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Motto:
We do not need esoteric theories, but we do need to train ourselves not to disregard the obvious.
– Frances Tustin

Introduction

Nonverbal therapy is the only possible method of bringing help to small deaf children with disorders in the development of their personality. That seems obvious, despite the fact that there are few references in publications on the subject of nonverbal psychotherapy of deaf children. This would suggest that either this kind of therapy is not possible, or that deaf children do not suffer from disorders in the development of self, from neuroses, psychoses, etc. But, of course, variations in pathology of development in this group are the same as in children with no hearing disorders. Bringing help to children who are deaf, and who suffer from disorders in the development of their personalities seems to be an important task for clinical child psychologists and psychiatrists.

My own experience in encountering deaf children with disorders in psychical and social development was the first inspiration to seek such methods of therapeutic psychological intervention which would allow these children to emerge as personalities among other people. Proposed principles of nonverbal therapy in relation to deaf children, or more generally to children with communication disorders, have been shaped in a series of diagnostic and consultative appointments at the Audiological Center of the Mother and Child Research Institute, and during systematic therapeutic activity. The basis for formulating these principles lies in thorough analysis of the child’s behavior in contact with the psychologist, as well as in familiarity with general rules of psychoanalytical therapy.

At the present time this proposed nonverbal therapy of deaf children with disorders in the development of self may be considered a systematized therapeutic approach, and not a fully worked-out method. Detailed statements pertaining to the rules of conducting the therapy and to psychological mechanisms involved in the process have not been yet fully verbalized. It may be said that the theory of this approach as a valid method is in statu nascendi. It is worth pointing out that the present progress permits considering this approach as an underlying structure of therapy of disorders in the development of self in children with no hearing problems as well.

Another problem in need of consideration is the determination of diagnostically useful indicators of disorders in the development of self in small children. As is well known, there exist no standardized methods of diagnosing this area of personality in children under school-age, especially in children unable to communicate verbally.

Observation of the behavior of small children permits a clinical diagnosis of various aspects of the child’s psyche. As is well known, we involve ourselves, to a lesser or greater extent, in every kind of behavior. This involvement manifests itself in the sort of activity, independently of whether it is in relation to objects or to persons. If the meaning ascribed by us to various aspects of the child’s behavior is related to the child’s self, we can draw conclusions as to his self-image, his abilities, competence, and relationship to his being. Disorders in the development of self pertain to various aspects thereof, e.g., sense of bodily self, sense of existence, possibilities and talents, or one’s separateness. The extent and character of these disorders varies greatly, from grave disturbances in autistic and psychotic syndromes to passivity and subordination to others, which result in a child who is quiet and peaceful to such degree that its parents “do not know that there really is a child”.

This calls perhaps for a more general remark. There is a distinct, noticeable relationship between
disorders in the development of self and disturbances in the emotional bond between mother and child. This relationship is indicated on the grounds of psychoanalytical theory of object relations represented mainly by Melanie Klein, Margaret Mahler and Donald W. Winnicott. Apart from differences among these authors as to the way of formulating their claims, the theory of object relations contains, in a way implicitly, the thesis that emerging into existence as an individual among people is only possible through relationship with another person, and that the character of this relationship influences the qualities and attributes of individual existence of the person. This thesis became the starting point for outlining the principles of nonverbal therapy of children with disorders in the development of self.

Generally speaking, disorders in the development of self may relate to three aspects of it.

1. Bodily motoric “self” manifested in motoric activity and related to the sense of one’s own body. Bodily self seems to play an important role in cognitive development, as well as in emotional development of the child. A child who is perceiving and learning about the world treats his/her body as a relating point in spatial orientation and in relationship in space between objects. According to Winnicott, experiencing and feeling one’s own body forms the basis of development of knowledge about what belongs to self and what is external to self, i.e., differentiation of “me - not me” (Winnicott, 1951). Good perception of one’s own body is advantageous to motoric and spatial development of the child and to such activities as bicycle riding, skiing, skating. But it is also of advantage in the developing separation from mother. Observations of children who attempt to stay in constant physical contact with their mothers seem to point to a relationship between disorders in the development of this aspect of self and this sort of physical dependence.

Signs of an inadequate sense of one’s own body may be seen in the behavior of a year-old child, who reaches out his hand to grab a toy which is much farther away; or one a little older, already walking, who finds something under a table, and then stands up while still under the table and hits his head. Such behavior does not, however, constitute pathology because a sense of bodily self evolves along with the child’s development. In small children disorders in the development of bodily self manifest themselves, among other things, in motoric clumsiness, low movement efficiency, a tendency to fall or trip over obstacles, etc.

2. Cognitive self; disorders of which pertain to lack of distinction of one’s own abilities and capacities. Such lack of perception of intellectual abilities is evident in the behavior of 5-year old Andrzej. The boy became evidently interested in every toy he could see, but as soon as the object required intellectual engagement, the boy immediately put it aside and reached for the next one.

Children with disorders in the cognitive self are often perplexed and helpless when they are not provided with some structured activity. Their actions are unorganized, and a suggestion that the child complete some sort of task causes a withdrawal.

3. Emotional self, relating to one’s own emotions, capacity for emotional engagement, of experiencing emotions and their maintenance. Disorders in the development of this aspect of “self” are also noticeable in Mark’s behavior: the boy was unable to protest distinctly against the psychologist’s suggestion of putting toy blocks into a truck. Another example is the behavior of 3-year old Kuba, who was building some sort of house in the sandbox. When his mother told him that they were leaving the psychologist’s room, the boy, without any sign of emotional reaction, got up and left. The same boy did not display displeasure or regret when his mother, moving her handbag from one place to another, destroyed his toy block construction. He left it and took up a different sort of play.

Children with disorders in the development of self present significant diagnostic problems. These difficulties seem to be conditioned mainly by disorders in their self-expression; they are unable to play, they withdraw from social interactions, they are not able to make an effort in order to overcome intellectual difficulties or problems arising from social contacts. Generally they behave as if their mere existence was unpleasant and painful. Because such children often turn down proposals of cooperation with the psychologist (e.g. to enter play situations or perform tests) they are usually diagnosed as mentally handicapped.

In clinical psychology these disorders are included in the pathology of personality development called “borderline,” in the sense that they cannot be classified as neuroses or psychoses.
According to the theory of object relations, disorders in the development of self in children are connected with abnormalities in the mother-child relationship. Some researchers point to certain characteristics of the child, e.g. blindness, as the potential factor in producing a pathological bond between mother and child, leading eventually to serious disorders in the child’s development. Taking into account the possible existence of a relationship between lack of auditory experiences in deaf children, and disorders in the development of a bond with the mother, the following should be noticed:

1. Deaf children have a handicapped ability to differentiate their own voice from mother’s voice. This may modify the development of their ability to differentiate “me - not me”, i.e. self from an object. This process begins immediately after birth. In the first months of the child’s life, the basis of this process lies in perceptual sensations, which condition the manner of experiencing self and the external world. Such sensations foster a feeling of distinctness which is necessary for the development of knowledge about oneself.

2. Children who are deaf do not have the possibility of staying in touch with their mothers “at a distance”, i.e. when she is out of sight, or the child is unable to stay in physical contact with her. This may have an effect on the development of the object permanence concept. For a deaf child, mother constitutes a different relating point in external reality than for a child without hearing impairment. Development of the concept of object permanence is of significance for the development of a relationship with the mother and for the creation of self. The creation of this concept is connected with forming a permanent psychic representation of the mother which allows the child to maintain the relationship with her during her absence. Internal representation of the mother establishes a constant relating point for the self, a point which the child may find in itself but not necessarily in external reality (in physically existent mother).

3. Lack of auditory contact with mother may cause the child to develop a tendency to stay in permanent close contact with its mother, as a means of reducing the threat of loneliness and the lack of a relating point for its own activities and states.

It seems that these three elements may be interconnected with disorders in the development of self in deaf children, although it can not be definitely said that their influence is a decisive one. Not all deaf children have problems in development of self. It is worthwhile to observe factors other than deafness e.g., environmental ones, such as the manner in which mother’s actions affect the child. The decisive factor for disorders in the development of self may be the cumulative effect of the child’s perception problems along with an unfavorable manner in which mother’s actions affect the child. Concerning hearing mothers of deaf children, it seems that an important factor here is difficulty in nonverbal communication with the child. (Such difficulties are understandable in light of the fact that, in our culture, verbal communication is the basic form of social contacts.)

The data from our research on the character of nonverbal communication of mothers with their deaf children in the situation of pointing confirm this assumption.

It turns out that communication behavior of hearing mothers toward their deaf children is subordinate to the process of teaching the child to speak. In such a situation the mother issues communiqués toward the child and expects a verbal confirmation of their reception and pays little attention to the child’s own nonverbal communiqués which are addressed to her. It may be generally said that in a situation where there is a communication between a mother and her deaf child, the child is above all the recipient and for the creation of self, the decisive factor here is difficulty in nonverbal communication, may inhibit its readiness to express itself and communicate. In addition, such experiences may cause the child not to recognize himself as an object of interaction with others.

Another variable, potentially related to the pathology of development of self in deaf children seems to be the character of the emotional bond of mothers with their children. Aggressive emotions in contacts with the child manifest themselves in a large number of orders, prohibitions, in beating as a reaction to the child’s cognitive activities and realization of the child’s own objectives. It appears a paradox; nevertheless, one which occurs. Mothers who are unable to cope with the child’s deafness attempt to “conceal” its existence from themselves (the mothers) and hide it from the external world. Punitive mother-child contact seems to favor a
self-image dominated by negative experiences (toward oneself), and perception of oneself more in terms of lack of abilities than their abundance. Moreover, the experience of punishment for spontaneous cognitive activity may lead to passiveness, subordination, lack of incentive and cognitive expansion – all of these constituting a behavior conditioned by the child’s anticipation of the mother’s positive reaction. Thus, a “false” self is developed, one that mirrors the mother’s expectations rather than the child’s knowledge and perception of himself.

The principles of this approach will now be illustrated by referring to the example of a one year treatment of three year old Jony. These principles will be shown in the light of therapist behavior and not that of the boy.

The boy was referred for delayed speech development. He was diagnosed as mentally retarded by another psychologist. Jony neither spoke nor reacted to verbal communications. He was also withdrawing from nonverbal contact so it was impossible to do hearing and psychological examinations. The observations of his behavior showed disorders in development of various aspects of his self. He was unable to play but only kept switching the light on and off, or busied himself taking every single toy off the shelves, but making no use of them. He did not express any feelings except cry when invited to hearing examination. The boy did not see any relation between his body movements and their effects. After a few consultations it became clear that his hearing impairment was of moderate degree. His level of hearing permitted him to hear something in a distorted way, but it was not enough to develop speech without a hearing aid, and disturbances in his social behavior were obviously more connected to his personality disorder than to his hearing itself.

Jony was referred to the Therapeutic Center of the Faculty of Psychology of the University of Warsaw and was offered therapy once a week. The therapy was run by my student, and the young woman and I were present at each session. During his first sessions Jony paid no attention to the presence of the therapist and the only sign of his awareness of her presence was his physical withdrawal when he felt she was too close to him. The only activity he revealed at this time was opening every box and looking inside and abandoning it without any further interest. This behavior was persistent and seemed endless.

The therapist was just with the boy, concentrating on his activity. If we ask what the boy was looking for, we may give various functional answers. Regarding relational diagnosis he was looking for the object of reference to his self and his existence. As to the self diagnosis he was looking for himself, but obviously he could not find himself in a box. We may ask what his activity of searching means. From a communicational point of view we may say Jony was communicating his struggle to show that he is in constant search for what he never received or was never able to get. From the relational point of view he was showing the therapist that he is not interested in anybody or anything except objects he can manipulate.

Going further, we may say that this behavior is just a repetition of his failure of showing his needs to his mother. Despite all these meanings we can assign to his behavior, the therapist was not able to give him any verbal interpretation, as the boy was deaf. But did he need any verbal interpretation? I would say no. Interpretations can be considered as one of the modes of relating and here there existed, so far, no relationship. And here is the place for the basic assumption of therapy I am presenting: that to become a person (to find one’s own self) means to experience oneself through the relationship with another person. The therapist has to behave in such a way that the boy is allowed to find her as an object of reference to his behavior which is a pre-stage of relation. I can not present here any specific techniques because it is not a matter of technique, but a matter of being a person while with the child. Of course I can say what the therapist should not do. She should not encourage him to stick to a particular box and try to enhance the interest in it. It would just fulfil his unconscious need to repeat the failure with his mother. It would cause the feeling that the therapist does not understand him, the feeling of loneliness and it would assure him that the door (here boxes) to relation with the therapist is closed again, for the key to it is on her side.

So, now I may formulate the first principle of the nonverbal psychotherapy here presented. It says that through the child’s own actions and through very careful matching of the behavior of the therapist to the child’s behavioral level, we may be able to rebuild the missing link in his personality development.

The therapist of Jony was matching her behavior...
to his activity, not trying to change it or stop it. She showed interest and she really was interested in his searching activity and not in the boxes. At the third session Jony did find her as an object of reference to his behavior. He began the session throwing the candy wrappers to her. She was watching them with a smile, not throwing them back to him, but keeping them with her full attention as dear presents.

We may understand this situation as the boy’s readiness to relate to the therapist. Feeling like nobody, just a piece of rubbish, he showed her with what she is going to relate and she accepted it. There was no candy in these papers, but she did not refuse them. The therapist matched her behavior to the boy’s fundamental problem i.e. to his feeling of being nothing and his need to relate to somebody.

One might in this situation give him various verbal interpretations, but in this case the therapist could only match her behavior to what she understood. If I wanted to be provocative I’d say that giving verbal interpretations in such situations is a sign of the therapist’s inability to be with the child in a truly personal way. A question is whether we do not – at times – use verbal interpretations as a way of hiding our true feelings and experiences? It is so easy to say, “I understand you”, but it is far more difficult to express it nonverbally and make it clear to the child.

The therapist succeeded in that, so a few minutes later Jony started to point at various toys asking, “What is that?” The therapist named the toys which he obviously knew, but he did not know their names. In this way he maintained contact with the therapist. From the relational point of view the therapist served him as a person who can make the outside world more familiar to him. Regarding his self, he showed his readiness to interest himself in the outside world, but via the therapist. She did not encourage him to repeat the names, but answering his questions she showed the boy that he has the right to ask and that this right is to be followed by her answering. One can say that this situation permitted the boy to use the other person and to experience his control over her. He was controlling the therapist’s behavior also by extending his demands – he used to sit at a table and ask her to bring him this or that, to mold something out of plasticine (modeling clay), to draw pictures, to pull up his pants and the like. The therapist, compliant to his requirements, was in fact matching her behavior to the boy’s developmental need of magic control over the outside world i.e. the omnipotence. From the relational point of view he used the therapist as an object to be used to fulfill his needs. One can argue here about the therapeutic value of such gratifying behavior of the therapist. I would say here that there is no limit in showing the child the true respect for his needs and demands. The true respect will never be abused but, on the contrary, the child will use it to build up his self respect and through this to see the needs and the personal features of another person. I think it leads also to the development of self trust and the trust in the possibility to see oneself in the eyes of the other person.

The phase of controlling the behavior of the therapist was the longest in Jony’s therapy. But the change in his demands was a forerunner of the next one. He became very active – busied himself in drawings, solving intellectual tasks, playing with blocks, doing physical exercises. Doing all this he invited the therapist just to watch him, to share his experiences with him in a passive way from her side. He was addressing his behavior to her or checking her interest in his doings or making verbal comments to what he was doing.

For instance, while drawing he kept on saying what he was going to draw, what else had to be drawn. So, the behavior of the therapist had to be changed in a radical way. From being active, making real what he required, she had to become passive, not doing anything. She had to match her behavior to his level of play, being the observer, not the active participant. From the relational point of view she had to be the mirror of Jony’s activity. Regarding the self, the therapist watching his behavior allowed the boy to see himself – his activity, his capacity of doing various things, his feelings in his actions – in other words to see his own self.

This phase of therapy, not by accident, is easily comparable with the third stage of play described by Winnicott (1971). Not by accident, because according to the second principle of nonverbal therapy presented here, the therapist has to fit in with the child’s stage of playing, to follow the stages as phases in the development of relations between the child and his partner. In the first stage the partner is oriented towards making real what the child is ready to find. In the second there is the “marriage” of the omnipotence with the child’s control over the present reality. In the
third one, the child is alone in the presence of someone. The partner is felt to reflect back what happens in the play. In the fourth stage the task is to allow and enjoy an overlap of two play areas – that of the child and that of the partner. I think that to follow these stages of playing it is necessary to build up the relationship between child and therapist and to enable the development of the child’s self.

In the last phase of the therapy of Jony his relation with the therapist was more complex. He started to treat her as a partner in his play, emotions and all sorts of activity. The therapist was no longer a mirror, but a person to share his experiences with and the addressee and partner in his play. The most characteristic feature of this relation was his changing of roles assigned by him to the therapist.

At one moment he was giving her a particular task and at another time was ready to accept her offer. And here the therapist had to be active again, but in an utterly new way – she had to see and to match her behavior to the boy’s cognitive problems, i.e. his readiness to perceive both her as a person on her own and himself as having some “shortcomings”. Relationally, she had to show that she is the person on whom the boy may rely. Regarding the self, the boy expecting from her some offer, was facing some sort of lack in his inventions with the trust that it can “be borrowed” from her without fear of losing himself.

The emotional relation to the therapist was seen in such a behavior as bringing her some toys to the sessions. It showed that he was able to be in touch with her symbolically, while not in direct contact, and treating her as an object of his positive emotions. In the last session he asked her to go with him outside; he took two pillows with him. Jony put them down on the edge of the pavement, and gestured for her to sit down next to him. They were sitting without any activity, but the boy seemed to be very happy. He wanted to be with her, was able to succeed in this, and was with her just emotionally.

Summing up, we may say that Jony through the relationship with the therapist became a happy person on his own.

According to the principles of nonverbal therapy presented here the therapist was matching her behavior to the boy’s ability to get into contact, to his needs, to his cognitive and emotional problems and to the stages of his play. The therapist being nondirective and following the stages of play has in fact followed different phases of relationship in which the boy could experience various aspects of his self – bodily, cognitive and emotional.

I am aware of the fact that in formulating the principles of this therapy in a sort of objective way, advocating matching the behavior of the therapist to the child’s behavioral level, I tried to be scientific. In fact, the essence of it lies not in the therapist’s behavior, but in his ability to see the human being, a person in the child, no matter how profoundly disturbed. This idea was beautifully expressed by Guntrip (1971) who said: “In fact, I simply saw in her something that was there, that her parents had never seen in her, and that she did not see in herself because all the personal relationships of her early life had done nothing to release her real whole self.”

The therapy I have presented here is carried out by me and two of my younger co-workers, Miss Ewa Wojciechowska and Miss Kate Schier working in the Health Service. It is offered not only to deaf children, but also to hearing ones with disorders in communication. And it works. At the beginning of our therapeutic work we were amazed by its effectiveness and we used to ask ourselves what is this that we are doing, what is helping these children to become persons? Miss Ewa Wojciechowska once said, “look, it is just therapy through the therapist” and maybe it is the same that Harry Guntrip calls “personal relationship therapy”? And maybe now I can see much more clearly why for a long time I thought that psychotherapy of deaf children suffering from disorders in personality development is impossible. I thought that profound disorders deserve tools which would go very deep, and not seeing such tools I felt helpless. I may say that I just forgot that to create a person you do not need any tool, but another person.

Conclusion

Many questions arise from the observation of changes in behavior during nonverbal therapy in children with disorders in the development of self. One of the most basic ones pertains to the psychological mechanisms of formation of self as the effect of this therapy with small children. At the present the answer hasn’t been fully verbalized. Considering the answer to this question as important, one can at this moment only draw upon these mechanisms which are pointed out by various approaches, pertaining however to other
forms of therapy, such as psychoanalytical therapy, therapy by play, or others. This would not however be of advantage, because they are governed by different principles which determine the technique, as well as potential understanding of mechanisms of changes.

Another question is whether the therapy presented here may be applied effectively to older deaf children. Laying down the principles of this therapy I had in mind small children and my experience with them is the richest.

For a year now we have been conducting therapy with a 10-year old boy, but its course at the present poses more questions and less data which would enable us to answer the above questions. Another problem requiring an answer is whether the therapy may be applied to deaf children with disorders in personality development other than those in the development of self.

Apart from a number of questions and problems emerging from the described non-verbal therapy we are also presented with the chance to help these children who, up till now, hadn't been offered any help.

REFERENCES

