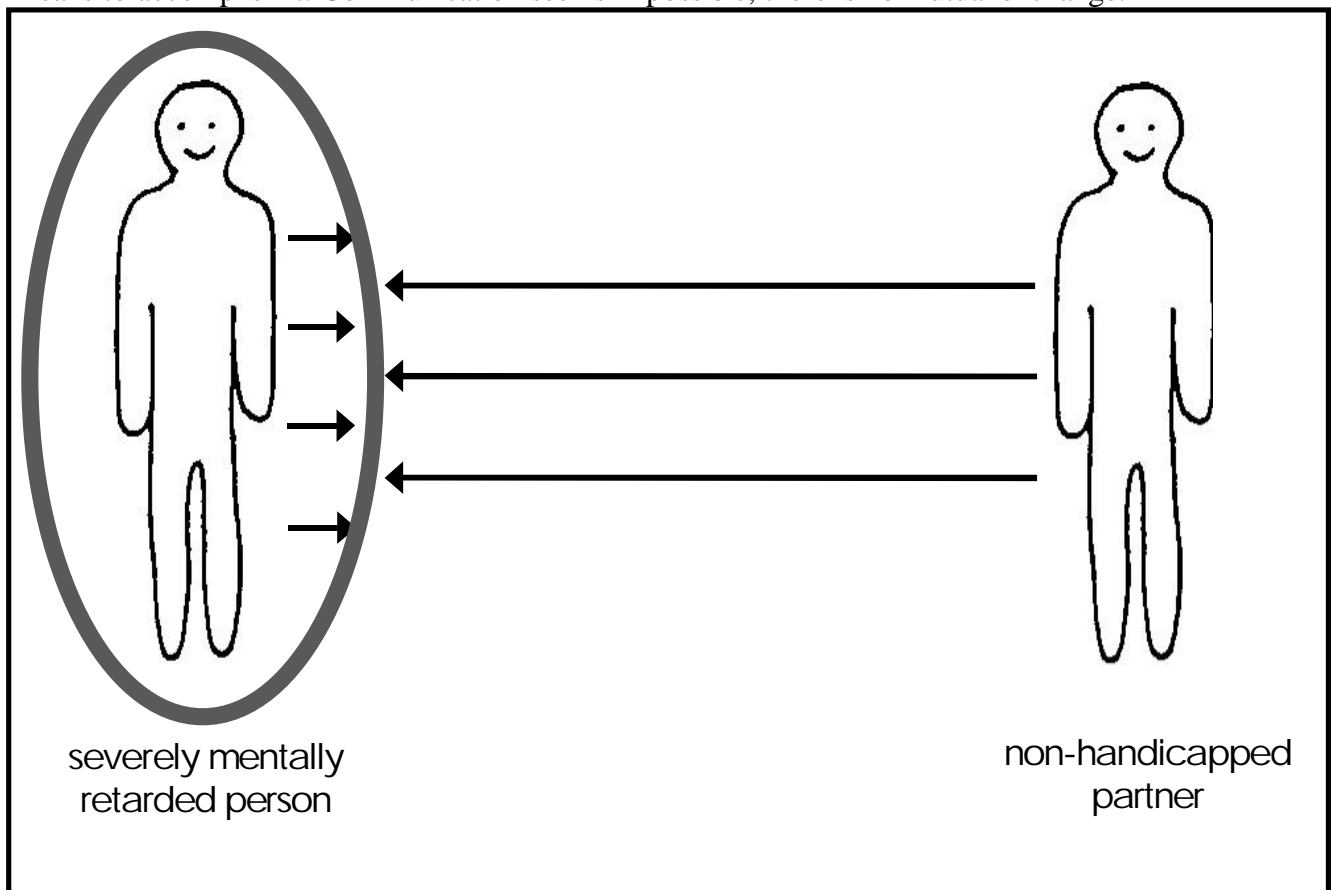


fig. 1: There is no exchange taking place. The partner seems unreachable.

And yet I want to tell this person, too: I am interested in you, I want to learn to know you, I like you. I wish to get into contact, start a relationship with you. I want to get to know: How are you, what would you like, what do you lack? Or I am told to help this person, to care for him, foster him. Now I am here and ask myself: What am I supposed to do with him? And how should I proceed when I literally „do not reach him“, cannot get into contact with him as a person.

***To work together with your partner, not on him***

Even if I have a program, a training approach, a therapy no matter of which kind, I still depend to communicate in some way with my partner. If this fails, training easily turns into a functional, technical handling. I do not work together with him, but on him, without feedback what it does with him, how he feels with it, if I really reach him. At the same time I start to act not only in an inhuman way, as always is the case where personal encounter is cancelled, but ineffectively as well, because no training can reach its goals without feedback.

***Target groups:******People with autistic behaviour***

People I am thinking of are for one those who show distinct autistic behaviour. It does not matter if they are „autists“ in the narrow sense, or if they show handicaps of a different kind, but have additionally developed autistic behaviour. They reject any common form of contact, show restricted interest in only few activities and objects, frequently react in an incomprehensible way to certain kinds of sensory stimulation, and often express their feelings only in the extreme and by difficult behaviour like eruptions of rage, attacks on others, self injuries, or yelling. Partly it does not become clear what exactly triggers these outbursts.

In this group I particularly mean the adolescents and adults, who often cause enormous problems by their physical strength alone, and for whom there are hardly any therapeutical approaches. With them it mostly comes to the question if one manages to create an adapted, humane place to live, without constantly expecting too much from their environment.

***People with a very severe mental retardation***

The second target group are people with very severe forms of mental retardation, often with additional handicaps, who are unable to express themselves in an active way. Now it cannot be denied that each sensitive mother and every empathetic caring person\* will recognise hints that tell how these people feel, what they like most or dislike. It may be an increased production of sounds, crying, physical unrest, or other ways of bodily behaviour (i.e. body language). But all these impressions remain vague and subjective. You often have to speculate what they might mean, the feeling of distance, of an unbridgeable gap, persists. And so does the wish to enter some kind of mutual exchange, to communicate immediately, to get to know something about the other person. There seems to be no way of creating a situation of direct, personal encounter. (see fig. 1)

***Sources***

In this text I intend to describe a way how the gap can be bridged - even towards these people. For one it is based on experiences, which during the past years were enabled by persons I meet working at a home for mentally retarded people. It is influenced, though, by other authors as well: Basic insights from the approach of „Functional Relaxation Therapy“ by M. FUCHS, and elements of „forced holding“ as described by N. TINBERGEN, of „Gestalt therapy with mentally retarded people“ by T. BESEMS, and of „training of sensory-motor perception“ by J. PREKOP and M. PFLUGER-JAKOB.

***Substantial Definition******The goal is not training, but encounter.***

At this point already I want to emphasise that basic communication does not intend to be a new approach of training, and so it does not want to replace any other one. It tries to create a situation of encounter, and in my experience this may first of all actually help to reach a point, where meaningful training can start from. It also enables me in a diagnostic sense to experience the other person's situation, so I can avoid to aim my training over his head and miss him.

---

\* The term „caring person“ here stands for everyone personally involved with the handicapped person: Parents, relatives, friends, staff of day care centers or residential institutions, teachers, etc.

However, basic communication as I will describe it may by itself lead to remarkable changes of a person already. Everyone of us feels released when he - finally - experiences to be understood, accepted, able to communicate himself. How much more will this be true to someone, who presumably for all of his life has seen himself excluded, misunderstood, unable to express himself. For me as the handicapped person's partner this experience is releasing as well, because after all I have found a way to share my feelings, my interest, my affection with him.

„Basic“ = unconditional

The term „basic“ here is supposed to indicate - following A. FRÖHLICH - that there are no preconditions to be met on the handicapped partner's side. I do not propose any requirements before communication can start. The other person may remain as he is, and so I start with him. The existing level of social development often can be compared with a new-born infant, and this should be matched by the measure of communicative capabilities required.

### ***Channels of Communication***

Every human being communicates.

When we say somebody has no means to express himself, this really is not true. Understandably we only tend to look at the means of communication we normally use ourselves: Eye contact, language, facial and gestural expression. Through these channels of active, conscious, specific contacting, communication with a severely mentally retarded person is hardly possible indeed.

However, it is obvious that every human being is doing something, and in his actions he conveys to me how he is, what is the matter with him. I only have to perceive the communicative character of these activities, have to realise that they can be seen as his attempts to tell me something, through channels very different from those I normally use myself. Thus the impression of the other person as a being without communication, shut off in his own world, is basically wrong. It is only that the different channels which he and I use for communication do not match, and so no exchange can take place. (see fig. 2)

People move, touch, make sounds, look. All these and many other actions give hints on how somebody feels, what goes on inside of him. And even if someone does not show such activity at all, there is a central activity to be found with every being alive: We breathe. Breathing, or to put it more exactly, the way we breathe, the rhythm of our breath is our most fundamental means of expression. And exactly here is where basic communication begins. (see fig. 3)

### ***Rhythm of breath as a means of communication***

How do we breathe ourselves? We take quiet, long breaths when we are fast asleep; in troubled dreams breath becomes faster, faltering, irregular; we pant and gasp after exertion; it „takes our breath away“ when we are scared; we „hold our breath“ in great tension, „let the steam go out“ when tension calms down; we „take another deep breath“ before starting something difficult; we make a break to „get some fresh air“.

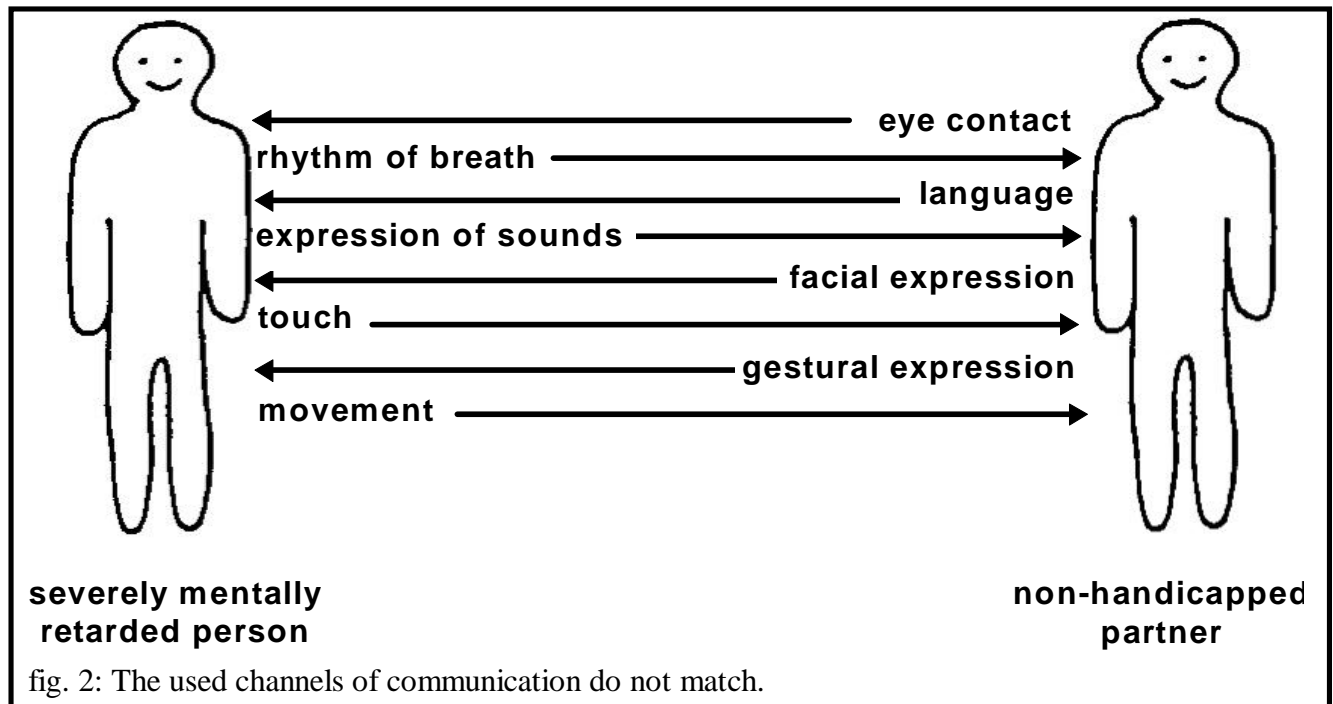
My rhythm of breath not only expresses my present state, but also my general mood, my way of life, my personality. Tensions and unhealthy attitudes tend to solidify, expressed in a tense, held-back breath. At the seam between body and soul breath is especially susceptible for psychosomatic symptoms (see for details M. FUCHS 1974).

A sensitive observer soon will notice that this is true for mentally retarded people as well. Frequently you will find how conspicuous their rhythm of breath is: hyperventilation, stopped, pressing, or kept-back breath. Often these patterns are very solidified, suggesting equally solidified states of tension, aversion, or fear.

In basic communication you take the communicative character of breathing behaviour seriously, and try to reach mutual exchange with your partner on the level of the rhythm of breath, to feel how he is, to tell him how you get on with him, to make him feel better.

### Expression of sounds, touch, movements

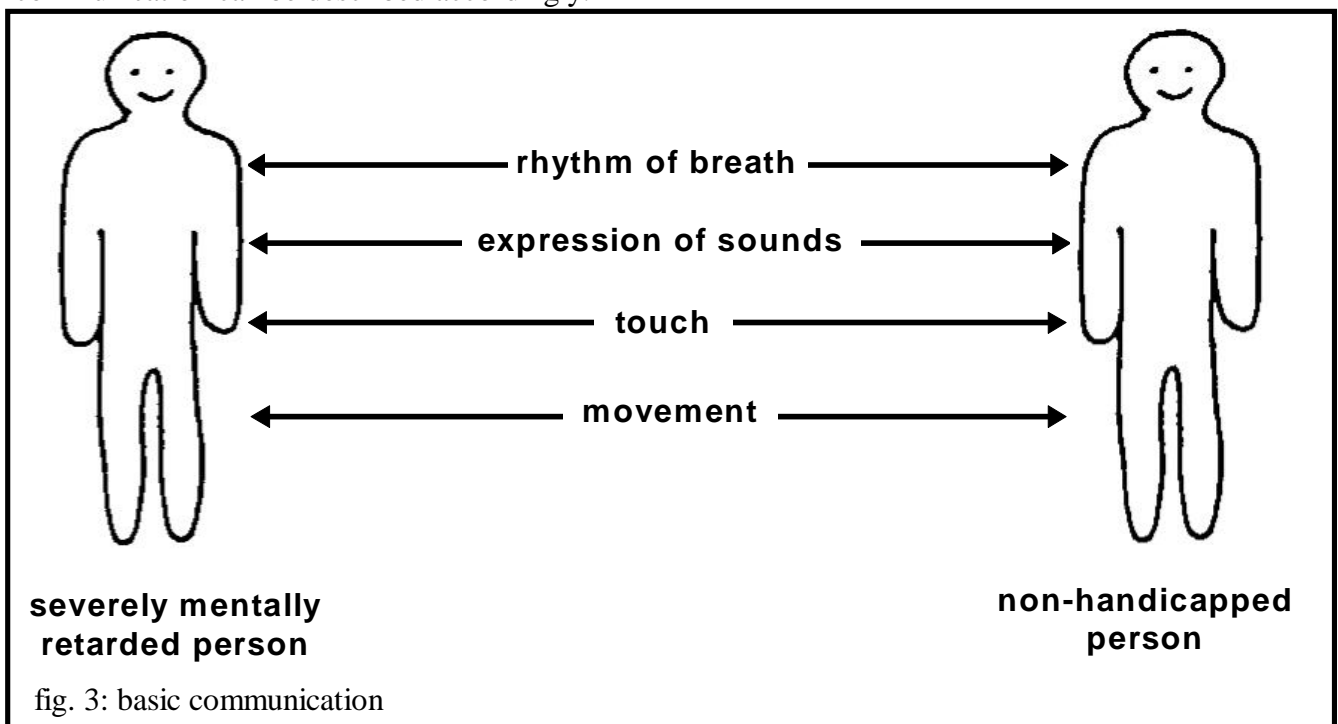
Other channels of communication which are used in basic communication correspond to a mother's ways to „talk“ to her infant: Expressions of sounds (closely related to breath) like humming, babbling, talking, etc.; touching by my whole body or by my hands; movements by moving myself and taking the handicapped person into my movement, or by directly leading him to move himself.



### Contents of Communication

#### Establishing relationship

According to the handicapped partner's state of development basic communication cannot deal with factual, rational, or intellectual exchange. The contents conveyed address much deeper levels of the personalities involved, they finally aim at the establishment of relationship. The goals of basic communication can be described accordingly:



- Creating a communicative situation, a mutual exchange between myself and my handicapped partner on a pre-language, emotional level.
- Conveying experiences like „understanding“, „being accepted“, „affection“, „interest“.

- Sensing the partner's mood, his needs and wishes, emphasizing emotional dimensions.
- Decreasing fear, misunderstanding, tension, panic on both sides.
- Getting open for relationship, for new experiences in his social and material environment.

### *Creating a communicative situation*

Let me emphasize once again: Basic communication does not so much aim at changing my partner, and thus is no method of training. It serves much more - what can be a lot and may be much more successful in reaching the core of problem behaviour - to create and improve the relationship between him and myself, starting from the reality of his situation as well as mine, his abilities and handicaps as well as mine. Experience proves that this way may lead much further than many a training program, when it is not based on creating a communicative situation first, and so aims beyond the partner's head.

### **Realisation**

Communication - more than a method

The following hints may show how basic communication may happen. By no means you must forget that communication essentially is relationship, and never limited to a method, always including creative and playful aspects. Accordingly the hints only try to encourage you to sense and try yourself, and are not to be transferred uncritically to a specific relationship.

### *I have to bring in myself.*

It remains conditional to be ready to enter relationship as a person, with your whole self, and not to hide behind the technical instruments of technical rules. To be authentic is essential to basic communication. Methodological hints can be helpful, but are useless if this is neglected.

### **Hints**

- Take yourself time (perhaps 10 to 20 minutes, maybe more or less), make sure you are not disturbed. Care for regularity (if possible once or twice daily).
- Together with your mentally retarded partner you may go into a quiet, unstimulative room. Perhaps darken the room a little bit or more.
- You may sit on a mattress, as close to him as he can stand, behind him or sideways behind him, if possible. It often suits well when your partner sits between your legs and leans back against you. Take care to sit comfortably yourself (e.g. with a pillow in your back).

### *Language*

- Talk little and carefully, in a low and quiet voice. Only talk about what is relevant at the moment: What you do, how you feel, what you feel about your partner, his feelings and intentions. Do not become involved in conversation. It is most important to sense each other.
- Do not force eye contact (this is one reason to sit behind your partner). If it comes to eye contact from your partner's side, you may answer it - together with a smile, maybe talking a little.

### *Rhythm of breath*

- Look for your partner's breath, try to feel its rhythm, for example by putting your hands on his belly, or looking at it moving. Try to breathe out together with him, in his rhythm, as „out of order“ as it may seem. Notice any changes of his rhythm. Let breathing in flow back as it comes.
- Do not get caught up in a forced, hard breathing. If it does not come easy and flowing, let go and try again later.

### *Breath out in an audible way*

- Make breathing out audible (e.g. making a small noise, humm, sound, sing with it), together with your partner's breathing out; only briefly at one time (2 or 3 times), then let go again. In this way try especially to emphasize long and quiet breathing out.

*Remain relaxed yourself*

- Remain quiet, composed, relaxed yourself. Frequently watch yourself: How am I? Am I calm? Tense? Where do I feel tensions? Am I fine? Do not let pressure build up, leave yourself and your partner as you are.

*Mirroring*

- You may take up your partner's elements of expressions (breathing out, sounds, noise, movements), imitate them and so mirror them back to him, for a longer or shorter period, according to his reactions; do not become stereotyped, though. Play with these elements, try if changes are possible.

*Bodily contact#*

- Try carefully to establish bodily contact: Body to body when you sit together; touching your partner with your own hand (while breathing out, if possible); stroking (each time while breathing out) across parts of his body (belly, back, arms, legs, head; from top downwards, from the centre outwards); always monitor your partner's reactions, adapting to them. Do not start „working at him“ in a mechanical way.

*Movement*

- You may take your partner at his shoulders, for example, or around his chest, move yourself together with him, rock him gently, try new ways of movement (back and forth, to and fro, in circle; in a regular / irregular way; in harmony with your rhythm of breath). Play with your partner's movements (go with / against them, intensify / slow them). Not for too long a time.

*Vibration*

- Exert small vibrations acting on shoulders, pelvis, spine while breathing out, perhaps on the link between head and neck as well, using your own hands or - even better - your own body; watch if your partner shows relaxation. Again repeat only 2 or 3 times at one place.

*Experiencing „room to move“*

- Let your partner experience all his joints (fingers, hands, elbows, shoulders, toes, ankles, knees, hips, spine, neck, head) by moving them carefully and gently, look how much „room to move“ they have, where you find limits, if they can be widened, if opening, sweeping movements are possible. Respect your partner's resistance.

*Handling resistance*

- Be sensitive for every sign of resistance on your partner's side; with time you may collect his signs of rejection and of pleasure. Handle resistance in a flexible way, perhaps withdraw from him for a while, reduce contact, perhaps do not give in right away but expect something of him. He should feel that you have some ideas for him which both of you might like.

*The end of a session*

- You should determine when the session ends; if possible you gently withdraw from your partner as long as he is calm and relaxed, and release him. If he insists on stopping, you may continue for a little while before you yourself ask him to stop. Your guideline: affectionate, sensitive obtrusiveness.

*Not only as defined session*

So much on how you may arrange a defined session. Now basic communication should not be limited to such sessions alone. Encounters take place everywhere, and each encounter you can arrange in the way of basic communication. Especially when you begin to contact a person, you may better do without defined sessions as long as your partner is not used to such ways of contacting, and tends to reject your offers.

„Hello, how are you?“

- So instead of greeting somebody verbally, I may stand close to him, let him feel my body, adapt to his rhythm of breath for a while, perhaps say my „Hello!“ into his breathing out, or stroke him gently.
- While waiting for the traffic light to turn green, I may approach my partner, sense the rhythm of his breath, hum softly into his breathing out, rock him gently in his own rhythm.

*Contacting from a distance*

- If a partner has a very low level of resistance and withdraws at once when I approach him, I may sit into the furthest corner of the room, take great care to avoid eye contact, somehow sense his rhythm of breath, and „incidentally“ make a little sound into his breathing out, just two or three times. He certainly will notice this as an attempt to contact, perhaps look towards me, perhaps smile - or walk away.
- It is more easy when my partner himself utters some kind of sounds, maybe humming, babbling, snorting, groaning, but also if he shouts, cries, or yells. I may mirror back these expressions as exactly as possible, perhaps more out of a relaxed breathing and with less tension. He certainly will perceive this, will pay attention, perhaps look towards me, calm down, enter a dialogue of sounds, or break off and walk away.

By this way, in small, playful, but persisting attempts, I may finally be able to build a bridge to my partner, whom I could only perceive yet as a totally rejecting person. Then an astonished glance may reward weeks of countless cautious, but determined offers, and behind it the question: „Is it really possible that you are interested in me?“

### ***Conveying Basic Communication to Caring Persons***

*Lecture*

A possible way to convey basic communication to persons caring for people with mental retardation is the introduction of the method by a lecture, illustrated by a video, perhaps additionally distributing written materials. How good the caring persons are able to transfer the contents to their own practice mostly depends on how much they can emphasize with the ideas and understand them emotionally, even though offered on an intellectual level.

To correct possible misunderstandings and intensify the impressions, the caring persons should meet for an exchange after they had the opportunity to gather their own experiences.

*Single case instruction*

A second way of instruction may be that the instructor himself gathers his own experiences with a specific mentally retarded person, and then passes on his way of action to the caring persons by switching between demonstration, instruction, and supervision. This procedure is recommended when it is not sure if this person will respond to the approach of basic communication, and modifications might be necessary.

### ***Training course***

Instruction will have better results in a training course of six to nine hours, for six to ten participants, which is split into three phases and spread over several days:

*First phase: Self-awareness*

In the first phase of the course after a short introduction the participants get the chance to experience themselves and their bodies in an intensive way. It is focused on getting aware of their own bodies and the rhythmical flowing of their breath, on breathing out as the opportunity for relaxation, and on movements as a chance to open themselves and decrease tensions.

*Second phase: Awareness of a partner*

After having repeated the experiences of the first phase, the second phase centers on becoming aware of the partner. The participants form couples and experience basic communication together, switching roles repeatedly.

The chance here is to get direct feed back on how your actions are felt by your partner, as well as to experience the role your handicapped partner will have afterwards. A precondition to be cleared in advance is that all participants must be ready to tolerate such experiences, which differ quite a bit from the usual manners among non-handicapped adults.

### *Third phase: Meeting a handicapped partner*

In the third phase the participants are supposed to experience under supervision basic communication with handicapped partners. This may happen in single sessions. In small groups one participant can work with a partner, while the others sit in and watch. In larger groups the following setting may suit better:

One participant works with a handicapped partner in one room, under direct supervision by the instructor. The happenings are transferred to another room by video, where the others follow it on the TV-screen. It also is recorded, so afterwards the session can be watched again on video tape and evaluated by the group. This can be repeated.

### *Freshening-up meeting*

After such an intensive introductory course it is recommended to offer a freshening-up meeting after three to six months. There the third phase of the course could be repeated. If this cannot be realised because of practical problems, it may help the participants just to talk about their experiences and difficulties.

### *Offering courses for non-residential fields*

This way to convey basic communication by a course has been developed in a larger home for mentally retarded people. There should be no objections, though, to offer comparable courses in non-residential fields. Possible target groups are parents of severely mentally retarded or autistic children, but also other persons dealing with these clients, like professionals in early education, pre-school facilities, and schools for mentally retarded people, as far as these institutions have opened up to these persons. Such courses could be organised by local parents associations, as well as institutions of further education.

### *Training must be accompanied by counselling.*

To convey basic communication should not be considered as an isolated measure, with the whole complexity of education getting out of sight. It would be contradictory to show a caring person how to communicate understanding and interest, if he is not at the same time helped to see his partner's everyday needs, and his attempts to express himself. The intensive encounter of basic communication must be matched by the partner's everyday experience.

Counselling starts with the attempt to understand the mentally retarded person and his behaviour, then looking for ways to accomplish appropriate changes. Problem behaviour never is regarded as useless and to be suppressed, but as the handicapped person's meaningful attempt to communicate his needs and emotions.

If a specific person is concerned, his actual, pedagogical environment with all its problems must be analysed. You have to find out where expectations are too high, how he can be assisted, or where problem behaviour expresses justified wishes and feelings. Then you have to look how his situation can be improved, as well as the reactions of his caring persons.

If basic communication is conveyed by the described course, supplemental courses should be offered focusing on the same target group. They also intend to increase understanding of severely mentally retarded persons, or those with autistic behaviour, and show ways to improve their handling. At best you start off with an introduction to the sensory-motor phase of child development and its disorders (PREKOP), just like basic communication itself leans very close to early childhood experiences.



## ***First Experiences***

### *Encouraging experiences*

Experiences with basic communication, collected in a larger home for mentally retarded people, are very encouraging so far. Usually it is implemented with adolescent or adult members of the described target groups, who often cause severe trouble in their living units.

Sometimes after initial irritation, clients usually very soon enjoy the situation of basic communication. In most sessions they relax more deeply, become calm and balanced. Only sporadically you meet limitations, so when a very restless person cannot be held because of a lack of physical strength. Much attention should be paid with autistic people to see if basic communication crosses the border to „enforced holding“ (TINBERGEN) which follows very different rules. This may happen when basic communication is not introduced in a subtle enough way, and the partner perceives it as a confrontation, triggering resistance.

### *Changes on the partner's side*

Usually after a few weeks you may see changes justifying the chosen path:

- Reduction, from slight to dramatic, of problem behaviour like aggression, self injuries, fits of rage.
- More openness for social contacts, partly increased active search of attention and bodily contact.
- More tolerance towards difficult experiences (like changes of persons or premises, illness, climatic changes).
- More relaxed behaviour along with improved motor and balance control.

The extent of these changes is hard to be judged objectively, as it is related to many other factors as well, as to the kind of problems prevailing before. At least the caring persons involved see it as relevant.

### *Changes with the caring persons*

The described changes usually correspond with changes on the caring persons' side:

- Greater interest in this mentally retarded person.
- A more sympathetic attitude towards him.
- Increased stability of relationship.
- More satisfaction in working with this partner.

The effectiveness of this procedure is also seen when the caring persons reduce their engagement, offer sessions less frequently, show less interest in their partner, expect too much from him in their everyday demands. Then regularly the former problem behaviour returns, the old difficulties surge up again.

## ***Limitations***

Chances to establish contact through basic communication are limited in two aspects for both partners:

### *Too much resistance*

It becomes difficult - like mentioned above - with persons, who in an autistic way reject contacts structured by others to an extent that makes it impossible to „sneak in“ by basic communication without triggering panic attacks and resistance. If you do want to get further with them nevertheless, in my view there is no alternative to the approach of „forced holding“.

### *Too much consciousness*

Basic communication loses its meaning with persons who are so conscious about their environment that they react on my approach in a deliberate way. They find my behaviour „strange“, start to manipulate their rhythm of breath. Basic communication is settled in the pre-conscious area and must not be controlled by intellect on the partner's side.

With these persons you rather proceed according to other approaches to improve body awareness and relaxation, requiring different knowledge and experience.

*Not for handicapped partners alone*

This does not mean basic communication is good only for handicapped persons. Besides that every mother is in basic communication with her infant (which may even be refined by the hints described above) - it can be enjoyed by non-handicapped, adult partners as well, supposed both of them manage to get involved, and leave their controlling intellect aside for a while.

**Final Remark***The goal: „Healing“ of our relationship*

Finally I would like to emphasise: Basic communication does not aim at healing the handicap, even if in the case of people with autistic behaviour it goes to the emotional roots of their problems. Its goal is „healing“ my relationship to this partner, just as he is. Often it enables relationship for the first time. It offers means of communication on a level where we usually do not know how to communicate anymore. It opens up a chance to tell even to the most severely mentally retarded person, as well as to the „autist“ who seems to be shut off absolutely: „I want to be friends with you.“, in a way he is able to understand.

**Literature**

- BESEMS, T : Therapie mit geistig Behinderten; Prospekt des Instituts für Gestalttherapie und Gestaltpädagogik „heel“, Megen. Niederlande
- FUCHS, M : Funktionelle Entspannung -Theorie und Praxis einer organismischen Entspannung über den rhythmisierten Atem. Stuttgart 1974
- FRÖHLICH, A.: Ansätze zur ganzheitlichen Frühförderung schwer geistig Behinderter unter sensomotorischem Aspekt. In: Bundesvereinigung Lebenshilfe (Hrsg.): Hilfen für schwer geistig Behinderte - Eingliederung statt Isolation; Marburg 1978
- MALL, W.: Entspannungstherapie mit Thomas - Erste Schritte auf einem neuen Weg.  
In: Praxis der Kinderpsychologie und Kinderpsychiatrie, 29. Jg., 8/1980, S 298-301
- MALL W.: Festhalte-Therapie bei Personen mit autistischem Verhalten im Heim für geistig Behinderte. In: Zur Orientierung, 1/1983. S. 38-46
- PREKOP, J.: Förderung der Wahrnehmung bei entwicklungsgestörten Kindern.  
In: Geistige Behinderung. 19. Jg., 2, 3, 4/1980
- TINBERGEN, N. & E. A.: 'Autistic' Children - New Hope for a Cure; London 1983

**Abstract**

Basic Communication aims at the creation of a communicative situation with persons whose communicative potential is extremely limited. These mainly are adolescent and adult persons with autistic behaviours, as well as severely mentally and multiply handicapped people. Central means of communication are the rhythm of breathing, bodily contact, movement, and voice. Practical guidelines, ways of mediation, and experiences from a home for the mentally retarded are described. It is emphasised that Basic Communication is aimed less towards the rehabilitation of the handicap than towards the „healing“ of the relationship to the handicapped.