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COUNSELING THE DEAF CLIENT

McCAY VERNON

Until recent years, the use of the term counseling in conjunction with services offered deaf clients was, at best, euphemistic. Except for the work of a handful of qualified rehabilitation specialists experienced with deaf persons, so-called counseling quite often consisted of sending all the deaf clients who were not printers down to the local laundry for a job.

Psychological or psychiatric counseling was almost unheard of. A few residential schools had psychometrists. Occasionally a university professor would test samples of deaf children for research purposes, but this was the extent of "services" offered. Psychiatrists rarely saw deaf patients except in state hospital settings where "counseling" frequently consisted of labeling them schizophrenic, paranoid type, or psychotic with mental retardation, diagnoses based on folklore about the deaf or on a confusion of speech and language difficulty with mental subnormality.

Primarily, through the efforts of two or three persons within the Vocational Rehabilitation Administration, the situation has greatly improved during the last decade (Garrett, 1963; Williams, 1964; Switzer, 1966). Orientation programs about deafness have been started for vocational counselors and other related professionals. Now more intensive long-range graduate-level college programs have been established. Today many progressive states have counselors who are specially prepared to work with deaf clients and whose caseload consists primarily of those who are deaf.

The extensive work of the New York State Psychiatric Institute projects (Rainer, Altshuler, Kallmann, and Deming, 1964; Rainer and

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Altshuler, 1967) has yielded important descriptive data about counseling needs and problems of the deaf mentally ill. Furthermore, this work has led to the interest of other psychiatrists in the problems of deaf persons, an example of which is the national workshop for psychiatrists which was held in New York this past April.

Psychologists are becoming increasingly active in working with the deaf, both from a clinical and from a research viewpoint. Levine (1960) has authored a book titled Psychology of Deafness which emphasizes rehabilitation techniques. Furth (1966) has written in frank terms about the implications of profound hearing loss. Other psychologists have related current trends in the world of work to today's deaf population (Falberg, 1961; Lowell, 1965; Vernon, 1962, 1966a).

Two factors — the increase in professional-level interest in deafness and the effects of automation on deaf workers — combine with the growth in the number of multiply handicapped deaf clients (Doctor, 1958; Miles, 1966; Myklebust, 1958; Vernon, 1961, 1966b) to direct attention on the need for specific information about the counseling process with persons who are deaf. It is the purpose of this paper to examine some of the major variables of this process and to make pragmatic recommendations with regard to techniques which might be useful.

VARIABLES IN COUNSELING

The counseling process will be examined from three frames of reference. First, traits that are characteristic of many deaf clients and which are also relevant to counseling will be discussed. Second, the counselor as a variable will be briefly considered. Finally, components important in the actual counseling process itself will be presented.

Attention is directed here to specifics of the counseling process as they relate to its operation with those who are deaf. Broader issues of counselor-counsellee variables as they affect treatment outcomes and the relationship between various therapeutic techniques to success in treatment are certainly primary considerations, but they lie beyond the scope of this paper.

THE DEAF CLIENTS

Deaf clients seeking rehabilitation services may range in ability from a brilliant doctoral student in college needing financial assistance for educational expenses to an illiterate deaf retardate in a state hospital who wants a job. Although the deaf population has the same range of
variability of education, personality, vocational interests, etc., that is present among the normal hearing, deafness is so pervasive in its ramifications that in certain areas of functioning the average deaf rehabilitation client is different from the majority of hearing persons. A counselor must know the characteristics which comprise these differences as well as those which make up the similarities. Some of the major ones are:

**Communication.** Most young people today who are deaf were born with their hearing loss or else acquired it early in life before they were old enough to have learned to talk and to use language (Vernon, 1966b). Under these circumstances, normal speech cannot be developed. Sometimes intelligible speech can be acquired, but in many cases the prelingually deafened client will not be able to talk in a way that is understandable to the rehabilitation counselor or to potential employers. If the reader will imagine the difficulty he would experience in learning to articulate a foreign language if he could not hear his own voice, it is easy to understand the reason why many capable deaf persons lack the ability to speak intelligibly.

Speechreading is another aspect of the communication problem faced by deaf clients. Only rarely do professional specialists in deafness fully understand the limitations of speechreading. Few recognize that 40 to 60 percent of the sounds of the English language are homophenous, i.e., they look just like some other sound on the lips. Adding to this ambiguity inherent in the phonetics of the language are factors, such as poor lighting, buck teeth, cigarettes in the mouth, mustaches, bad speech habits, small immobile mouths, head movements, and countless other interferences. These reduce the percentage of most speech that can be lipread to about 20 or 30 percent at the most, provided the person is a good lipreader. Many deaf people are not.

Another aspect of the communication problem is the fact that the person prelingually deafened does not have the chance to learn the vocabulary and syntax of language by hearing it. Consequently, he knows no grammar or word meanings until he goes to school. He does not know his name, the names of his parents, or the words for the foods he eats and the clothes he wears. Because of this late start in learning language, coupled with the fact that his exposure to it is only through vision, the average deaf person does not develop a large vocabulary or a skill in the use of English syntax. His written language is generally poor and in many cases he is unable to clearly communicate complex ideas through writing.

In view of the communication problems the deaf persons have with
speech, lipreading, and writing, many find that they achieve greatest communication skill in the language of signs and fingerspelling. Often deaf persons who lack any appreciable ability at oral or written communication can express and receive complex ideas in the language of signs.

In years past, most deaf youths attended residential schools at least during their high-school-age years. Consequently, those who could not communicate orally were always able to communicate manually. This is no longer true. Today many deaf young people attend day classes or day school programs with hearing students. This works out successfully for some. They develop intelligible speech, can read and write, and are able to use lipreading for limited communication purposes. However, a large proportion of these youths do not learn to speak intelligibly, they cannot read and write enough to convey more than rudimentary daily needs, and they do not speechread. Vocational counselors are facing more and more of these cases, especially in larger cities. Counselors and parents are reacting with righteous indignation to this deplorable condition, but thus far metropolitan school systems have done little to alleviate it. Thus, rehabilitation counselors are often confronted by clients who have no means of communication despite 12 years of schooling. It is necessary with these persons to start almost from scratch and give them intensive instruction in the language of signs in order that counseling becomes possible. As it takes a year or more of close exposure to manual communication, these youths represent an unfortunate frustrating group. Rainer et al. (1963) discussed the seriousness of the problem in New York, and the author sees many such clients from the Chicago area.

Basic to any meaningful counseling of deaf clients is an understanding of the general communication problem of deafness and a respect for the client's right to choose the means of communication with which he is most comfortable (Thompson, 1965). Failure to appreciate fully the communication issue and how it manifests in each individual client is inevitably damaging to the counseling relationship and to the eventual outcome of the process.

Intelligence. A survey of research on the intelligence of deaf people covering from the early 1900's, when IQ testing first began, until the present indicates clearly that deafness causes neither brilliance nor retardation. Deaf people have the same range and variability of intelligence as hearing people do except in certain cases where the disease which caused the deafness also caused brain damage (Vernon, 1967b).
This is an important point to make because the general public often erroneously associates deafness with "dumbness" or stupidity. The counselor has a primary responsibility to be aware of this misconception and to help convey the truth to the public, especially to potential employers or associates of deaf clients.

**Education.** Despite the fact that deaf persons as a group are equally as intelligent as hearing persons and despite the fact that some of them attain great academic heights, the average deaf client is educationally behind his hearing counterpart. In a recent study of 93 percent of deaf students 16 years or older in the United States, it was found that only 5 percent achieved at a tenth-grade level or better (most of these being hard of hearing or adventitiously deafened), 60 percent were at grade level 5.3 or below, and 30 percent were functionally illiterate (Boatner, 1965; McClure, 1966).

There is a paradox to the educational picture presented by the deaf client of which the counselor must be keenly aware. Although the deaf person is often at a low level academically, he has the same intellectual, conceptual, and cognitive abilities as others (Vemon, 1967b). Consequently, in many vocational areas where the ability to think and reason are emphasized and formal academic skills are not stressed, the academically underachieving deaf client may be able to function at an extremely high level. It is the responsibility of the counselor to help fit this unique and somewhat uneven pattern of abilities of the deaf client into a proper vocational channel.

**Work Habits.** On the whole, deaf workers are stable in job tenure once they have been given employment (Boatner, Stuckless, and Moores, 1964; Kronenberg and Blake, 1966; Rainer et al., 1963; Lunde and Bigman, 1959). However, among young deaf persons, there is a rather high rate of unemployment (Boatner et al., 1964; Kronenberg and Blake, 1966) which is due to a number of factors over and above effects of automation, educational lag, undertraining, and communication problems. One of these is the tendency for the young deaf applicant to be naive about the world of work. This naiveté is manifested in many ways, one of which is an unrealistically high salary expectation. For example, an unexperienced deaf youth on his first job may be working in construction beside a skilled electrician and quit when he finds the electrician is earning more than he. Another manifestation is a lack of a feeling of responsibility to the employer. It is not uncommon for deaf youths to fail to notify their supervisor when they must miss work due to illness.
The excellent records of job stability that older deaf workers have is
evidence that deaf persons can and do learn acceptable behavior in the
world of work, but sometimes later in life than their hearing counter-
parts. Good counseling can correct this unnecessary delay in the devel-
opment of acceptable work habits and perspectives.

Vocational Patterns. Deafness limits vocational opportunities for
deaf persons due primarily to the communicational and educational
problems it presents. As a result of this limitation, coupled with too
few opportunities for professional training and frequent inadequate
counseling, there are relatively few deaf persons in the professions
(Crammatte, 1962; Rosenstein and Lerman, 1963; Vernon, 1962). About 60 to 85 percent of the deaf are engaged in unskilled or semi-
skilled work (Boatner et al., 1964; Kronenberg and Blake, 1966;
Rainer, et al., 1963; Lunde and Bigman, 1959). These percentages are
two to three times those for the total hearing population. In other
words, about five-sixths of deaf adults are manual laborers of varying
levels of skill in contrast to one-half of the hearing population similarly
employed (Babbage, 1965). This degree of underemployment should
not exist.

Employer discrimination against deaf persons in hiring and job ad-
vancement policies is not uncommon (Craig and Silverman, 1966;
Vernon, 1962). However, the employers who give deaf workers a
chance report satisfactory work records (Furfey and Harte, 1964).
Although it is essential that a counselor know something about existing
work patterns of the deaf, he must also recognize the extent to which
they reflect underemployment and deficient training (see the refer-
ences to Boatner, et al.; Lunde and Bigman; Williams). A major aim
of counseling is to overcome this.

Social Patterns. The majority of well-adjusted deaf persons find
their primary social satisfactions come from interactions with other
people who are deaf. In this circumstance, the usual communication
problem is eliminated by the use of fingerspelling and the language of
signs. Hence, the deaf person is not at the disadvantage he faces in
social interactions with hearing people. It is a different matter on the
job because here the deaf person must perform a professional or voca-
tional skill “in a hearing world.” One frequently hears of the choice
the deaf person must make between the “hearing” and the “deaf”
world. This is a false dichotomy of which counselors should be aware.
Work which is task oriented is usually performed in a “hearing world.”
Social life which is communication oriented occurs in both the “deaf
world” and the “hearing world,” but is predominantly in the former.
From the counseling viewpoint, the importance of this is that deaf clients generally prefer urban areas where they can enjoy the company of a greater number of other deaf persons. In a job situation, it is usually important that there be minimal emphasis on communication skills.

COUNSELORS WHO WORK WITH DEAF CLIENTS

Obviously the most important variable in counseling, apart from the client, is the counselor. Although little can be generalized about characteristics of rehabilitation counselors, there are certain points regarding those in this profession that will be discussed.

Qualifications of rehabilitation counselors are rising, and this is especially true of those who work with deaf clients. More and more of these persons are learning the language of signs, they are being taught about deafness, and rehabilitation agencies are gradually realizing that their caseloads must be reduced. Certainly all of these areas of improvement are needed, but special emphasis must be placed on the importance of a knowledge of the language of signs. As Rainer, et al. (1963, pp. 184 and 243) have stated, there generally can be no counseling relationship unless the counselor is fluent in manual communication.

Unfortunately, many university programs are preparing counselors for a different world from that in which they and the client are going to function. Status and professionalism are being emphasized. The image being created is that of a rehabilitation counselor who is like the popularized characterization of the psychoanalyst or philosopher, i.e., he is one who analyzes personality dynamics and social issues while studiously avoiding actual involvement in pragmatic aspects of the client’s life situation. Such new counselors, while having more extensive academic backgrounds than many oldtimers, often lack the latter’s willingness to deal with practical matters like placement, following up a client on the job, and interpreting when misunderstandings arise between deaf workers and employers.

One final point should be made relative to the counselor variable. It is important that counselors not stereotype deaf clients and the types of employment in which they can succeed. This has been a common error in the past. For example, for many years teaching was the only profession considered for deaf college graduates. Deaf persons were limited to this regardless of their interests and abilities. Today, this restriction is removed and deaf persons are successful in microbiology,
mathematics, commercial art, rehabilitation counseling, psychology, etc. At a vocational level, the old stereotypes of printing, barbering, shoe repair, and laundry work have now broadened to include data processing, automotive repair, electronics, and a wide range of other areas.

THE COUNSELING PROCESS

Granted that there are certain differences which characterize most deaf clients, their job opportunities, and the nature of their communication. What then are modifications or requirements which help in providing good counseling with deaf clients?

Concrete vs. Abstract. There have been serious doubts raised about the value of abstract counseling and therapeutic approaches in work with the normal hearing client (Ullman and Krasner, 1965). With most deaf clients there is no real argument. Counseling must be concrete. Efforts at the use of techniques, such as classical psychoanalysis, have failed even in the hands of highly skilled therapists (Rainer, et al., 1963). Rogerians attempting to reflect affective overtones or responding with "hmmm's" which cannot be lipread and for which there is no sign soon see their technique as inappropriate with the average deaf client.

Successful counseling with most deaf persons and perhaps with people in general must be related in direct ways to the here and now. For example, this means the counselor goes with the client on a job interview and, based on that situation, counsels in contrast to talking in his office in general terms about interview procedures. It means counseling is best done on the job or in the job evaluation center where actual behavior and specific incidents can be dealt with. It means environmental manipulation, talking to employers, getting the family to help, and giving support instead of abstractly discussing super ego problems, displacement of unconscious drives, and other valid but intangible therapeutic concepts. The immaturity and the communication limitations of many deaf clients often make abstract procedures a useless tour de force.

Communication Modality. If deaf persons prefer speech and lipreading as the means of communication in counseling and if they can function adequately, expressively, and receptively, the counselor should respect their desires and counsel orally. The same is true of the modalities of writing and of manual communication (Thompson, 1965).

In the case of the counselor who cannot fingerspell or use the language of signs, an interpreter should be available to assist those clients
needing this service. Interpreters can be readily located by writing to National Registry of Interpreters, Wisconsin School for the Deaf, Dela- van, Wisconsin, or by contacting the local club for the deaf.

It must be recognized that although the use of the language of signs can greatly facilitate communication, it is limited by the basic linguistic competence of the deaf client and the manual skills of the counselor or interpreter. Simply making a lot of signs does not insure communication, nor does it overcome the basic vocabulary problem of a semiliterate deaf client.

Job Placement. Good counseling deals realistically with the client’s weaknesses as well as his strengths. Locating a job and then applying for it often represents major, if not insurmountable, obstacles to many otherwise capable deaf persons. Counseling that ignores this or avoids it is oblivious to or unconcerned about the needs of a majority of deaf rehabilitation clients (Pettinghill, 1965; Vescovi, 1963).

Unfortunately, some training centers are downgrading the placement function of counseling in their misguided efforts to elevate the status of counselors. This is a serious error in the case of programs preparing counselors who will work with deaf clients, as job placement is an essential function of counseling the deaf. Furthermore, it should involve follow-up, wherein the counselor sees the employee and the supervisor to aid in working out possible difficulties. Good counselors have extensive contacts among employers, and they use these contacts as a service to both the employers and the clients.

General Information. Deaf clients often need guidance regarding the feasibility of their job desires, especially where levels of aspiration are not in keeping with abilities. Sometimes work evaluation programs are the best way to convey what is realistic in these cases. At other times, it is necessary to actually let the client try an inappropriate training program or job before it is possible to counsel in terms of more suitable goals.

Occasionally help in manners and appearance is necessary. For example, a deaf person may make offensive noises and not know it. Small things like this can mean the difference between success and failure in obtaining and keeping employment. Likewise, knowing how to dress for an interview or how to fill out the forms is important.

Counseling vs. Psychotherapy. Professional journals and meetings are replete with articles and papers on the differences between counseling and psychotherapy. However, the distinctions made are artificial as Dr. Roy R. Grinker, Sr., has indicated (Grinker, et al., 1961, p. 115). Counselors must, therefore, be prepared to meet the responsibilities of
the therapeutic relationship with a recognition that certain cases will have to be referred for more intensive care than the rehabilitation counselor is able to provide.

**Training Opportunities.** The training needs of some deaf persons can be met by the use of available local facilities established for the hearing. Coordinating these services into a rehabilitation program is an important function of counseling. However, many deaf people require highly specialized training staffs if they are to be properly prepared for work. In recognition of this, the Vocational Rehabilitation Administration in conjunction with state governments has established a number of such programs. Gallaudet College, the National Technical Institute, and the Riverside City College Program are examples of post-secondary opportunities especially designed to serve the deaf. The Hot Springs Rehabilitation Center and the Michigan Program for Illiterate Deaf Men are examples of training facilities for vocational and/or social adjustment skills. Any counselor serving deaf clients should be aware of all of these programs as well as community resources. He should not only know what the programs offer but also how a deaf person goes about enrolling for them. Unfortunately, some of the special programs for the deaf do not adequately inform vocational counselors about their services and these programs, consequently, have vacancies that could meet the needs of some deaf people.

**Oral Training and Hearing Aids.** The naive counselor often sees the hearing aid and a few lessons in oral communication as the answer to the problems of the deaf client. Too often otologists and other specialists are subjects of the same fantasy.

Individuals who have gone through six to twelve years of oral training (as have most deaf persons) and have not developed speech and speechreading are not likely to do so as adults. Additional time and money spent for these services are frequently wasted. Hearing aids can be of value if the impairment is not too severe, but in losses averaging 70 db or greater in the speech range (ASA, 1951), they are rarely helpful to adults who have never used them. Even in milder losses they do not always help. It is important that counseling about this be based on advice from a specialist who knows deafness, not just audiology or otology.

**Theoretical Considerations.** The orientation of this paper has been essentially descriptive and pragmatic. Theoretical considerations of the effects of deafness on basic personality dynamics and the relationship of these effects to psychotherapeutic interaction and counseling have been avoided. One reason is that the present state of "the psychology of
deafness” has not yet yielded extensive verified information of this depth. Certain facts have been established or at least some basic questions have been asked.

It is known that organic brain damage is disproportionately prevalent among the deaf and may account in part for the number of impulse disorders reported among the deaf. Vernon, in a series of articles (1966b, 1967a, 1967c, 1967d, 1967e), has studied major etiologies of deafness which are also associated with brain damage and has reported on the behavioral correlates of these disease conditions. However, this work is difficult to apply directly in counseling.

Myklebust (1960) and others have speculated on the effects of auditory deprivation on nerve tissue and on conceptual organization, but no conclusive body of research data has evolved. The work with the deaf mentally ill in New York (Rainer, et al., 1963; Rainer and Altshuler, 1967) has provided useful descriptive and demographic findings but has not dealt extensively with the theoretical aspects of the deafness variable in human behavior.

**SUMMARY**

Federal and state programs are rapidly making counseling service for deaf persons a reality. In order that it be effective, the counseling process as it relates to deaf clients must be better understood in terms of the counselor, the counselee, and the interaction between them.

The major characteristic of a deaf counselee requiring adaptations of the counseling process is the communication difficulty associated with hearing loss. This in turn manifests itself in low academic achievement despite a normally distributed intelligence. Vocational patterns and goals are subject to the double effect of both limited educational levels and varying degrees of communication difficulty. Despite these difficulties, the income of deaf workers approaches national norms, and the deaf as a group demonstrate stability of job tenure and satisfactory work habits. While most deaf people are employed with hearing people, they generally prefer to spend their social life with other individuals who are also deaf.

Standards and requirements of counselors desiring to work with the deaf are rising, but the most important criterion of all remains the proficient use of the language of signs. Without this, there can be no counseling with the majority of deaf clients.

In the counseling process itself certain things should be emphasized. Among them are the need to be concrete and specific in communicat-
ing, the role of job placement, and the responsibility of the counselor to know about available special training facilities. Care must be taken to appraise realistically the advantages of oral training and hearing aids for adult clients with no history of success in speech or the use of amplification.

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