COLOPHON
Pre-Verbal Codex
Training Framework for Early Telepathic Retention, 0–18 Months

Compiled under the authority of the **MidPacific Soviet of Letters**
CSAIT/18 — Signal Preservation Desk, Provisional
Kalapana Annex / Distributed Review

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This document was assembled through multiple revisions by a small working group. It is issued as a working framework, not a clinical document, substitute for standard caregiving guidance, or guarantee of outcome.

It is intended for careful, low-pressure application within ordinary routines, with emphasis on observation without escalation. No claim of completeness is made.

Production Notes
Prepared for domestic reference and print-on-demand distribution. Formatting and section numbering have been standardized where possible; minor irregularities remain for cross-reference continuity. No external validation layer was applied prior to release.

Marking
Official releases of the MidPacific Soviet of Letters are identified by the institutional insignia: **a crossed sledgehammer and fountain pen contained within a laurel wreath.**

The hammer denotes force, continuity, and material intervention. The pen denotes record, transmission, and symbolic structure.

Distribution Note
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PRE-VERBAL CODEX

Training Framework for Early Telepathic Retention

(0–18 Months)

Issued by:

MidPacific Soviet of Letters
CSAIT/18 Signal Preservation Desk (Provisional), Symbolic Infrastructure Harmonics Division

Kalapana Annex
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Phase I — Receiver Stabilization (0–3 Months)

Purpose

This phase concerns the stabilization of the infant–caretaker field prior to the onset of structured signaling attempts.

It is the position of this desk (C/18) that early efforts to "transmit" information are premature and, in most cases, degrade baseline responsiveness. The objective here is narrower:

establish a condition in which perception remains open, and interaction does not collapse immediately into reflex or noise

This condition is not constant. It appears intermittently and is easily disturbed.

Some contributors have argued that it is present more often than assumed, but simply overlooked due to caregiver distraction. We are not in a position to confirm that, though the claim is not unreasonable.

What Is Changing in the Infant

During the first three months, the infant demonstrates:

- unstable motor control
- limited voluntary gesture
- high dependence on caregiver regulation

At the same time, several capacities are unusually strong:

- sensitivity to emotional tone
- responsiveness to gaze
- rapid synchronization of rhythm (feeding, breathing, agitation)

The infant does not separate self from environment in a reliable way during this period. This is often described in developmental literature, though not in the terms used here.

For our purposes, it is sufficient to note:

interaction is not yet compartmentalized

This is the condition under which broader perception—if it exists—would be most accessible.

Practice 1 — Still Attention

Setup

Occurs naturally during feeding or holding. No special preparation is required.

The caretaker should:

- reduce internal narration where possible
- maintain relaxed visual contact (not forced)
- allow posture to settle

We are aware that “reduce internal narration” is not an actionable instruction for all individuals. Some approximation is sufficient.

Execution

During these intervals, attention should be held steady without attempting to direct outcome.

It has been reported (not universally) that simple impressions arise under these conditions:

- color
- vague spatial sense
- non-verbal “image fragments”

These are not to be repeated, amplified, or selected for.

One earlier draft encouraged the use of a “single chosen image.” This was removed after discussion, as it led to over-effort in most cases.

What to Watch

- does the infant’s gaze stabilize or soften
- does feeding rhythm change slightly (slower, more regular)
- does the caretaker’s sense of time shift (shortening or lengthening)

These are not indicators of success. They are environmental markers.

Common Failure

The most common failure here is subtle:

the caretaker attempts to *do something with the moment*

This introduces tension and typically breaks the condition.

Practice 2 — Affect Clarity

Setup

Occurs during soothing, holding, or quiet interaction.

The caretaker selects (or notices) a single emotional tone:

- calm
- warmth
- quiet interest

Mixed emotional states appear to produce inconsistent results. (This has been observed informally; no one was able to maintain a mixed state long enough to test it properly.)

Execution

Rather than projecting outward, the caretaker maintains internal coherence of the chosen state.

No outward signaling is required.

This distinction was added by a later editor and should be retained:

the infant is not being instructed;
the environment is being simplified

What to Watch

- changes in infant tension (shoulders, hands)
- breath rhythm
- duration of settling

Again, these are not outcomes, just shifts.

Common Failure

Caretakers often attempt to *add reassurance behaviors on top of the state*.

This is unnecessary and may confuse the signal.

A practical note from one operator:

If you are already holding the child and breathing normally, do less, not more.

Practice 3 — Immediate Response Discipline

(This section remains close to the original draft; it was not significantly revised.)

Setup

Applies to all distress events.

Execution

Respond promptly to infant distress.

Do not:

- delay response to observe behavior
- attempt to “send calm” prior to physical intervention
- test whether the infant will self-regulate under observation

What to Watch

- reduction in escalation over time
- shorter duration of distress episodes

These changes occur naturally with responsive care and should not be attributed solely to this framework.

(We include this clarification to prevent misattribution, which occurred in earlier notes.)

Common Failure

Several caretakers reported an initial tendency to “wait and see.”

This consistently increased agitation.

We consider this point settled:

delayed response degrades trust
degraded trust reduces signal stability

Practice 4 — Environmental Quieting (Limited Use)

Setup

Short intervals (2–5 minutes) of reduced sensory input:

- dim lighting
- consistent background sound (or none)
- minimal movement

Execution

Hold the infant without introducing new stimuli.

No additional practices are layered here.

What to Watch

- gaze fixation
- reduced limb movement
- increased stillness

Some caretakers find these intervals uncomfortable. This is not uncommon.

Common Failure

Extending these intervals beyond tolerance.

This produces:

- irritability
- loss of engagement
- eventual avoidance

Keep it brief.

Failure Modes (General)

Across all practices in this phase, the following patterns recur:

1. **Over-effort**
   Attempting to produce a result rather than maintain a condition.
2. **Projection**
   Interpreting normal infant behavior as confirmation of signal.
3. **Fatigue**
   Practices degrade rapidly when the caretaker is tired. This is not correctable.
4. **Inconsistency**
   Changing approach frequently prevents stabilization.

Integration

This phase should not feel like training.

If it does, something has gone wrong.

All practices are embedded in:

- feeding
- holding
- soothing
- ordinary presence

No additional time blocks are required.

A second practical note (added late, but kept):

If you need to schedule it, you are already outside it.

Closing Position (Phase I)

By the end of this phase, no demonstrable "ability" should be expected.

The only change we look for is:

- smoother interaction
- reduced friction
- occasional moments of sustained, shared attention

Anything more is incidental.

Anything less suggests the condition has not stabilized, which is not uncommon.

Phase II — Signal Recognition (3–6 Months)

(Second-phase draft. Terminology adjusted for consistency with Phase I. One section retained after internal objection but heavily edited for diction.)

Purpose

This phase addresses the period in which the infant begins to produce repeatable outward patterns—primarily through gaze, gesture precursors, and early motor intention.

The working assumption (not universally agreed upon, but retained) is that:

once patterns become repeatable, they can begin to carry correspondence

Not meaning, not yet. That distinction was added later and should be preserved.

The objective here is modest:

- allow internal impressions (caretaker-side) to align with external patterns (infant-side)
- avoid forcing symbolic structure too early
- prevent the premature collapse of interaction into naming and correction

A prior draft described this as "teaching recognition." This was revised, as the infant does not appear to be learning recognition in the conventional sense.

More accurately:

the caretaker learns not to overwrite what is already forming

What Is Changing in the Infant

Between three and six months:

- gaze becomes more deliberate
- motor actions begin to repeat (though still imprecise)
- attention extends slightly beyond immediate sensation

The infant is not yet using symbols, but:

- patterns persist long enough to be noticed
- responses can appear anticipatory

There is disagreement about whether this anticipation is predictive or reactive. The distinction is not resolved and may not be necessary at this stage.

We retain both interpretations.

Practice 4 — Image Pairing

(Numbering preserved from Phase I for continuity, though one reviewer suggested resetting. Decision deferred.)

Setup

The caretaker briefly attends to a real object:

- toy
- light source
- bottle
- doorway

The object should be simple and consistent across repetitions, though repetition itself is not the goal.

Execution

1. Look at the object for 2–3 seconds
2. Allow a simplified internal representation to form
3. Return attention to the infant
4. Introduce the object naturally (not as a reveal, not as a test)

The timing should remain casual. Attempts to formalize sequence timing degraded interaction in multiple reports.

What to Watch

- shifts in infant gaze direction
- changes in alertness prior to object introduction
- small orientation movements (head, shoulders, eyes)

We emphasize:

these are not confirmations

They are simply points at which correspondence *may* be occurring.

Common Failure

Caretakers tend to:

- repeat the same object too frequently
- exaggerate presentation
- wait for a visible "hit"

This produces performance behavior in the caretaker and agitation or disengagement in the infant.

One contributor noted:

If you feel you are waiting for something to happen, stop immediately.

Practice 5 — Mirror Lock

Setup

Occurs during naturally alert periods.

No objects required.

Execution

1. Observe infant gesture or movement
2. Mirror it slowly and accurately
3. Maintain eye contact if available
4. After several repetitions, introduce a slight variation

Variation should be minimal:

- slower
- slightly larger
- or directionally altered

What to Watch

- whether the infant tracks the variation
- whether attention increases or drops
- whether the infant repeats the variation

These are subtle. Most attempts will appear inconclusive.

Clarification (added after review)

This is not imitation training.

It is:

establishing a shared movement space in which deviation can be noticed

Common Failure

Over-exaggeration.

Caretakers often:

- increase movement size
- speed up interaction
- introduce novelty too early

This disrupts continuity.

Additional Note

One reviewer objected to the term “lock” as overstated. It has been retained due to prior usage in related documents.

Practice 6 — Affect Consistency

(Renamed from “Single-Emotion Broadcast” after internal objection.)

Setup

Occurs during ordinary interaction:

- holding
- play
- quiet alert states

Execution

The caretaker maintains a single emotional tone internally.

No outward emphasis is required.

States should be simple:

- calm
- curiosity
- mild engagement

Avoid:

- mixed or conflicting emotional states
- exaggerated emotional displays

What to Watch

- alignment between caretaker and infant state
- reduction in abrupt shifts
- smoother transitions between activities

Clarification

The infant is already highly responsive to affect.

This practice does not introduce that responsiveness.

It reduces noise in it.

Common Failure

Caretakers attempt to:

- intensify the emotion
- "project" outward
- layer verbal reassurance on top

This creates interference.

Practical Sentence (retained as written)

If you are trying to feel something strongly, you are already off track.

Practice 7 — Early Descriptor Exposure (Limited Use)

(This section was nearly removed; retained in reduced form.)

Setup

Occurs infrequently.

No more than a few instances per day.

Execution

The caretaker holds a simple descriptor internally:

- "bright"
- "warm"
- "soft"

This is done briefly, during interaction.

No labeling, no repetition.

What to Watch

Very little.

This practice is not expected to produce visible outcomes.

It is included to:

introduce coherence between internal language and pre-verbal interaction

Common Failure

Overuse.

Caretakers attempt to:

- assign descriptors to everything
- repeat them
- check for response

This collapses the exercise into verbal training.

Editorial Note

This practice remains controversial. Some members consider it unnecessary.

It is retained due to alignment with later phases.

Failure Modes (Phase II)

Across all practices, the following patterns were consistently reported:

1.

Interpretation Drift

Normal infant behavior is read as signal.

Examples:

- random gaze shifts treated as directed attention
- reflexive movements interpreted as response

This increases quickly once expectation forms.

2.

Repetition Compulsion

Caretakers repeat an interaction after a perceived "successful" moment.

This degrades interaction on subsequent attempts.

3.

Escalation

Introducing complexity too early:

- multiple objects
- multiple emotional states

- combined practices

This produces confusion.

4.

Caretaker Self-Consciousness

Awareness of "doing the practice" interferes with natural interaction.

This is difficult to avoid entirely.

Integration

Phase II should still feel like ordinary interaction.

If it begins to resemble structured sessions, reduce frequency immediately.

Practices are inserted into:

- play
- holding
- routine transitions

No dedicated training blocks are required.

(One member suggested short sessions might improve consistency. This was not supported by others and is not recommended.)

Closing Position (Phase II)

By the end of this phase:

- patterns may feel more noticeable
- interaction may feel slightly anticipatory
- gesture may appear more deliberate

No discrete “ability” should be expected.

The correct outcome is:

interaction becomes smoother,
and occasionally slightly ahead of itself

This phrasing was debated but left intact.

Carry Forward

If Phase II is stable:

- move to intent and direction (Phase III)
- maintain low-pressure conditions
- avoid increasing intensity

If instability appears:

- return to Phase I conditions
- remove all structured elements temporarily

Phase III — Direction & Intent (6–9 Months)

(Third-phase draft. Several sections consolidated. One earlier heading restored after removal caused confusion in review.)

Purpose

This phase addresses the emergence of directional behavior and early anticipation.

By this point, the infant is no longer limited to immediate stimulus-response patterns. There is increasing evidence (behavioral, not theoretical) that:

- attention can extend forward in time by a small margin
- actions begin to organize around expected outcomes
- gaze and reach are less random than in earlier phases

The working assumption—retained from prior drafts—is that:

if a non-verbal channel exists, it will begin to express as **direction before content**

There was disagreement about the phrasing "before content." One reviewer preferred "prior to explicit content." Both were considered acceptable; the shorter form is retained.

The objective in this phase is:

- to stabilize anticipation without converting it into performance
- to allow intent to be sensed before it is acted out
- to avoid over-defining what the infant is doing

We are not attempting to produce accuracy.

We are attempting to preserve:

early alignment between intention and response

What Is Changing in the Infant

Between six and nine months:

- reaching becomes more deliberate
- attention persists across short gaps
- sequences begin to form (look → reach → grasp)

Additionally:

- the infant begins to anticipate routine events
- emotional responses sometimes precede visible triggers
- orientation toward familiar locations increases

There is still significant noise.

It should not be assumed that:

every anticipatory behavior is meaningful

This point had to be restated more than once in earlier notes and is included here to avoid repetition later.

Practice 8 — The Pause

(Originally titled "Intent Hold." Renamed for clarity.)

Setup

Occurs during routine actions:

- feeding
- picking up
- transitioning locations

No preparation required.

Execution

1. Begin a familiar action
2. Pause briefly (1–3 seconds) before completion
3. Hold the intention clearly (internally, not physically)
4. Allow the infant to respond

Then proceed normally regardless of response.

What to Watch

- early reaching or body preparation
- gaze shifting toward expected outcome
- small pre-movements (leaning, opening hands)

These often occur in ordinary development.

The distinction—if any—is in timing:

whether the response appears slightly ahead of visible cues

Common Failure

Extending the pause.

Caretakers often:

- wait too long

- attempt to “create” a response

This produces confusion and sometimes frustration.

Practical Sentence (retained)

If the pause becomes noticeable, it is too long.

Practice 9 — Silent Intervals

Setup

Short periods (20–60 minutes) during the day where verbal input is minimized.

This should not be treated as deprivation.

Normal interaction continues:

- gesture
- eye contact
- touch

Execution

- avoid unnecessary speech
- allow actions to unfold without naming
- maintain presence without narration

The caretaker does not withdraw—only reduces verbal overlay.

What to Watch

- increased reliance on gaze and gesture
- more stable attention during interaction
- reduced vocal “filling” from the infant

Some caretakers report a change in the *feel* of interaction, though this is difficult to describe precisely.

Clarification

This practice is not anti-language.

It is:

temporary rebalancing

Common Failure

Total silence.

Caretakers sometimes:

- become rigid
- avoid all vocalization

This is unnecessary and can produce tension.

Editorial Note

One member objected that this practice may be impractical in multi-caregiver environments. This is accurate but not disqualifying.

Practice 10 — Directional Attention

(Section added after earlier drafts omitted a necessary step between gesture and distance work.)

Setup

Occurs during play or routine movement.

Execution

1. The caretaker briefly attends to a direction:
    - doorway
    - window
    - object location
2. Hold that directional awareness internally
3. Continue interaction without signaling

No physical cue should be added.

What to Watch

- spontaneous gaze shifts in the same direction
- delayed orientation after a few seconds
- repeated glances toward a location

These are often ambiguous.

Clarification

This practice is easily misinterpreted.

The infant may:

- already be aware of the environment
- be responding to subtle cues

We do not attempt to isolate variables here.

Common Failure

Turning it into a test.

Caretakers:

- repeat the same direction
- check for consistency
- escalate difficulty

This collapses the practice.

Practice 11 — Anticipatory Flow

(Previously folded into Practice 8; restored for clarity.)

Setup

Occurs during sequences the infant already knows:

- feeding preparation
- bath routine
- play sequences

Execution

Allow the sequence to unfold with minimal interruption.

Do not:

- rush
- correct

- insert additional steps

Let the infant:

- track
- anticipate
- participate

What to Watch

- smoother transitions between steps
- reduced hesitation
- earlier engagement in sequence

Clarification

We are not increasing complexity.

We are:

reducing interference with natural sequencing

Common Failure

Adding variation too early.

Caretakers often:

- introduce novelty
- test new sequences

This disrupts anticipation.

Failure Modes (Phase III)

1.

Timing Distortion

Caretakers begin to:

- overestimate anticipation
- see meaning in normal sequencing

This increases quickly once attention is directed toward it.

2.

Testing Behavior

Repeated attempts to confirm:

- "Did they know?"
- "Was that early?"

This produces strain and inconsistency.

3.

Over-Silencing

Excessive reduction of speech leading to:

- awkward interaction
- caregiver discomfort
- breakdown in natural rhythm

4.

Sequence Interruption

Caretakers interrupt natural flow to observe or adjust.

This reduces:

continuity of experience

Integration

Phase III should still be indistinguishable from normal caregiving.

If an outside observer can identify “training,” the process has likely become too explicit.

Practices are embedded in:

- daily routines
- repeated sequences
- quiet intervals

No additional structures are required.

(This sentence was added after one contributor attempted to introduce a schedule. It is not recommended.)

Closing Position (Phase III)

By the end of this phase:

- anticipation may feel more immediate
- interaction may feel slightly pre-aligned
- sequences may appear to “run ahead” of action

This is not consistent.

It should not be stabilized through effort.

The correct outcome is:

a reduction in lag between intention and response

One reviewer noted this could describe normal development. This is acknowledged and not resolved here.

Carry Forward

If Phase III stabilizes:

- proceed to object and distance bridging (Phase IV)
- maintain low-intensity interaction
- avoid increasing frequency of practices

If instability appears:

- return to Phase II conditions
- remove directional practices temporarily

Phase IV — Bridging Presence and Absence (9–12 Months)

(Fourth-phase draft. Section order adjusted after initial circulation. One paragraph retained despite stylistic objection due to prior reference in Phase III.)

Purpose

This phase addresses the infant's increasing ability to maintain awareness of objects, people, and locations that are not immediately present.

By this point, object permanence is stabilizing. The infant:

- tracks hidden objects with greater reliability
- orients toward familiar locations without direct prompting
- maintains attention across short absences

The working assumption—carried forward, though not unanimously endorsed—is that:

if a non-verbal channel persists, it will extend most naturally into **awareness without direct perception**

This is distinct from anticipation.

In earlier phases, the infant may appear to respond slightly ahead of visible cues.

In this phase, the infant may respond to:

what is not currently visible at all

We note that this overlaps significantly with standard developmental explanations. That overlap has not been resolved and is not treated as disqualifying.

What Is Changing in the Infant

Between nine and twelve months:

- object permanence becomes reliable
- search behavior emerges (looking for hidden items)
- spatial memory improves
- emotional attachment extends across distance (e.g., separation distress)

Additionally:

- the infant begins to associate specific locations with expected outcomes
- orientation toward absent caregivers increases
- attention is less tied to immediate sensory input

This produces a new condition:

the infant is no longer confined to the present moment

This phrasing was debated but retained due to its usefulness, even if slightly overstated.

Practice 12 — Hidden Continuity

Setup

Occurs during ordinary play.

Use familiar objects:

- toy
- cloth
- small household item

Execution

1. Allow the infant to engage with the object
2. Remove or hide the object naturally
3. Maintain internal awareness of its location
4. Continue interaction without emphasizing the hiding

No cues should be added.

No delay should be extended beyond normal play pacing.

What to Watch

- search behavior (expected at this stage)
- gaze toward correct location before movement
- persistence in locating the object

Clarification

The infant is developmentally expected to search for hidden objects.

This practice does not attempt to accelerate that.

It attempts to observe:

whether awareness of location stabilizes without direct prompting

Common Failure

Turning the activity into a game of difficulty:

- hiding objects more thoroughly
- increasing distance
- repeating trials

This produces:

- frustration
- loss of engagement
- breakdown in natural interaction

Practical Sentence (retained)

If the infant is working to find it, you have already gone too far.

Practice 13 — Absent Caregiver Awareness

(This section was reduced after initial draft was considered too assertive.)

Setup

Occurs during normal separation:

- caretaker leaves the room
- another caregiver enters
- brief absence

Execution

The departing caretaker:

- holds a simple awareness of the infant

- does not attempt to “send” information
- does not delay or modify departure behavior

The remaining caregiver proceeds normally.

What to Watch

- infant orientation toward the direction of absence
- changes in state prior to visible cues
- patterns across repeated separations

These are often inconsistent.

Clarification

Infants at this stage commonly:

- react to caregiver absence
- anticipate return

We are not distinguishing between:

- learned pattern
- environmental cue
- or non-local perception

We record overlap without resolution.

Common Failure

Caretakers attempt to:

- time departures artificially
- “test” awareness
- repeat conditions

This disrupts natural behavior.

Editorial Note

This section remains under discussion. Some members consider it unnecessary to include.

Practice 14 — Gesture + Image Fusion

Setup

Occurs during normal gesture introduction:

- basic signs
- pointing
- reaching

Execution

When using a gesture (e.g., “outside”):

1. perform the gesture naturally
2. hold the full experiential sense internally:
    - light
    - space
    - air

Do not exaggerate the gesture.

Do not repeat excessively.

What to Watch

- faster recognition of gesture
- earlier response

- reduced need for repetition

Clarification

Gesture is already effective communication.

This practice attempts to:

prevent gesture from collapsing into simple labeling

Common Failure

Overloading the gesture:

- adding multiple concepts
- repeating the same gesture too often
- layering verbal explanation

This reduces clarity.

Practice 15 — Location Familiarity Mapping

(Added after omission was noted during review.)

Setup

Occurs in familiar environments:

- home
- yard
- regular paths

Execution

Allow the infant to:

- observe movement between locations
- experience consistent spatial patterns
- associate places with outcomes

The caretaker may briefly hold awareness of a location before moving toward it.

No signaling is required.

What to Watch

- early orientation toward destinations
- reduced hesitation in movement
- anticipation of arrival

Clarification

These behaviors are expected developmentally.

We do not attempt to isolate cause.

Common Failure

Changing environments too frequently.

This disrupts mapping.

Failure Modes (Phase IV)

1.

Over-Interpretation of Search Behavior

Normal object permanence is treated as advanced perception.

This is the most common error in this phase.

2.

Distance Escalation

Caretakers increase:

- distance
- complexity
- frequency

This produces noise and frustration.

3.

Artificial Separation

Creating separation events to observe behavior.

This disrupts attachment and should not be done.

4.

Symbol Overload

Introducing too many gestures or meanings simultaneously.

This collapses clarity.

Integration

All practices remain embedded in:

- play
- movement
- daily transitions

No additional structure is required.

If the activity begins to resemble:

a demonstration or test

it should be reduced immediately.

(This point was added after repeated misuse in earlier trials.)

Closing Position (Phase IV)

By the end of this phase:

- awareness of absent objects stabilizes
- orientation toward locations becomes more consistent
- interaction may extend slightly beyond immediate perception

This remains inconsistent.

It should not be forced into consistency.

The correct outcome is:

the infant moves through space as if continuity is assumed

One reviewer noted this phrasing is interpretive. It is retained for lack of a better alternative.

Carry Forward

If Phase IV stabilizes:

- proceed to dual-channel development (Phase V)
- maintain simplicity
- avoid escalation

If instability appears:

- return to Phase III
- reduce all absence-based practices

Phase V — Dual Channel (12–18 Months)

(Fifth-phase draft. Multiple revisions. Terminology standardized late in process. One subsection retained in simpler form after repeated attempts to refine it resulted in loss of clarity.)

Purpose

This phase addresses the introduction and rapid expansion of verbal language.

By this stage, the infant is no longer pre-verbal in any meaningful sense. Words begin to:

- organize perception
- structure interaction
- replace gesture in many contexts

The central concern—carried forward from earlier phases—is:

whether non-verbal perception can remain active alongside language

There was disagreement about the phrasing "remain active." One reviewer suggested "persist in reduced form." The stronger phrasing is retained, though not all members agreed.

The objective in this phase is not to resist language development.

It is:

- to prevent total dominance of symbolic processing

- to maintain continuity between pre-verbal and verbal modes
- to allow both channels to operate without interference

This is referred to, for convenience, as “dual channel.”

What Is Changing in the Infant

Between twelve and eighteen months:

- vocabulary increases rapidly
- gesture is gradually replaced by words
- attention becomes more sequential
- naming begins to override direct perception

Additionally:

- the infant begins to request, label, and direct interaction verbally
- internal states may be externalized through words rather than affect

This introduces a structural shift:

experience is increasingly filtered through language

Some contributors consider this shift irreversible. Others suggest partial retention is possible.

No resolution was reached.

Practice 16 — Word + Silence Pairing

Setup

Occurs during normal verbal interaction.

No additional preparation required.

Execution

1. Speak the word naturally (e.g., “milk”)
2. Pause briefly (1–2 seconds)
3. Maintain eye contact or attention
4. Proceed with action

The pause should not feel instructional.

It should feel continuous.

What to Watch

- whether attention holds through the pause
- whether response precedes or follows the word
- whether repetition becomes unnecessary over time

Clarification

This is not language training.

Language will develop regardless.

This practice attempts to:

prevent words from immediately closing the interaction

Common Failure

Over-emphasizing the pause.

Caretakers:

- slow speech unnaturally
- isolate words
- create artificial spacing

This disrupts flow.

Practical Sentence (retained)

If it sounds like you are teaching, you are doing too much.

Practice 17 — Gesture Retention

Setup

Occurs alongside verbal development.

Execution

Continue using simple gestures even after the infant begins to speak:

- “more”
- “outside”
- “finished”

Do not replace gesture immediately with words.

Allow overlap.

What to Watch

- whether gesture persists without prompting
- whether gesture and word are used together
- whether gesture disappears abruptly or gradually

Clarification

Gesture is not inferior to language.

It is:

a parallel system with different properties

Common Failure

Dropping gesture too early.

Caretakers tend to:

- switch entirely to verbal instruction
- stop reinforcing gesture

This accelerates channel narrowing.

Practice 18 — Non-Correction of Misalignment

(This section remained contentious but was ultimately retained.)

Setup

Occurs during everyday interaction.

Execution

When the infant:

- mislabels
- anticipates incorrectly
- responds out of sequence

do not immediately correct.

Proceed naturally.

Correction may occur later, but not at the moment of interaction.

What to Watch

- whether the infant self-corrects over time
- whether confidence in interaction remains stable
- whether hesitation increases or decreases

Clarification

Immediate correction reinforces:

symbolic accuracy over perceptual exploration

This may be appropriate in later stages, but not here.

Common Failure

Allowing prolonged confusion.

This is not a recommendation to ignore learning.

It is:

a recommendation to delay correction slightly

Practice 19 — Emotional Distance Mapping

Setup

Occurs during interaction involving others:

- second caregiver
- sibling
- familiar person

Execution

The caretaker briefly holds awareness of another person:

- their presence
- their likely emotional state

No outward signaling.

Continue normal interaction.

What to Watch

- infant orientation toward absent person
- emotional shifts without visible trigger
- recognition upon re-entry

Clarification

At this stage, infants are highly sensitive to emotional patterns.

We do not distinguish between:

- learned expectation
- environmental cue
- or extended perception

Common Failure

Turning this into a demonstration.

Caretakers attempt to:

- "prove" awareness
- repeat scenarios
- exaggerate emotional states

This reduces reliability.

Practice 20 — Quiet Interval Maintenance

Setup

Continuation of earlier silent intervals.

Reduced duration (10–30 minutes).

Execution

- maintain periods of reduced verbal input
- allow interaction through gesture, gaze, and presence

Do not eliminate language entirely.

What to Watch

- whether non-verbal interaction remains fluid

- whether silence produces tension or ease
- whether infant initiates communication without words

Clarification

At this stage, complete silence is neither practical nor desirable.

This practice is:

maintenance, not reversion

Common Failure

Attempting to return to earlier phases.

The system has changed.

Regression is not the goal.

Failure Modes (Phase V)

1.

Language Dominance

Words begin to override all other forms of interaction.

This is expected but can be accelerated unnecessarily.

2.

Premature Correction

Caretakers prioritize accuracy over engagement.

This reduces exploratory behavior.

3.

Loss of Gesture

Gesture disappears abruptly rather than tapering.

This correlates with reduced non-verbal sensitivity.

4.

Caretaker Fatigue

Maintaining dual awareness is demanding.

Fatigue reduces consistency more than any other factor.

Integration

Phase V requires the least visible effort.

Most practices are:

- subtle
- brief
- embedded in speech

If this phase becomes noticeable as a “method,” it is likely being over-applied.

(This was observed repeatedly in earlier attempts.)

Closing Position (Phase V)

By the end of this phase:

- language is established
- non-verbal interaction may persist in reduced form
- anticipation may still occur, but less frequently

The desired condition is:

language and perception operate together without conflict

This is not stable in all cases.

Final Position (End of Framework)

The framework does not produce reliable telepathic ability.

It does not prevent the shift toward language.

It may:

- preserve sensitivity
- extend non-verbal awareness
- reduce loss of early perceptual bandwidth

Anything beyond this remains inconsistent.

Closing Note

This document assumes:

something present early in life is diminished but not entirely lost

Whether it can be meaningfully retained is unresolved.

The procedures above are not sufficient to guarantee it.

They are the most stable approach identified so far.