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Speaking the Other's Language: Imitation as a Gateway to Relationship

Phoebe Caldwell*

Imitation offers a gateway to relationship. This paper seeks to explore that capacity by describing the therapeutic approach of 'Intensive Interaction'. The research literature on imitation contains relatively little about imitation used in an intervention capacity, concentrating instead on the emergence of imitative abilities during infant and child development. The paper therefore describes the case of a young man with severe autism, for whom Intensive Interaction was successful in bringing him into interpersonal engagement with others. The author provides an account as to why imitation should be so effective in this regard. Overall, the paper aims to stimulate questions about how imitation can best be conceived and studied. Copyright © 2006 John Wiley & Sons, Ltd.

INTRODUCTION

Imitation offers a gateway to relationship. This paper seeks to explore that capacity by describing the therapeutic approach of Intensive Intervention. As a practitioner, I have used this approach to assist people with a range of communicative difficulties to begin to relate to others. The research literature on imitation contains relatively little about imitation used in an intervention capacity, concentrating instead on the emergence of imitative abilities during infant and child development. This paper should thus allow our knowledge about the development of imitation to be placed within a wider context, stimulating questions about how imitation can best be conceived and studied.

INTENSIVE INTERACTION

'Intensive Interaction' is a technique for working with people who have very severe learning disabilities, problems with communication and distressed behaviour. It involves working with people's body language through imitation to build up 'conversations' that are meaningful for the co-partner (Ephraim, 1986). I have been using the technique for the past 17 years, as a practitioner working with people with severe communicative difficulties, especially those stemming

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1 from Autistic Spectrum Disorder (ASD) (Caldwell, 1998, 2000, 2003, 2005a, 2005b,
3 in press). During this time I have worked with literally hundreds of people,
5 mainly adults and many of whom are deeply disturbed. Most of the individuals
7 I am now asked to see are posing extreme management difficulties, many to the
9 point at which it has become hard to find staff willing to work with them.

11 Intensive Interaction was introduced in Britain in 1986 by Ephraim, who was
13 then Principal Psychologist working in Harpebury Hospital, a large institution
15 for people with learning disabilities (Ephraim, 1986). He undertook this move
17 because he was aware that conventional interventions for learning disability were
19 proving ineffective. The approach of Intensive Interaction was then taken up by
21 Hewett, who was headmaster of the school associated with Harpebury Hospital.
23 He incorporated the approach into the school's curriculum, which catered for
25 profoundly disabled and in some cases very disturbed children. It is now a
widely accepted approach used in special needs schools. Nind and Hewett further
developed the approach and went on to write a series of books on the use of
Intensive Interaction, mainly with children (Nind & Hewett, 1994, 1998, 2000).
They are now perceived as the British experts on the approach.

19 Ephraim was my supervisor for four years, while I was a Rowntree Research
21 Fellow. Previously I had been designing equipment which aimed at enhancing
23 stimuli at the root of a person's interests, in order to shift their attention from
25 their inner world to a world outside their own. Both my own approach and that
of Intensive Interaction started with our partner's own behaviour. The two ap-
proaches began to dovetail even more as Ephraim showed me that when it came
to encouraging relationships in and with others, I was the most effective piece of
equipment I had.

27 Ephraim initially used the term 'Augmented Mothering' to describe his ap-
29 proach, which he based on the work of Stern (1977, 1985). However, since the
31 approach was being applied to interactions with adults as well as children, such a
33 title was unpopular, because of the emphasis placed, at that point in time, on age
appropriateness and normalization. Within such a context, the title of 'Aug-
35 mented Mothering' was conceived as being offensive, which led to the approach
being undervalued. For this reason the name was changed to 'Intensive Inter-
action'—but still, its emphasis on the interaction within the infant–parent dyad as
a way into relationship reminds us that this is the primary way that we all learn
about ourselves. We have all been through this process.

37 Approaches similar to Intensive Interaction appear to have arisen spontane-
39 ously in several countries as a response to the urgent need to find ways of
communicating with non-verbal people with, for example, on the autistic spec-
trum or who have severe brain damage. 'Co-Creative Communication' bears a
close relationship to 'Intensive Interaction' and is used by Nafstad and Rodbroe
41 (1999), in their work in Nordic countries with congenitally deaf–blind children.
43 Their aim is to stimulate the development of interpersonal communicative
relationships, which is identical to my own aims. Their choice of the term
45 'Co-creative Communication' shifts the emphasis to an equal partnership in ex-
47 ploration, and this may make it an even more suitable name than that of 'In-
49 tensive Interaction'. In America the 'Sonrise Approach' adopts a similar way of
51 working but the emphasis is on using a designated space within which to interact
(www.icdri.org/autism/sonrise.htm). Practitioners using Intensive Interaction
do not find that a fixed environment is necessary, since their experience is that
their partner's brain is so riveted by seeing or hearing their signals from outside
themselves that they focus on these to the exclusion of external circumstances.

1 IMITATION: A MEANS OF LEARNING THE OTHER'S LANGUAGE

3 The term 'imitation' presents a problem to the practitioner working with learning
5 disabled adults because, in a non-technical sense, it comes with undertones of
7 'mimicry' and hence 'mockery', which are perceived as inappropriate and dis-
9 respectful. It is easier to conceive the approach as one of 'learning the language'
11 of our partner, that is responding to whatever it is that has meaning for them.
13 This conception is far more acceptable to providers who are quite properly con-
15 cerned with valuing an individual adult. Furthermore the term 'imitation' is
17 regarded as too limited by many, because it seems to set boundaries on the open-
19 ended and creative possibilities of interaction which underpin extended com-
21 munication.

23 Whatever the title of the approach, experience suggests that the use of imi-
25 tation by a communication partner in getting through to withdrawn people, can
27 be and frequently is transformative. At a recent conference on Intensive Inter-
29 action (Caldwell, 2002), a young teacher practitioner said, 'We can change
31 people's lives.' In this section this paper seeks to explore the question: if we say
33 that the use of imitation can alter people's social behaviour, what is about it that
35 is doing this? Why should it be so transformative?

37 If I live in sensory chaos, imitation of my activities gives me a point of refer-
39 ence, something my brain recognizes (Caldwell, 2003, 2005a). It has meaning
41 for me; it tells me where I am. I need to know this before I can strike out into the
43 darkness. I need a firm base from which to explore. It feels good to make contact
45 with others in a way which is non-threatening and that I can cope with. The
47 feedback needs to be personal and contingent to be effective. Recording a per-
49 son's sounds on audiotape and playing them back is rarely helpful. Under such
51 conditions, the hearer's attention may be caught initially, but the person will not
be sufficiently intrigued to continue listening, since the sounds do not correspond
to events in the present. The brain dismisses the sounds as irrelevant, since
although they present as familiar they are not contingent and thus are not tuned
in to 'now'. What we tell a person when we are out of sync is that we are not
listening to them or engaging with them. Intersubjectivity is lost. As far as they
are concerned we are treating them as objects since we are not interested in them
as potential communication partners. This accords with experimental investiga-
tions in which maternal responses are played back to an infant out of sync via
video links (e.g. Murray & Trevarthen, 1985). The child initially continues to try
and attract her mother's attention but withdraws unhappily when she does not
get contingent response.

Because the brain recognizes its own signals, using Intensive Interaction shifts
the focus of a person's attention from their locked-in inner world to the world
outside. However, imitation is only part of the approach. Copying on its own can
tail off into habituation, and imitation risks becoming a stimulus that feeds the
person's inner world instead of sharpening their interest in the world outside,
that is their interest in 'otherness'. Thus, an important part of the technique
is the careful introduction of 'new' material in the form of surprise, that is sur-
prise given within the context of the person's existing language. For example, if
one is using sound to make connection with a communication partner, their
perception will be: 'that's my sound but it comes from out there' or 'that's my
sound but it sounds a bit different' or 'that's my sound but it's in a different
context'.

Surprise is a discontinuity in expectation and reactions such as in-
creased attention, widening eyes, and even jaw dropping are not uncommon.

1 Discontinuities help to fix awareness, moving the person from attention to en-
3 gagement. One of the most dramatic ways of using surprise is to shift the mode in
5 which the imitation is offered, for example from sound to touch, tapping the
7 rhythm of a person's sounds on her shoulder. (To be effective, it is crucial that the
9 surprise uses elements of the person's own language and is related to sensory
input which is already recognizable as 'safe' to the recipient.) In this respect is
interesting that Vintner (1986), studying imitation in infants, reports that to be
effective as the basis for interaction, incoming stimuli must involve change. Static
images are not effective.

11 In summary, practitioners of Intensive Interaction use the material provided by
13 our partners as the basis for communication and surprise. This is because their
15 brain will recognize that material as significant, and it will therefore redirect their
attention to the source, which is outside themselves. To paraphrase Ephraim
(1986) in his original formulation:

17 'Augmented Mothering' [as it was still called then] is an open-ended and creative
19 activity. If we impose concrete rules on our interaction we shall be limited in our ability
to listen and respond to our partner. A session [of Augmented Mothering] is in the
nature of a conversation enjoyed by both for its own sake.

23 LEARNING THE LANGUAGE

25 Work that I have done with Gabriel will help to illustrate my arguments above.
27 Gabriel is a man in his early twenties, who has severe ASD, severe learning
disabilities and severe epilepsy. I was invited to work with him in 2003 by
29 Pavilion Publishing and the Rowntree Foundation, who wished to film the use of
Intensive Interaction with him over several days, in order to create a video spe-
31 cifically designed to assist in training care staff working with people whose
autism is linked with severe learning disability and behavioural distress (Cal-
33 dwell, 2003). A description of that video will help to illustrate the process of
learning to speak another's language.

35 At the time of filming Gabriel was 23. Although I did not know of it at the time
of the intervention, he turned out to be rather well documented. His mother had
37 written a book about the difficulties of bringing him up, entitled *Growing Up
Severely Autistic—They Call me Gabriel* (Rankin, 2000). A review of the book de-
39 scribes Gabriel at 15: 'He is incontinent, has no speech, has violent mood swings,
bangs his head, shows no spontaneous affection and demands constant atten-
tion.'

41 One of the points of making *Learning the Language* was to try and demonstrate
43 that transformations using Intensive Interaction are not, as they can appear to be,
miraculous or even personal. They are not the outcomes of a practitioner who
45 happens to be 'good' at engaging, but are the outcomes of using a specific tech-
nique. To this end, Gabriel was chosen to be the subject of the study because he
47 was someone with whom it was extremely difficult to get in touch and who, on a
good day, might sit down for two minutes. The psychologist said, 'If you can
49 work with Gabriel you can work with anyone.' A senior tutor at one of the
London Teaching Hospitals recognized him and told me that she had tried for
51 two years without success to get a positive response from him. The parent of one
of his peers said that he had never seen Gabriel smile. He does not allow people
to engage with him.

1 Gabriel spent most of his time wandering aimlessly, absorbed in
3 repetitive behaviours or self-injuring. When he was agitated he would hit
5 his head on the wall and bellow. He treated people as pieces of furniture.
7 It was not that he rejected them—that would have been to acknowledge their
9 existence, but rather that he simply showed no personal interest either negative
11 or positive.

13 In the three-day filming project, the idea proceeded as follows: I start from
15 scratch, and the cameras remain on throughout the sessions to see what happens.
17 When I walk into the room I would know nothing about him except his name,
19 that he is diagnosed as having ASD, severe learning disabilities and epilepsy and
21 that staff find it almost impossible to work with him. I have not heard of his
23 mother's book.

25 First I watch him (observation) and wonder how (and if) it is going to be possible to get
27 through to him. He gives me no eye contact and pushes past me as if I am a block of
29 wood. What is it in his experience that is meaningful to him? I start to wander with him,
31 stamping my feet in time to the rhythm of his pacing. (Trial and error). At this stage he
33 picks up a rubber glove, sits down and started to flick it against his left hand. Taking
35 another one I sit adjacent to him and flick with him. After a few minutes he starts to
37 glance sideways and looks not at me but at what I am doing. At this stage his interest is
39 not so much in my presence but in another source of 'his' input, what his brain recog-
41 nises. He does not get up and walk away or start to self-injure, as his team leader
43 says would have been his normal response to attempts from others to engage his
45 attention.

47 I note the ways he is giving himself physical stimulation, the feedback from his body
49 to his brain. When he flicks he is moving his right wrist, visually observing the gloves
51 he flicks and, what is not so immediately apparent, flicking the glove, and later a string,
so that it always touches his left hand on the outer side of his thumb.

Since it is clear that the end product of his self-stimulus is stimulation of the left hand
I try using vibration on this area he is touching himself. He loves it, quickly learning to
use the switch. For the first time he interrupts his repetitive behaviour and putting his
head to one side, really looks at me. This is more than fleeting eye contact. Briefly for
him I am a person in whom he is interested.

Unfortunately at this stage our interaction fades. Both Gabriel and I become too
interested in the vibrator to the exclusion of the dialogue between ourselves. (As I had
known, introducing a third point of focus can present a real problem, since the personal
dialogue can soon be lost as mutual interest shifts from person to object-centred
attention.) I have to start again.

At this point it should be clear that Intensive Interaction is not about encouraging
shared attention to a third object but about primary inter-subjectivity (Trevarthen,
1979), where the emotions, the topic, and the content of the exchange all emerge
from the interaction of the two partners. Although Gabriel's interest lies in his
objects, these are not shared but part of his self-stimulatory activities. In a chaotic
world, 'when he is doing these (repetitive behaviours) he knows what he is
doing' (Barron & Barron, 1992, p. 11). It is not until he recognizes stimuli with
which he is familiar, but come from a source other than himself, that his interest
shifts from his inner world where he feels protected from the sensory confusion
he experiences to the world outside. We are looking for ways of making emo-
tional contact, ways of adapting spontaneously to one another so that we can
share emotions and intentions. We are trying to establish a bridge of discovery
and trust.

1 It is now Day Two. Gabriel is flicking string. I use a similar length, which to begin with,
 he grabs from me. I continue with more string. Gradually he becomes less possessive.
 3 He begins to shake his and then to turn and see if I shake mine, answering him in a way
 that has meaning for his brain. His face becomes calmer and he begins to look around at
 5 his surroundings in a way we have not seen before, as if seeing them as they are
 without confusion. He becomes more and more focused on what has become our
 7 interaction, smiling to himself and referring back to me with his gaze. Because I have
 seen him pick up a balloon during the lunch break, half inflate it and let the air out into
 9 his ear, I blow into his ear. He turns his head for me to blow into the other. Gradually he
 becomes radiant and we gaze into each other's eyes. We share our pleasure. The video
 11 culminates in what can only be described as a scene of closest intimacy, so powerful
 that the question is asked by an observer finding it almost too painful to watch, 'How
 13 can she get that close?' (She means in the psychological sense. At no time do we touch).

At this stage Gabriel does something extraordinary. Without breaking the link between
 15 us by altering his body posture, he turns his head away and bangs on the sink,
 turning back to monitor my face to see what I will do. I bang back. He goes on smiling
 17 and tries again. The reason this is significant is that it involves a generalisation, something
 people with ASD are not supposed to be able to do. ('She gives me a meaningful
 19 response if I flick my string. How about if I bang the sink?').

21 Gabriel's responses are not one-off. Using Intensive Interaction, such mutual and
 intimate attention is what I hope for—and have learned to expect in the use of
 23 this approach. Also, his ability to test the system is a common reaction at this
 stage. If one subscribes, as I do, to the hypothesis that in people with ASD the
 25 level of stress rooted in sensory confusion is what undermines the brain's ability
 to function, then lowering the level of this stress allows the individual to cope
 27 with experiences that would usually be impossible for them in their usual
 environment. Using Intensive Interaction, the normal outcome is that a person
 29 relaxes, their body language alters, eye contact occurs where previously there
 may have been none, the ability to share increases, and smiles and laughter occur.

Hypersensitivities can also be reduced (Caldwell, in press). For example, a
 31 person whose hypersensitivity to high frequencies typically keeps them from
 engaging with others will become able to ignore these and thus to interact using
 33 their own sounds and finger movements. People who cannot normally bear
 touch may put their arms around their communication partner, sometimes clinging
 35 to them. In some cases, comprehension improves and the person begins to
 understand sentences with dependent clauses. ('If I do this, will you do that?')
 37 They may even, over a period of time, start to use relevant speech themselves.
 Gabriel's ability to relate in the most moving way is not unusual. In my experience
 39 most people with ASD are longing to interact and do so freely if one takes
 the trouble to learn their language (Caldwell, in press). There is almost always
 41 a general reduction in distressed and disturbed behaviour.

The video *Learning the Language* also demonstrates a trainee communication
 43 partner being shown how to work with Gabriel. She is deeply moved by the
 experience and says that she 'had not known it could be like this'. Gabriel's
 45 communication partners continued to use Intensive Interaction with him. Six
 months later Gabriel was reported as much calmer, not only during communication
 47 sessions but also in his normal life as well.

49 USING THE LANGUAGE

51 Once we have learned the language of our communication partner we can begin
 to use it to build up relationship. We do this by sharing. The approach becomes

1 not so much a matter of imitation but of reciprocal response, of developing a
3 conversation using the elements of the person's language. We allow ourselves
5 freedom to enrich the dialogue by adding unfamiliar juxtapositions and by pick-
7 ing up on anything that our partners offer, just as we should in a verbal dialogue.
9 We enter a state of playfulness and enjoy each other's company. We have fun
11 together. People who have previously been unable to relate find intimacy—and
13 we and they are changed by this experience (Zeedyk, this volume).

This shift can be illustrated through the accounts of other individuals with
whom I have worked. For example, Sue is a woman with ASD, who self injures
by hitting her face to the point at which her cheekbone is exposed. She is ex-
tremely disturbed and runs away if approached.

The first time we meet I stand away from Sue and tap my face each time she bangs hers.
After twenty minutes she realises that every time she does something she gets a
meaningful response. She is so surprised her jaw drops. She tries a whole range of
movements which are not in her normal repertoire. Each time I get them right she
laughs. A few months later I am shown a video of her engaging with her key worker,
who has continued using her language to talk to her. Sue, who previously had been
unable to bear touch, falls into his arms laughing. A scar is all that now remains of her
despair. Occasionally she touches her cheek.

Bill is a man in his forties, who is deaf, blind, and showing very disturbed
behaviour to the extent which makes it difficult for staff to carry out personal
care.

Bill constantly licks his lips, moving his tongue round and round. This is the way he
talks to himself, his brain/body language. He will not let me touch his hands so I make
a circular movement on the top of his foot. After a minute or two he starts to laugh, so
loudly that staff come running from all over the house. They have never heard him
laugh before. We join in his pleasure, for although he cannot hear me laugh he can feel
me shaking in accord with his laughter. I continue drawing movements on his foot
which reflect his tongue movements.

It is not only people with ASD for whom imitation is a passport to positive affect.
A second training video (Caldwell, 2005b) demonstrates care staff in the process
of learning to use Intensive Interaction with adults with profound disabili-
ty—mainly cerebral palsy. Across a wide range of disability, imitation is the
gateway to relationship.

Imitation acts as a 'personal code' giving access to people who are otherwise
lost to us and we to them. Within the dyad, we appear to be so finely attuned and
stilled that, by some process unknown, we are able to pick up and share the
feeling of other. This gives both of us the possibility of life-transforming intimacy,
a sensation resembling that experienced in bonding. Whatever the underlying
neurochemistry may be, we find that through paying dedicated and intimate
attention to each other, we can move beyond shared physical sensory experience
to a place where the mind can wander in what can only be described as joy.
'I' and 'I' become 'We'.

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 3 *Learning the Language.*

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