RHYTHMS OF RELATING IN CHILDREN'S THERAPIES

CONNECTING CREATIVELY WITH VULNERABLE CHILDREN

Edited by Stuart Daniel and Colwyn Trevarthen

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In memory of Dan Stern

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AND THEN I BELONGED

Relational Communication Therapy in a Remote Tanzanian Orphanage

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> From the very first moment I saw Radhia, I was moved by her condition. In the turmoil of the orphanage, she expressed this oppressive loneliness. She was all alone. The other children struggling for attention were the noise around this sad girl who remains isolated in her own world.[1]

We tell the story of a girl named Radhia who lives at a small orphanage in the Usambara Mountains in the northeast of Tanzania. It is a story about how a bicultural training, research and therapy project changed her life as a member of the orphanage community, rescuing her from isolation. In discussing the multi-layered impact of this project, we will be framing the input at the orphanage in terms of, 'performative' events of sensitive cooperation. We use the word 'performative', as first used by Austin (1962), to get a sense of the potential underlying our acts, gestures, facial expressions, speech, and so on., the potential to create social and communicative reality. To be clear, we are not referring to an actual organized performance on a theatre stage.

When you visit the orphanage for the first time, you come to an attractive, clean place with flowers in the garden and green grass in the playground. Some 35 children live here. Their ages range from immediately after birth up to two years old. When the weather is nice, you may see some of the older children outside the buildings. Usually a group of about eight children who are around the same age can be seen sitting in the shade, or crawling or walking on the grass. Most of the time they are supervised by one young woman, who, when you enter this place, will greet you with a friendly but very shy 'karibu', meaning 'welcome'

1 This is the first of several reflections from the German therapist concerned, conveying her emotions and experiences following therapy sessions.

in Kiswahili. The younger children are usually inside. During 'playtime' they sit together in the hall in front of their dormitories, mostly alone, not wanting to play with each other. The orphans in this institution have usually lost their mother at birth, due to delivery complications. The father is not able to provide the basic care they need for the first two years. After the children have learned to walk, eat and go to the lavatory on their own, they are often reintegrated in their families.

To coordinate the work of the community, there is a head 'mama'[2] in charge. If she is free, she will welcome you in person. She is a passionate and warm woman who rules with a consistent and disciplined hand. She works closely with her deputy, who represents her and helps her with many of the day-to-day challenges. The mama and her deputy are both educated and experienced nurses who have been doing practical work caring for children for many years.

The young woman, who you met earlier as she watched the older orphans outdoors, is also living and learning in the orphanage. She is one of about 30 caretaker students who are being educated in early childhood care and housekeeping there. These students, who were unable to complete secondary school for various reasons, are between 19 and 21 years old. They are given a place to sleep in basic dormitories on the compound, and their meals. They are not paid for their work, but their parents who sent them to the orphanage pay small school fees.

The caring ratio, 31 caretakers[3] to 30 children, appears generous. But this is deceptive. Most of the time there is only one caretaker for each group of children, while the other students and staff are busy with a myriad of practical duties which consume time and energy. They wash the clothes and diapers by hand in water boiled on a fire, till and harvest the fields, and care for the livestock. They cook for children and staff on a wood fire, sell their vegetables at market, sell snacks in their own kiosk at the orphanage, and play host to the many visitors from various countries who might be potential donors. In addition to this hard work, there are a few hours of theoretical and practical teaching per week taught by the one of the two head mamas.

The compound, which was built in the 1960s by German missionary women, has started to decay. The hard work involved in maintaining it and keeping it a clean and healthy place is very apparent. The plain structure with its purity and discipline seems quite untypical of Tanzania with its dusty roads and, to the Western eye, rather chaotic townscapes. For a visitor aware of the colonial

2 'Mama' is the Kiswahili word for 'woman' and is used as a respectful title in Tanzania.

3 There are 30 caretaker students and one of seven female members of staff at any one time. The latter are in charge of monitoring and supporting daily work. These women were former students and they draw a small salary in the orphanage. They work in day and night shifts and live in town.

history, it feels as if the spirit of the European missionaries is still alive (Fiedler 1996). This is immediately obvious in the plainness and austerity of the caring environment, and also apparent in the hierarchical structure of the community. Everyone has a clearly defined role that is reflected in their 'costumes', how they are dressed. The caretaker students, with their closely cropped hair, wear light-blue dresses and dark-purple pullovers. Their look differs clearly from the female members of staff dressed in light-purple dresses who wear their hair long with creative and individual hairstyles. The head mama and her deputy wear the dark-blue dresses of nurses with a checkered pinafore.

If you had the opportunity to take part in everyday activities, you would experience how the missionary spirit is reflected in the way care is organized. The hygienic and sanitary care is the guarantee first and foremost of physically healthy children, and it will keep severe illness or death at bay for decades to come. But at the same time this style of care, with its disciplined rituals, has a direct impact on the way communication is established with the children and how their relationships grow.

Loss of companionship in early childhood

The story of loss of companionship in early childhood is as old as the story of the human community itself, and the two stories are inextricably woven together. By 'companionship' we are referring to the deeply connected relationship which develops between an infant and her caregiver, a relationship built on thousands of shared moments of play. Companionship begins in shared impulses of vitality and imaginative self-awareness before birth and, through companionship, meaning is discovered in playful 'dialogue' way before language. Companionship grows in the thousands of nursery rhymes, play songs, and lullabies that there are across all the different cultures. It has been described in detail by many researchers over the last decades (Malloch and Trevarthen 2010; Reddy, 2008). As research has revealed the complex beauty of these early forms of companionship in mental life, the more evident it has become just how important the presence of an affectionate and imaginative partner is for the healthy development of the child's ingenious self.

Companionship in early childhood and its temporal organization

A child needs to engage with a meaningful other from birth, an innate need for which the developing infant is psychobiologically predisposed (Trevarthen 1998). From the first minute after birth a baby expects someone to be there who will respond contingently to what they do (Brazelton 1979). The infant's multimodal expressions are intentional and ready to be shared with a feeling of

confidence right from the beginning. They are offered to provoke responses and do not just imitate (Nagy 2008). At around two months of age, children take a big step towards proto-conversation – the sharing of non-verbal information within the rudimentary structures of a 'conversation' (turn-taking, imitation, rhythm, etc.) (Trevarthen 2008). Gratier (2003) describes the delicate temporal structure of such early dialogues using the concepts of 'interactional synchrony' and 'expressive timing'. In interactional synchrony, both communicating partners synchronize their movements and vocalizations as they intuitively attune to a common 'pulse'. Expressive timing is the playful variation of this 'pulse'. These temporally structured dialogues can be described as coherent narratives of 'musicality' in which the partners are exchanging their emotional stories and felt experiences (Malloch and Trevarthen 2010). These narratives are characterized by a beginning, a process of building towards a climax, and a conclusion, just like the nursery rhymes, play songs, and lullabies found all over the world (see Delafield-Butt and Trevarthen 2015; Gratier and Trevarthen 2008).

Where there is a loss of companionship, both self-confidence and trust become fragile. This is evident in the examples of parental borderline personality disorder and neonatal depression (Gratier and Apter-Danon 2010; Gratier *et al.* 2015), or in cases of severe deprivation of intimate care (Bowlby 1988; Spitz 1946). The temporal structure of mother–infant communication was studied in immigrant Indian dyads (from Indian families migrating into the US) and compared with non-immigrant dyads at home in India, France, and the United States (Gratier 2003). It was found that the immigrant dyads displayed a reduction in expressive timing and interactional synchrony (Gratier 2003). This confirms that a stable, active, and responsive social environment, favorable economic conditions, and familiar cultural settings may all play a crucial role in the development of enjoyable interactional play from the early months of a child's life.

It is important to emphasize that the story of companionship happens not only at the dyadic level (i.e. between mother and baby). We need to consider the whole 'sociosphere'[4] of friendly relationships with shared interests, on which meaningful participation in a culture depends.

In the orphanage lack of time for spontaneous play affects the emotional expressiveness or availability of the caretakers, limiting the companionship they are able to give in intimacy with a child. The institutional character of this particular sociosphere (Frank and Trevarthen 2012) prevents the development of enjoyable musical games that otherwise might have become treasured memories of a special relationship (Gratier and Apter-Danon 2010; Trevarthen 2008).

4 Sociosphere is a term which brings Habermas's 'lifeworld' concept (1985) and Bourdieu's 'relational sociology' (1998) of the adult world into relation with the theory of innate intersubjectivity (Frank and Trevarthen 2012).

Companionship in communication and language development

Figure 21.1 shows a sketch illustrating a vivid multimodal proto-conversation between mother and child with intense mutual interest.

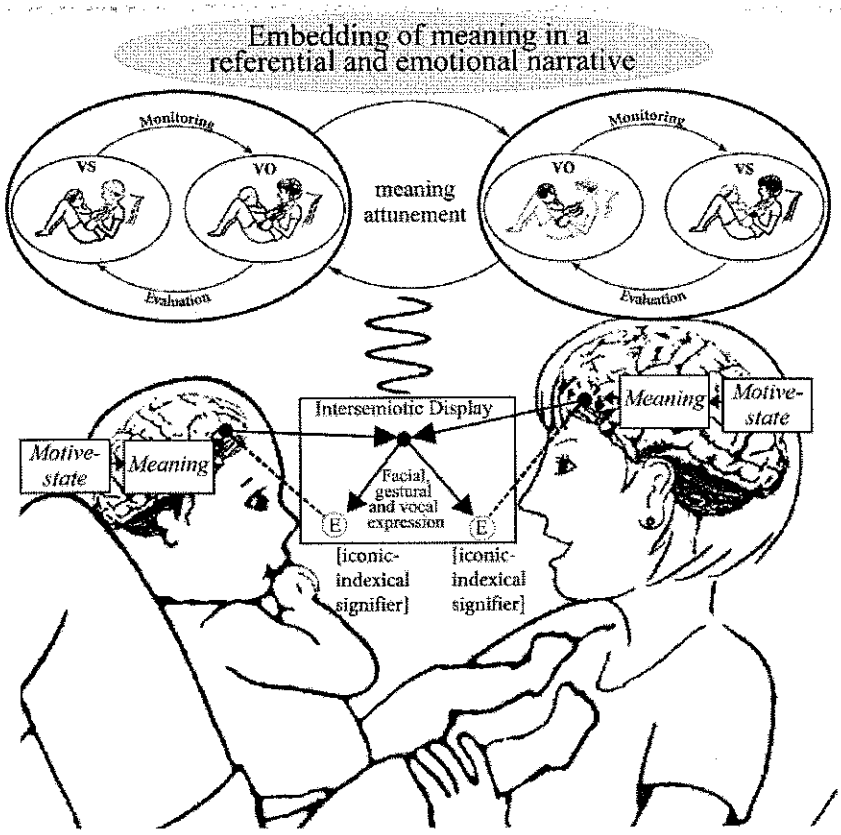

FIGURE 21.1 RELATIONAL EMOTIONS AS THE FOUNDATION OF COMMUNICATION AND LANGUAGE DEVELOPMENT (MODIFIED FROM FIGURE 11B IN LÜDTKE 2012, P.330)

Our exploration of this proto-conversation needs to encompass three levels. First, the proto-conversation starts with each participant expressing the relational motive to become 'meaningful' to the other. They smile in a teasing way, eagerly reach out for body contact, or curiously look each other in the eyes. Second, Figure 21.1 illustrates how meaning is created mutually and relationally, meaning is co-constructed (Bloom 2002). We will go into detail below about just how that meaning becomes embedded in narratives that are both emotional and referential. Meaning is understood here to be generated 'in process' (Kristeva 1998). Third, Figure 21.1 shows the process in which both

communicating partners build an emotionally mediated and marked (hence relational) representation of the person or character of their partner (Bråten 2002). It follows that any 'meaning' in the dialogue is inseparable from the relational emotions felt in the 'present moment' (Stern 2004).

Mother and child monitor each other's expressions, or rather they monitor the idea they have in mind about their companion, here called the 'Virtual Other' or 'VO' (Bråten 2002, Figure 21.1). They also constantly evaluate how their own concepts of themselves – here called the 'Virtual Self' (Bråten 2002, Figure 21.1) or 'VS' – fit to their companion's expressions. This is our basic desire to feel validated by another, our desire to achieve a contingent 'match' with our partner's expressed view of us. This is one of the bases for a sense of satisfactory communication. Alternatively, a feeling of 'mismatch' creates emotional and communicative disturbance (Murray and Trevarthen 1985; Nadel and Han 2015). This disturbance can either initiate new communicative activities with each partner attempting to achieve a satisfying result, or cause distorted representations of self and/or other (Aitken and Trevarthen 1997; Trevarthen 2012).

The expressed elements of meaningful communication we refer to as shared 'signifiers'. In this early dialogue between mother and child (see Figure 21.1) signifiers could be an expression of mood or physical condition, such as a joyful squeak or a hungry sigh. These essential signifiers can be easily understood and 'answered' by persons of any age around the world.

As the infant–mother partnership develops in communicative sophistication, so does the nature of the iconic signifiers being shared. The most basic of signing, for instance, is the use of 'iconic' signifiers, 'images', or 'portraits' that refer directly to the appearance or form of an object of reference. We encode the 'meaning' of iconic signifiers with the help of our own felt experiences which, of course, are felt primarily within interaction.

Communicative development also involves the exchange and evolution of 'indexical' signifiers. Using this type of signifier, we can refer to something without naming it directly. Smoke, for example, is a typical index for fire. The earliest roots of this level of communication are found in gestures like pointing, or in vocalizations like reduplicated babbling.[5] In this way, infants and caregivers exchange indexical signifiers that refer to something not directly, but with a hint to the object of reference. To encode an indexical signifier you not only rely on your felt emotional experience, but you also need to refer to your knowledge of your environment. This is why indexical signifiers are a little less emotionally colored than iconic ones.

5 Reduplicated babbling is the first form of vocalization made by children aged about seven months and which involves the combination of a consonant and a vowel such as [ba] (Gerken 2009, p.70).

The last step in the development of communication and language is the use and exchange of symbolic signifiers. A child's first word (or attempt at a word) is the earliest of such signifiers, for example, a child's use of 'nana' for banana. To understand these signifiers, you need to have sound knowledge of conventionalized language symbols within specific countries and societies. As a child develops, the signifiers she uses and recognizes change, becoming increasingly more abstract and less emotionally colored (Lüdtke 2012).

Losing companionship in early childhood

With this evidence of how shared meaning develops in infancy in trusted and emotionally rich relationships, we come back to the story we want to tell about the little girl Radhia at the orphanage. We need to review what is known about the consequences of an early loss of loving companionship, a story that is deeply moving. First described by René A. Spitz (1946) and later shown in film documentaries (Spitz 1952), the developmental and communication problems caused by isolation and loss of maternal care in infancy became a major topic in pediatrics.

Spitz's studies in hospitals and orphanages presented a picture of children rocking steadily, absorbed in inspecting their own hands, staring in a depressed and unresponsive manner through the bars of their cots. Developmental disorders that followed this kind of institutionalization were later described in a number of studies from many different countries – for example, in England (Bowlby 1988), in India (Routray, Mahilary and Paul 2015), and in Romania (Nelson, Fox and Zeanah 2014).

In the case of Radhia, an unidentified developmental problem led to a cycle of neglect and withdrawn or so-called 'stereotypical' behavior. Her subdued attempts to communicate went unnoticed by the overburdened caretaker students, and their occasional somewhat 'clumsy' efforts at communication failed to stimulate responses from her. We became aware of her because she was not acting like the other children, who clung to us and struggled for attention whenever they saw us. She remained 'isolated in her own world'. The head mama was already keeping an eye on her, because she too was worried. At Radhia's age (22 months), most of the children in the institution could stand up and walk, but she did not seem to have any motivation to become mobile or to seek contact. First the staff thought she could be blind or deaf, but this suggestion was easily rejected by doctors.

In the orphanage, many institutional factors, (especially the pressure of the daily routine, and the lack of training for the caretaker students) could lead to situations where the infants' basic need for responsive intersubjective communication could not be met. When the head mama saw the videos of

Spitz's documentary during one of our presentations for the women staff at the orphanage, she said in front of everybody that this kind of distressed behavior was definitely part of their present reality, and that it must not be ignored. She said there was an urgent need to change their practice of care. The head mama's communication was one of the wider 'performative events' that started to change communication with the children and among the staff in the orphanage.

In our introduction we defined 'performative events' as acts of sensitive cooperation which create new social realities. In artful performance the reciprocal influence of performer and spectator creates momentary events that initiate change and generate *new meaning* for those who participate. We decided any therapeutic input for Radhia would need to be conceived as 'performative' within this wider, systemic emphasis. As the research team at the orphanage, we could only initiate change by acting with respect for the organizational and cultural habits of the institution. Only when referring to and accepting the staff's long-established culture could we bring about a new impetus through showing videos, doing workshops, and finally animating proto-conversation with a child who previously was perceived as not being able to communicate. In these moments of meeting, when everybody was present, we could share a world in which we could create a common social reality.

Establishing our 'Relational Communication Therapy' (RCT)

Out of the need to step into Radhia's world and to overcome the urgent feeling of being powerless, I took a step up to her bed and softly reached out my hand to Radhia. I slowly turned into her field of vision, imitated her introverted movements and while mirroring them carefully I slightly changed them. She recognized me; shortly her gaze met mine. She responded with a slightly changed movement. Slowly, and still not entirely believing what was happening, I felt a growing joy. I was relieved. She responds to me! Somehow she recognized me as someone who is able to 'understand' her movements. Even as these short mutual movements and touches and exact inspections of me climaxed in warm laughter, they always faded away. Her body and mind became absent again. After these short encounters, and despite the fragility of it, I was almost euphoric and highly motivated to build more bridges towards a shared world.

After this first encounter I had the chance to show this situation on video to the head mama. She was so excited and stated, 'I've never seen her like this before – she is so active!'

To begin the story of how a training and research project changed Radhia's life, we give a short outline of the project to implement our 'Relational Communication Therapy' for Radhia, and within the orphanage (Frank and Lüdtke 2012; Lüdtke 2012). The clear objective was to meet the needs of the orphanage through initiating the change for the children that the head mama wanted to implement after she saw Spitz's video (1952). To avoid a situation in which a therapist from abroad comes to the orphanage, conducts a therapy, and afterwards vanishes without any impact on their daily life, we pursued the approach of 'Participatory Action Research' (PAR; see Reason and Bradbury 2009). [6] All steps and methods used in this project were discussed, planned, carried out, reflected upon, and modified with the team. We had a firm foundation for such a close collaboration, because we had been working at the orphanage for many years. We could offer a training and research project with the RCT approach, which the head mama already knew was fruitful.[7] In our discussions it became clear that together we needed to implement a training program for the caretaker students which emphasized a relational way into establishing dialogue.

Our training program would need to encompass the sociosphere of the orphanage. In any attempt to support a change in the relational norms of the orphanage, it was important to take account of the sociological aspects, or institutional conditions, that affect Radhia's capabilities for development. Radhia needed to be freed from the present restrictions of this development.[8] A crucial step must be made towards overcoming the current and ongoing institutional habits, or 'looping processes' (Goffman 1961). These looping processes can cause staff or caretakers to become fixed in persistent communicative 'inabilities'. This background of institutional looping processes that handicap communication must be identified, discussed and corrected in joint efforts. In the case of Radhia, her therapy had to be continuously reflected upon as a co-constructing process. Everybody concerned needed to witness and feel Radhia's emotional development – these felt emotions would be the 'motor' for any dialogue to improve mutual understanding.

6 We name our activities 'Inclusive Scientific Research' (ISR; see Frank and Trevarthen 2015), which derives particularly from PAR, but also makes use of research methods from the science of infant intersubjectivity and their application in the field of special needs education.

7 Ulrike Lüdtke and Bodo Frank, both part time lecturers at SEKOMU, established practical work at the orphanage in close cooperation with the head mama and university students since 2008.

8 For this kind of 'shift' see Frank and Trevarthen's adaption of Habermas's term 'intersubjective claim of validity' (Frank and Trevarthen 2012).

Designing the training program in Relational Communication Therapy

Following the principles of intersubjective relating outlined above (see 'Companionship in communication and language development'), we established RCT with Radhia based on two fundamental assumptions: first that her communicative attempts may be guided by an inborn *relational motive*, and second by a feeling that she has become meaningful to other meaningful people. From this basis (i.e. with Radhia's help), she and her therapist will then be able to mutually create meaning in *emotionally relevant narratives*. This will assist her to acquire or build a *positive relational representation* of the therapist. The basic assumption is that the inner affective states of both Radhia and the therapist will be shown to one another in multimodal *emotionally colored expressions* (see Figure 21.1).

Our training program in the RCT approach aimed to develop the competences and self-confidence of the caretaker students in their care of children with developmental communication disorders. This level of care involves the caretaker student continuously triangulating three interconnected relational competences within the daily processes of interpersonal communication with the child (e.g. during nappy changing or feeding). These, defined as follows by Lüdtke (2012) and Schütte (forthcoming), are illustrated in Figure 21.3 (see p.35.

- *theoretical competence:* knowledge about theories concerning how infants communicate (e.g. Infant Intersubjectivity, or Communicative Musicality)
- *methodological competence:* the repertoire of methods the therapist is able to apply to initiate and 'guide' a dialogue (e.g. using subtle varieties of a smile to invite a response, exactly monitoring changes in movements, or picking up the rhythm of the child and playing with slightly breaking it)
- *dialogical competence:* the way the therapist invites and rewards the dialogue by emotional bonding and attunement (e.g. mirroring a warm smile, expressing sympathy for a mourning sigh, or sharing the pride of the child in managing a new task).

Delivering the training program – in the light of accessibility and cultural differences

These three competences were facilitated for the caretaker students through lectures in Kiswahili by trained Tanzanian university students (see Figure 21.2).

To explore the dialogical competences in a tangible way, we used videos that the caretaker students recorded on their own, using a feedback method adapted from Video Interaction Guidance (Kennedy, Landor and Todd 2011). The videos could be recorded in two different ways. First, our self-developed autonomous camera system,[9] which records three synchronous perspectives, was installed next to the nappy-changing table. The caretaker students simply had to press a button to start the recording. Second, they were introduced to a camcorder so that they could record themselves in everyday situations. They could choose those recordings that were most informative from their perspective. On the one hand, these videos provided a wonderful illustration for feedback concerning the dialogical competence. On the other hand, the videos were used to convey key theoretical insights by practical illustration.

We were aware that before we could teach the subtleties of the three *relational competences,* the proposed content had to be discussed in the light of pronounced cultural differences. For example, the communication style of African mothers and fathers is often described as involving more bodily expression and contact in contrast to the more vocal communication of Western families (Alcock and Alibhai 2013). The Tanzanian part of the project team could identify with this picture presented in the literature. For example, it is very common for them to touch children's faces as a greeting, something that is not common in Germany or in other Western cultures. But we also saw the cultural similarities. Despite the differences, the animating rhythm of 'communicative musicality' is always present in play with infants. This is what Rabain-Jamin notices when she refers to the way Wolof mothers from Senegal describe the synchrony of their rhythmic communications during the first few months: 'We say "ay" in their ears as we bounce them' (Rabain-Jamin and Sabeau-Jouannet 1997, p.429). After some enthusiastic discussions, the whole team could agree that the basic features of dialogue in early childhood communication (according to research on Infant Intersubjectivity in Europe and the US) also form the foundation for early communication in the Tanzanian culture.

9 The BabyLab INCLUDE at Leibniz University Hannover (LUH) follows an applied Intercultural Intersubjective In-vivo Research approach (III-R; Frank and Trevarthen 2015) to implement participatory research and interventions to support children with vulnerable communication and language development in institutionalized settings. In close collaboration with Professor Bodo Rosenhahn from TNT, Institute for Information Processing, Faculty of Electrical Engineering and Computer Science, Hannover, we are now on the way to refine this autonomous recording system.

Introducing the team

To implement our project, we brought six different individuals round one table: the head mama and her deputy, two Tanzanian research students from the local university, Sebastian Kolowa Memorial University (SEKOMU), and two German research students from Leibniz University Hannover (LUH). They were a highly heterogeneous group, whose differences included nationality, culture, ethnicity, socioeconomic status, religion, gender, and age.

But as in the African saying, 'It takes a whole village to raise a child', the whole team was much bigger than this small practice group. There were all the people who live and work at the orphanage. Their roles changed over the course of time from being spectators to performers. Also, more German and Tanzanian students became part of the team.[10] The Tanzanians were teachers; the Germans helped to coordinate and document. As support in the background, the research team could always rely on the help of the whole BabyLab INCLUDE Team from LUH.

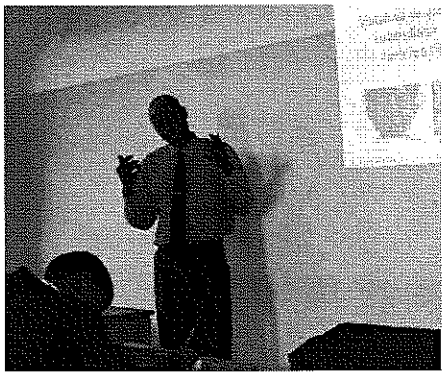

FIGURE 21.2 UNIVERSITY STUDENT TEACHING TOPICS IN INFANT INTERSUBJECTIVITY

From training, to therapy, to Radhia's happiness: An overview

For four weeks, ambitious university students acted as teachers for the caretaker students. The university students were highly motivated and expressed their appreciation of their task in elegant and even festive clothes and dresses. They implemented the teaching in a passionate, lively, and joyful way (see Figure 21.2). The caretaker students were moved by these charismatic teachers. The students were also often surprised at what children are capable of at a very young age. With the help of the self-recorded videos, they were even surprised by their own capabilities.

In the special case of Radhia, slow, sensitive, and non-intrusive steps were needed before we could include her in the intervention. In the months

10 The whole team consisted of 12 Tanzanian and 9 German students.

before any direct input we became familiar with the day-to-day running of the orphanage (we helped in daily activities such as feeding and nappy changing) and we became familiar to the children and staff. A crucial talk with the head mama about her worries concerning Radhia was a fruitful starting point for this relationship-based therapy.

Figure 21.3 gives a visual overview of the steps in Radhia's therapy**[AQ]**. (Please note that the images in Figures 21.3 to 21.5 are stills from video recordings.)

First we gathered audiovisual data about Radhia's life. We saw her alone and absent most of the time (Figure 21.3, A). Then we began carefully building up short and fragile moments of companionship based on ideas resulting from these first recordings. We noticed, for example, that Radhia was awake during the midday nap and that she was inspecting her hands in these silent situations. The therapist used these opportunities to initiate fleeting dialogic moments with Radhia. In our example, the therapist sat with Radhia at her nap time and initiated gentle play in hand-to-hand physical contact.

As Radhia's therapy progressed, the whole team continued to be deeply involved via ongoing video feedback. We all saw the first mutual communications between Radhia and the therapist (Figure 21.3, B). And we all saw the relationship between Radhia and the therapist developing, saw them sharing truly meaningful time (Figure 22.3, C).

Afterwards, these extraordinary moments of companionship between Radhia and the therapist became part of the training. In this way the caretaker students could actually see Radhia developing from her initial isolation to gradually taking part in mutual exchanges with the therapist. The caretaker students started to show curiosity and sensitivity towards Radhia. In turn, Radhia began to recognize and accept the caretaker students into her personal world. At this point the therapist acted carefully as a bridge between different partners, carefully supporting the caretaker students into the role of therapist.

We continued to appreciate the progress between Radhia and her caretaker student/therapist through the ongoing video feedback. We all saw their shy steps towards companionship (Figure 21.3, D). In the end Radhia started to respond more and more to other people's communicative attempts. We all saw caretaker students and Radhia engaging in dialogue (Figure 21.3, E). Over time the increase in sympathetic engagement became clear to all. It warms our hearts to see the self-recorded video (made about one week after the workshop) in which Radhia laughs out loud with a caretaker student. We all saw them enjoying playful teasing (Figure 21.3, F).

What happens on these occasions? What defines the interactions that so benefit everyone involved? Let's have a closer look at an example of the individual therapeutic events that make up the whole story, that are part of the beginning of this change for Radhia.

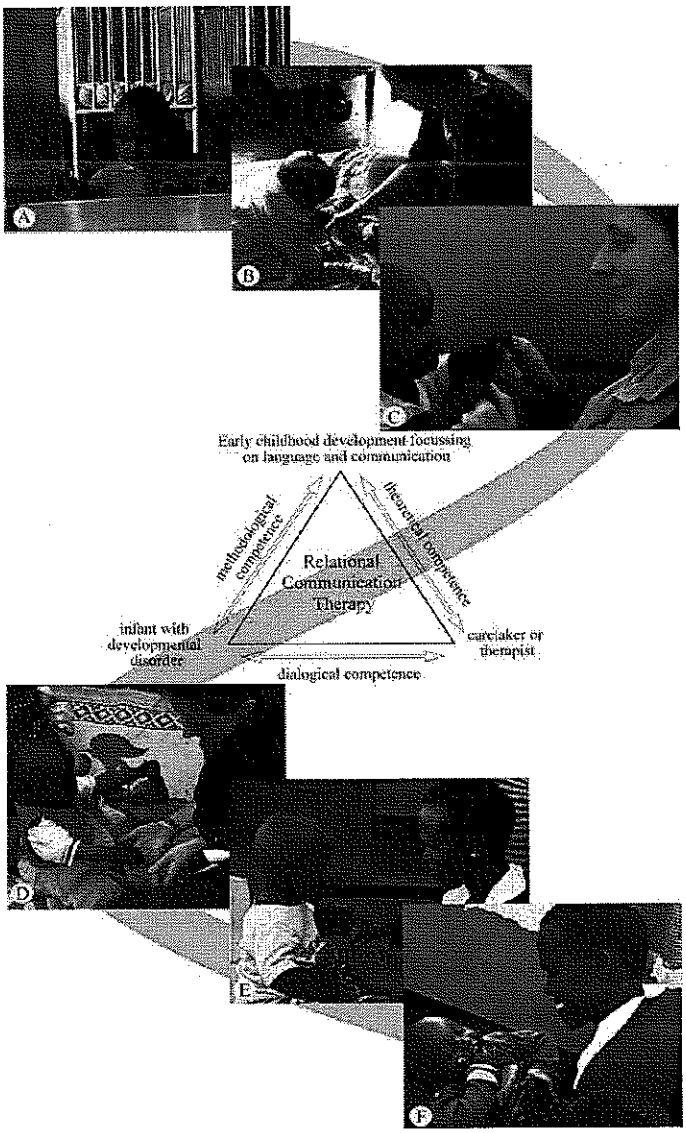

FIGURE 21.3 RELATIONAL COMMUNICATION THERAPY: FROM ISOLATION TO COMPANIONSHIP

A: Radhia alone

B: First mutual communication between Radhia and the therapist

C: Radhia and the therapist sharing meaningful time

D: Shy steps towards companionship

E: Caretaker student and Radhia engaging in dialogue

F: Enjoying playful teasing

Radhia's progress: 'Performative' events in Relational Communication Therapy

After a long and exhausting day of project work with many small and large obstacles, a special moment occurred. It was in the late afternoon and we had just finished a session full of small dialogues, when I decided not to bring Radhia back to her room, which was full of the din of children. She should just have the opportunity to stay with me and the student who recorded the videos, on the couch and wait for our taxi to come. I was deeply exhausted, but Radhia was not. She sat on my lap and initiated a new 'dialogue'. She looked at me demandingly, but briefly. Then she vocalized with her mouth closed – humming, following a contour I already knew: rising – falling – shortly rising – short break – rising – falling – shortly rising again. She waved her hands in rolled fists in front of me, her whole body moved in sync with her humming. Radhia was communicating with me, addressing me directly with our personalized, very own and well-known, rhythm. It was the first time I felt addressed by her.

All the stress and tension fell away. In a blissful easing of tension, we shared some minutes of time. After this incident, I was surrounded by an infinite pride in Radhia and her change – a pride which the student and I could absolutely share.

During a joint video analysis, the head mamas at the orphanage were astonished by this scene; with a warm smile they said, 'She is very happy! You're singing together!'

In the scene described above, something beautiful happened which is not easy to grasp, but it was definitely felt by the people present.

On this occasion, Radhia initiated the dialogue by performing her 'very own and well-known rhythm' – a particular rhythmic expression that was already known to the therapist. Here, the therapist connected with this rhythm and began to alter it slightly, varying the repetition and, in doing so, created something new. This reveals the performativity of the mimetic play between Radhia and her therapist. They are co-creating meaning, through their combined performance, in a shared reality.

Radhia and her therapist shared time in their multimodal rhythms through many variations of intersubjective experience ([AQ]Figure 21.5). Figures 21.4 and 21.5 give a detailed visual depiction of Radhia's transition between representational states – from a solitary self to an intersubjective, dynamic self/other representation.

FIGURE 21.4 INTROVERTED AND SELF-DIRECTED MOVEMENTS BY RADHIA

FIGURE 21.5 THE DANCE OF SHARED MEANING SHARED BY RADHIA AND THE THERAPIST

If you look closely at these encounters (Figures 21.4 and 21.5), you can see that the therapist sensitively invites Radhia by imitating her vocal, facial, and gestural signifiers again and again. The therapist is trying to become in tune with Radhia. Even if Radhia seems to be absent, the therapist remains connected alongside Radhia (Figure 21.4). This patient, open connection enables Radhia to recognize her therapist as a meaningful other, and then even joins her. In doing so, Radhia is beginning to create a positive representation of the therapist and their relational emotions of joyful play (Figure 21.5). In this way, Radhia's isolation within her close social environment was becoming more and more 'permeable' for social events, and the sympathetic bond between her and the therapist, and later on with her caretakers, was getting stronger.

Interestingly, the event described above (Figures 21.4 and 21.5) marked a turning point in Radhia's communication and language development. During the scene she vocalizes a combined consonant– vowel sound like /bɐ/ for the first time. Her vocal expressions change from only pure voiced humming to

a more complex indexical articulation called reduplicated babbling. She took her first steps in climbing the ladder from iconic to more indexical signifiers (Lüdtke 2012). For Radhia, her relational impulses were finally being met by a real and responsive person (her therapist). In this meeting, her impulses could become a 'motor' of communication development precisely because this 'motor' is alive and vividly present in the form of an emotionally positive representation of the therapist as virtual other (Bråten 2002; Frank and Lüdtke 2012; Lüdtke 2012; Trevarthen 2012; and see Figure 21.1).[11]

Reflecting on the events with the head mama

Thanks to the benefits of using laptops and SD cards,[12] we could show the videos immediately to the head mama and her deputy (see Figure 21.6). In the first two weeks, this helped us establish a basis for trust. In this sharing, we were expressing our respect for their expertise, and we were receiving their trust, interest, and insight in return. They could see and hear on the video that something crucial was changing.

The videos, which showed the development in Radhia's extraordinarily beautiful communication – responding and calling for attention, smiling and laughing, 'singing and dancing' with the therapist, Radhia and a caretaker student playing a joyful intersubjective game – initiated a change in the mamas' view of Radhia's capabilities.

FIGURE 21.6 LEARNING FROM RADHIA: CO-CONSTRUCTING RELATIONAL MOMENTS WITH THE HEAD MAMA AND HER DEPUTY

11 A detailed qualitative analysis of the performative events of this therapy will follow in Chantal Polzin's doctoral dissertation.

12 Secure Digital media storage cards.

In conclusion

All of us, as participants in this project, came away with a feeling of honor and pride because we had the chance to participate in something special and very intimate in those four weeks. Most of all, we experienced the importance of establishing relations across individual, institutional, and cultural levels in our implementation of RCT. The significance of this multilayered communication, epitomized by 'performative' events at many levels, became clearly evident in the developmental changes shown by Radhia. In communication therapy, the sharing of time and relational emotions, which has performative effects on every level, must be reflected upon and purposefully applied. We, as a research team, were able to experience the importance of relationships in a complex multicultural project, *and* the power of new relational emotions (from within the therapy) on everybody involved. The widely collaborative nature of the project gave a depth of support for the direct therapeutic work. As such, the therapy was truly meaningful, 'performative', and uplifting.

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