

Web-Based Radio Show

Non-Verbal Communication:


The Importance of non verbal communication in human development

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February 21, 2007

Welcome to our Web-based Radio Show. This is Dr. Greenspan coming to you and thank you for joining us. This morning we are going to take up a very important topic; one that is a frequent source of questions I get, and it has to do with the importance of non-verbal communication. This is important not just for children with autistic spectrum disorders and other special needs conditions, but also for working with adults with all types of emotional challenges. It is also important for understanding everyday communication. So, the broad heading for today's topic is: *Non-verbal communication and its importance in human development and its special importance for working with children with special needs; and working with adults with other mental health challenges.*


What is by non-verbal communication and why is it so important? After all, we are verbal people – most of us, we think with, often, verbal images or visual images and we use symbols, and often when we use the term word as a substitute for the word symbol. Why is non-verbal or pre-symbolic communication so important? By that we mean head nods, smiles, smirks, tone of voice, movements with your hands, body posture, slight nodding of the head, slight raising of the eyebrows, slight little grin. Why is that so important? The anecdote I like to tell, and some of you have probably heard this before, is if you are walking down a dark alley at night and a stranger comes up to you and has a menacing look on his face and says, "Oh, you can trust me, I just need some directions," you are likely to run the other direction, or certainly feel frightened. On the other hand, if a person with a sweet smile comes your way looking kind of helpless, in need of help, and even if they don't speak English, you are likely to be very kind and supportive, or at least feel secure. The suspicious side of you may still be suspicious, but not nearly as anxious as the one with the menacing look.



So we trust our non-verbal system. We trust it even more than we trust the words that people use. So if someone smiles at us and says something a little off-color, we are likely to forgive them. But someone says, “Oh, you look wonderful” but is shaking their head critically and has a critical tone of voice, we are likely to think they are a phony. When we see politicians on TV, we are always scrutinizing the degree to which their tone of voice or facial expression jives with their messages. Actors and politicians don’t go through hours and hours of coaching for nothing at all. Good actors have the ability in their tone of voice and in their non-verbal communication to “get into character.” It’s a more believable system of communication, and actually there’s a good reason for that. It comes earlier in our development. If you remember our six stages, babies first learn how to pay attention, how to calm down, then they learn how to engage and relate to others, then they learn the simple forms of non-verbal communication – what we call “two way communication” - reaching for something with their hand, handing it back, smiles, little sounds, but they do that back-and-forth with you. So there is exchange of sounds, exchange of smiles, exchange of hand gestures, and all of that is the first stage of non-verbal communication, what we call “two-way communication.”

Then we go into what we call “shared social problem solving” where the child gets into what we call a continuous flow of back-and-forth interaction where they are taking you by the hand, walking you to the refrigerator, pointing to the food that they want, nodding yes when you take out the right juice, nodding no when you take out the wrong juice... So there is a whole dialogue going on through non-verbal that you and your toddler or toddler-to-be are using to solve problems together, whether it be finding the toy or getting the juice. It is this, almost, collage of non-verbal communication that is orchestrated to solve problems, plus the earlier stage of basic two-way communication that we talk about when we talk about non-verbal communication. Sometimes children are beginning to use a few words at this time too, but the verbal is just a minor part of the communication system at this point. It won’t become more dominant until the child is closer to 18 months or two years of age, and usually not until 2 or 3 does it become a dominant way of communicating.

What is especially interesting is that the non-verbal system continues way beyond after symbols become very, very important, the non-verbal continues on throughout the rest of your life. So we have, in essence, a number of ways of communicating. They are often synchronized together, and that is when someone is




“believable,” when the non-verbal and verbal systems agree. They each initiate each other, so the tone of voice, the smile – that is what conveys the warmth. If someone says, “I love you” or “I like you,” the degree of it – how much of it, is conveyed through the non-verbal system. So it is very important part of overall communication, it is not just a parallel system. It is very different if you have a computer-like voice like you hear on an answering machine sometimes, “please..leave..a..message” versus a warm, live body saying, “Oh, so-and-so would love to speak to you, when can I arrange for you to call back?” These are very different messages; very different communications.

So the non-verbal system is important – it is important in all communication. But it also has specific importance that I haven’t touched on yet that relates to how we work with adults with emotional challenges as well as children with developmental challenges including autism. Let’s go through a few of the purposes and then talk about how to work with it and why it gets ignored, or relatively ignored, or not paid attention to enough in our therapeutic strategies with all individuals with emotional and/or developmental challenges.

The first stage of non-verbal communication is basic two-way communication. The signaling, gesturing, and two-way communication is establishing the first sense of reality; the first sense that there is something inside me, i.e. a desire, an impulse, something that wants to reach for the red ball, that communicates with something outside me. The red ball on your head, this “my” sound, begets or leads to your sound. So we have the beginning of causality; the beginning of a sense of interaction with reality. There is a reality from day one as the baby tends to the outside world and certainly when baby engages with mom and dad with big smiles is also an appreciation of the outside world.


But now there is back-and-forth communication with that outside world in a lawful, predictable way – smile begets a smile; sound begets a sound. So there is the beginning of causal interaction, causal thinking, and the beginning of a sense of how reality works. I can grab that ball and it feels a certain way. I make a sound and it leads to a certain kind of sound back. There is a certain predictability to it.

It also helps further establish a boundary of what is in me and what is outside me. So our sense of “self” is beginning to form. It’s that boundary of what is in me and what is outside of me is the difference between what is me and what is not me, or what is me and what is you. So the beginning of a sense of “me” or a sense of “self” and a



sense of “you” is forming through the fact that I make a sound and it leads to a sound back. I make a smile and it leads to a smile back, or I reach and it leads to reaching back. So that is the beginning of the sense of me because who is the agent doing this? It is the beginning of the sense of will - my will is to grab that ball, to make that sound, and it leads to something back. So every time I get feedback because of something I do is predictable and lawful as opposed to random or chaotic is forming my sense of will; my sense of can-do-it. But most importantly, it’s the beginning of forming my sense of self. So our first sense of self is non-verbal. Now this can occur just with smiles. Well, that is a very narrow or limited sense of self - from a smiling me to a smiling you. But, if it also has to do with protests when I go “Grrr, grrr” because I am mad and frustrated and it leads to “Oh, Sweetheart, just a second,” now my sense of me includes being assertive. If when I stomp on my table because I am impatient for my food, or cry with anger and it leads to a soothing response or even a “Just a second!” response, or any kind of response back that doesn’t scare me or frighten me, now there is even anger as a part of the sense of me. So I am sweet and happy, I am assertive, I can be angry, I can be scared – a stranger comes into the room and I am looking frightened and my mommy holds my head and says, “Oh, it’ll be OK, Sweetheart.” She has responded to my fearful look. Now fear is a part of me. Notice that every time a different emotion or a different affect gets responded to, or a different intent, or a different motor pattern, that gets added to the sense of me. I’m defining who I am. That occurs normally between 4 months and 9-10 months of life. But for many children it occurs later. For many adults who are working in psychotherapy, that sense of me is narrowly defined. They may have had a mommy or daddy who only liked to interact with them when they were happy, not when they were sad or angry. Or, they only liked to interact with them around being compliant and not being assertive. So their sense of me doesn’t have a comfortable sense of assertiveness associated with it, or a comfortable sense of expressing anger, or a comfortable sense of even curiosity or exploration. So that has to be developed later in their adult years, and can be in psychotherapy. But, we have to appreciate that that challenge; that limitation began in the non-verbal system.


Now that same set of limitations can occur as we go into the phase two of non-verbal communication, what we call shared social problem solving where you take mommy by the hand, walk her to the refrigerator, and point to the juice that you want. Or, take daddy, get him to pick you up with gestures, and then point to the toy, then make sounds until he gets the right toy, then give him a big hug and kiss for giving you the right toy. Whether it is very complex problem solving communication, or whether it



is more simple two-way communication, you are establishing that sense of me, first in a simple way and then in a more complex way, around the different emotional themes of life. Gestures you use to be close, dependency, gestures you use to express happiness – big smiles, gestures you use to explore and express assertiveness, gestures you use to express anger – “grrr!” gestures you use to express fear. So do we have an individual who’s non-verbal experience of their emotions; their sense of me is defined by the full range of human emotions; the full range of human themes, or only a few? Is it a shallow or constricted sense of me or is it a broad, big sense of me?


Well, what happens if you are an adult – relatively healthy, typical adult – but never had feedback for assertiveness, in fact when you were assertive or angry, your caretaker (mommy or daddy) froze and all you experienced was non-feedback? And there may have been apprehension in yourself or anxiety because there was no feedback. There was no big smile coming back at you and no reassuring words, gestures, sounds, or movements of any kind. Or, you just got ignored or misread. “Oh, you were angry!” “Oh Sweetheart, you love your mommy!” not so much that you understood the words at that point, but with gestures or voice tone then. It didn’t further define what you were feeling inside. Well, you may be confused. As an adult working in therapy, if you try to explore that just verbally with the therapist - your confusion, your apprehension, your anxiety, your over-assertiveness, or your anger, or the fact that you don’t experience those feelings very well, you just kind of put them into behavior because you never had, in a sense, a “me” that included that, you are not very likely to make very rapid progress. You’ll make a little bit of progress just with awareness if that is a troublesome area for you, but on the other hand, if you have a therapist who works with that nonverbal system who responds to your voice tone of anger with a different voice tone of their own – so whose voice tone becomes more soothing or more firm when you express your assertiveness, but something that gives you a different response in the nonverbal system. For your nonverbal initiatives, you begin defining your sense of me nonverbally even as a teenager or an adult, or you could be middle aged or elderly. It’s never too late to learn this nonverbal system and broaden your definition of me.

So when working with adults in psychotherapy, the therapist needs to pay attention to the working at the nonverbal level as well as the verbal level and providing reciprocal feedback or back-and-forth interactions and complex negotiations around all the different emotional themes of life with subtle variations in tone of voice, body



posture, and facial expression. This often comes naturally with gifted therapists who will do this, but they need to be aware of what they are doing and aware of the systems that are not yet a part of the nonverbal sense of me. Then, in addition to that, they can talk with the patient about how it feels when the patient experiences one of these areas like assertiveness or anger where they haven't had it as a part of me. Which often, for the patient, it just gets experienced as diffused anxiety or they find themselves behaving in a way they don't understand because the behavior is still there or the anger is still there but it's not yet a part of a gestural system, so they don't have a series of gestures that they can later identify symbolically. So there is no comfort with it. Or they may misread their own and other people's feelings. Their tone of voice is angry but they say, "I'm actually happy." We will hear children say that as well as adults because, again, their sense of me was never affirmed at that level. So it is important for the therapist to not just work verbally, but work nonverbally by being very responsive to the subtle shifts in the patient's voice tone. For the person who is just too scared to explore assertiveness or anger the therapist may look for opportunities where it's just fleetingly there and respond very quickly nonverbally to it, as well as draw the person's attention to it. Like, "What was that? Wait a second, you just gave me that funny little look. Were you aware of that?" or, "What was that?" – any sort of shift in tone of voice, whether it's supportive or more assertive will give the patient some feedback. With therapy, they can recognize these subtle shifts on their own which will help them broaden their sense of me.

Then they can also explore the meanings they gave it later on. This gets to another aspect of the nonverbal system. When a child becomes symbolic in that second year of life, and more so between 18-24 months and thereafter, and learns to elaborate, to pretend play through words, and then connect words, ideas, or symbols together in terms of explaining the "why" – "Why are you happy or sad?" – and then get into giving many reasons for happiness or sadness, and then gray area thinking, shades of gray of happiness or sadness, and even reflective thinking – "Gee, I'm angrier than I should be in this situation," as the individual progresses through these levels, they are, in essence, building on this nonverbal system. They are giving symbolic expressions of what they already feel in their bodies. So you can only express what is already a part of that sense of me; that sense of who you are. So if you never had assertiveness or anger or fear and a sense of firm by the nonverbal system of your partner, it's hard to express it symbolically, it's hard to give reasons for it, hard to then develop gray area thinking around it, which means express it in subtle ways – "I'm a little bit angry," "I'm a lot




angry,” “I’m very angry.” It’s hard to reflect on it – “Gee, I’m angrier than I should be today.” That often stays outside your symbolic system or you memorize some sort of socially appropriate responses so for a child with autism memorizing some scripts around it.

So we can see why it is very, very important for all individuals in healthy development and in psychotherapy as adults with all different mental health problems – depression relates to, often, difficulty with expressing anger or assertiveness. Anxiety often relates to difficulty with expressing fear or apprehension. Lots of mental health problems emanate from difficulty with expressing feeling close to other people – dependency; comfortable with your happiness. So we have become narcissistic or very superficially used to those things. So many mental health problems require working with this nonverbal system as well.

This is especially important in working with children with special needs. Here is where our work with children with autistic spectrum disorders it becomes very, very interesting and important. We’re going to take a 30 second break.


This is Dr. Greenspan coming back to you. We were talking about the importance of the nonverbal communication system in general development and why it is especially important now for children with special needs. Before focusing on children with autistic spectrum disorders and special needs, let’s talk a little bit more about just why it is so important.

We were talking about the sense of self with the sense of me and how we define who we are and how we define who other people are that we relate to. So inside ourselves, as we become verbal and symbolic thinkers, we have an image of ourselves; our me; our sense of self – but we also have an image of others. We often carry on a dialogue between us and others because of these images. Our ability to form these images has very much to do with this nonverbal system. Not only are we defined as people who – or our sense of me or self as a person who can be loving, warm, close, and happy; and yet fearful, assertive, and angry so it’s a full sense of me or a full sense of self, but do we perceive others in the same way? Or do we see them with limitations or only as evil? Or only as good? Do we have a balanced full view of ourselves and others that makes for an accurate view of the world so we can see all aspects? It doesn’t mean that we see that in every person, but it means that we are not limited to perceive it when it’s there.



Now, the nonverbal system also, particularly during the shared social problem solving stage has other purposes too. This is a good introduction to working with children with special needs but also all individuals. It also enables us to communicate, modulate, regulate, or control our emotions. Ordinarily, a fourteen month old toddler can express their anger with a tone of voice before they bite or pinch or knock something over. Often you'll see a look in their eyes or a facial gesture. Now what determines whether that becomes a toddler who is impulsive and aggressive, or a toddler who eventually develops the capacity to say, "Mommy, I'm mad!" and use their words as all parents ask their children to do. Well, if that toddler, as they are beginning to look a little annoyed, has a caregiver who says with a tone of voice, "Ohhhh! My sweetheart is getting annoyed! What can I do?!" – some reassuring comment or just a tone of voice shift from the ordinary play, recognizing annoyance or frustration is coming into the toddler's voice, that toddler now has a gestural capacity; a sense of me that includes expressing annoyance through a gesture. If the parent then brings a little closer the object the frustrated toddler is trying to get to before the anger overflows, and the toddler can assert himself and reach it, the toddler learns an important lesson: Gesturing can lead to communication which can make it possible for them to solve the problem before they have a tantrum. Now this becomes a can-do assertive toddler who eventually will be able to, when they get words, label, or find words for this internal feeling because the symbolic system, as we discuss in many of the writings on this subject, is really giving voice to the feelings that are already there nonverbally or preverbally. So when we develop words, we already know how the world works. We know all about anger, sadness, closeness, and scary feelings, and now we are giving voice – we already know what a chair and a table is, we already know what juice tastes like and we are giving words to these experiences for which we are already familiar. We are not learning about experience for the first time, we have experienced the world.


So one important function is it helps us regulate and negotiate with our emotions instead of acting them out, or shutting down and just withdrawing. So, the toddler has three choices – learning to gesture around all the different emotions (closeness with a big smile, reaching out your arms to be picked up, anger with an angry tone of voice and pointing or gesturing that conveys "angry" and body posture that conveys "angry" and facial expressions that convey anger, and the same for fear and all the different emotional themes of life); or they can put them out into behavior like bite, pinch, or just freeze with anxiety; or they can just withdraw and just shut down. But we want to see our toddlers advance.



What we see children with special needs do often is one of those three choices. They either become impulsive and disorganized, or freezing, or withdrawing. If we don't help them develop the nonverbal system of communication and go right to trying to help them express words, we go off and see them scripting a lot and being very mechanical or rote, even though they may master some words because we reinforce it with rewards. But to develop a healthy communication system and a healthy sense of me, and a sense of who they are as people and a sense of self, then you need to go through this nonverbal system. That helps them regulate their emotions.


Now because it is harder for children with special needs because they may have problems processing sounds or words, or they may have problems interpreting or understanding what they see – kind of realizing that those series of shapes is a table or a chair because their mind isn't working in the same way that another child's mind is working for biological reasons. It may be a little harder to develop this nonverbal system. But nonetheless, we found almost all toddlers, even those with the most severe special needs conditions, can develop this, if not fully, at least in part, and develop their sense of me and therefore learn to regulate better more effectively their different inclinations, including their aggression or their impulsivity. So when I see an older child with special needs or a toddler, who is banging their head or hurting other people or having “uncontrollable behavior,” or withdrawing, or just freezing in a panic all the time, I immediately want to help mommy and daddy help their child develop their nonverbal communication system. In fact, it becomes the first way we enter the child's world – through back-and-forth interactions. So typically we help the child want to engage with us by making ourselves appealing and fun, finding a tone of voice that doesn't overwhelm the child or underwhelm the child, joining the child in their interest and activities, even if it is opening and closing the door and getting stuck behind the door. We try to get interactions going – any kind of interaction. In these interactions, whether it is us hiding an object in our hand and then opening our hand to get it, or it's just them gesturing to us to open the door for them, they are developing this nonverbal communication system. They are developing their gestures and we help them develop it by paying attention to it.

So we enter their world through their interests and we get as many circles of communication cooking as we can, back-and-forth two-way interactions which we have emphasized before, to help them develop this sense of me, develop this nonverbal system which helps them become a little person, helps them become a thinker, and



helps them also regulate their emotions. I often make the point that we always want to counter balance the child's emotions with our own, so if they are angry, we become soothing. If they are being impassive, we become more enticing and activating. If they are overwhelmed, we become more soothing. So we are not only responding with different gestures, our gestures are helping them regulate their gestures by providing a counterbalancing system. So we might join them in their gesture first like when they are angry, we might say, "Oh!" but in a much lighter tone of voice, "I know you're mad!" But really we are being counterbalancing because our mimicking of them has warmth and soothing and sweetness to it. But it does convey that we understand their anger. Then we go to a real soothing voice, "I understand you are mad and you want that right away, well mommy is going to help you get it. But you have to come here with me, you have to move that funny little hand, and here it is if you can reach for it." Then, we are more enticing and very soothing and we try to calm them down. We try to get a back-and-forth going; an interaction. This is a missing piece in many therapeutic programs that try to help children of all types – with special needs or without – learn to regulate their emotions, to help them learn the gestures through long, preverbal dialogues for the nonverbal children. With the verbal children, we do the same thing while we are talking to them. So we are talking, and we're nonverbally gesturing with our tone of voice; counterbalancing. But we are having long discussions and long dialogues that combine words and actions or gestures together. That is the key.


For children with special needs, we enter their world through sharing their interests, that is the primary principle of Floortime, but we don't stop there. We then challenge them to have many circles of interaction. If they are trying to get out the door, we play dumb. They have to point and gesture to go get daddy to help them pull open the door. Then mommy and daddy have to pull it open together. Then the little guy has to show us where to pull it. So we are getting 50-60 gestures and 50-60 circles of communication rather than just 4-5 to get that door open. But that is developing that whole nonverbal system. We do that around dependency and closeness, around happiness, around assertiveness, and around expressions of anger. Then when we are trying to teach that child to speak, they already have experiences of the world. They already know what all of those emotions feel like. They have a sense of me, so when they give voice to it with a word, "I want juice" or "I want to go out," they know what that means because they have already practiced it with their gestures.



So this is very, very critical in working with children with special needs, but also critical for working with adults with a variety of mental health problems, and also older children with a variety of mental health problems, because these usually involve regulating emotions, like sadness or despondency, with depression or fear with anxiety, or regulating impulses in terms of conduct disorders and conduct problems, and with children with special needs, often they have problems with all of these emotions as well as defining the basic sense of me because if they have motor problems they have a hard time gesturing so they need more practice. They can do it – they can gesture with their eyes or with their mouths, with their different sounds, or just with a slight tilt of the head – they don't need to have an organized walking or running or fine motor coordination capacities to use their gestures. So this becomes a very important system to develop. In our six stages, these are stages three and four.

Now often when I see children with special needs and work with their parents, even those referred by my most gifted colleagues, there is not enough work being done on the nonverbal system. There is a rush to teach words, not that we can't teach words simultaneously with the nonverbal system. But there is a de-emphasis on the nonverbal and an emphasis on the verbal. Also, there is not enough emphasis on what we call back-and-forth interaction, so there is engagement, but it is episodic. There are hugs and kisses, but they are not long back-and-forth negotiations. So it is very important in our work with special needs, but also in our work with adults with a variety of mental health problems to emphasize the continuous flow of back-and-forth communication, long conversations, and long dialogues. That gets that nonverbal system cooking. That has to be the primary emphasis until it is there. I have seen many children who are reading, who are doing math, but still scripting, and still kind of mechanical and rote and still can't make inferences or get the higher levels of thinking or get the gray area thinking. Or, they are extremists in the sense that they go from all happy to all sad to all angry. They can't make progress to more regulated forms of behavior all because that nonverbal system is not yet well established. Then we go back to the basics.

I was watching a TV show last night about children who were really self-injurious and I was thinking that gee, what all these children had in common was that they didn't have that long capacity for back-and-forth interaction nonverbally. If we develop that, and develop good counter balancing and good regulation, along with a lot of sensory modulation exercises where they learn to find soothing experiences for their senses, they wouldn't need to be banging their heads or biting their own hands or trying to hurt




others. And in fact, that is what I find clinically in working with children and families if we get that nonverbal system in place. So it is akin to those who are into exercise, developing strong muscles in the abdomen and trunk area as a basis for sports or dance. It is the cornerstone. We need to pay attention to it with children with special needs and we need to pay attention to it with working with adults in psychotherapy. Remember, it's the first sense of me, it's the way we regulate our emotions, it's the way we then broaden our definition of sense of self and very complex back-and-forth interactions, and the way we decide or define that sense of self and also that picture of others in terms of whether it includes all the emotional themes of life or some of the emotional themes of life.

So if it is not there at all, we have to develop it. That is what happens with many children with special needs. It is not yet there and we help them develop it by having these long, long dialogues. And, where it is there but just limited, because it doesn't include anger, assertiveness, or closeness, we have to help develop that. We have to help the person experience that for the first time. So to give an example of a narcissistic adult who doesn't experience closeness or dependency who just kind of fakes it, the first signs of real warmth developing needs to be acknowledged with gestures – responsive gestures from the therapist, and then given voice with words where it gets labeled and understood, and understood why it wasn't there originally and why the person had to fake it all these years.

We always need to be concerned with this nonverbal system. It is very, very important. Again, in our work with children with special needs, all parents need to be aware that there is a series of steps. First you enter the child's world by joining their interests, you get as many circles of communication going back-and-forth as possible, you then, through these gestures, expand the emotional themes of the child by getting involved in gestures when the child is happy, sad, angry, fearful, wants to be close, and you exchange as many gestures as possible – keeping going; long back-and-forth interactions. The longer the better. That is why we say that Floortime should be in 20-minute intervals, not just quick here and there. It's not just a quick pick up and hug. And we can't be satisfied with a child mastering just math or reading or a few scattered words. It has to build on this continuing capacity for engagement and interaction.

When you are looking for different therapies for the child, be aware that a therapy that uses a stop/start method – teach-stop-reward-record-start again – are not practicing continuous flow of back-and-forth interaction. The children need this unless



they have already mastered it. If they already have it sound, then you can have a start/stop therapy to just teach a particular skill. But this is a fundamental, and this is fundamentally missing in many children with special needs. We find that with children who become super competent – more empathetic, verbal, and creative than their peers, who we have followed up now at age 18, are the children who have mastered this to the nth degree and then used it as a foundation to go beyond. So while this subgroup of children has done stunningly well; better than we ever expected, they weren't talking before and are now very verbal, creative, bright, have good peer relationships and are good academically, although they were all originally diagnosed with autism, they all worked with the system of therapy that emphasized forming that sense of me; that sense of self through nonverbal communication as a basis for building their symbolic capacities and their abilities to think and reflect.

I hope this clarifies the importance of this nonverbal system which is stages three and four of our six stages of human development, and will help each and every one of you focus on it – those who are parents with your own children and those who are therapists and the families you are helping. Thank you very much.