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Language and affective contact

Item Type	Article
Authors	Frankl, George
Citation	Frankl, G (1943) Language and affective contact. <i>Nervous Child</i> 2(3): 251–262.
Publisher	Child Care Publication
Download date	2024-08-11 23:32:16
Link to Item	https://hdl.handle.net/1808/30590

With The Compliments of the
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One notes with interest how predominantly the language used by the children (of a seven-year-old group) is direct language, direct accounts of the action patterns of a situation: "Sit down—get up. Sit down—get up." Though their vocabularies surely include many words that are summative and general, they do not use them in their spontaneous talk. Instead, they relate their experience in such a way as to preserve its original action pattern. They have not yet taken on that use of language which represents its most highly symbolized levels and by means of which words come to bear an ever more oblique relation to reality. In these terms one can recognize that the limitation of young children's ability to think abstractly is a natural concomitant of their extraordinary ability to think concretely, and their deep concern to make words relive specific experience.

—From *Child Life in School**

LANGUAGE AND AFFECTIVE CONTACT

GEORGE FRANKL

THIS paper is an attempt to analyze several familiar types of speech disorders in children. One may assume that isolated disorders of the various constituents of language will bring into relief their respective values by demonstrating what does not function, or does not function properly, in each particular instance. Such an analysis also should show what specific difficulties are the consequence of such isolated disorders. Language is the basis of all social relations. Alterations of the social relationships between child and adults, child and other children, child and social groups are to be expected as a consequence of these dysfunctions.

THE CONTRAST BETWEEN WHAT A CHILD SAYS AND HOW HE SAYS IT

Let us assume that a number of children report about the same unpleasant events at home. We suppose that they all describe truthfully what happened and that they all use the same words. Even then each child will present his story differently and thereby enable us to recognize how he actually feels. One child will, while reporting, try not to be overwhelmed by his emotions. Just these unsuccessful efforts to control himself will reveal how strongly he feels. Another child will tremble with anger at the mere recollection of what has been done to him, thereby expressing his strong feelings of having been wronged. A third will recite his story with exaggerated tragic gestures that show that talking and complaining about past sufferings furnish, after all, some pleasure. The account of events at home may be recited monotonously like something that once, a long time ago, was painful but eventually has become a hopelessly indifferent everyday event. The child may tell his tale in a gossipy manner, obviously not expressing his own opinions and feelings but literally repeating what he heard at home or from neighbors. There are children who bring their stories with remarkably impersonal objectivity, as if they were not telling their own experiences but another child's history. The report may be made even merrily and amid much laughter that proves that the reported dreadful events did not deeply impress this child.

* See *THE RECENT BOOKS*.

In all these cases, the examiner acquires two different sets of information. Listening to the child's words, he learns *what happened, the objective facts*. At the same time he recognizes *how the child actually feels about these events*, although his feelings are not verbalized. Means of communication other than words are used for this purpose.

The same coexistence of factual and emotional content can be demonstrated in the language of an adult who gives an order to a child.¹ Content and meaning of an order, even if its verbal and grammatical structure is definitely established, are by no means invariable. Its significance can undergo radical changes according to the way in which it is expressed. The same sentence, "Please come here," can be a casual request, a plea for assistance, the emphatic repetition of a given order, an excited or angry shout, the threatening announcement of punishment, a despairing sigh after many previous failures.

The particular meaning of this and of course of any other order depends on the manner of expressing it. One cannot know or can only vaguely know an ordering person's intentions as long as the order is considered merely in its written form and detached from the actual situation in which it is given. No doubt is possible about its underlying meaning and intention if a definite form of expression is added to its words, just as the full weight of a child's report about his sufferings at home can be evaluated only by judging both the factual and the emotional content of what he says.

It is well known that human language has, besides words, many other symbols that are as generally accepted, used, and understood as words. The question arises as to what happens if an individual is unable to use these non-verbal symbols.

PARKINSONIAN SPEECH DISORDER²

A peculiar form of language is the consequence of the parkinsonian motor disorder, as found in children who suffer from a postencephalitic condition. Its well known symptoms are: (1) parkinsonian language is not accompanied (a) by mimic gestures, or (b) by gestural movements of the arms and trunk; (2) it is unmodulated, which means that the usual changes in strength and pitch of voice are missing.

The parkinsonian patient's face and body remain motionless while he is talking and his speech flows in always the same soft monotony. His words come forth as from behind a mask that has replaced his formerly vivid and expressive face, or as out of a lifeless statue in the interior of which a speech automaton is hidden. His lips hardly move while he speaks. Only the eyes retain their original vivid motility, they look around, they sparkle when he is amused or in a mischievous mood, they are shiny when he enjoys something.

An automaton-like language, void of the usual expressiveness and significance, results from this absence of gestures and voice modulation. Hearing and seeing it, one feels puzzled, not knowing what is amiss.

What is missing in this language? The parkinsonian patient sees something funny and is amused, but neither the gestures nor the sounds of laughter appear.

He is dissatisfied or unhappy, but what he says does not sound depressed and his face does not display sadness. He cries, but that cannot be recognized unless the tears run down his motionless face. A person addressed by him feels insecure, not knowing whether the patient is friendly, hostile, or indifferent toward him, as no gesture of friendliness or aversion appears in his face nor any expression of these sentiments in his voice.

If a parkinsonian child reported about his unpleasant experiences at home, one would understand what happened, i.e., the objective facts. One would not be able to recognize how he actually feels about these events, as he could not, like any other child, express these feelings by gestures or by modulating his voice.

If an adult parkinsonian patient gave an order to a child, the child would be unable to know how this order was meant, since, in the absence of gestures and expressive inflection, the important implications of urgency, sternness, friendliness, threatening, or joking, would not be perceptible.

Parkinsonian patients can perform all gestural movements to which they explicitly direct their attention. They can perform the grimaces of crying, laughing, anger, threatening, just as they are able to carry out any other of their formerly automatized motor patterns if an order focuses their attention on it. But they cannot perform gestures unintentionally, in genuine connection with the corresponding feeling or emotion.

THE TWO SYMBOL SYSTEMS OF LANGUAGE

We are used to reading from the face of a partner and to recognizing in finest nuance the incessantly changing feelings, moods, affects, and sentiments that the partner experiences in the course of an interview or a common activity. Only exceptionally does he communicate them in spoken words. Usually he does not report "I am merry," "I am feeling fine"; "I like you." He is even rarely aware of these feelings. If he is, the affect, feeling, mood, or sentiment has already been objectivated. By an introspective act that is no longer the emotion itself, the feeling has been raised to clear consciousness and transformed into a thought reflecting upon this emotion. However, we usually express our emotions by symbols other than words, without explicitly intending to do so. The person with whom we are conversing can see that we are in good humor, that we are feeling fine, or that we like him. The nonverbal symbols by which we express this are just as generally accepted and generally understood as spoken words. Means for such expression are the accentuation and modulation of the spoken words, and the gestures accompanying them.

The following rule is valid in general: one communicates thoughts that are raised to clear consciousness by means of spoken words. One expresses feelings, moods, affects, and sentiments more or less unintentionally by other specific symbols—by mimic gestures, body gestures, and the modulation of the voice. The spoken or written word will here be called *word language*; the triad of mimic gestures, body gestures, and modulation of speech will be called *emotional language*.

There exists, besides this triad of the emotional language, another essential indicator of the individual's emotional status: the accompanying *vegetative reactions* of blushing, grow-

ing pale, narrowing and enlarging of the pupils, change of the rhythm of respiration, secretion of tears, and so on. These reactions do not disappear in parkinsonism. After the decay of the patient's emotional language, they may serve as last indicator of his actual emotional status. However, these vegetative reactions do not seem to have that strict and exclusive purpose of being means of communication that the symbols of the emotional language have. Both word language and emotional language disappear whenever an individual is alone or for some reason secluded from the persons around him. Vegetative reactions appear in connection with the corresponding emotions also in solitary persons and in those patients whose contact with persons is permanently interrupted and who therefore never use communicative symbols.

Word language and emotional language are integrated in the indivisible whole of human language. There are, however, several conditions in which one of these two symbol systems exists isolated, separated from its nonfunctioning partner. Parkinson's syndrome is the classic example of a condition in which word language continues to function after emotional language has been abolished. On the other hand, there are several pathologic and nonpathologic conditions in which emotional language is preserved or even intensified in compensation for the absence of words.

EMOTIONAL LANGUAGE IN ISOLATION

1. *Deaf-Mutism*. The only means of communication left to deaf-mute children are mimic and body gestures, which therefore play an outstanding role as carriers of communications between them and other persons. Intelligent deaf-mute children use stronger and more accentuated gestures than people with intact hearing. They also use numerous gestural symbols deliberately, as other people use words. These new symbols do not express emotions but stand for concrete objects, qualities, or activities, i.e., for concepts that under normal conditions are represented by verbal symbols. Wherever deaf-mute persons form a community, they develop a set of gestural symbols, an extensive vocabulary that embraces special signs for all the concrete concepts of a primitive language. These signs are well understood and correctly used by the members of this community (e.g., a school for deaf-mute children), whereas an outsider is unable to grasp the meaning of most of them.

Correct use and comprehension of the modulation of voice depends, like the correct comprehension and use of words, on the faculty of hearing. Deaf persons can with the aid of other senses be taught to understand and say words, but they never learn to use a proper inflection of the voice. Their voices remain hoarse and monotonous and their words are enunciated in an unusual pitch throughout their lives.

2. *Congenital Word Deafness*. This is another pathologic condition in which the emotional language is isolated. Children who suffer from this condition are unable to understand and speak words even when they hear well; more frequently, they are more or less hard of hearing. However, they are able to comprehend the meaning of other organized sounds (music, everyday noises).

These children cannot talk and do not understand the meaning of words, but do use and do understand the symbols of the emotional language *with inclusion* of

the modulation of spoken words. It is surprising how much they can read from the speaking person's face and how clever they are in acting and behaving accordingly. They are well able to express their primitive ideas by vivid gestures and overexpressive but inarticulate "baby talk." Without using words, they succeed in establishing a *good rapport* with the persons around them and adjust fairly well to an everyday routine. The parents usually report that the child, though unable to speak, "understands every word said to him." As a matter of fact, he understands not a single word, or at best only a few. As soon as the talking person artificially eliminates his emotional language by speaking monotonously, with blank expression and motionless body, the child suddenly is unable to grasp what is said to him. He likewise fails if he is prevented from looking at the speaking person.

Word-deaf children, in contrast to deaf-mute ones, use not only mimical and body gestures as a means of communication, but also the intonations of their voices. When they try to tell something, it looks and sounds as if they were talking emphatically in a foreign language. One soon discovers that they use a senseless idioglossia. They form sounds that resemble words and put them together into sequences of sounds that resemble sentences. These meaningless sound formations serve as carriers for a well developed emotional language. Such children reproduce, by expressive intonation of these sounds and by adequate lowering and raising of the voice, the various conventional inflections of human language. Thereby, and by mimic and body gestures, they exhibit perfectly their actual emotional status, and are fairly well able to communicate their wishes and intentions and even can give some primitive factual information.

3. *The Language of Infants.* There exists a transient stage in the course of the development of every healthy child, during which all these symptoms of the aphasia group are present. An emotional contact between mother and baby is established many months before the baby begins to talk, as early as with the first appearance of a recognizing smile. This contact is achieved by the numerous characteristic sounds and gestural symbols of the exclusively emotional baby language. It develops and differentiates more and more during the first year of life and reaches its acme in the period of "baby talk." The babbling of infants is one of the instances of perfect modulation of speech, existing separated from its usual substratum, words.

4. *The Language of Dogs.* The relations between a dog and his master are brought about by an elaborate system of gestural symbols and expressive although not necessarily articulate sounds. A dog is able to express all kinds of sentiments, affects, and emotions by means of highly differentiated body gestures and barking sounds. He is also well able to recognize his master's moods, intentions, and friendly and unfriendly sentiments, and to act accordingly. However, even the cleverest dog understands but very few words. It is an old trick to address a dog with words of the most unfriendly content but to say them with tender voice and caressing gestures. He will accept them as friendliness, will even be overjoyed and jump and wag his tail, thus proving that he is acting only in accordance with the gestures and the modulation of the words but does not register their verbal meaning.

CONSEQUENCES OF DISORDERS OF WORD LANGUAGE AND OF EMOTIONAL LANGUAGE

Both word language and emotional language serve as means of communication. They become significant only in the presence of another person who is able to receive and interpret their generally accepted and understood symbols. Any disturbance of either must therefore cause some form of disorder in the patient's relations to other persons. The symptoms of disorder as regards each of the two languages differ fundamentally.

1. *Word Language.* (a) Expressing thoughts by words for the purpose of communication is an act of which the speaking person is fully aware. (b) A patient who loses this ability immediately realizes his loss. (c) A mute person is immediately recognized as such by everybody who tries to talk with him.

In other words, the patient, as well as the persons of his environment, is fully aware of the abnormal situation and its implications. The efforts to overcome and compensate for the difficulty are made more or less consciously and there is no occasion for misinterpretations or misunderstandings.

2. *Emotional Language.* (a) A person who expresses his actual feelings by means of the symbols of emotional language is not aware or hardly aware of doing it; nor does he know much about his ability to use these symbols as means of communication. (b) He does not recognize his loss if his emotional language is abolished. The parkinsonian patient is able to be cheerful or sad; but like any other person, he does not care whether his happiness or grief is visible on his face. He probably does not even know that something is wrong with his language. (c) A person who talks with such a patient will notice that something in his partner's behavior is unusual, but he will not recognize the disorder of emotional language as such. Very characteristic misunderstandings are the consequence.

One cannot help drawing conclusions from the emotional language of a person as to his emotional status. One looks into his face, hears his voice, and instantly knows in what mood he is or what he is feeling. One is misguided only if a person's mien, gestures, and modulation of voice do not express his emotions (the "poker face" is an example). In this case one either suspects dissimulation or automatically assumes that the affective reaction did not take place at all, and invests the patient with those negative qualities that are in accordance with the immobility of his face and the monotony of his language. The parkinsonian patient is considered insensitive if he suffers pain without defensive reaction and without distorting his face. He appears indifferent or apathetic if he watches an exciting event with blank expression and motionless body. It looks like impertinence or defiance when, instead of obeying an order, he stares at the teacher without the slightest sign of obedience. Similar misunderstandings occur time and again between parkinsonian children and their teachers.

DIFFERENTIAL SYMPTOMATOLOGY OF THE TWO GROUPS OF SPEECH DISORDERS

I should like to differentiate the symptoms of these two groups of speech disorders, the one in which the word language is damaged and the emotional language preserved (deaf-mutism, congenital word deafness, etc.), and the other in which only the emotional language is destroyed (postencephalitic parkinsonism).

Group 1: Aphasia Group

1. Children of this group are, of course, *unable to speak the word language.*
2. They have *no word understanding*, or a limited one.
3. They are *able to speak the emotional language* and to use it as means of communication.
4. They are *able to understand the emotional language spoken by other persons.*
5. Despite the linguistic difficulties, it is possible to establish good personal relations with them. Whenever one addresses them or is addressed by them, one has the experience of being *in good contact with them.*
6. Communication of factual knowledge is rendered difficult, since words, the natural implements for the symbolization of facts, do not exist. This holds true even for very intelligent deaf-mute or aphasic persons. They can formulate and communicate factual knowledge only by means of gesticulations and interjections that are but inferior substitutes for the lacking word symbols.

Group 2: Parkinsonian Group

1. Parkinsonian patients are *able to speak the word language.*
2. *They understand it.*

How about emotional language and personal contact? It is possible to establish fairly good personal relations with a parkinsonian patient. One has the experience of not being in good contact with him only when meeting him for the first time, when one feels puzzled by the strange immobility of his body, his masklike face, and the monotony and inexpressiveness of his language. One understands his words, yet one does not quite know what he means and feels and intends to do.

These difficulties subside as soon as one gets better acquainted with him. One learns to recognize what he feels, even if he does not express it by gestures. Various small signs become substitutes for the absent gestural symbols: vegetative and vasomotor reactions, the manner and kind of his actions, verbalizations of the emotions. Fairly good contact develops eventually, in spite of the absence of the emotional language. The patient himself renders that possible by his attitude. Like a healthy child, he endeavors to establish relations to persons; he wants to communicate and to receive communications, to play with other children, to participate in their activities, amusements, and experiences. He follows with interest what people around him do, is able to understand what they think and feel, and reacts with adequate thoughts and feelings. Thus he becomes an integral part of the social group of which he is a member and can live in emotional unison with it.

It is only partly correct to say that these children have no emotional language. They cannot speak it, but they receive and understand its symbols, to which they react with adequate emotions. Only the executing organ that should display these emotions and communicate them to other persons is destroyed. Therefore—

3. Parkinsonian patients are *unable to speak the symbols of emotional language.*
4. They are, however, *able to understand them.*
5. Their *personal contact with persons exists*, although it is different from a

normal one and is established with some difficulty. It even can be fairly good, provided the two partners in contact know each other well enough.

6. *Communication of factual knowledge is undisturbed.*
7. *The communicative tendency is normal.*

LACK OF CONTACT WITH PERSONS

Similar points of view as applied in the analysis of the aphasia group and the parkinsonian group, will now be used for the discussion of a third group, of which the following case is a gross example.

The boy, Karl K., was seen at regular intervals between his sixth and thirteenth years. The clinical diagnosis of *tuberous sclerosis* was established from the beginning. The skin around his nose showed the characteristic efflorescences of adenoma sebaceum. He suffered from petit mal attacks from earliest childhood and from grand mal beginning with his tenth year of life. He was imbecile.

He was a sturdy, well built boy with primitive facial features and dull expression. His physical development had been good during all these years of observation, not different from that of a healthy boy.

He did not speak at all. Never in his life had he said a word or uttered a sound. One knew only from his adequate reactions to some primitive spoken orders that he understood a few words and sentences. He came when something pleasant was offered to him; he ran away when asked to do something he did not like. No other access to him existed besides these slim possibilities, as he neither answered nor reacted to any form of address, whether words, gestures, or calls. His expression remained blank, he did not look into the calling person's face, he neither turned to nor away from him. A strong defensive reaction came only if one was very aggressive, doing something he did not like, or annoying him by talking. Then he tried to disengage himself, pushed the aggressor aside, or ran away. One could gather from the haste of his movements, not from symbolizing communications, that the intrusion disturbed him. He never was seen spontaneously addressing a person. Never in his life had he smiled, laughed, or cried; he had never become aggressive in his anger, had never expressed any other emotion. He never had shown the least interest in persons, nor a glance that would have expressed curiosity, doubt, a wish, some form of affection or aversion.

One could have suspected after superficial examination that he was deaf. However, one knew that he could hear, as he reacted adequately to many nonverbal acoustic stimuli and in later childhood developed a primitive word understanding.

Karl was first seen in the ward of a children's hospital, among sick and mostly bedridden children. He had to be kept in a closed bed in which he seemed to feel quite happy. His days there passed in monotonous emptiness, paradoxically combined with constant pseudo-activity. He jumped around, rocked to and fro in sitting or standing position, or performed some other rhythmic movements.

Whenever one tried to release him from his bed, he showed the typical behavior of an overactive feeble-minded child. He started quick as a shot as soon as the bed was opened and, from this moment, sped in incessant motion around the large ward. He came to a girl's bed and, without changing his expression or saying a word, grasped her hair, let it go again, and had left before the dumbfounded girl even realized what had happened. He came to another bed, took a toy out of a child's hand, turned it around and stared at it for a few seconds, let it drop, arrived at a table where some medicines and instruments were prepared for use, and threw them into confusion. In this manner he went on incessantly and with breath-taking speed.

He became somewhat calmer in the course of his stay on the ward. Not from his symbolizing communications, but from his adequate actions in the respective situations, for instance from his adequate use of a spoon, from the cooperative movements of his body and

arms when he was dressed, from the adequate flight reaction when an unwanted event was threatening, one could gather that he had learned to understand the purposes of many everyday events and objects. One was dependent on the observation of actions, as he never expressed by words or other communicative symbols what he thought. That was the reason why everybody considered him even more feeble-minded than he was.

I used to visit and examine him in his home. He was less restless there and his behavior more purposeful than it had been in the hospital. He was well acquainted with the daily events and had his daily routine well established. There were things he wanted to do and did regularly. He had somewhere, high up on a shelf, a place where he liked to sit; he knew where he was permitted and where forbidden to climb around, where he could find some food. His mother even allowed him to leave the house unaccompanied, as he always stayed around the house, never caused damage or ran into danger.

He was less restless and better adjusted in this familiar environment. The more impressive was the contrast between this relatively sensible behavior and the complete absence of relations to the people around him, even to his mother. The never changing immobility and indifference of the face, the constant emptiness of the look, the absence of words as well as other sounds, were startling and made everybody who tried to address him feel insecure. One was confronted with a being that had the appearance of a human creature, often acted like one, but lacked one specifically human quality: the ability to communicate with his fellows and to enter into social relations with them.

The diagnostic evaluation of Karl K. probably would be: tuberous sclerosis with its characteristic symptoms of adenoma sebaceum, symptomatic epilepsy, idiocy, and organic drivenness. The case, seen from this point of view, is simple and not very interesting. The reason for describing it in this connection is that the phenomenon of *lack of contact with persons* is represented in it in rare clarity. The boy's attitude toward the persons around him is very unusual. One would not be doing justice to this peculiar behavior if one were to dispose of it by calling it "idiocy" or "mutism" or "aphasia."

This speech disorder is entirely different from that of the two other groups. The boy resembled an aphasic person in not using words and in having an extremely limited word understanding. However, addressing him with the symbols of the emotional language was likewise ineffective and, like parkinsonian patients, he did not use facial or other gestures.

He neither received nor sent out any communicative symbols. This is a most impressive phenomenon: a boy who undoubtedly sees and hears, does not take any notice of a person who clearly and conspicuously enters the field of his senses and addresses him. The reverse, the establishment of some form of relation, be it only by a hardly noticeable smile, a nodding of the head, a short exchange of glances, a friendly or impatient mien, is so self-understood and so integrated with human intercourse that we do not even realize its existence when it is present. We are puzzled and feel that something is wrong only when the expected reaction fails to come.

Difference in Attitude toward Persons and toward Objects. The boy's behavior among playing children is a good example of what is meant here. His mother used to bring him to the outpatient clinic. He had to wait there in a large room where many other children were playing alone or in groups. This noisy and strange environment increased his restlessness. He moved around incessantly, touching and

handling all objects that happened to come into his field of perception. The children were among these objects: he touched them, stared at them, took toys away from them. He did that just as he touched and stared at the blocks that were lying on the floor. He took a doll out of a girl's hand, just as he would have taken it from the table. While doing it he did not look into her face, did not smile, did not threaten, did not attack the girl or defend himself.

He wandered around among all these children like a strange being, went through their groups and circles without interest, without trying to learn something about them or telling them something. He did not participate in their games, he seemed not even to notice them. Sometimes he destroyed one of their toys. One never knew whether this was mere incident or an act of deliberate destructiveness.

His attitude toward the children and also toward the adults around him was similar to the attitude healthy persons assume toward the objects of their environment. With objects one does what is necessary, one uses them if they are useful, removes them if they are harmful. But one does not communicate with them nor does one expect communications from them. One addresses words and the symbols of the emotional language only to beings whom one considers able to think and to experience just as one does oneself. A solitary person, i.e., a person surrounded only by objects, does not display his thoughts and feelings; he is silent, uses no gestures, and his mien is closed. The executing motor organs of his word language and of his emotional language are temporarily not used, for the same reason as they were permanently not used by Karl. They begin to function again in the very moment at which the person comes into contact with somebody. In order to see that, one has only to observe a person who, while working alone at his desk or walking alone on the street, is addressed by somebody. In this moment his face, which has been closed, lights up and he begins to express what is in his mind.

One usually considers a person who is talking to himself somewhat peculiar. The monologue in the classical play is a good example. Its unnaturalness is due mainly to the fact that a person who is alone talks in a loud voice, with much pathos and strong gestures. Nobody would in reality confide his thoughts, be they ever so beautiful, or his sentiments, be they ever so strong, to a deserted solitude.

The boy with tuberous sclerosis, even when amid a crowd of people, behaved like a solitary person. For him, human beings seemed not to differ from lifeless objects by reason of their special quality of animation and personalization. Therefore he did not communicate with them. He did not address them because he could not experience them as persons. He was not, like a parkinsonian patient, deprived of his emotional language because the relevant motor function was destroyed. Rather, he did not make use of this function although it was virtually intact.

Every healthy person feels, at least at times, the desire to leave the solitude that surrounds him in an inanimate environment. One wants and needs to talk and listen to people, to exchange ideas and knowledge. There exists a *communicative tendency*, i.e., the tendency to establish and maintain relations with persons

and with human communities. This tendency, inherent in every healthy person, is preserved in deaf-mute and aphasic, in parkinsonian, and in the majority of feebleminded children. It is owing to its presence that they all try to compensate the partial loss of their symbolizing functions by intensification and amplification of the remaining rest.

The boy with tuberous sclerosis never showed reactions that could possibly be interpreted as an attempt to establish relations with another person. The communicative tendency was completely lacking.

The following are, in summary, the symptoms of the speech disorder in this case that represents the reaction type of *lack of contact with persons* in its most extreme form:

1. The boy *did not speak the word language at all.*
2. He *had an extremely limited word understanding.*
3. He *did not send out any symbols of the emotional language.*
4. He was *insusceptible to the symbols of the emotional language* addressed to him.
5. One had in his presence the experience of *not being in affective contact* with him.
6. His *factual relations to others were very restricted.*
7. He behaved as if *unable to experience persons as different from inanimate objects.*
8. He *had no communicative tendency.*

In consequence, almost all connections between him and his human environment were severed, whereas there existed relatively numerous relations between him and the objects around him.

The gradation is notable. The personal contact with persons had suffered the worst damage in this case; it was completely interrupted. The factual relations to persons were reduced to a minimum. The boy's relations to the objects of his environment, although extremely primitive and abnormal, certainly were his greatest asset and much better developed than his relations to persons.

The situation is reversed with the majority of feebleminded children. Their disorder, the intelligence defect, is mainly an inability to comprehend the meaning of events, facts, objects, and their causal and logical relations. The affective and emotional life of these children and their emotional relations to persons can be normal; they are, at any rate, less disturbed than their factual relations to objects, persons, and situations.

This predominance of the disruption of the affective contact over the intellectual disorder is characteristic for all cases of this type, and the contact disorder should by no means be interpreted as mere consequence of the intelligence defect. The case described is a rather poor example in this respect. The boy's intelligence was on an exceedingly low level, too. He ranked at the lowest end of a series of cases that have in common the disruption of the affective contact, but vary in intelligence from idiocy to the astonishing and peculiar performances of a certain type of child prodigy.

Persons with defective intelligence but highly differentiated emotional life and excellent contact with persons have frequently been objects of description in belletristic literature.

The combination of touching helplessness and kind intuitive understanding of the sufferings of others, their ethical superiority and eventual victory over smart but cold and pitiless adversaries, make them valuable motives. One can find examples of this type in almost each of Dickens' novels: Mr. Dick in *David Copperfield*, Maggie in *Little Dorrit*, and Barnaby Rudge. Probably the best-known example is in Dostoevski's *The Idiot*.

CONCLUSIONS

An attempt has been made to reanalyze several familiar types of speech disorders in childhood: the purely motor disorders of postencephalitic parkinsonism; the acoustic disorders of deaf-mutism and congenital word deafness; and several other pathologic and physiologic conditions in which language is not developed yet or not developed at all. Finally, the case of a very defective child suffering from an essential inability to form social and emotional relations was examined in more detail. Special interest was directed to the question as to how the language of gestures was affected in each case. It turns out that the language of gestures, though less conspicuous, has by no means a less important function than the language of words in our relations to other people. The main function of words is the symbolization of objective facts and communication of these to other people. Gestures and not words are the adequate symbols for emotions, affects, and moods. Definite, well describable disorders in the individual's relations to other people result from disorders of the gestural language. Only extreme cases that easily lend themselves to analysis have been discussed in this paper. However, the author feels that a similar analysis will be heuristic in many other less abnormal cases with similar disorders of emotional and social relations.

We have become used to considering gestures a somewhat superfluous relic from times when the ancestors of *Homo sapiens*, in want of words and in need of some means of communication, used motor and vegetative-motor reactions in order to intimidate their enemies and to attract their friends. This description reveals only the origin of gestural symbols as means of communication. But our cases show that gestures are not merely a transitional remainder from olden times. It appears rather that the communication of emotions by gestural symbols is an important and well established function that is by no means destined to become extinct as long as emotions play an important role in human inter-relations.

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