

A Quiet Place
“An ounce of practice is worth a ton of theory”
- E. F. Schumacher

Penny Moon, Chief Executive, A Quiet Place®...What works!

A Quiet Place® started at the top of the winding stairs in an autistic unit in 1996 where I was teaching a class of eight 10 and 11 year olds. The unit was most definitely ‘not fit for purpose’ and the tiny third floor landing, was the ultimate place of choice for fleeing children. I decided quickly to influence what happened there by making a den from blue voile and sticking pictures of dolphins on the wall. I needed to reduce the length of tantrums and increase the space between them and some could last for days!

As a teacher, I provide the conditions for individuals to reach their full potential through inclusion to help children learn in their own unique learning style. This is called differentiation and increases the likelihood that they will engage initially and retain enough interest for the learning process to take place.

I trained as a psycho-hypno therapist in the 80’s, I also had opportunities for ongoing training across a broad range of models. My main interest was the application of these theories appropriately to bring about rapid change in behaviour enabling children to remain in school. Outcomes for exclusion are very poor generally.

I was shocked when I learned that research impact of talk therapies generally took a couple of years to bring about change. I set about to develop a 6 week (half a term) package to be delivered in house therefore having no stigma attached and including everyone, children, families and staff. The outcome is that we now have the best evidence nationally for changing behaviour using our unique holistic educational programmes.

The history of mental health in England for example, influenced by beliefs, politics and social mores of the times has not always been very compassionate and often based on the most fragile of theories. It is interesting to see how treatments have been developed to the point where we are today often using drugs as the easier option, but for easier for whom?

Concerns have been raised about the help that is offered to service users of all ages and abilities. My question is as professionals, don’t we exist to serve our client base and shouldn’t the structures we develop include the context (e.g pre-existing mental health, literacy, trauma issues) of the client group we are serving? Therefore should the engagement of the client’s voice in the process when appropriate surely be a key component? The theories and models from which we develop services should have some relevance to the context of the service user’s and the impact on their life? Individual professional interpretation leading to diagnosis, labelling and treatment can influence individuals for life.

The present demand for empirical science evidence based practice is important but humans are not living in controlled environments in a laboratory and they are all unique in their genetic makeup. Information gathered from large group trials can be very helpful in general but can be dangerous when applied to the individual.

Carl Jung on the dangers of interpretation!

"Understanding is a fearful binding power at times a veritable murder of the soul as soon as it flattens out vitally important differences. The core of the individual is a mystery of life, which is snuffed out when it is grasped...all understanding in general, which is conformity with general points of view, has the diabolical element in it and kills. It is a wrenching of another life out of its own course, forcing it into a strange one in which it cannot live.....true understanding seems to me to be one which does not understand, yet lives and works...we should bless our blindness for the mysteries of the other; it shields us from devilish deeds of violence. We should be connivers at our own mysteries but veil our eyes chastely before the mystery of the other, so far as, being unable to understand himself, he does not need the understanding of others."

Some key theories influence practice more than others for example:

1. **Neurology.**

Pathology has been seen as a base for all that deviates from the accepted 'norm'. Treatments varying from surgical to drugs and now bio-feedback are used based on our present technological ability to see how the processes of the brain experience situations and circumstances.

2. **Behaviourism: Watson**

Is most useful as a generally applied secure structure with safe boundaries. Controlled with consequences and rewards it has a limited use individuals.

3. **Psychoanalytical: Freud, Jung and Klein**

Freud was best known for developing the theory of the unconscious mind The emphasis on the interplay of dynamics for example with parents and children of differing gender consider that it is early relationships that set the pattern for future adult relationships(infant determinism). Klein had a key phrase 'the good breast and the bad breast' and a very poor relationship with her own daughter!

4. **Attachment theory – Bowlby**

Emphasises the essential role of the mother in the emotional development of the child. This can lead to blame which is not overly helpful in engaging behaviour change. The theory in itself has been severely challenged by Kagan and Clark in different studies suggesting that to the contrary sometimes poor early relationships can help a child develop resilience!

So we need to be very careful about the use of theories and the usefulness of medicalising and labelling children in our society.

I devised an educational therapeutic and holistic way of working without assessment; diagnosis or interpretation, here is one case study from that programme.

Case study:

A story from A Quiet Place® from a child's perspective.....

The little girl smiled up from the chair, eyes. she was tiny and undernourished, blonde hair tied back harshly but her smile lit up her face. The big recliner chair seemed somehow to enfold her. She was playing with fuzzy felts, her feet in the hands of the reflexologist, quiet music played to the accompaniment of the water fountain. The room was filled by a lovely fragrance and an Aladdin's cave of treasures to delight children of all ages.

"Hello, do you mind if I come in?"

"I am having my feet massaged. I take a smelly tissue back to class and one for my friend and the teacher and my mum. In case I feel sad it reminds me of being back here again, happy".

This is where I go and hide and listen to a story. We went into a tent made of many colours and filled with soft cushions, sparkling lights and soft toys. When we came out we went over to a huge gong.

"I bang the gong on the way out, but I can show you now if you like?"

She picked up a padded hammer and shockingly for one so fragile, gave it an almighty thwack. The whole room vibrated with a beautiful but hardly quiet sound.

"If I feel too sad to talk F talks with me through the drums and we have musical conversations. Afterwards I feel better and do a drawing or play with the sand or clay. This is my favourite toy, a mummy polar bear with her baby." She picked them up and started to play. These simple activities go on in most children's lives as the norm but not with this little one.

"I jump on the trampoline when I come in, it helps me keep fit. I do ballet. I was on stage yesterday and everyone clapped, I have asthma and cannot always do my practice for the show."

When N first came she was very shy and often felt unwell. Her little brother comes as well as he used to be a bit unkind with her.

"J. used to kick and punch me hard all the time but now he has stopped and we are good friends. I don't seem to be so sick all the time and have been able to practice and won my prize. That is what I said I wanted to do when F. first asked me."

A Quiet Place unfolds into any environment physically and socially including families, staff and all children for relaxation. In class everyone benefits, improving learning and well being. A good outcome for all concerned at every level!

Read more:

Richard Feynman, science: curiosity, playful and fun,

<http://www.youtube.com/watch?v=EYPapE-3FRw>

Klein, challenges to accepted theory

<http://www.answers.com/topic/schmideberg-klein-melitta#ixzz2aF2UVzgn>