

## Successful Adaptations for Learning to Use Touch Effectively

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What We've Learned

### SIGN ON BODY

#### Definition

A standard manual sign that a signer produces directly on the receiver's body instead of on his/her own body.

#### Purpose

To provide an effective method of communicating a manual sign tactilely to a child who is unable to perceive the sign visually. Designed to assist the development of receptive communication by children who are deaf-blind and who have extremely limited expressive and receptive communication.

#### Examples

**STAND:** Signer places the tips of his or her index and middle fingers on the child's palm.

**TIME TO SLEEP:** Signer places his or her palm on child's cheek.

#### Considerations

1. Make the sign touch the child's body where the child would typically produce the sign if using it expressively (e.g., sign MOTHER by touching the child's chin with the thumb of your 5 handshake).
2. If a child has a severe neurological impairment, the type and placement of touch must be selected carefully. In most cases, a sign on body that involves a firm touch (STAND) is more effective than one that involves a light movements (e.g., WAIT). The child's physical and occupational therapist should be consulted.
3. Signs on body must be easy for the child to discriminate from other physical contact, (e.g., when being positioned).

#### Advantages

- Does not require the child to have motor skills.
- Some children may be more receptive to having signs made on their bodies than having their hands manipulated through sign movements.
- Signs made on the child's body keeps the child in contact with others and helps prepare the child for other forms of tactile communication (e.g.,

coactive signs, touching objects).

- A sign can be made on the child's body while the child is examining an object, engaging in an activity, or demonstrating an emotion (i.e., the meaning of the sign can be connected simultaneously with the referent).

## Disadvantages

- The use of "sign on body" may be uncomfortable for the communication partner and the receiver because of differences in their age, gender, relationship, culture, and experiences.
- The sender and the receiver need to know each other well and be comfortable with using signs on body.
- The creation of idiosyncratic signs for an individual child who is deaf-blind limits the number of communication partners.
- The potential vocabulary of signs on body is limited and other communication methods will be needed.
- The child may perceive a sign on the body as a touch cue.
- Signs on body are limited to receptive communication and in the types of messages that may be conveyed (e.g., letting the child know what is about to happen, providing comfort, providing praise or making a request).
- Signs on body may not be used consistently or made in the same way by everyone who interacts with the child.
- Some signs involve movements that are difficult for the receiver to perceive if the sign is made on his or her body.
- Signs on body that are poorly selected or used inappropriately may startle, annoy, or confuse the child (e.g., trigger an aversive reaction if the child does not like a particular type of touch or being touched).

## Source

***Sign on Body*** represents a synthesis of information from Project SALUTE's focus groups, National Advisory Committee, staff activities, and a review of relevant literature such as the following bibliography.

## Bibliography

- Joint, S. (1998). Body signing: A functional strategy for introducing language to students who are deafblind. *Deaf-Blind Review*, 21, 10-11.
- Joint, S.A., Borellini, B., & Mathiesen, G. (1998). *The survival guide: Tactile signs for deafblind and dual sensory impaired people who do not have language*. Australia: Deafblind Association of Queensland.

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