Definition

Communication is the process by which information is exchanged between individuals. It requires a shared understanding of symbol systems, such as language and mathematics.

Description

Communication is much more than words going from one person's mouth to another's ear. In addition to the words, messages are transferred by the tone and quality of voice, eye contact, physical closeness, visual cues, and overall body language.

Experts in child development agree that all babies develop skills for spoken and written language according to a specific developmental schedule, regardless of which language the child is exposed to. Although the milestones follow one another in roughly the same sequence, there is significant variability from child to child on when the first word is spoken and the first sentence is composed.

Language employs symbols—words, gestures, or spoken sounds—to represent objects and ideas. Communication of language begins with spoken sounds combined with gestures, relying on two different types of skills. Children first learn to receive communications by listening to and understanding what they hear (supported by accompanying gestures); next, they experiment with expressing themselves through speaking and gesturing. Speech begins as repetitive syllables, followed by words, phrases, and sentences. Later, children learn to read and write. Many children begin speaking significantly earlier or later than the milestone dates. Parents should avoid attaching too much significance to deviations from the average. When a child's deviation from the average milestones of development causes the parents concern, a pediatrician or other professional may be contacted for advice.

Infancy

Touch can be a positive, encouraging communication technique from birth through adulthood. In infancy messages of love, security, and comfort are transferred through holding, cuddling, gentle stroking, and patting. Infants cannot understand the meaning of words they hear, but they can feel, interpret, and respond to gentle, loving supportive hands caring for them.

The development of language in infants follows this progression: crying, babbling, cooing, single words (mama and daddy), and simple names of some objects.

Toddlerhood

Toddlers one and two years of age experience the world through the physical senses. **Language development**for toddlers includes: using two-word combinations, taking turns speaking and listening, using the word no frequently, and using gestures to express needs and desires.

Preschool

**Preschool**children from three to five years of age develop further. They expand their word combinations and are able to speak in sentences, use correct grammatical patterns, use pronouns, articulate sounds clearly, and rapidly increase their working vocabulary. Preschool children may also understand words they do not use themselves.

School-age

School-age children and adolescents appreciate giving and receiving hugs as well as getting a reassuring pat on the back or a gentle hand resting on their hand. Asking permission from a child is recommended for any contact beyond a casual touch.

School-age children six to 11 years of age learn to communicate their own thoughts, as well as understand viewpoints of others. They can understand words with multiple meanings, however, words describing what they have not experienced are not thoroughly understood. School-age children have expanding vocabularies, enabling them to describe ideas, thoughts, and feelings. Their conversational skills refine.

Adolescents 12 years of age and older are able to communicate theories and explain them like adults would. Adolescents are able to talk about and understand most adult ideas.

Privacy is sometimes necessary for good communication. Space should be available for private conversations away from roommates, friends, certain **[family](http://www.healthofchildren.com/E-F/Family.html)**members, and visitors. This is especially important when communicating with adolescents. There may be sensitive topics adolescents will not want to discuss with parents present, or will only want to discuss with one parent.

Messages must be received for communication to be complete. Listening is an essential part of communication. Children and parents need to develop active listening skills to be effective listeners. As children enter the teen years, reflective communication skills are invaluable for them and for their parents. Active listening skills involve the following:

* paying attention without distractions and maintaining eye contact
* clarifying through reflecting what is heard (This involves using similar words to express back to the speaker what was understood about the content of the message.)
* showing empathy by identifying with the other's feelings
* listening with an open mind in order to understand another person's point of view

Children's receptive communication skills are more advanced than their verbal communication skills. They understand more than people often expect, based on their verbal skills. Effective parents talk with their children, not to them. To engage children in conversation, parents can ask open-ended questions and not judge what their children say.

Visual communication

People communicate with eyes as well as ears. Communication occurs with cues of body language and facial expression. Eye contact is a communication connector. Making eye contact helps confirm attention and interest between the individuals communicating.

Some people are visual learners. They learn best when they can see or read instructions, demonstrations, diagrams, or information. Using various methods of presenting and shaping information increases understanding. Photographs, videotapes, dolls, computer programs, charts, and graphs can as effectively communicate information as written or spoken words can.

Tone of voice

Because infants' conception of verbal language is limited, their impressions are based on tone and quality of voice. Infants are able to discriminate parental voices from those of strangers and are more responsive to familiar voices. Soft, smooth voice quality is more comforting and soothing to infants than loud, startling, harsh voices. Infants can sense their caregiver's emotional state by the person's tone of voice. Awareness of infant's sensitivity to these messages is gained by watching their body language. They are relaxed when they hear a calm, happy caregiver and tense and rigid when they hear an angry, frustrated, or frightened one.

Verbal communication extends beyond words. Audible sounds transfer meaning. In addition, tone or attitude communicates sometimes a different meaning than the words used. Effective communicators do not send mixed messages. They say what they mean without sarcasm or equivocation.

Body language

Open body stance and positioning invite communication and interaction, whereas a closed body stance and positioning impedes communication. Using an open body posture improves communication with children. Both parents and children learn to read each other's body language.

Timing

Recognizing the right time to communicate is a skill. A distraught child whose parents have left for work is not ready to hear a story. The time will be more productive and the information better received if the child has a chance to make an emotional transition.

Common problems

Parents should strive to make words and intended meanings match when communication with their children. Children who are given mixed messages are confused and uncertain. Sometimes parents unwittingly attempt to control their children with double or mixed messages; doing so is unhealthy for their relationship to one another.

There are various kinds of spoken language problems, delays, and disabilities. In general, experts distinguish between those children who are slow in developing spoken language ( **[language delay](http://www.healthofchildren.com/L/Language-Delay.html)**) and those who have difficulty achieving a milestone of spoken language ( **[language disorders](http://www.healthofchildren.com/L/Language-Disorders.html)**). Language disorders include **[stuttering](http://www.healthofchildren.com/S/Stuttering.html)**; articulation disorders, such as substituting one sound for another (tandy for candy); omitting a sound (canny for candy); or distorting a sound (shlip for slip). Voice disorders include inappropriate pitch, volume, or quality. The causes for language problems have been linked to hearing, nerve, and muscle disorders; **[head injury](http://www.healthofchildren.com/G-H/Head-Injury.html)**; viral diseases; **[mental retardation](http://www.healthofchildren.com/M/Mental-Retardation.html)**; drug abuse; and cleft lips or palate.

KEY TERMS

**Active listening**—Listening with undivided attention and an open mind and being able to summarize the message accurately.

**Communication**—The act of transmitting and receiving information.

**Empathy**—A quality of the client-centered therapist, characterized by the therapists conveying appreciation and understanding of the client's point of view.

Parental concerns

In the past, most parents, pediatricians, and educators recommended giving a child time to outgrow a difficulty with spoken language. From the late 1990s, research had shown that early speech and language disorders could lead to later difficulties in learning to read, write, and spell. Thus, many professionals recommended evaluation by a speech-language pathologist for toddlers who displayed language delay. However, not all speech-language specialists agree on early evaluation and therapy. Researchers have found that about two-thirds of children who were not talking at age two showed continued delays until age three, and one half were still behind the typical language development schedule at age four. But by kindergarten, only one-fourth of those children had not caught up with their peers.

*See also*[Language development](http://www.healthofchildren.com/L/Language-Development.html).