

# SENSORY INPUT AND THE MOUTH— PARTNERS AT MEALTIME

We learn everything through our senses. This includes sensory information from seeing, hearing, movement, touch, pressure, taste, temperature, and smell. When our senses don't work in a normal way, learning becomes more difficult.

Normal sensory abilities are a combination of

- the ability of the sensory organs (eyes, ears, nose, skin, etc.) to receive sensory information, what we call acuity.
- the ability of the brain to control the total amount of information that is handled at one time.
- the ability of the brain to interpret or perceive the sensory message.

## Common Sensory Problems of the Mouth and Body

- **The child has one or more sensory organs that do not receive sensory information adequately.**

Blindness or visual impairment makes it difficult for the child to anticipate when the feeder is giving the food. It also is harder to feed yourself if you are blind.

Hearing impairment makes it more difficult for the feeder to use normal verbal cues to communicate with the child during the meal. When children feed themselves, it is not easy to talk using hand signs when your hands are holding a spoon or cup.

- **The child hyper-reacts with a stronger response to a specific sensation than expected.**

The sound of the food arriving, or the smell of food may trigger involuntary movement of the body or a wide mouth opening in anticipation of eating.

When the child is hungry and eager to eat, the tongue may push out of the mouth or the teeth grind together.

The startle response may become very strong. If the child startles with food in the mouth, choking can occur.

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Some medications affect the sense of taste. Taste can seem very strong or unpleasant. The child may dislike certain foods or refuse to eat.

- **The child hypo-reacts with a weaker response to a specific sensation than expected.**

Low muscle tone in the body or mouth is often accompanied by a low reaction to sensory stimulation.

High levels of some seizure medications can dull the senses, making it very difficult for a child to respond appropriately to sensory input.

Some medications specifically reduce the child's awareness of taste, making all meals bland and boring. The child may refuse to eat or show little interest in food.

Some medications reduce the sense of hunger or cause nausea. The child may refuse to eat or may eat very little.

- **The child responds to sensory information in a very defensive way.**

This usually occurs when the brain does not discriminate or interpret the sensation well. The child responds to the sensory information by either fighting it or trying to get away from it.

There are often many strong food likes and dislikes. The sensory information in food that has a different taste, temperature, smell, or texture may be rejected. The child often doesn't like new foods or particular kinds of food.

If children are unable to get away from this sensory input (which is perceived as dangerous), they may block out all awareness of it. A child who has selected this means of survival may appear to be deaf, blind, or very retarded.

- **The child has difficulty sorting out sensory information. The brain and mind react to every sensation in the room. This can be called sensory overload because the mind receives so much information that it can't handle it any more.**

This usually occurs when the brain does not sort or filter out unnecessary information. Every sensation in the room, and in the child's body competes for attention. Just like an electrical circuit or fuse will blow when it becomes overloaded, individuals with problems of sensory overload can feel like they are going to explode.

Children who experience sensory overload may try to make things more organized or make them better by using self-stimulatory behaviors. Most of these behaviors, such as thumb sucking, rocking, flapping the hands, spinning objects, or hitting the head, are done with a rhythm. Rhythms help us organize sensation.

Poor eye contact is seen in children who are having difficulty sorting out sensory information. If children don't look at you, it might be because they are trying to shut out visual sensory information that is confusing or upsetting.

If children are unable to organize this sensory input, they may block out all awareness of it. A child who has selected this means of survival may appear to be deaf, blind, or very retarded.

Milder degrees of sensory overload can make it difficult for the child to pay attention. Everything in the room wants attention. The child may be described as hyperactive or distractible.