

Abstract No. 3.2

Wednesday 6th September 2017 at 11:00-11:45

Title: Arousal and interaction with people with deafblindness

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Main focus: Mainly practice, Both congenital and acquired deafblindness

Abstract: The level of arousal is of crucial importance for a person's ability to communicate and to uphold and participate in social interaction on any level. If there is a problem with the level of arousal – i.e. too low, blurred or too high - interaction becomes difficult, or in extreme cases, impossible. Therefore it is of the utmost importance to assure that the person one is communicating with has the correct level of arousal, that is, either too low or too high.

Some people with deafblindness suffer from this type of problems due to their disability, especially people with other cognitive impairments. It is therefore important that the staff is aware of the challenges this group of the DB population represent and how to work with it.

Problems with arousal can disrupt interaction at different levels. At the most basic level it can prevent any interaction until the arousal is stabilized. This can be done in different ways, by application of relevant stimuli, like rubbing of arms or back, by a systematic presentation of different sounds or smells if the arousal is too low (hypoarousal), or by applying low arousal technique, like talking in a low, calm voice or turning the light down, combined with a very structured approach, if the arousal is too high (hyperarousal).

At the next level disruption can occur in the communication cycle, as described by Allan Shore, Ed Tronnick and Lene Lier. In the ordinary, healthy child, face-to-face interactions begin when the child is about two months of age, where the child leads and the mother follows. The interplay is fast, or to quote Shore: "In order to regulate the high positive activation (arousal) mother and child synchronize the intensity of their affective behavior within milli-seconds". This interaction is extremely important. To quote Shore again: "It seems that the ability to experience, communicate and regulate emotions might be the most important thing in the childhood.

In our work with some people with deafblindness, we see this process is easily disrupted, often with serious consequences for the development. Due to the nature of the disability ordinary face-to-face interaction between mother and child is not possible and the interaction must be replaced by tactile communication. There has always been focus on communication in DB pedagogy, but in order to maximize this it is also important to be aware of the basic cognitive processes, among them the level of arousal and its role, both as the foundation for communication and social interaction and on the more subtle level in the communication cycle with its turn taking and active/passive changes.