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About the Authors

Walter Solomon is the father of Robert, the autistic boy who is the first subject of the book. He was educated at St Paul's School, London and has a Master's degree in economics from Cambridge.

He is a passionate advocate of the Waldon Approach, and a speaker on the subject of autism. Walter now lives in the Gironde, a beautiful wine-growing area of South West France.

Chris Holland qualified in Medicine, Child and Family Psychiatry and Psychoanalysis, with special interests in early child development and in autism, from both neurological and psychological perspectives.

He studied the Waldon Approach with Geoffrey and other staff for several years at High Wick Hospital, where he was Psychiatrist-in-Charge, as well as participating in workshops in Manchester and on Geoffrey's French tour. He is convinced that Geoffrey was decades ahead of his time, and that the Waldon Approach has a great deal to offer in all areas of education.

Mary Jo Middleton is a physiotherapist and special needs teacher who has been using the Waldon Approach for over 25 years with a wide range of children and adults. She has a Master's degree in Philosophy and Psychology of Language.

She met Geoffrey through other Waldon practitioners in Leeds while volunteering as a literacy teacher. She was able to visit and observe him working in Manchester and was a member of a study group which he led.

The Foreword has been contributed by **Colwyn Trevarthen** who is Emeritus Professor of Child Psychology and Psychobiology at the University of Edinburgh, and is also a Fellow of the Royal Society of Edinburgh and a Vice President of the British Association for Early Childhood Education.

He originally trained as a biologist, before going on to study infancy research at Harvard in 1967, and has since published on brain development, infant communication and emotional health.

Author's Preface

Geoffrey Waldon developed in Manchester a theory of child development that included a carefully thought out philosophy and psychology of education. He refined this into a practical and reproducible system (the Waldon Approach), which can help children with a wide range of developmental delays.

Meaning from movement is an expression Waldon used constantly; it is foundational to his theory of learning. The Waldon Approach was developed in the 1970s but many of the ideas have since been validated, with increased appreciation of the role that movement plays in development by researchers like Stern (2010), Gallese and Lakoff (2005) and Sheets-Johnstone (1999) among others.

Dr Waldon – a neurologist by training – described the pathways followed by typical children; he described the steps by which children progress from one stage to the next (the learning-how-to-learn-tools), and then created a format for causing the developmentally delayed child to work through these developmental stages creating (in my opinion), neural neo-plasticity. The format requires a regular one hour Waldon Lesson, which can be given by a parent, performed in a manner which never exceeds the student's General Understanding,¹ and therefore avoids anxiety and the need for anxiety-avoiding behaviours which are expected gradually to fall away.

This approach has been echoed in the recent paper by Molly Helt et al: *Can Children with Autism Recover? If So, How?* They write: 'If the brain can be forced to engage in "exercises" that represent normal behaviour and cognition, there is more potential for these behaviours to develop neurological representation'.²

My purpose in writing *Autism and Understanding* is to provide a critique of the Waldon Approach and its effectiveness in helping children to develop their understanding.

I have adopted a three part approach to achieve this.

The first four chapters describe a particular case, that of my son Robert, who emerged from a seemingly hopeless case of remoteness (one might say autism), into a positive, constructive and contributing adult life. This was after many years of hard and devoted effort. It might be thought that any child receiving this intensity of education and dedicated support would emerge in a similar manner; but I hope to show that it was the early application of the Waldon Approach, with his unique analysis of child development, which made that possible.

Many people to whom I have recounted his story have said that he must have been one of the high achieving autists. He has become very high achieving eventually, although a Professor of Audiology reported at 15 months:

This most interesting little boy was seen here for a test of hearing ... the possibility of peripheral deafness can be ruled out.... It was interesting to see that he did not show any interest in speech when delivered at quiet or raised intensities. Affect in this child also seemed to be absent.³

At 22 months the educational psychologist reported: '*My view is that Robert presents a picture of general backwardness*'.⁴ He advised us to keep Robert at home as long as we could and when it got too difficult we should put him in an institution and get on with our lives. There was little sign at that time of any intelligence.

As well as his weekly sessions with Geoffrey Waldon and daily lessons with my late wife Pamela, he also had three years of psychotherapy with Frances Tustin. She said that she would not have been able to work with him without Dr Waldon's previous cognitive therapy.⁵ His charismatic teacher Joanne Beressi feels the same way about her important work with Robert.⁶

I believe that the conclusion is inescapable: Geoffrey Waldon's philosophy of child development distilled into the Waldon Approach and applied in the lessons was the catalyst which enabled Robert to emerge from his shell, to develop his understanding of the world, and to live appreciatively in it. Without Waldon he would almost certainly have become an autistic adult locked out of the world by a range of protective, self-delighting and disturbing behaviours.

Chapter 5 is a distillation of the many articles and papers which were written by Geoffrey Waldon but which he was never able to condense into an easily comprehensible text. Perhaps he did not wish to make it easy, writing: 'The job of the writer is to facilitate the effortful strivings of the enquirer much as the midwife eases the travails of childbirth. I shall try to be clear but the difficulty of the subject matter is a function of the reader's interest'. (Waldon 1985: 3)

Richard Brooks wrote: 'I can imagine him reworking the fifteenth draft, but not at a publisher's party' (In Commemoration: *Koine*, The Waldon Association, 1989, p. 10). It is, however, necessary in appraising its effectiveness that the reader should understand the principles behind and the methodology of the approach, and I hope that in preparing this simplified version I have not strayed too far from Waldon's thoughts.

Chapter 6 contains a series of interviews which illuminate the previous chapter. They are mainly with teachers who have integrated the Waldon Approach into their daily routines, one might even say into their psychology of education. They explain how Waldon has changed their method of teaching special needs children and adults, and how this has helped many students under their charge. The theory as set out in this and the previous chapter is a coherent whole. Geoffrey spent a lifetime working out the details, thinking over every point in detail and discussing each with many of the colleagues who speak in this chapter. At the time of Geoffrey's death a book was in preparation. Sadly none of the professionals have found the time or the energy to complete it. Perhaps only Geoffrey could have done this. What I have written is a simplified form of the theory but one which hopefully is true to the original and

accessible to parents and to teachers. I started writing as a parent and over several years of reading, research and meeting parents and teachers have grown to understand the beauty of the approach.

What I find most persuasive is that the approach has worked in so many different hands in so many different places. In Slovenia, through the work of Katrin Stroh, Thelma Robertson and Alan Proctor it is widespread in the special education system; and the teachers there are amazed that it is not in general use in the UK. So too are the teachers in Oxfordshire. Also a study in Iceland by Jiri Berger, PhD, showed that it worked well there in a classroom setting.

Chapter 7 contains a series of case studies of students on the autistic spectrum and Chapter 8, studies of students with a variety of other physical and mental conditions. I have interviewed students, special needs teachers and class teachers, parents with success stories and parents where the children remain completely dependent even after many years of lessons.

There are three young men described, Peter, Dan and Larry, who also went from 'no hope' to college or to university and each of their parents feel the same way as I do about the approach – that it transformed their sons' lives. Then there are children who started life with severe physical difficulties and who after many years of Waldon Lessons and devoted care by parents are still completely dependent. Even these parents feel that their child's understanding has been expanded by the lessons and virtually all of them have reported that their child (often now an adult), is now able to communicate with them at some basic level. All report that their children are more relaxed, open and able better to enjoy their still limited lives. Then there is one parent of an autistic boy, Charlie, who started when he was young, did all the right things, gave lessons at home over many years and very sadly did not have a result on the scale of Robert, Peter, Dan or Larry. The mother cannot evaluate how much the lessons helped. So it does not pretend to be a miracle cure.

Chapter 9 contains the theory and practice of a specialized orientation of the Waldon Approach, called Functional Reading. This will be most easily appreciated by those who already have practical experience in using the learning-how-to-learn-tools described in Chapter 5 and they will find it instructive in helping slow readers to lose their fear of reading.

My position is clear: I believe in the efficacy of the approach. Even more now that I have met so many parents and teachers who have said unequivocally: 'Thank God someone is writing this book'. I leave it to others to judge, based on the evidence presented here, whether, amongst the many treatments for autism now available, the Waldon Approach merits further investigation and application.

I hope I will be forgiven for using some words from another era which are no longer in acceptable usage. I have done this so as not to alter medical reports or the words spoken to me by others. I am conscious that this may offend some and for this I am sorry.

Teachers and parents will find guidance on getting started which can be much simpler than it seems – providing the will and dedication are available.

The cost in money is surprisingly small, although the emotional and time cost should not be underestimated.

A final word: ... any parent can do it. It only takes an hour a day and the materials can be found in any recycling box or attic. Some will be available through the website if a parent finds that easier than making their own. There will also be videos on the associated website showing how the lessons can be conducted.

But understand that it is a long-term commitment. Think of an hour a day for five to seven years. Think also of the emotional investment and the strength of mind and force of personality needed to give the lessons.

Then think of the possibility of helping your child to understand ...

Walter Solomon

23 June 2011

www.autismandunderstanding.com

End Notes

1. For Waldon's definitions of his specialized terminology please see Chapter 5 where they are all described.
2. Molly Helt, Elizabeth Kelley, Marcelle Kinsbourne, Juhi Pandey, Hilary Boorstein, Martha Herbert, Deborah Fein, 2008: 'Can Children with Autism Recover? If So, How?' *Neuropsychology Review*, Springer 2008.
3. Report from Manchester University Department of Audiology, dated 12 June 1969.
4. Report from Manchester University Department of Audiology, dated 29 January 1970.
5. See page 27, para 2.
6. Joanne Beressi, personal communication, 30 April 2007.

1

Early Days 1968–1972

‘Does he know he’s in a different garden?’

In this chapter we trace Robert from birth, through the suspicion that he was not developing in a typical manner; to a series of documented visits to his GP and various specialists; and to the start of his lessons with Dr Geoffrey Waldon.

Walter

‘Does he know he’s in a different garden?’ asked Hannah¹ as we sat in the shrub-filled garden of her Knutsford home one glorious summer’s day in early September 1971. Robert was three and a bit, and had thoroughly inspected and flushed all the toilets in the house, and unrolled as many rolls of paper as he could get hold of; and he was now running happily in circles round and round the lawn. He was talking, but not making much sense, and it was clear that this good-looking, sturdy little boy had started life on a different track.

I was present at the birth except for the final moments of the forceps delivery and I will never forget the gynaecologist’s impatience as he waited for the anaesthetist to arrive. It seems as though we waited for ever with him saying: ‘Where is he?’ ‘Tell him to hurry’. But born he was, marginally underweight, which meant a week’s stay in an incubator. But he and Pamela came home on schedule and I will never forget the pride of that day.

Robert was such a good baby. We thought we were blessed. He rarely cried. He went to sleep without complaint. He allowed us to enter and leave his room without protest. Of course these were signs but we were new young parents and did not know what to look for or what we were looking at. He walked late, talked late and failed to create the normal affectionate bond between mother and child. I so well remember Pamela hugging and kissing him and thinking the relationship somehow awkward and unnatural but did not understand that this was her response to Robert’s seeming indifference to her.

In actual, and terrible, fact he gradually became a nightmare child. He screamed, he had tantrums, he ignored us. He was happy when he was alone, squinting sideways at the world or looking through his fingers, spinning a large multicoloured top, or splashing in the paddling pool. But he never interacted with us, was never able to make any normal human contact. It was as if we, his parents, were just inanimate objects in his incomprehensible world.

Robert was our first baby and it is hard to express the anguish of having such an unresponsive, seemingly so unloving, child.

In another garden I had dropped in to see friends. Their nine-month baby clutched me, looked into my eyes and made my heart break. Home I sped to Pamela to describe the feeling and to express my fears.

Pamela

The first few months sped past. At three months he was sleeping through the night and was a model baby. His day was filled with feeding, bathing and playing. I spoke to him all day long, read stories to him, took him shopping and filled his days with a bounty of goodies. He grew and was content.²

By the time Robert was nine months old I had begun to make friends and I invited a friend over with her six-month-old baby girl. Two things stood out very clearly from this encounter. The little girl behaved incredibly well, whereas Rob screamed nonstop. But the most significant thing was the way this young six-month-old child reacted to her mother and the environment. Not for one instant did the baby's eyes leave the mother's face. There was constant eye and body interaction and to my amazement the baby actually put up her hands asking to be carried.

I asked Judy³ if she thought that my nine-month baby was unusual as he had never displayed any reaction to me, but rather treated the world as of no concern or interest to him. He just spent hours watching his hands out of the corner of his eyes, looking at the ceiling continuously and rocking. He was getting to be rather an expert rocker and could move his cradle all over the room.

She replied that yes, Robert was rather unusual, and perhaps it would be a good idea to take him to the doctor. I was astounded. I had asked the question expecting her to say: 'Don't be silly. All first babies are different yet all first mothers are impatient'.

The family doctor at nine months

The next day I was at the doctor's. After waiting a lifetime, during which I repeatedly told myself that I was wasting his time and my money, but all the same wanting to be reassured that there was nothing wrong, we were finally ushered into the surgery.

'What appears to be the problem with young Robert?' Dr Casson asked.⁴

'Well' I began, hesitating to find the right words and trying to control the emotions that were building up, 'I just want to make sure that Robert is developing normally' and I recounted the worries that had arisen after the Judy episode.

'It is always wrong to compare babies' said the doctor, 'they differ enormously at this age, but let's be looking at the young man'.

With this I handed Robert over and watched with anxiety as the doctor performed the routine test for reflexes, gave him a very thorough work-out and

finally put him into an adjacent room and, leaving him safely on the floor, closed the door. Robert was as happy as a lark and when Michael (Casson) sat down with me he was beginning to look concerned. 'Well he appears to be perfectly fine health wise; however it is unusual for a nine-month child to be so happy in a room on his own'. At this stage Michael retrieved Robert who seemed oblivious to all events.

'Why don't you play with him, stimulate him more, and bring him back at 12 months and we will see how he is doing.'

This was going to become a repetitive phrase 'Play with your child, Mrs Solomon' – what the hell did they think we had been doing? – 'and bring him back in x months'. However, I did not know that now; for this was the very beginning of my journey, and I was thinking in terms of a weekend in gaol rather than a life sentence.

Winter in Hale is a dreary time and the winter of 1968/9 was no exception. I would wrap Robert up warm, swaddle myself in rainproof gear and pram-push young Solomon all around the area. We visited the local farm, spoke to the cows, fed the ducks and stroked the ponies. We visited the local Fire Station where the firemen would indulge me and to Robert's delight sound the piercing bell. We shopped, we read, we played, and we swung. I brought sand into the house so that we could play in it and of course we had water play. I built with bricks, I painted and drew, in fact I did just about everything I could think of.

And what did Robert do? Well he did enjoy playing with his coloured beakers. He loved the swing, and he enjoyed running his fingers through the sand and water. For the rest of the activities I do not know. He screamed a good deal and otherwise appeared superciliously indifferent. He ate well but made no attempt to feed himself. Still I reassured myself that all adults I had ever met could feed themselves, so why not Robert. And with this logic I comforted myself.

One year old

At 12 months⁵ I was back in Michael's surgery. He did the same checks and routine tests and asked me if I had noticed any difference.

'He appears not to listen to me' I began rather hesitantly.

'Let's arrange for him to go to audiology and test his hearing' he said.

'Robert is not deaf.'

'He does seem to have a hearing problem though. He does not respond to speech and he makes very few baby sounds.'

'That is true', I conceded. 'OK – let's give it a try'.

Walter

So we were referred to the Department of Audiology and Education of the Deaf at the University of Manchester. Pamela took him for a hearing test (12/06/69) and the report says:⁶

This most interesting little boy was seen here for a test of hearing ... the possibility of peripheral deafness can be ruled out... It was interesting to see that he did not show any interest in speech when delivered at quiet or raised intensities. Affect in this child also seemed to be absent.

Robert was referred to the Lecturer in Educational Psychology in the department who we saw about two weeks later.

Educational psychologist (15 months)

The educational psychologist's report⁷ from that meeting on 26 June 1969 stated that:

It seems that Robert is not going through the normal mother/child reciprocal relationship. At this time his play is reasonably constructive and I was able to establish that he is well past the permanence of an object stage. He passed some Gesell Adaptive items at or near his chronological age, i.e. 15 months Cube/Cup item, 56 weeks Form Board, 52 weeks Cup/Tower, 52 weeks Releases Cube. Other examples of motor and adaptive behaviour place him nearer the 40/44 weeks level. In view of the well known poor predictive validity of sensori-motor testing at this early age it is not possible to say more than that present testing excludes severe sub-normality.

His parents are intelligent and tense, Mrs Solomon is particularly stressful. I have given them advice about the best way in which to handle Robert's developmental needs. At the present time he shows no understanding of speech and does not imitate gesture. A rating on the Sheridan scale places him at a six month level in respect of laughing, and screaming when annoyed. He is not at this level in terms of vocalisation or showing any evidence of response to different emotional tones in his mother's voice. *The possibility of additional problems consequent upon parental reactions to his retarded development must not be ignored.* [my emphasis.]

I have advised Mr and Mrs Solomon to read Bowlby's *Child Care and the Growth of Love*. I have given them advice about suitable play material. They are going to keep a developmental record for me and I have expressed my willingness to see Robert at intervals of three months until, at least, the diagnosis is relatively clear.

Although we did not see this report at the time, we came away with the clear impression that the psychologist believed his lack of affect was, if not caused by, then certainly reinforced by our failing to bestow enough love and attention on Robert. Most paediatricians and child psychologists had been influenced at that time by the writings of Bruno Bettelheim whose thesis was that the mother failing to bestow sufficient love and attention on the child caused much of child disturbance. 'Refrigerator Mothers' was the in-vogue phrase. This was absolutely not the case. No one could have tried harder to

connect with and no one could have given more love to any new baby than Pamela. It was hurtful, damaging and distressing. No wonder that in his notes four days later Michael Casson states: 'T [telephone conversation] with mother. Psychologist at Audiology seems to have upset her and I tried to reassure her.'⁸

Meanwhile Michael Casson had referred us to a senior consultant paediatrician at the Duchess of York Hospital for Babies in South Manchester. We met him first on 12 July 1969 and our GP refers in his clinical notes to a report which he received on 6 August 1969 which says: 'Report from Paediatrician. No organic abnormality. Suggest condition is psychological due to stresses within the family'. This report appears to be missing from the records. I also remember a report (missing from the records) stating 'Robert is an odd looking child' which may be the same one.

Consultant paediatrician (1 year 8 months)

The paediatrician's report⁹ following his second visit on 17 November 1969 states:

The mother seems very satisfied with his progress. He is now playing with her, recognises and appears to want her as he comes around dragging at her clothes. He walks quite well. Speech: somewhat difficult. He copies sounds and makes other meaningless sounds of his own. Comprehension is difficult to decide. He never asks for anything by name nor does he point to anything. He never asks for food nor cry for it. He does not seem to be worried as to whether he gets it or not. He is exceptionally placid. His mother provides other children to play with him and he is not at all aggressive towards them and does not protect his toys from their depredations. Comments: there has been quite a considerable improvement in this child's behaviour and physical development. His emotional state has also altered and this was well shown when I started to examine him. He objected quite actively in the same way as a normal child. The mother certainly has a better appreciation of the problem than in the past and spends a great deal more time with him, which I am sure is the reason why he has improved.

– Here we go again. It was the mother's fault for not spending enough time with him in the past!

The paediatrician carried out a Gesell Developmental test with Robert three weeks later (9 December 1969) and reported on 22 December:¹⁰

I observed him closely at Rodney House¹¹ which has a large reception area where the child romped around, played well, was happy and interested in everything around him. Clinically he did not behave like an autistic child. Details of the test were as follows: – Motor functions: 18 months. Adaptive functions: 52–56 weeks. Language development 56 weeks: Personal-social relations: 56 weeks. Comments: This shows a fairly wide