

The use of language and voice as a PMT

Resilience in autistic issues through voice matter

Charlie Chaplin used to say that « Even stars collide, and out of their crashing new worlds are born. » He was a strongly resilient man: he lived a miserable childhood and went out of poverty thanks to his creative mind. And his specific creativity is linked to his expressivity: he has quite a character.

Long before understanding words, the baby understands body language. In case of autism, and for obscure reasons, the baby doesn't have relational abilities. And, as you know, one of the major symptoms of autism, immutability: autistics can't stand any changes. Marie-Christine Laznik, a French psychoanalyst, is making wonderful researches about the first signs of autism in the very young age. Today we know prevention is the most efficient way to work with autism. She has been working and observing babies and parents in relation. She knew that babies with autism signs don't have the ability to communicate properly with their parents and she wanted to understand why. Or more precisely, she wondered HOW does the baby miscommunicate with his parents.

When an adult approaches the baby, he modifies the characteristics of his voice. Everybody does that, it's universal! "Helloooo little baby! How are you! Oh you look gorgeous ... Are you hungry? Ooh Ah ! Yees you want to be held !". As you know, this adaptation of vocal interaction is called "Motherese" or "Baby talk". Its intonations are **high in pitch**, with many **glissando variations** that are more pronounced than those of normal speech. It frequently displays **hyperarticulation**, and is also characterized by the **shortening and simplifying of words**. Baby talk is essential for the baby to feel understood and loved.

The mothers of babies with autism risks do have this capacity. They do envelop their babies with their musical voice. The baby certainly takes benefits from his mother engagement, but for some reason, he doesn't ask for more. Normal babies open their eyes, move their arms, prattle ("ahaaaa") ... Baby with autistic issues stays still. So the parents keep on trying to liven and invigorate their baby, they try to keep him in relation with them. And somehow it probably works for the baby but they can't notice it because the infant isn't expressive. So when they realize he won't respond ... they think he doesn't care ... and their voice collapses. They stop trying.

However, Laznik and Traverthen discovered a fundamental fact. They asked families to film themselves and record voice interactions. On one record, you can see a man coming. He's the uncle. He doesn't come often and it's the first time he meets the baby. Instinctively, he approaches the baby using baby talk. He seems to find the baby very touching, like any other baby would be! And then ... the baby responds. Just little bit but he does respond. It is small ... eye contacts, arms movements ... The thing is the baby is captivated.

They noticed this fact with other babies. Laznik works with parents and the child with autistic issues. She tries to impulse happiness feelings towards the baby or child for and with the parents. I guess she probably tries simply to remember them how wonderful it can be to be a parent. And when they feel the changes in their child's behavior, looking at them, smiling, ...

Then it lights a little fire inside of them. They feel like good parents. So I really think we can say that Laznik is improving parent's resilience.

Of course, this what happens in the best case. We have to remember that a lot of factors influence parent's relation with their child. Including their own childhood, their present psychic state, and the health of the couple.

How does Laznik develop parent's desire? By showing them, with her own voice, how she can be amazed by the baby's simple way of being. It is all a matter of **being** with. Far beyond words, language is a body dance in relation. With rhythms, gestures, sounds, looks... We can always be playful about communicating. My proposal, as a voice teacher in psychomotor therapy, is to find through body in relation, those voice and gesture games in adults relations. Because voice's containing function doesn't work only with babies. It is also crucial with any patients. It is really instinctive and we all adapt our voices according to the situations and needs. A sweet voice brings calm. A tonic voice animates. A big voice forbids and gives limits. And when the voice shuts up ... it enables to really listen.

Now, a few words about my work as psychomotor therapist in a psychological center for children affected by psychosis or autism. I'd like to tell you about the way we co-constructed an understandable language with Maïmoun, who is a child touched by autism. It hasn't been easy, but with time, Maïmoun and I, we managed to find what Stern would call an affective attunement. Do you know what an attunement is? You know when you have a music instrument, like a guitar, you need to tune it so that it goes along with other instruments. And the other instruments have to be tuned as well.

Inside relation, you tune yourself to your interlocutor. You look at him, to see how he reacts to what you say. If he gets excited, you might get excited too. Or stay calm because you don't want him to be excited too much. You tune yourself to be respectful. You don't say everything you think. You filter what you say.

With Maïmoun, it hasn't been easy to tune to one another. Because he is affected by autism. He wouldn't speak when I met him. He was 3 years old, and he seemed not want to tune himself to me at all ! He'd rather be far from me ... And I was feeling incompetent! I didn't know how to tune myself to him. He was agitated, he had strange screams which didn't seem to be directed to anyone, even to himself. He wasn't curious about his voice or his body.

Children with autism have very restricted curiosity. Maïmoun would spend hours looking at small objects. But he wouldn't look at his own feet. He could walk properly but, if any obstacles would be on the ground, he would walk through it and sometimes fall. His feet weren't used like tools to feel and explore the ground ... like they weren't part of his own body. Concerning his voice, as I said, he wouldn't speak. He would shout for apparently no reasons ... and he would "sing" but not with pleasure. It was kind of a robotic singing ... the alphabetic song "awbessidi iewdzi ...". There were no mimics with it ... No emotion ... It wasn't addressed to anyone. His voice wasn't linked with relational competencies. So I wondered, what was the use of his voice for him? He had a very high voice. I felt, it wasn't his natural, physiological voice. He would never get low with voice. Just as he wouldnt pay attention to lower parts of his body.

Voice is a gesture. Not only vocal chords movements. It is gesture that depends on a lot of internal movements linked to breathing.

Haag, who is a French psychoanalyst, talks about body cleavages in autism issues. More specifically, she says that child with autism often deny the lower part of their body. And that leads to a voice cleavage between the higher voice and the lower voice. Moreover, there is a cleavage between the singing voice and the talking voice. And indeed, Maïmoun wouldn't stand to hear me talk. Or he wouldn't listen to me. This talking voice would be lived as intrusive and cutting. Just as the looks, the stares, that Maïmoun fled. So, as I was aware of Laznik works and Haag theories ... I tried to adapt my voice. Make it more like music. I inspired myself of the baby talk. And so I made my intonations high in pitch with many glissando variations. My words were simple, and I articulate them very carefully. It wasn't natural at first. See... Maïmoun wasn't a baby anymore. He was 3 years old. I felt cartoonish and ... ridiculous! But ... I quickly noticed changes in his behavior. He was curious about my voice. Maybe just because it was funny, I don't know sincerely! But still ... he began to have stealthy looks ... just little looks toward me. Also, when he sang the alphabetic song, I would play with this and sing with him. I tried to really have fun, so that he could have fun with. I was adding sounds, changing the melody... And this game led to a shared game, because Maïmoun began to reproduce my sounds. And while doing that, he was looking at me. I felt like we were beginning to tune. You know, this feeling that you share something with someone, that Traverthen calls "narrative" interaction. That something that your are living is put in common.

What is important to mention, is that I carefully verbalized what I thought Maïmoun felt or experimented when I thought this is appropriate. Doing that, I tried at the same time to show him my involvement with him and to try to make sense of his experience.

Still there were those high pitched screams I couldn't understand the reason. They weren't either a game or something to be expressed. It felt more like something Maïmoun needed to do. They were hooking my eardrums. I wondered what he felt while doing this ...

As you know autistic children have massive corporal anguishes. Haag describes a link between piercing screams and falling anguishes. Indeed, high screams make naso-pharynx resonate. It gives the sensation of a sound ceiling inside the head. Just like we were hanging on something while falling as we don't have anything but the voice. This is why we scream in Russian mountains. So, I wondered if Maïmoun could feel "dropped" in those moments when he screamed.

A year later, Maïmoun is 4 years old. His language has evolved. He can now say little sentences. He repeats a lot the last words of my sentences. So he's in a form of echolalia. But it helps him gaining the ability to articulate more and more words. The words he uses are particular. Now that he can speak, I feel like his telling me about his anguishes.

For a few months, he's been obsessed with ... the dustbin... the dustbin ... Each time he arrived at the psychological center, he would go in any room to find the dustbind... My colleagues and I were desperate. In psychomotor room, it was the first word he'd say "Dustbin" he kept on saying, pointing the object. But he couldn't get close to it. He was terrified by it. He actually had an unstructured representation of it. He felt like it was a never-ending hole. The work of Latour, who is a French psychomotor therapist, helped me to understand this strange representation. She is working with children through paddling pool mediation. In her book, she talks about this kid who thinks that the river has a never-ending hole... that it has no bottom. She explains that this is linked to body representation. We think

the world the way we think our body. For autistic children, like Maïmoun and the kid of the river, the integration of the lower parts of the body and the sphincters to body schema is problematic. This can lead to intrusion anguish. Actually, at 4 years old, Maïmoun still needs the diaper. And I guess that the diaper gives him an enveloping sensation.

Now I'm going to describe an abstract of a therapy session that shows how voice games, associated with game waters, holding and the use of words, can reduce intrusive anguishes. Use of words)

“Careful!” says Maïmoun pointing at a hole outside by the window. I verbalize to him that I think he's afraid of falling inside the hole. But that he is safe inside the room. He seems anguished and he jumps. Maybe he tries to feel the strength of the ground?

He goes to the sink. He plays with the water tap, pulling it on, the off. I put the cap to close the tub. He takes the doll and puts it in the water. He does so the water goes inside the eyes and the mouth of the doll. I tell him that eyes and mouth can be closed. I take a straw and make bubbles with water. He does the same. And then we begin to play with our voices, making funny noises “brrrr... pop o, bouuu”. Just like a mother and baby would do. We are having a lot of fun.

Latour explains that the mouth is the first sphincter that is integrated to body image. The mouth opens to take the milk/food, and closes to keep it inside. The mouth games are a very good way to give representation for the lower sphincters. It is a way for the baby to understand his body: the voice goes out, the food goes in ... And it is even more efficient that those games are played with a happiness feeling. Just like you encourage your patient, his going to try again what he just did. And this is body image.

When I saw Maïmoun putting water inside the doll's eyes and mouth, I thought he might be anguished by intrusion feelings. Playing with mouth games is inviting him to discover his mouth as container that can possibly close itself.

At the end of the session, we have this ritual song. I propose to hold him in my arms. So he snuggle in my arms and throw me those stealthy looks. I tell him “You want to look at me in the eyes, but you're afraid”. And I figure out that my arms aren't containing enough. So I lay him on a huge pillow where his back is entirely contained. He now can stare at me deeply. And for the first time, he tries to sing with me. I encourage and congratulate him with my eyes. I am moved ! And at the end of the song, he says “the eyes”. So I respond “It's true it can be very pleasant gazing into each others eyes.”

So we can say it has taken time for me and Maïmoun to co-construct a way of communicating. I had to adapt myself deeply to him, as his pathology, autism, keeps him in a very unstructured way of thinking and representing. His psyche, his thoughts aren't developed enough for his age. So, as I said, I had to adapt my voice to envelop him like adults do with babies. I had to use very simple words to be understood. I had to be fully attentive to what he was going through to try to make sense to it for me, and especially, for him. So that his thoughts can be developed.

What about his own role in the therapy? His own resilience? I'd say that giving him this very special communication adaptation enabled him to take part of the therapy. He guided me, with

his words and behavior. I followed him. He talked about his anguishes, and still does. And somehow I feel that he knows he can deposit his anguishes here with me.

Now we have played with the dustbin for enough time ... Maimoun loves playing with the phone, pretending his calling me, throwing a real river of words at the telephone receiver. He gets really frustrated when he can't find his words because he doesn't know that much. So his showing his desire to learn how to speak. And this is summer holidays, so I'm looking forward to see him again and here all the things he has learned on meantime.

Conclusion

To conclude, we can say that voice matter can help the psychomotor therapist to measure the state of the integration of the body parts into the global body schema. Secondly, voice observation can give information about body anguishes such as vertigo and intrusion. Thirdly, voice has a huge importance because it's part of body language, such as mimics, looks, toning variations, distances. The psychomotor therapist has to adapt his voice. Especially in autistic issues: he tries to give movement with his voice without rushing the patient. This leads us to resilience in autistic issues, in which case, psyche and language are frozen. Touati, a French psychiatrist would say that language is always in movement. A lot of words are have several meanings. There are a lot of subtleties ... just like in relation ... tuning to each other ... Autistic try maintain their language as still as possible. We could imagine that when their language moves, they feel like their body are moving with it. Because they are at a state of development when body and mind can't be separated.

Adapting the voice to the patient is going through the very subtleties of relation, tuning to him, so that he can tune himself to you. And if it works, if we manage to tune to each other, it gives him experience to tune himself to life changes.