DOCUMENT RESUME

ED 081 154 EC 052 482

AUTHOR Watson, Douglas, Ed.
TITLE Readings on Deafness.
INSTITUTION New York Univ., N.Y. Deafness Research and Training Center.
SPONS AGENCY Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE 73
NOTE 147p.

EDRS PRICE MF-$0.65 HC-$6.58
DESCRIPTORS Aurally Handicapped; *Child Rearing; *Communication Problems; Community Organizations; Community Role; Curriculum Development; *Deaf; *Exceptional Child Education; *Rehabilitation; Residential Schools

ABSTRACT

Presented are 15 articles on the experience of deafness, deaf education, the improvement of the delivery of rehabilitation services, or the deaf community. The first section on important life experiences and thinking from an existential viewpoint consists of five articles with the following titles: "A Truly Silent Majority", "Just Like Real People" (on the rearing of the deaf child), "Les Miserables" (on life in a residential school for the deaf), "How Do You Dance Without Music?" (an account of life through the eyes of a deaf individual), and "The Meaning of Deafness" (a discussion of related handicaps such as communication difficulties). Article titles on deaf education are "Crises of the Deaf Child and His Family", "Why Can't Johnny Show Me the Ball?" (on the need for curriculum research and development), "Total Communication at Maryland School for the Deaf", and "Notes on a Little Red Schoolhouse" (a diary of progress in a new day class). The improvement of rehabilitation services is discussed in three articles: "Delivery of Community Services to Deaf Persons", "Potential, Achievement, and Rehabilitation in the Deaf Population"; and "The Psychological Evaluation of Prelingually Deaf Adults". The final section focuses on the deaf community in three articles: "Organizations Serving the Deaf", "Interpreting Services for Deaf People", and "Deaf People in the World of Work". (DB)

Readings on Deafness

DEAFNESS
RESEARCH
& TRAINING
CENTER

New York University School of Education

READINGS ON DEAFNESS

Edited by

Douglas Watson, Ph.D.

Deafness Research and Training Center
New York University School of Education
1973

This publication was sponsored, in part, by grants from the Region II and Central Offices of the Social and Rehabilitation Service, United States Department of Health, Education, and Welfare, Washington, D.C.

CONTRIBUTORS

Glenn B. Anderson, M.A., who is deaf, is associate research scientist at the Deafness Research & Training Center, New York University. "Delivery of Community Services to Deaf People" appeared in the July 1973 issue of Journal of Rehabilitation of the Deaf.

Frank Bowe, who is deaf, is coordinator of services at the Deafness Research & Training Center. "Crises of the Deaf Child and his Family" is a keynote address presented to Forum VI of the Council of Organizations Serving the Deaf. "Some Notes on a Little Red Schoolhouse" originally appeared in the February 1973 American Annals of the Deaf. "Delivery of Community Services to Deaf People" appeared in the July 1973 issue of Journal of Rehabilitation of the Deaf.

Edward C. Carney, who is deaf, is Executive Director of the Council of Organizations Serving the Deaf. "Deaf People in the World of Work" is reprinted from the July 1971 issue of National Hearing Aid Journal and "Organizations Serving the Deaf" originally appeared in the 1970 Workshop on Orientation of Jewish Religious Leaders and Laymen to Deafness and Vocational Rehabilitation.

Roger Falberg, M.A., who is deaf, is a psychologist with the Seattle Hearing and Speech Center. His article, "The Psychological Evaluation of Prelingually Deaf Adults," is reprinted from the July 1967 issue of Journal of Rehabilitation of the Deaf.

Victor H. Galloway, Ed.D., who is deaf, is Director of Pupil Personnel Services at the Model Secondary School for the Deaf in Washington, D.C. "Les Miserables" originally appeared in Inservice Training for Afterclass Staff in Residential Schools, a publication of the Deafness Research & Training Center.

Margaret Kent served the Maryland School for the Deaf for 45 years, most recently as principal. Her paper, "Total Communication at the Maryland School for the Deaf" appeared in the January 1971 issue of the Deaf American.

Glenn T. Lloyd, Ed.D. is Director of Research at the Deafness Research & Training Center. "Why Can't Johnny Show Me the Ball" is an adaptation of a speech Dr. Lloyd delivered to a group of deaf adults in St. Ann's Church of the Deaf in New York City, December, 1972.

Eugene D. Mindel, M.D., is Director of Child Psychiatry Services at Michael Reese Hospital and Medical Center, Chicago, Illinois. "Just Like 'Real' People," a speech Dr. Mindel gave to a parent group in Chicago, is reprinted from Deafness Annual II (21-28).

Shanny Mow, who is deaf, is a teacher at the New Mexico School for the Deaf. His paper "How Do You Dance Without Music?" first appeared in Answers, a publication of the New Mexico School for the Deaf.

Albert T. Pimentel, M.A., is Director of Service Programs at Gallaudet College. "Interpreting Services for Deaf People" appeared originally in the October 1969 issue of Journal of Rehabilitation of the Deaf.

Frederick C. Schreiber, who is deaf, is Executive Secretary of the National Association of the Deaf. "The Meaning of Deafness" is reprinted from The Maryland Bulletin (March, 1972, 73-74, 83).

Larry G. Stewart, Ed.D., who is deaf, is Director of the Great Southwest School for the Deaf in Arizona. His article, "A Truly Silent Minority," which appeared originally in the New York Times, has become a classic.

McCay Vernon, Ph.D., is Professor of Psychology at Western Maryland College and Editor of the American Annals of the Deaf. "Potential, Achievement and Rehabilitation in the Deaf Population" is reprinted from the September 1970 issue of Rehabilitation Literature.

Douglas Watson, Ph.D., who is deaf, is Director of Service Programs at the Deafness Research & Training Center. "Delivery of Community Services to Deaf People" appeared in the July 1973 issue of Journal of Rehabilitation of the Deaf.

PREFACE

Rather than being a smorgasbord for the reader, I hope this book will be an aperitif that whets the reader's appetite for a new and exciting perspective on the experience of deafness. The articles collected here represent a repudiation of practices and thinking which have historically restricted deaf people from realizing their full human potentials within the context of that "silent minority" known as the deaf community. In a nation of over 210 million people, the 13 million identified as having significant bilateral hearing losses, with approximately 400 thousand being of early onset, does in effect constitute a numerical minority. The deaf community, however, is no longer passively silent. Instead, it is demanding to be heard, to be recognized not like, but as real people. This book is about people. People who live, work, play, and seek fulfillment alongside their peers who retain functional hearing.

These readings are intended to be of interest and value for the lay public and general professional community as well as deaf persons, their parents, and professionals in the field of deafness. They are addressed to people who are concerned with the human condition, life experiences, problems, achievements, and failures of those people most familiar with the experience of deafness, deaf people themselves. It is hoped that the reader will gain a greater awareness, not only of educational and rehabilitation concepts, issues, and thinking in the field of deafness, but also how deaf consumers experience them. The readings should be especially valuable for students and professionals who are interested in an introduction to the human experience of deafness and efforts by education and rehabilitation to assist deaf people achieve their full human potentials. The value of this book is dependent upon the extent to which it stimulates the reader to seek additional information on the experience of deafness, from deaf persons as well as the literature in the field.

During the past decade, rehabilitation and education have become increasingly concerned with developing more effective approaches to the understanding and remediation of educational and vocational problems in the deaf community. The formation of Professional Rehabilitation Workers with the Adult Deaf, Council of Organizations Serving the Deaf, International Association of Parents of Deaf Children, and a revitalized National Association of the Deaf are indicants of the concurrent involvement of deaf people in promoting more responsive and effective programming. Increased attention is also being given to the potential contribution of parents, teachers, counselors, client groups, and the general deaf community. The acute shortage of professionally trained manpower with the necessary communication skills has likewise resulted in a proliferating number of graduate course offerings and formal specialty programs in the area of deafness. The literature in deafness continues to reflect, however, that the manpower need far exceeds the available supply. Experience would suggest the need for more short-term orientation training for professionals in the general fields of counseling, psychology, rehabilitation and related areas to gain their interest, participation and assistance in meeting the social service needs of deaf persons. This book was planned for that purpose, presenting a brief, yet representative collection of articles. The articles in themselves are broadly conceived, conceptually stimulating, basic to the subject matter, and furnish a meaningful orientation to the experience of deafness.

The collection includes biographical sketches, several position papers and reviews. Articles that can be considered "classic" or fundamental and articles that are especially thought-provoking or demonstrate particularly significant concepts have been selected, rather than those primarily focused on specific issues in the field. The book is organized into four sections, each one a substantive area felt to be central to the experience of deafness. The articles in Section One present some important life experiences and thinking in deafness from an experiential viewpoint. Section Two is comprised of a review of basic issues and processes in the educational development of deaf persons. Improving the delivery of rehabilitation services to deaf persons is the subject of articles in Section Three. Section Four deals with the deaf community, its organizations, services and achievements. The selection of articles reflects my bias in favor of an experiential approach to understanding deafness. This includes a preference for starting with deaf people themselves to gain a more personalized interpretation from which to generate hypotheses about deafness and its ramifications upon the individual. It is hoped that those charged with the delivery of services to the deaf community will be responsive to this plea for understanding and effect changes in systems which are currently deaf to the needs of their consumers.

Many disciplines are, or could be, involved in delivery of services to the deaf community. Basic to this process, however, is that communication and understanding of client needs are effected. There are some unique aspects of understanding the experience of deafness that justify its being a major focus of this book. My intent is to demonstrate, through selected readings, some ways in which an understanding of deafness, along with an awareness of basic issues and problems in effectively meeting the social service needs of this population can produce more positive outcomes. Hopefully, the material collected in this volume transcends the boundaries of the various professional groups and embraces the general community as well. A theme of the book is that deaf people ask only that they be accorded their place in the community of man.

This book was made possible by a number of people. To the authors of these significant articles and their publishers, for their permission to reprint the articles here, I am most grateful. I also wish to express my appreciation to Dr. Jerome D. Schein and Frank G. Bowe for their consultation and editorial assistance.

Grateful acknowledgement is also made to Region II and Central Office of the Social and Rehabilitation Service, United States Department of Health, Education, and Welfare, and to the School of Education, New York University, which together sponsor the work of the Deafness Research & Training Center. Without their support this book would not have been possible.

Douglas Watson, Ph.D.
New York City
May 1973

TABLE OF CONTENTS

I

THE EXPERIENCE OF DEAFNESS

Who are Deaf People?
What are they like?
What is special about being deaf?
Why?

These questions may stand as the outline of Section I. The first selection, by Stewart, is his portrayal of the deaf community as a silent minority neglected and misunderstood by society. His consideration of what constitutes a "silent minority" is a profound and excellent delineation of the experience of deafness.

Mindel discusses the psychological and social ramifications of deafness upon the deaf child's development and adjustment within the family. He underlines the deaf child's need for acceptance, understanding, and communication as a person. Personal and social adjustment, he proposes, are dependent upon the extent to which the child is accepted and treated as a real person.

The unique experiences of a deaf child growing up in a residential school setting and the milestones in his development as a person are profoundly delineated in the article by Galloway. The problems of group living, a restricted communications environment and the impact a deaf teacher using sign language had on the development of a deaf adolescent are moving and profound.

The final two selections on the experience of deafness propose experiential based definitions of what it means to be deaf and the differential life experiences which result from being deaf. Readers of this book will find in it a thread of experiential based conceptions of what is means to be deaf, of which Mow's article is the most extensive and personally intimate. The following article by Schreiber extrapolates the life experiences of a deaf adult to what he considers the five basic handicapping aspects of deafness. Whether their conception of the basic experience of deafness is shared by the reader, the experiential view is bold enough to make explicit the mechanism, the what, how, and why, of what it means to be deaf.

A TRULY SILENT MINORITY

Larry G. Stewart

Scattered throughout the land but gravitating toward the larger cities where jobs are more abundant and fellowship with their own kind possible, a silent minority is growing restless under the yoke of centuries-old discrimination and denial of their right as Americans to equal treatment under the law.

Members of this silent minority are denied employment by some of our largest corporations.

They are rejected by the military service and are not permitted to serve jury duty.

They rarely achieve public office, and are not to be found among legislative bodies although they number 300,000 to 500,000 nationwide and 14,000 to 17,000 in the New York City area.

Those within the silent minority are made to feel different from childhood, even by members of their own families. They sit silently apart, ignored or glanced at uneasily. Children tease and ridicule them. In school they are taught in a language they do not know well, by teachers who seldom understand the conditions these children will face as adults. The lucky ones have teachers who are themselves members of the silent minority. Ironically, many schools disqualify such teachers from employment. To deepen this tragedy, schools specifically for children in this silent minority rarely have administrators or board members who are among this minority group. The exception to this is in trade schools and colleges, where pragmatism rather than dogmatism prevails.

After ten to fifteen years in school, members of this silent minority have reading skills at the fifth-grade level on the average and spoken language that is difficult if not impossible to understand for the man in the street. They are then exposed to the full force of public prejudice. Members of the silent minority, although they have normal strength, physical mobility, and intelligence, are most often placed at the skilled, semi-skilled, and unskilled levels. Promotions pass them by.

Their neighbors are not sure what to do with them so they usually keep their distance. Grocers, clerks, physicians, and tradesmen approach them hesitantly and are glad when the business is done.

Insurance agents often refuse them automobile insurance despite the fact that their driving records equal or surpass those of the average driver.

Television shows almost invariably portray then as dependent people who must be helped by others.

Courtroom justice for them is usually a travesty.

Rebuffed by the public at large, the silent minority seeks self-expression from within. They have their own national, state and local organizations as well as an international federation. Their organizational, managerial, and creative skills are reflected in the numerous athletic, social, and cultural activities they sponsor. They also own and operate their own insurance company.

Numerous members of the silent minority have overcome the limits imposed upon them to become successful lawyers, dentists, craftsmen, chemists, engineers, teachers and farmers. Their achievements have made them invaluable to their employers and leave no question of their potentials. Yet, because of public indifference to their needs most remain at levels of personal and vocational achievement far below their potential.

The silent minority has not yet reacted in the revolutionary manner used by some groups. They have set off no demonstrations, no violent acts, no cries for equality. Perhaps this patience led one educator, Dr. Harry Best, to dedicate a book published two decades ago in these words:

To Deaf People

The most misunderstood among the sons of men, But the gamest of all.

The patience of the silent minority is growing thin. How much longer must they wait for the freedom, justice, and equality promised to all Americans?

JUST LIKE "REAL" PEOPLE

E. D. Mindel

In a deaf child's family, when the youngster's deafness is discovered, a series of conscious decisions must be made on how the child is to be raised. The important word in the preceding sentence is "conscious." For such a family, child-rearing decisions do not unfold as readily and naturally as in the case of a child whose physical and emotional development falls within the average range. In the more common situation, child-rearing practices tend to be based mostly upon the parents' own childhood experiences and, to some extent, on cultural currents. These experiences often affect child-rearing without the parents realizing it because their own childhood days are forgotten, buried by years of experience as adolescents, young adults, and mature adults. The deaf child, however, does not necessarily respond to child-rearing practices that are predicated on inbuilt parental models from their own past. Thus, a situation can easily develop in which average parental expectations conflict with the unanticipated different behavior of the deaf child.

From many professional groups whose concern is the habilitation of deaf children the phrase "the family must learn to accept the child's deafness" is often heard. It is used in different ways. Sometimes it is as though the speaker were issuing a mandate or command, and simply saying to the parents, "Like it or not, you have a deaf child, so accept your misery". Such an approach rides roughshod over any parental feeling on the conception and birth of their deaf child. To other professionals, acceptance of a child's deafness is not so much a mandate to be given to parents as it is an admonition directed to themselves--that is, to the educational and medical agencies which seek to create reasonable and intelligent programs for deaf children and their parents. This self-imposed mandate helps to create an educational and therapeutic atmosphere conducive to the development of the family and their child with due concern for the special needs created by that child's handicap.

In talking about children with handicaps, I am always aware of the tendency to use words meant to soften the impact of a child's physical or emotional difficulty on the parents or other adults. Words like "special" or "exceptional" often are employed to remove the stigma from references to the child who does not conform to physical or emotional averages. In my professional practice, I have never felt that anyone has been helped by changing the correct name of the difficulty to something that seemingly has a less harsh sound. In fact, such euphemisms often can themselves be harmful in that they have a temporizing effect. They tend to blur the distinctions between problems that should be treated immediately and ones that can be taken care of later. If the child is called hard of hearing instead of deaf, and that terminology implies that he can use hearing to develop language when, in fact, he cannot do so, much valuable time is lost, and the child is injured further. It seems to me that the child is best benefited by total honesty about his handicap. "Total communication" need not refer only to information exchange between the parents and the child.* It can refer also to the broader issues of communication between the mother and father and between the parents and community. All should be carried on openly and honestly in terms of the child's capabilities and difficulties.

In this presentation, I intend to cover several areas which I believe relate especially to development of an understanding of some of the particular aspects of raising a deaf child. I shall also discuss the importance of, and the difficulty in, establishing empathy with the deaf child, in fostering the deaf child's ability to effectively engage his social environment, and certain questions pertaining to the development of flexible thinking and action patterns in children. I have not eliminated from this discussion concerns about communication methodologies. All of the factors just listed are interdependent with communication ability. Thus, in talking about the deaf child, we can never relegate communication problems to a secondary status. Describing and discovering interdependencies is a complex, and frequently overwhelming, task. I believe its very complexity has led people to look for simple-minded solutions to the problems of helping a deaf child adapt.

The extent to which a deaf child can be raised just like a real child is a question that cannot be fully answered today. The parents of adult deaf children, the real experts, can look back and recall when normal activities were possible for their children and when they were not. For the parents of young deaf children, their growing-up involves constant discovery. This is also true, of course, for parents of hearing children, except that, in their case, the discovering does not concern the hearing function. Instead it is about things like physical growth, emotional stability, learning capacities, physical illnesses, and the like. The parents of the hearing child are not so much confronted daily with the effects of a handicapping condition. Parents and children can relax with each other more often. They can more frequently capture and preserve the spirit of freedom and fun that is the child. The latter I submit is obtainable with deaf children, but much more initial labor is required. When parents and child are relaxed with each other and having fun, both feel just like real parents and just

---

*"Total communication" to which Dr. Mindel refers is defined by some as "the right of the deaf child to learn to use all forms of communication available to develop language competence".

like real kids.

Achievement of this condition requires first an accurate appraisal of hearing as well as of any other physically limiting condition. For example, before father and child can together toss a ball, play tag, or ride bikes on Sundays, the father must be sure that the rubella virus has not deformed the youngster's heart to the extent that he will soon become short of breath and have to rest a few moments; that the virus has not interfered with the coordination mechanisms between the brain and muscles, making him slower than his brothers in learning to catch the ball, and so on,

Knowledge of a particular deaf child's physical capacity develops from a careful combination of the physician's knowledge of the child's physical condition, and the understanding and observation of the parents. Unfortunately, the vast majority of physicians are woefully ignorant of the behavioral manifestations of deafness in children, and often cause parents to waste valuable time with their hollow reassurances that everything will be all right. As a medical student, I was taught virtually nothing about deafness, let alone the sociological implications of being deaf. This widespread ignorance of physicians prevents development of the kind of early alliance between the medical profession and families that would promote effective communication with the deaf child. Fortunately, more and more parents are coming to centers where comprehensive diagnostic work in hearing is possible, and where productive parent-professional teams can be created.

I have made an effort in this paper to avoid devoting most of my space to the "communication controversy." As parents and professionals concerned about deaf children, you readers are very familiar with all of the arguments in and around the methodology issue. Unfortunately, as much as some would like to avoid enlightened discussion by calling the controvery "old hat" and the like, the issues are very much alive. I would like to quote extensively from a letter written to a deaf woman by the mother of a young deaf child. Both mother and father are professionals. She writes,

> You have very definite feelings and ideas about being deaf, and what I must do for my son. However, it was (for) exactly a year that we had known about "deafness" when your letters arrived. What I thought we had worked through in that year was shattered when I read your advice.
>
> I know we are speaking on two very different levels when we talk about being deaf. You are a post-lingually deaf adult and our son is a pre-lingually deaf child. Having lost your hearing after language had been established must have been an extremely frustrating blow to you whereas our son knew no other world than that of deafness. However, his frustration was greater in many respects because our mouth movements were strange to him and when he tried to convey what he felt he was thwarted in so many ways.

However, he is a very different child now. When you were young, I realize hearing aids were bulky and not very good, but hearing aids have come a long way. Our son wears two of the finest aids available and they enable him to hear and distinguish sounds across the speech range. If you could have seen the look of amazement and sheer delight on his little face when he was fitted for the aid you wouldn't have much doubt that at least we must give him a chance to use the small amount of residual hearing he has left. I am firmly convinced that the term "deaf and dumb" is one that never need be used again, for with excellent training such as our son is receiving he is learning to lipread and he is talking. I am not deceived that his speech will be perfect for his loss is a very profound one, but I do think he will be able to communicate successfully in the hearing world someday. This is a hearing world and for one to live and achieve in it sign language is not enough nor is it morally uplifting. In fact to many people it is embarrassing and degrading and extremely limiting.

Our son is an extremely bright child and although he will always be deaf, I intend to help him live as normal a life as possible, so that his hearing loss will just be secondary. If and when I see a need for him to have signs, I will see that he gets them but at this time I only feel it would limit his oral ability. Signing is too easy; why talk?

Communication has been established in many ways. Naturally, we use language and lipreading but we also point and show things and he is not unduly frustrated. If we cannot understand what he wants, we have him show us. All this is done without formal signs, yet it does indeed involve signs (casual though they may be).

Perhaps you have never seen any truly successful oral children or adults. I must admit that there are few good programs in the United States; however, our son is in one of them. I hope someday you can come and visit the school--I think it would change your outlook a bit. We don't pretend that every child can make it orally, and I still don't know for sure how oral he will be (I'll have a better idea when he's 5 or 6), but I feel it would be an injustice to him to limit him to the world of the deaf when he has so much potential. He is considered a gifted child--having had one yourself, I think you know how much these children strive to want to learn just everything and how aware one must be of their special needs--not so unlike a handicapped child.

I do feel parents must be committed to something for their child and we have chosen oralism for the time being. So far we are completely delighted with the results for our son, and even if he requires signs later, he will never have lost through this method; in fact, he will have gained.

After reading such a letter I am left with a profound sense of frustration. Actually, the first word that came to my mind was not "frustration," it was "despair." I had to remind myself of how far we have come in improving educational opportunities for deaf children, and of the rapid increase in the number of schools that employ diverse methodologies. In other words, parents now have choices; yet, a haunting thought that remains is the knowledge of what really has happened to the majority of bright, gifted, radiant deaf children so full of the human potential to learn and create.

There are many points in this letter that merit discussion. I have dealt with them at some length in THEY GROW IN SILENCE.* These are: the subtle appeal of the allegedly miraculous cure through hearing aids or other similar devices, the age-old sentimental appeal of the suddenly made happy child, the Tiny Tim psychology, the assumption that total communication advocates are against using residual hearing or against the deaf child "getting along in a hearing world," and so forth. But there is one major point I wish to comment on now. It concerns those things that touch on what I consider the most personal aspects of having a deaf child or any child with a major disability - namely, the chances one is willing to take with that child's future on the basis of faith. To quote from the letter again, "I am not deceived that his speech will be perfect for his loss is a very profound one, but I do think (and I, Eugene David Mindel fervently hope) he will be able to communicate successfully in the hearing world someday. This is a hearing world and for one to live and achieve in it, sign language is not enough nor is it morally uplifting." And, finally, what more personal, private, and meaningful statement could one make than, "In fact to many people it (sign language) is embarrassing and degrading and extremely limiting." At this point, this concerned and thoughtful mother is no longer speaking for her child, she is speaking for herself. Sign language is, in fact, the mother tongue of the deaf. It is their vehicle to learn best the customs, whims, and fancies of a largely unsympathetic and unempathic hearing society. They do not regard it as degrading; they do regard the ability to learn language as "morally uplifting."

It is amazing to me personally that I have remained interested in the methodology controversy as long as I have. I suppose that what keeps me involved are the stubborn, irrational elements of it, the political and economic issues it concerns, all that is to be learned about the development of human communications, and, above all, the pleasure of helping remove the impediments to natural exchanges between parents and their deaf children.

Perhaps one of the greatest obstacles to treating deaf children like normal kids is their very "kiddishness" - that is, their natural expression of feeling; their vivacity, impulsiveness, and moodiness; their fascination with body functions and occasional careless handling

---

*Mindel, E. D. and McCay Vernon, They Grow in Silence. National Association of the Deaf, Silver Spring, Maryland, 1971.

thereof, their directness in dealing with the attributes or faults of others; and so on. Children can enjoy their naturalness but often pay for it because of what it stirs up in adults or other children. It may get them punished or admonished - invariably with the claim that "it is for your own good" and "hurts me more than it does you" - all directed theorectically toward the goal of acculturation. Without adequate means of communication, deaf children are caught in a squeeze. Language serves to channel these kiddish attitudes into more socially acceptable ways. The hearing child can hear the admonition and sense the adults' way of diverting natural expressions, but the deaf child cannot. He suffers the same disagreeable consequences of his actions as does the hearing child, but he lacks the same escape route.

To develop an emphatic position to the deaf child, one must first get beyond the kiddishness, which they share with hearing children. To explore this problem further we must return to the issue of communication. It is not enough to observe that the child seems to be happy, just as many adult deaf people seem to be happy because they smile so much. Joanne Greenberg* has aptly named this the "false fine." Many times I have seen hearing children behave similarly. When one asks a child who has been getting into trouble, or experiencing adjustment difficulties, how things are going, the answer often is "fine." Translated this usually means, "Why try explaining; you wouldn't understand anyway and I might end up worse off than when I started." The deaf child must have a vehicle for communication that is serviceable from the first moment he is ready to sign that he has a need. "Mama" at ten months must, at five years, be "Mama a boy hit me," or "Mama I have a pain in my side."

But empathy implies so much more. It is the fine appreciation that we can - but, alas, seldom do - take account of the intimate sensibilities of our fellow man. With language, normal intellect, and emotional health, it is hard. Without adequate language exchange, it borders on the impossible.

Because most of us have developed as hearing individuals, and because the deaf child has developed as a deaf person, the establishment of empathy, and a real perception of what it is like to grow up deaf, is very hard to achieve. I would guess it is almost impossible in the fullest sense. Joanne Greenberg's IN THIS SIGN has gone further toward creating such empathy in the hearing reader than has any other work I have seen. I have observed personally, however, that the more total communication has become a natural second language for me - illiterate though I may be in communicating manually - the more I am able to feel a greater sense of unity with deaf people. When I first began to work actively with the deaf, I felt that deafness necessarily imposed a barrier that would prevent me from ever achieving a feeling of closeness to persons with this handicap. As I have become more and more aware of their view of the world, and increasingly fluent in their language, that feeling has begun to dissolve. The wall has been in me. I cannot say that I will ever be fully empathic with an illiterate

---

*Greenberg, Joanne, <u>In This Sign</u>. Holt Rinehart & Winston, New York, New York, 1970.

deaf individual, for I do not know of any way in which I can fully appreciate how his intellect has structured his view of the world. Although there are some who become highly skilled in communicating with illiterate deaf people, even with them it has been my observation that establishing empathy has been very difficult.

Failure to establish intimate and adequate communication with a deaf child ultimately generates in him a profound sense of isolation. An observing friend has said that while she recognizes the importance of extensive thought, talk, research, and controversy about communication, she believes a major problem that has been somewhat overlooked is the feeling of isolation which the deaf adult experiences. This isolation is born partly of the deafness, per se, but to a larger extent, I think, stems from the communication problem that leaves the deaf child unable to investigate the subtleties of his culture. It has been his burden to attempt to adapt to a hearing world. While the hearing society luxuriates in a release from its responsibilities to its handicapped citizens, the deaf child's share of the burden has been increased. Not only is he deaf, but he also must take on the burden born of the wishes of the hearing society for him not to be deaf. With the burden of difficult communication and the guilty feelings of the hearing, the deaf child and deaf adult may often have little time left over for the discovery and enrichment of their own lives; thus, the deaf child is further prevented from investigating, discovering, and having fun like the average hearing child.

For deaf men and women, there is an extensive lore about social events at which, they discover later, they committed faux pas. These stories are sometimes told with bitterness, and sometimes with humor; also, there is the counter reaction of deaf persons looking for, and easily finding, inconsistencies and hypocrisies in the actions of those who hear. But the hearing person mostly is spared from experiencing the anger in these stories. The reason (and I must stress I am speaking for myself and am speculating, and do not presume to be representing deaf people) is not because deaf people necessarily want to keep their bitterness to themselves, but rather because society has denied them the communicative tools necessary for successfully coping with the situation, or expressing their bitterness and frustration. No matter how much various academicians and pontificators would like to relegate communication to a secondary status in the past and current problems of the deaf, it keeps rearing its head. A large brain capable of creating and transmitting symbols and culture, an upright posture, and the capability to make tools - these are basically the attributes that set human beings apart from other animals. Cutting off the capacity to communicate strikes at the very heart of what makes us human.

It is hard to divest oneself of the daily responsibilities of a complex world to become empathic with the quiet world of the deaf child. Some of the things which we think will be of vital interest to the deaf child really stem from our own cares. The world is changing much too fast for us to make predictions about its future state. Fifteen or twenty years from now, today's deaf child will be a young woman or man wanting to take her or his place in academic or vocational circles as a productive and respected human being. What qualities do we want to foster in these children, to prepare them to take their rightful place in society? Perhaps, we can give some real meaning to another of the popular oralist phrases: "The deaf child must learn to get along in a hearing world." I have already discussed two necessary qualities. One is the child's personality built through a parental relationship to that child in which there is a true understanding of his capacities. The second results from the kind of communication with a child that moves that child toward literacy.

A third quality in the personality development of the deaf child which is directly related to the communication problem is flexibility. Deaf children and deaf adults have been described as having "rigid" personalities. Use of such a term often amounts to a value judgment by hearing people because they are in full possession of their sensory capacities, and so have more data at their disposal to make simple and complex decisions. The fewer data one has available, prior to making a decision, the more one will tend toward personality rigidity in comparison to hearing contemporaries. When deaf children and adults are compared to other deaf children and other deaf adults, such terms are seen to be mostly value judgments. The deaf child copes as he is able to cope. The more really usable information he has at his disposal, the more solutions he will be able to bring to his developmental tasks, and the more flexible his personality as an adult will become.

It is not hard to discover parallels in our own lives to the problems confronting the deaf child in his life. One can think of many times when the ability to be more flexible in creating solutions to conflicts would have been a valuable asset. And, if we do not choose to look into our own households, then we can look at the world at large, to international diplomacy - or, should I say international disaster. Here, the lack of flexible decision making and the rigidity of national policies have prevented real solutions to worldwide conflicts. How often have these failures resulted from inadequate information at the disposal of the combatants - inadequacies caused by divergencies in language and culture? It is not failures in the language development of politicians or diplomats that has created difficulty; generally they are hearing men and women. Their natural linguistic capacities began to fail them, however, when they had to deal with an alien culture. Consider another parallel. How easy it is for us to distort the real personalities of the peoples of other countries by virtue of the rigidities in our own conception of those nations and their cultures!

Degree of flexibility in the child also reflects the flexibility characteristic of his family in working out day-to-day problems. It relates to the family's thoughtfulness about major decisions, but more often than that, I believe, what is communicated to the child is a whole life style. How much consideration, care, concern, weighing of alternatives and so on, really occur? Much of the process should ultimately be made known to the child. The younger the child, the less flexibility he possesses. With growth, his behavioral repertory should increase. This growth comes from the child being shown, and from the endless explanations which the child demands and which he should be given as completely as possible. One measure of success the parents of the deaf child can use is the youngster's ability to ask questions up to their threshold of exasperation - that is, until the parent of the deaf child experiences the same kind of provocation that the parents of hearing children do as a result of the endless repetition of "Why"?.

The above brings me to a natural conclusion of this paper, which has helped me crystalize my thoughts and feelings about child-rearing and deaf children. I have tried to emphasize some of the stumbling blocks in reaching the deaf child's natural kiddishness and playfulness; his demand for and comfort with physical contact; his naturalness about his body, its content and its function; his endless curiosity and the language capacity which grows up with the maturation of that capacity to serve it; the growth in the flexibility of the solutions; the child's increasing sophistication about the subtleties of social structure; his ability to understand the problems of his fellow man; and so on. A complete list would be almost endless, for if one tries to understand what is unique about raising a deaf child, he must, in effect, attempt to catalogue the whole substance of human behavior. That is a job for encyclopedists. The extent to which parents can raise their deaf children just like real kids is measured by how much they have allowed those children to make them feel like real parents. The following quotation from John Locke (1693)* seems appropriate:

> When any new thing comes in their way, Children usually ask, the common Question of a Stranger: What is it? Whereby they ordinarily mean nothing but the Name; and therefore to tell them how it is call'd, is usually the proper Answer to that Demand. The next Question usually is: What is it for? And to this it should be answered truly and directly: The use of the thing should be told, and the way explained, how it serves to such a Purpose, as far as their Capacities can comprehend it. And so of any other Circumstances that shall ask about it; not turning them going, till you have given them all the satisfaction they are capable of, and so leading them by your Answers into farther Questions. And perhaps to a grown Man, such Conversation will not be altogether so idle and insignificant as we are apt to imagine. Children do often offer things, that may set a considering Man's Thoughts on work. And I think there is frequently more to be learn'd from the unexpected Questions of a Child, than the Discourses of Men, who talk in a road, according to the Notions they have borrowed, and the Prejudices of their Education.

---

*Locke, John, Some Thoughts Concerning Education.

"Les Miserables"

Victor H. Galloway

The human brain has that remarkable capability to mask out the memory of the more unpleasant experiences that may have occurred in a person's life. The recall system dwells mainly on those life episodes that gave him pleasure or evoked within him the pleasing sensation of "those good 'ole days." When it becomes necessary to attempt to relive those parts of a person's life that gave him both those pleasant experiences and those vaguely recalled unpleasant experiences, there may be a tendency to magnify or exaggerate the severity and frequency of the unpleasant experiences far out of proportion to the extent and frequency of those experiences that were pleasant.

With this precaution it is then possible to attempt a discussion of my personal experiences as a resident of a dormitory from the time I was six years old until I turned eighteen. An additional precaution is in order here. The negative aspects of such experiences are considered thus only in retrospection because, as a child without any frame of reference and understanding or realization of what life ahead was to be, I could not possibly have exercised valid judgments on the various aspects of my dormitory life. This account of my experiences is thus replete with hindsight.

Although several attempts had been made by my grandmother to prepare me for life away from what had come to be home for me, my baptism into dormitory life was totally and wholly unexpected and completely confusing. She had repeatedly tried to prepare me for a long trip to get a pair of shoes. A trip for a pair of shoes? Being small and not possessing the background of language and life experiences that would facilitate lip reading, I found it difficult to understand why there was so much ado in preparation for this trip to get a pair of shoes. New clothes had been purchased; a trunk was then packed with new and old items; a package of home baked cookies and cake had been prepared; and finally the car was loaded for the trip. The trip took all day in a steady downpour, lending an atmosphere of pervading gloom. The several small towns and villages along the route broke the monotony of the countryside drive. My bewilderment grew as we passed through each town, and in my own way I would attempt to verify verbally the plans to get a new pair of shoes. My grandmother, bless her departed soul, would nod back in seeming acknowledgement or agreement.

Finally, in the distance loomed a few large and strange buildings. The car turned off the road and onto the green and rolling grounds surrounding these buildings. The travelers were met in the back of one of the buildings by a white-haired woman, seemingly bent and wracked by hard labor. I was led to one side by the stranger who incessantly talked to me and I simply could not understand a thing. One thing I did see and understand was that the trunk that I had seen packed with my new and old clothes and the package of home-baked goodies had been unloaded!! Presently the car started to leave with all the people I knew in my life--my grandmother, my uncle and my aunt. They had abandoned me with this stranger! I made a mad dash for the car only to be restrained by this white-haired apparition. The long arduous trip to get a pair of shoes had suddenly turned into a nightmare...my people had merely planned long and hard to get rid of me! Thus was my baptism into dormitory life at the residential school for the deaf and the blind where I was to spend the next twelve years, a large chunk out of my childhood. Only many, many years later and by reintegration of my experiences was I able to realize that my dear grandmother had tried to do right by preparing my for a long trip so I could go to school, not get a pair of shoes. Such were and always have been the vagaries of lip reading.

The first four years were spent in the "primary" building in the boys' wing on the second floor. The first floor housed only blind students. The third (top) floor held classrooms. A large wing jutting out in the back from the building was the dining hall which could be used to serve all the deaf and the blind pupils at one sitting. I had a bed in a large room along with about fifteen other boys. Each boy's worldly belongings were packed in either a trunk or boxes stored under his bed. Oversized trunks were emptied and placed in a storage room on the first floor. This large room had only the younger boys, perhaps in the first two grades. The third and fourth graders were in the larger room next to the houseparent's room which separated the two large rooms. The only furnishings in these two rooms were the beds and caned-seat chairs. The walls were forbiddingly bare and stark. The lower four feet of the walls were painted instituition metallic brown and the upper walls and ceilings were either cream or powdery white. The bathroom had only four stools without compartments, two or four bathtubs (my memory fails here), and maybe six wash basins. Then there were two rooms, one larger than the other, both completely devoid of furnishings, save for a chair for the houseparent. The floors were dark with oil, and worn in many spots. The boys on this floor were frequent visitors to the first aid room on the ground level with wood splinters in their feet, legs, or hands as a result of their playing on the floor. These rooms were called "play rooms." All these for approximately 30-32 boys in the first four grades.

The first houseparent I ever had was an older woman with perpetually unkempt hair. While she appeared to be an affectionate person, she was feared for her quick draw of the much-hated paddle which was applied frequently and generously where it would count. As the clock is turned back, it is realized that she was ill-suited for the job of caring for thirty-plus boys between the ages of six and twelve. Many afternoons the boys were left alone to play while the "caretaker" leaned back on her chair and snoozed away for an hour or two. There were rarely any organized activities. It probably would have been difficult for her to organize anything anyway because the small boys were not able to understand her very well. Communication, for all practical purposes, was nonexistent.

As the boys grew older or moved up into third or fourth grade, they were transferred to the larger room. This was viewed as a "promotion" or moving ahead in the world. For me it was a heady experience since I was still small in stature compared with the others and being moved into a group of larger and stronger boys lent the suggestion that I had made it!! My memory of the following two years in the larger room is, however, clouded by my several prolonged stays in the infirmary as the result of rather serious bouts with pneumonia and bronchitis. In spite of this, these were happy days since there was a new part-time caretaker who was herself deaf and could communicate with the boys. She had graduated from that school only a few years earlier. Only a few days after she had assumed her duties, it was clear who the favorite caretaker was. This deaf person was able to teach the boys how to play certain games, such as hopscotch, hide-n-seek, "London Bridge" and others. She even had them doing the "Big Apple," a popular dance in the thirties, shadow-pantomiming, and some intricate pattern work with wool and yarn!

During the warmer days of early autumn and late spring the boys were allowed to go outside and play. They were, however, confined to a certain area that did not have the usual playground facilities such as swings, seesaws, and others. The girls in the other wing were more fortunate because they had a much larger playing area and there were several swings, seesaws, and a turntable. Frequently, certain boys from privileged families or families that had parents, older siblings or other relatives who were either deaf or could use the language of signs would take charge of the rest of the boys and attempt to organize teams to play games. This often led to obvious polarization of groups around the "haves" and the "have-nots." Another type of division would be between those who identified with some of the characters in the comic books brought in from home by some of the boys and those who appeared to be well favored by the classroom teachers.

The miniature social system and the frequent upheavals and readjustments of the system were some phenomena that occurred constantly under the eyes of the caretakers but were never recognized by them. It was unfortunate that until the deaf adult mentioned earlier came along, the very real and dramatic creation and re-creation of such social systems could not be capitalized upon and harnessed to afford the boys constructive and meaningful learning experiences. Instead they were left pretty much to themselves to work out their own problems, not a bad approach for the more sturdy and better endowed boys but one frequently having disastrous long-term results for the more frail and under-privileged boys.

It is possible for me to make this last statement since I recently had the opportunity to return to the state where the school is located and to meet with many of the deaf adults who were some of the boys mentioned in this article and to learn from them the fates of others. It was immediately obvious to me that they had had innate abilities and talents that never were tapped.

Although I have been able to describe some of my experiences of the earlier years in the dormitory, I can only vaguely recall other incidents or fairly significant events during these years. It is as if this past is being viewed through a thin veil or is just as foggy as the background of some of the pictures taken by Matthew Brady of Civil War fame. In many Brady pictures only the figure is clear and sharp and the background is often completely out of focus. Such is my view of the past. There is, however, perhaps one more significant event during the early years that may or may not have had an important bearing on my psychosocial development in later years.

I had a stepmother who expressed her concern and affection for me in a variety of ways, one of which was occasional packages from home containing a number of books and perhaps a little candy and other "goodies." When such packages arrived all the boys would quickly assemble around the recipients in anticipation of a share of the contents of the packages. The teachers had somehow conveyed to the little boys the notion that it was sinful not to "be kind one to another" and that it was godly to share with all others whatever they possessed or received. Frequently the caretaker ensured that this practice was followed, the protests of the recipients notwithstanding.

If the packages contained only books, the cordon of boys would dissolve quickly, many shrugging their shoulders and expressing utter disdain for books. On the other hand, should there have been delicacies from home, the contents were quickly divided among the boys and devoured on the spot, leaving the hapless victim with only an equal share along with personal items that may have come in the packages.

Since I almost always received books in my packages, I somehow developed in self-defense a feigned intense interest in books and hid my disappointment upon receiving them by putting on ostentatious displays of intellectualism. I would simply plop down on the floor and pretend to read the books. Such theatricals continued as long as I received books from home. The memory of such episodes is quite strong.

From the "primary" building I moved through the "intermediate" building to the "main" building, the largest and most impressive loc building on the campus. The still existing building has a magnificent colonnade supporting an ornamental roof. Immediately in front is an elliptic green area crowned with several towering and ancient mahogany trees. One wing housed the older blind boys on the first floor and older deaf boys on second and third floors. While much of the description of the primary building was true for the main building, there was a degree of "security" there since there were only four or five boys in each room and closer personal relationships were possible.

At that time the staff members had strict orders to refrain from the use of the language of signs, even in the dormitories and the dining halls. It created stressful conditions for many of the boys and for a number of staff members who realized the futility of trying to create a home-like atmosphere under such conditions. As a result the boys were deprived of any real contacts with adults. In the vocational shops it became extremely difficult for the deaf instructors to maintain a semblance of a vocational training program.

I should like to touch upon a very significant event that occured during my stay in the "main" building. One of the deaf instructors was becoming exasperated in his attempts to maintain meaningful relationships with the boys and such frustration eventually led to "clandestine" meetings in his room on the campus on Sunday afternoons, when he could loosen up with five or six selected boys and regale them with tales in the language of signs. I was fortunate enough to be one of the favored few. One particular afternoon that will long remain one of the high spots in my life, the deaf adult mesmerized the group with a very moving story in his own style of the language of signs and acting out. It probably took him three hours to tell the story but I was so enthralled that time practically stood still.

Upon his completion of the story, I asked him what its title was. His reply so startled me and left me in such a state of confusion that it was a while before I regained my composure. The story was Les Miserables by Victor Hugo, one of the books I had received from home and one which I at that very moment had in my locker upstairs. God knew that I had gone through that book at least twice! But that story! I was so confused because I simply had not gotten all the excitement, the intrigue, and the action that was unfolded before my eyes in the masterful hands and arms of the deaf storyteller. It was completely inconceivable to me that such an adventure could exist between the two covers of a book. Upon returning to my room, I could not resist taking out my copy of Les Miserables, and I started to read it again. In my own infantile way I had identified rather strongly with the book simply because the author and I had the same first name; only this time much to my amazement all this action, the tragedy and real life, loomed large between the words and the lines that I read. Excitement ran high within me and when I finally put the book down I was emotionally drained. I had discovered reading! And this after years of pretending to read! From that time on I embarked upon a brand new adventure--rereading all my old books, this time with understanding and with relish. No more display of ostentation, no more flipping page after page recognizing only words, no more groping in the dark. I had begun to read.

This very important event occurred within a dormitory, not in a classroom. It illustrates once again the very vital and crucial roles that the staff members of the residence halls could and should play in the around-the-clock education of the deaf child. It also emphasizes the importance of highly qualified counselors, resident advisors, or whatever. There appears to be a trend towards the recognition and upgrading of dormitory personnel and if this trend should accelerate sharply in the next few years, the classroom teachers will find their tasks considerably easier and more rewarding.

HOW DO YOU DANCE WITHOUT MUSIC?

Shanny Mow

Prologue

My name is Sam. Sometimes I'm called Silent Sam, a tag I loathe out of prejudice--both mine and the bestower's. Besides, it is misleading since I make more noise sipping my soup than the guy at the next table, who is not deaf, but wishes he were every time I take a particularly enthusiastic spoonful.

This is my story, of how I live through a day and the problems I face as a deaf human being, as told to and written by another deaf human being who is fortunate to have the words I do not.

I would be presumptuous to claim that my problems are typical of all deaf persons. Or that I qualify as a Typical Deaf Person, whatever that is. There are the prelingually and postlingually deaf individuals. There are the college-educated and the illiterate. And those in-between. The hard of hearing. The mentally retarded. The brain damaged. The victims of cerebral palsy. And others. You may say each is a breed apart. Each has problems of his own.

In a style that belies my blue-collar job, my recorder has set down what I think, what I believe, and what I have gone through.

I can dance better than I can write. Seeing me on the dance floor, hearing people always ask: How do you dance without music? Actually I don't, but I get what they mean. Vibrations, I would tell them. The one night I realized I have been giving an incomplete answer. Now I tell them: Vibrations of life.

"But you can't see a thing from the driver's side," the Volkswagen dealer explains. Sam reads the hurried scribbling and for a minute fingers his new driver's license. Under RESTRICTIONS, it reads LEFT AND RIGHT REAR VIEW MIRRORS.

> Ten dollars goodbye for a right rear view mirror that doesn't give you the view you don't need. Since when did the bureaucrats at the Motor Vehicles decide deafness is a luxury? Be grateful that they let you drive at all?

Wearily he takes the pad and writes, "Install it anyway. I'll be back."

In the noon sun he squints but still can make out the drug store two blocks away. Carefully he looks left, then right and left again and crosses the street. Midway he pauses to look right again.

> A lot can happen in two blocks. A lost motorist yelling for directions. A nervous smoker asking for a match. A friendly stranger with sinister motives wanting to talk. A policeman blowing his whistle and suspecting you for a fugitive when you walk on. A dog biting from behind. A runaway Safeway cart hitting from the blind side. You grow weary and wary of such people who, at the sight of you pointing to your ear, always seem to forget suddenly their purpose for approaching you. As for whistle-blowing policemen, biting dogs and runaway carts, you develop your own brand of oriental fatalism.

Inside the drug store Sam asks for a package of Salem cigarettes, pronouncing the brand name as distinctly as he can. The clerk gives him an odd look, then reaches down the counter. Her hand reappears with the Salems. He breathes easier.

> You feel like a poker player who is also a compulsive bluffer. Mervin Garretson has explained why he switched brands, rather than fight. As long as you pronounce something safe like Salem, not Chesterfield, there is little danger of receiving cough syrup instead. You can never relax when you cannot hear what you speak. Not even if you've been up to your ears in speech training. Maybe you can, in front of a trained ear, someone who is familiar with the "deaf accent," but unfortunately one is not always around.

Sam also selects a Chapstick and a roll of Lifesavers. The clerk says something which he can at best only guess. His pocket feels heavy with change, but he reaches for his wallet, takes out a dollar bill and hands it to her.

> The tension is even worse when you attempt to lipread. The name of this game is "Figure out the Fingerprint." Like the whorls on his fingertips, each person's lips are different and move in a peculiar way of their own. When young, you build confidence as you guess correctly "ball," "fish," "top," and "shoe", on your teacher's lips. This confidence doesn't last. As soon as you discover there are more than four words in the dictionary, it evaporates. Seventy percent of the words when appearing on the lips are

> no more than blurs. Lipreading is a precarious and cruel art which rewards a few who have mastered it and tortures the many who have tried and failed.

The lunch hour is almost over. Sam drives back to the plant, ignoring the new chrome outside his Volkswagen. Several workers nod or wave at him as he makes his way to his workbench. He waves back, but today he feels no desire to join them for the usual noisy banter that precedes the job at hand.

> These are good guys. We get along. They like you, even respect you. You laugh at their jokes and fake punches to their jaws. Yet there remains an invisible, insurmountable wall between us. No man can become completely a part of another man's world. He is never more eloquently reminded of this impossibility than when there is no way he can talk with the other man.

Without a word, the foreman nods. Sam scribbles down another question. The foreman nods again. Still another question. More nodding, this time with marked annoyance. Sam then knows it is pointless to continue.

> Communication is the father of human relationships. From infancy a person learns to speak at a rate closely synchronized with his thinking process. Deviation from this timing between thinking and speaking upsets his natural flow of thought. He loses his tongue or forces out words which sound so artificial that they disgust him. As a deaf person, you sympathize with this mental block in the hearing person who tries to speak to you. In fact, you expect it. For this reason, just or not, you always wonder why he takes the trouble to speak to you.
>
> You feel no less helpless in your search for meaningful communication. When the hearing person does not know, as he usually does not, the sign language, the only recourse lies with the pencil and pad. Here your language defeats you before you begin. You have been deprived of the natural process of learning language, i.e. by the ear. You do not start from scratch when you begin your formal education. The itch is not even there. English is a language so complicated and inconsistent that its mastery is for you as elusive as the pot of gold at the end of the rainbow. Gamely you pick up the pencil only to find the hearing person hung-up in his own way: poor penmanship, bad spelling, or some other reasons known only to him. Inhibition reduces communication to a superficial level, a most unsatisfactory relationship to both parties. Speech and lipreading? Try discussing Kazantzakis, or any subject, limiting yourself to the thirty percent of the words

> that can be lipread with no guarantee that there would be none of the words you have not seen before.

Tired as he is, Sam cannot go home yet. He remembers he has a couple of errands to perform. He surveys the traffic. It is getting bad. He tries, but cannot think of a short cut to the other side of town where Paul lives. He shifts the gears, passing one roadside booth after another, each displaying the familiar Bell symbol.

His finger is tiring. From pressing continuously the door button that is rigged to a light bulb inside. He searches through a window, then another. No sign of life except for the parakeet. Refraining from kicking the door, he hastily writes down the message, inserts it in a crack in the door and returns to his car. Sweat streaks down his forehead and he wipes it away. Hopefully he eyes the door once more.

> How soon will you get Paul's reply? Will the note still be there when he comes home? When will he come home? He could not know you were driving down. You took your chance and lost. An alternate to this eternal courtship with chance is to plan ahead. Carry out, no wavering. Build a reputation of a man of his word. Your word determines the kind of relationship you will enjoy with your fellowmen. It does not have the freedom and flexibility made possible by the telephone and its sanctuary of distance, so dear to the hearing person at the eleventh hour. When you have committed yourself, by mail or in a previous visit, to come to a party, you come. Even if you are feeling particularly misanthropic that night. You may excuse yourself with a few days' advance notice, again by mail or in person, but you have to be mighty convincing when you explain to the host that Jeanne Dixon has divulged the future to you--that on the night of the party you would feel terribly antisocial, therefore it would be wise if you stay away.

"Your number is 48," the girl behind the counter smiles sweetly and turns to the next customer. Sam hesitates, then shrugs and finds a seat close to the TAKE-OUT counter.

> Bright kid, this girl. She reacted as if there were nothing out of the ordinary when a customer grabs the order pad and places his own order. No doubt she is also a great believer of miracles, that somehow your deafness will disappear before your pizza is ready and the number, whatever it is, announced on the loudspeaker.

The pizza tastes cold but good. Sam settles back and watches with affection as Brian and Brenda finish their portions. He waits until Jane returns with the coffee before waving for the family's attention. "Want to go to the lake next week?" he more announces than asks with his hands and fingers. Shrieks of delight answer him, unheard.

> In group discussions where you alone are deaf, you do not exist. Because you cannot present your ideas through a medium everyone is accustomed to, you are not expected, much less asked, to contribute them. Because you are deaf, they turn deaf. Just do what your parents, friends, fellow workers--who can hear--tell you; you will know soon enough as we go along. Yours is not to reason why; yours is to do and die silently. Does no one realize that security comes from knowing what you will be doing next, knowing what to expect? Does no one agree that much of the joy of performing an activity stems from the realization that you had a hand in planning it?

"Yes, you may bring Barb and Jo along," Sam smiles as Brenda hugs the dolls and skips happily out of the room. To his seven-year-old son, he asks, "Brian, tell me, what can we do at the lake?"

> You never forget that frightening experience. When you were Brian's age. You were left out of the dinner table conversation. It is called mental isolation. While everyone is talking or laughing, you are as far away as a lone Arab on a desert that stretches along every horizon. Everyone and everything is a mirage; you see them but you cannot touch or become a part of them. You suffocate inside but you cannot tell anyone of this horrible feeling. You do not know how to. You get the impression nobody understands or cares. You have no one to share your childish enthusiasm and curiosity, no sympathetic listener who can give meaning to your world and the desert around you. You are not granted even the illusion of participation. You are expected to spend 15 years in the strait-jacket of speech training and lipreading. You learn not how to communicate, only how to parrot words, never to speak your own. Meantime your parents never bother to put in an hour a day to learn the sign language or some part of it. One hour out of twenty-four that can change a lifetime for you. Instead, the most natural form of expression for you is dismissed as vulgar. It has never occurred to them that communication is more than method or talk. That it is a sense of belonging, an exchange of understanding, a mutual respect for the other's humanity.

The kids have been put in bed. Sam pours a third cup of coffee for himself. Jane is doing the dishes and he decides to get his pipe from the living room. He cannot find it and returns to the kitchen.

> Your eyes are your contact with the world, but there is only so much you can see. Seeing is waiting. From the living room you cannot ask Jane about the pipe. In the kitchen you cannot ask while she is washing the carving knife. She cannot answer until the knife is safely put down. You must stop with half of the shaving lather still on your face to

> answer how you want your eggs done. Then Jane must hurry back to the kitchen before the waffle burns. You always have laryngitis when you call Brian and Brenda to supper. It is rude to notice the fly in your pie while Jane is talking. You must walk across the room and touch her on the shoulder if you want her attention. Or stamp on the floor and probably ruin her mood or concentration for the next half hour.

He almost spills the coffee. "Sorry, honey," Jane smiles.

"Did Bill come to the plant to see you?" she asks. Sam nods and adds, "And he was sore like a wounded bear." He takes two cubes of sugar and stirs the coffee. He puts the spoon down. "It's about the latest federal grant for a project on some problems of the deaf," he explains. "Exactly what problems, I don't know. Bill isn't sure either, but he does know who is going to head it."

> It is always someone with the magic prefix "Dr." before his name or some connection with some prestigious but distant institution. Someone Bill has run across at a recent workshop and asked:
>
> "Have you had any practical experience, say teaching, in the field of 'deaf education'?"
>
> "No."
>
> "Have you had any professional connection with a residential school for the deaf or some large day class for the deaf?"
>
> "No."
>
> "Do you know a deaf person personally?"
>
> "No."
>
> "In your professional capacity, have you ever worked with a deaf person, this person being either an associate or subordinate?"
>
> "No."
>
> "Have you ever been to a club for the deaf, or some social gathering of the deaf?"
>
> "No."
>
> "Do you socialize with the deaf?"
>
> "No."

"Have you ever spent a night in a discussion or chat with a deaf person?"

"No."

"In this workshop, do you integrate with deaf participants during the coffee breaks?"

"No."

"Did you try to?"

"No."

"Do you know how to communicate manually?"

"No."

"Do you believe the child should have a choice in methods of communication for the greatest stimulation of his intellectual growth?"

"No."

"One more question, sir. Would you attribute our failures in educating and rehabilitating the deaf to a lack of understanding of the subject and his problems?"

"Yes. It's a damned shame. Let me tell you about this research I'm...."

Yes, it's a damned shame. Thanks to these armchair academicians, you find yourself cynical or apathetic toward the projects and programs that have been set up to improve your lot. Including those run by other professional people in the field, who are more open and honest, who have so rubbed elbows with you that their elbows ache if they do not move in a conversation with you. You are an American Indian resenting the white hearing man far away in some ivy-covered Indian Bureau, who has never laid eyes on you but feels himself nevertheless qualified to declare what is wrong with you and to dictate your destiny.

Or you are too preoccupied in your struggle for a happy and meaningful life to give a hoot about these projects and programs. More than the hearing person, you need all the extra time you can get to achieve any ambitious goal. Yet you are expected by your own kind, by the "deaf intellectuals" to sacrifice this extra time to the cause of the deaf image, to help your less fortunate deaf brothers. You may even be expected to change jobs for one in which you can carry a larger part in this holy mission. You are under constant pressure to behave only in a manner favorable to this image.

The man on the tube looks as if he has a goldfish flipping inside his mouth. He refuses to leave; another joins him, mouthing likewise. Sam sighs and reaches for the channel dial. In a split second the Shakespeare Special is replaced by an undersea scene.

> A big fish approaches the diver. Barracuda? It is going to attack the diver, or is it? Why does it hesitate, then swim off? What did the diver do that was not visibly obvious? Would he be attacked had he acted otherwise? But is the damn fish some kind of shark? The commentator supplies all the answers but they pass through you as if you were a sieve. Desperately you grab for what you can but you cannot see what you cannot hear. A wealth of information, both practical and exotic, escapes you daily. Television, movies, and the stage hold limited meaning for you. Radio, phonographs, tape recorders and loudspeakers have none. Then to what do you turn for information? The nearby human being is too unreliable. So you have only books. Read twice, thrice, four times, as much as the average person to know just as much. Slowly you close the cultural gap that is widening even faster by the incredible speed and ease of modern media.

Sam is alone in the living room, illuminated by a single lamp. Jane has long since retired but he himself feels no urgency for sleep. From the coffee table he picks up Remarque's <u>All Quiet on the Western Front</u>. Hardly has he opened the book before he reaches for the dictionary.

> What are haricot beans? Mess-tin? Dollop? Voracity? Already four words out of your vocabulary, all from the the first page! You read this classic as an adult while others read it in their teens. You are lucky you can recognize the words as English. For some deaf adults they might well be reading the original version in German. Others with a little more reading ability plod through page by page, this laborious effort dimming the brilliant power of the message and the brutal grace of the story. In addition, there are unfamiliar idioms, colloquialisms, and expressions. The difficult language which you have never mastered makes for difficult reading. As if it is not enough, you lack the background information necessary for comprehension of the subject. Scratch out another--or your last--reliable source of information.

Finishing a chapter, he puts the book down and closes the edge-torn dictionary. He rubs his eyes and stretches his arms. The TRIBUNE comes in his field of vision and he opens it to the classified ads section.

> Maybe there's something you overlooked earlier tonight... Yes, here's a possibility... Damn it, no address, just a lousy phone number... Have you enough of the job at the plant! Eight years of brain-numbing drudgery. Is one such a coward not to quit? When you contemplate a job change, you are not

> half as concerned about the new location, working conditions, fringe benefits, school for your children, new friends, etc., as you are about basic survival and a decent income that will permit your family to live in relative comfort. You don't move on because you itch for a change of scenery or because your boss doesn't like the length of your hair. You do not doubt your ability to change jobs, to perform the job or to keep the job, only whether you would be given a chance to prove this ability, to convince the prospective but skeptical employer that ability is all that counts. You can't write or read well. You can't speak. How do you sell yourself, by drawing pictures? All things being equal, the job goes to the applicant whose ears do not just hold up his eyeglasses.

Against the vast black nothingness, a fleck of light winks here and there, like distant planets greeting a lost traveler. Watching through the window, Sam suddenly realizes how much he loves the city.

> In one city you dare not hope for many job openings, any kind, where the deafness of a worker is treated as irrelevant or routine. You may have to cross a dozen city limits, perhaps half a continent, before you find one. Then the lesser factors take on new importance. Such as Brian and Brenda's new playmates. The slow and often painful acceptance. The children are still learning to live with their and your handicap. Then there is the search for housing in want ads which seem to conspire against you, listing only phone numbers for the most desirable and reasonably priced units. And the orientation of local merchants and new neighbors to your deafness. And the deaf population in the new city which may turn out to consist entirely of your family. You are well settled here. Need you push your luck?

Slowly he folds the paper and gets up. He switches the lamp off and walks cautiously down the dark hall. His hands move along the wall, keeping in contact for balance which has been affected when he became deaf. At the door of his bedroom he pauses. As his eyes adjust to the darkness, he can make out the features of Jane's face.

> Sam, do you love her or are you merely fond of her? You married her because she was available, the best of a limited lot. Probably she had said "Yes" for the same reason. It has always been this way: You don't have a ghost of a choice. Education, ambition, job, wife, friends, recreation and sometimes religion. For you, choice is a limited word. You are the novelist's delight, the lonely, soul-searching character who has never found what he seeks in life. Unlike the perennial wanderer, you know which road you want to travel but you keep running into one roadblock or another. The day you lost your hearing your universe shrank many times over; your power of choice in a world of sound is drastically reduced. Thrown in the storm of silence, you seek refuge among your own kind and become a part of a microcosm which you are not sure you want.

> It is a closed society whose bond among members is founded not on mutual interests or intellectual equality, but on a common desire for escape from the "cruel outside world," for communication although this communication frequently turns out to be an illusion. It breeds dependence, stagnation, pettiness and finally boredom. It is a microcosm that unmercifully tries your individuality. You either surrender to tribal conformity or return to the other world. Or live on the fringes of both worlds, never to fully accept one and never to be fully accepted by the other.

He tosses in the bed. Unable to sleep, he stares at the far corner of the room. Jane stirs but is still again. He moves his hands to the back of his head and folds them.

> Are you indulging in excessive self-pity? Brood and brood until there is no objectivity left in you? Is that why psychologists analyze you as being self-centered, immature, suspicious and narrow-minded, always self-conscious and defensive about your inability to hear? An unhealthy mental attitude? Or shall we call it inevitable? This outlook is not a product of deafness per se but of a general public attitude, or ignorance, to the nature of deafness and the problems it creates.
>
> Imagine yourself in a living room full of people who all know what is going on. Except you, who inquire and are answered with a polite smile which only underlies your helplessness. Everyone seems relaxed, enjoying himself. Except you, who are uneasily waiting for something to happen which makes sense to you. Everyone chats congenially with one another. Except you, who receive more polite smiles and fugitive glances. Everyone tells something hilarious and laughs. Except you, who debate with yourself whether you would appear less ridiculous going along and laughing at Godknowswhat or remaining stoic thus making your deafness even more conspicuous in an atmosphere already made uneasy by your presence.
>
> Leaving the room means crawling back into your "deaf shell" from which you seek escape in the first place. A triumph of futility. So you stay on, making the best of your dilemma waiting, hoping for the breakthrough when someone will realize you are indeed human. And tolerance may yet become acceptance.
>
> You find it difficult to forget for a moment you are deaf when you are continuously reminded by an unwitting public. You are daily subjected to this public's unpredictable reaction and to the necessity of proving yourself. A lifetime of unending strain. After all this, can you kid yourself about not becoming oversensitive in your human relationships?

> You know you are getting a raw deal but you do not know whom to blame. Public ignorance is a faceless enemy against whom you have no weapon, only your battle-weary ingenuity. How do you get a society to accept you when it is ruled by this enemy? It can be educated to show understanding, compassion, but it does not always listen. Sometimes you wonder why it seems to be afraid of you.
>
> People are, however, not your *raison d'etre*. Each unpleasant episode with them is an unavoidable skirmish. They represent only obstacles in your battle. The objective of the battle is a life in which you can sing between dejections, laugh between tears, and dream between nightmares. Breathe between repressions, love between prejudices, and grow between defeats. And, by God, you are making it.

Peace settles over Sam. He falls asleep with his arms around Jane.

THE MEANING OF DEAFNESS

Frederick C. Schreiber

The first thought I had on being asked to discuss the "meaning of deafness" was of a poem called "Happiness." However, before you jump to the conclusion that I relate Deafness with Happiness--I'd like to quote a few lines from that poem:

Happiness is like a crystal,
Fair, exquisite and clear--
Broke in a million pieces,
Scattered far and near....

Now and then along life's pathway
Some shining fragments fall
But there are so many pieces
No one ever finds them all.

This applies to deafness in the sense that there are so many meanings to deafness that no one ever has them all. Deafness means one thing to a small child; something else to his parents; teachers have a different view; rehabilitation people may not see this the same as their clients; and the clients themselves may not see this the way I shall attempt to define it now.

When one thinks of deafness, one is thinking of not one, but five handicaps--the least of which is the inability to hear. As a matter of fact, were the inability to hear the only handicapping condition of deafness, I'm sure many people would regard deafness as a blessing, particularly in view of the cacaphony of today. Such, however, is not the case. Each of these five handicaps becomes, to me, a meaning of deafness.

The major handicapping aspect of deafness lies in the acquisition of language. Being unable to hear, one is forced to rely on artificial means for acquiring a way to express one's thoughts. This is a slow and painful process which would be difficult enough under the most favorable condition, but which becomes just short of intolerable under conditions which exist today. What is even worse, and often little considered is what this does to people with normal intelligence who find themselves unable to produce the language that will adequately express what they want to say.

People who take language for granted generally regard the acquisition of language by the deaf as a problem similar to that of a person with normal hearing learning a foreign language and fail to appreciate the true magnitude of the problem. Trying to teach a child words when the child has no frame of reference to help, is a tremendous, if not impossible, task. Words like ball, fish, top, shoe may be easy to lipread, but teaching a child to recognize these words on the lips is not a way of helping him to acquire language skills.

If the lack of language is the first meaning of deafness, then the second must be the problem of communication. The most common failing we find among people who have language is the assumption that language and communication are the same. This is often compounded by the tendency of many people to also equate either or both with intelligence as well.

And it must be pointed out that speech cannot be equated with either communication or language. While all three are closely related, they are separate entities. One can have language but not speech and be unable to communicate. One can have speech but no language and be able to communicate without either. And, of course, one can have both language and speech and fail to communicate effectively.

One who has given serious thought to the problem tends to assume that if one has language one can automatically communicate, yet you have only to look at the so-called "generation gap" to realize that this is far from the case.

Our colleges, our parents, and perhaps even society as a whole is suffering from a severe communication problem despite the fact that, generally speaking, the people of the world today have a higher degree of language sophistication than ever before. In this sense, I am trying to say that we often fail to get through to each other, with or without language. For example, the deaf do not know what is expected of them, and the hearing do not know what the deaf want.

The third handicapping aspect of deafness relates to misconcepts and misinformation which tend to obscure the disabling effects of hearing loss in the eyes of the general public and, when combined with the first two factors I have mentioned, compounds the already difficult situation. What is even worse, much of this information is deliberately spread. It may not be spread with the intention of complicating the lives of people who are deaf, but the people who are responsible for this misinformation completely disregard or do not even consider the possible effect of this misinformation on the lives of the deaf. You have all seen, I am sure, advertisements proclaiming in bold type, "Don't Be Deaf!" or "Nerve Deafness Can Be Cured!" and perhaps more recently the State Farm advertisement pointing out that "in 37 states you can renew your driver's license by mail--even if you are blind or deaf." People who have no connection with the deaf usually just skim over these ads taking with them the vague impression that there is no real problem since deafness is curable or remediable.

People reading the State Farm ad (which was revised to remove the word "deaf") or articles in medical columns in the newspapers are often given the impression that there is something hazardous about deafness which makes the deaf unqualified not only to drive cars, but also to operate machinery of any kind.

The result of all this is an interesting resistance on the part of employers to hire deaf people in factories and shops where they would be required to operate machines and a severe economic burden with respect to auto insurance.

In every case where we have been aware of such occurrences and have called this misinformation to the attention of the writers or advertisers, retractions have been printed or offending words removed, but not all the people who saw the original article read the retraction. Nor will all the people who saw the first version of the State Farm ad bother to read the new version, since, except for elimination of the word "deaf," it is substantially the same as the original.

The loose use of the word "hearing" and the general impression foisted on the public by this create additional problems in a sort of chain reaction, which require Herculean efforts to halt. For example, the Federal government sponsors the President's Committee on the Employment of the Handicapped. It is actively engaged in promoting employment opportunities for handicapped people. Yet many of its job descriptions include the requirement that applicants can hear whether or not this requirement is truly relevant to the position in question. Civil Service Commission examinations are heavily verbal whether or not the position requires verbal skills. This creates a serious disadvantage for a deaf applicant. More importantly no one seems to consider the effect of this on private industry. Yet how can one expect the private sector of business to be willing to hire people who apparently are not good enough for the government?

The private business man is no "dogooder." He is in business to make money and it is only when he is convinced that a handicapped worker can make money for him that he will consider hiring one. Thus, if the government, which as every taxpayer knows, is in business to spend money rather than make it, indicates that hearing is essential to employment then certainly business can be expected to feel the same way.

Also consider that we have thousands of deaf printers in this country. How are they affected when the Government Office limits the number of deaf employees who can work on one shift to 25 men on the grounds that more would interfere with "flexibility"?

In all fairness, I must say there are efforts to remedy these inequities within Federal employment policies, but the situation is still critical.

The fourth meaning and handicap of deafness is invisibility. This is a subtle thing which, were it not for the first three conditions, might have been beneficial since people generally do not like to be constantly reminded that a segment of our population is so much less fortunate than they are. However, since there is no outward indication of deafness, one is generally unaware that the condition exists. I was strongly reminded of this a few years ago when I flew to Atlanta to attend a banquet of the Georgia Association of the Deaf. I did not know the person who was to meet me and no one was at the gate when my plane landed about 1½ hours late. At first I thought perhaps I would find him in the baggage room, but when there still was no one whom I either recognized or who appeared to be looking for a missing speaker, I was reduced to signing to myself. I must have looked ridiculous, I know, but it was the only way I knew of indicating I was deaf.

This anonymity touches on many aspects of daily living. My children's friends are shy of meeting me, they don't know what to expect; people to whom we fail to respond when spoken to do not automatically think "perhaps he did not hear me," but rather "he's rude."

Often people fail to recognize the blank look that sometimes appears on my face when I am asked something I do not understand. They assume silence means consent, so that I frequently end up with a coke when I really wanted coffee.

More importantly, due to this invisibility and the failure of most people to understand or appreciate our language, communication, and speech needs, the problems are perpetuated and misinformation and misconcepts are permitted to spread.

The fifth meaning of deafness and the least crippling problem is the inability to hear. Little need be said about this because most people are able to visualize what that entails. Many experience the sensation of hearing loss when the sound goes off on their TV sets or when they are in an area where the noise is so great as to prevent hearing speech.

It seems to be a horrible existence to have to live without sound day in and day out for as long as you live. But compared to the other problems related to hearing loss it is comparatively simple to do so and frequently there are benefits attached. The deaf person can concentrate better--he is not easily distracted by noise; he works better, because he must give his job his undivided attention; he is more alert because he knows he cannot depend on his ears for anything, and is sensitive to vibration which often indicates something is happening long before the trouble is audible.

Having experienced the decibel level that can be achieved by teen-age children playing rock music, an incessantly ringing telephone, or a blaring TV set, I am sure there are times when one will agree we never had it so good. At least I am not awakened by the commercials when I fall asleep in front of my TV set, nor does the traffic right outside my window disturb me as I write this. I did not have to protest against "noise pollution on Earth."

The meanings of deafness that I mentioned are but a few of the myriad pieces that constitute the condition we call deafness. Toward finding positive solutions for the meanings of deafness I'd say that to start as I did by quoting a poem on "Happiness" would not be as far-fetched as it seems. Happiness is having people understand the meaning of deafness.

II

NOTES ON DEAF EDUCATION

Today, no one would quarrel with a concept of education as having important guidance qualities. But as reflected in the article by Bowe the question oftentimes becomes not whether guidance is provided for parents of deaf children, but of whose interests are paramount, the child's or the system's. In an educational system historically locked in dispute over communication methodologies, the child has too often served to meet the needs of the system instead of vice-versa. Bowe proposes that the focus be realigned, to that of helping the deaf child and his parents obtain the best possible educational programming for the individual child.

Discussing issues and problems in deaf education from both an experiential viewpoint as a teacher, and the research literature, Lloyd suggests a need to redefine educational objectives. Relating his personal experience as a teacher using various communication modalities to the "One Hundred Year War" between oral-manualists, he proposes the current trend toward "total communication" should be tempered with reason and research. This selection advocates that emotionalism be replaced by more productive educational technology and individualization of instruction.

The philosophy, rationale, and application of "total communication" in the classroom is presented in the selection by Kent. Pioneered by the Maryland School for the Deaf and gaining national momentum in the 1970's this philosophy-methodology of teaching deaf children reflects a concern for meeting the communication needs of all children. The reader may evaluate the papers in this section from the discussion of Kent's points for individualizing education through "total communication."

The development and application of a "total communication" program for deaf children with special needs is provided by Bowe's second article. A chronological description of the impact this educational approach had on multiply handicapped deaf children is both revealing and startling. The intensive family involvement, tutoring in total communication and general parental guidance, proved to be not only necessary but integral components of the learning process for these children. The educational progress of children exemplified by those who were transferred back into conventional programs merits further experimentation and study of this approach in deaf education.

CRISES OF THE DEAF CHILD AND HIS FAMILY

Frank Bowe

Don Pettingill, the dynamic President of the National Association of the Deaf, has forcefully charged that the deaf child is typically bombarded with "can't, can't, can't." The result is the deaf adult who believes it. I was brought up bombarded with "can, can, can." It took me twenty years to believe it.

In large part, this is my story. I will approach crises of the deaf child and his family from my own personal experience as a deaf individual and as a professional in the field of deafness. I know of no better way to share with you my feelings about the meaning these crises hold for deaf people, their parents and the professionals to whom they turn for help.

I want to stress that the questions asked are critical to the solutions reached. Throughout the years, throughout the crises, the questions have too often been not so much what does the child need, but what do _I_ need as a parent, what do _I_ need as a doctor, what do _I_ need as an educator. So deeply ingrained is this pattern of thinking that the usual response to a crisis is "Why did this happen to _me_?" In the end, however, it is the deaf person who pays the fiddler.

Diagnostic Crisis

I was born deaf in my left ear. When I was four, a severe case of measles claimed the hearing in my right ear. A series of frantic visits to physicians followed this attack, culminating in one very long month in a huge New York City hospital where doctors taxed their ingenuity inventing ways to deny the diagnosis. For a four year old boy still in shock from the sudden deafening of the world, this experience was traumatic. By the time my parents finally brought me back to Pennsylvania, the doctors still had not made up their minds.

The crisis of diagnosis is potentially threatening to all concerned. The parent feels he is somehow to blame. The deaf child fears he may have done something very wrong. The physician may feel inadequate and uncomfortable. In their efforts to cope with sudden vulnerability, the participants sometimes lash out in strange ways -- the parent by irrational fault-findings, the child by tantruming or withdrawing, the physician by harshly rejecting the parents' suspicions.

What can be done? Certainly, efforts toward establishing earlier and more reliable diagnostic procedures such as newborn screening and sophisticated audiometric techniques can help reduce the prevalence of misdiagnoses. More important to me is a recognition that parents are often excellent diagnosticians of deafness, accumulating impressive evidence only to be rebuked by professionals. "He'll grow out of it," "It's just a phase" and "You're the ones I should be treating" are statements only too familiar to many parents. If the child were to write a book, "What Every Deaf Child Would Like his Parents to Know," he would doubtless include a chapter on how parental confusion and seemingly unending visits to physicians disturb him.

I am convinced that what most parents - and deaf children - need is not palliative procrastination but effective counseling, an opportunity to work through their feelings, and information about deafness. Professionals in the field of deafness have a responsibility to bring accurate and comprehensive information, especially in terms of appropriate referral sources, to the attention of medical students and practicing physicians.

"What Shall We Do Now?"

As I was beginning to adjust to my deafness, my parents began a second series of visits to physicians and educators, seeking advice about handling a deaf child. The choice presented to them by these professionals was a simple one: either they used signs, in which case I would never talk again and would sink into a dreaded underworld, or they took the oral approach, in which case everything would be fine. I don't have to tell you which choice they made.

The same kind of well-intended but misleading advice is still being offered today. To my own mind, there is no excuse for emotional sermonizing with frightened parents confronting unique problems for which they are seldom prepared. All too often, these unwarranted and totally inaccurate warnings induce a rigidity in the parents' thinking and block their responses to the real needs of the deaf child. My own parents, for example, were made fearful enough of signs to keep me from meeting another deaf person until I was 21 years old.

Parents groups, as I found recently in Pennsylvania, can provide much-needed opportunities for parents to realize that they are not alone, to talk with deaf adults and teachers of deaf children, to learn sign language, to discuss their feelings freely, and to share solutions to common problems.

As the teacher of a class of deaf children, I held weekly meetings with the parents of the children I taught. Entire families participated in these meetings, which were held in a different home each week. Whenever parents of recently diagnosed deaf children came to me for advice, I would invite them to visit the group with me. We would discuss together the problems involved in raising a deaf child and the resources available, with the parents sharing their concerns and insights.

It was Thomas Wolfe who said "You can't go home again." You can't go back with your new knowledge. The help must be there, the information must be accurate, the decisions must be made: these years can never be recaptured, relived nor redesigned to make maximum use of the deaf child's potential.

Educational Crises

Having made their choice for oral communication, my parents began learning how to implement this approach. Books were purchased, lipreading training begun, hearing aids obtained. I had been deaf since birth in my left ear, which appears to have made me rely naturally on lipreading. Later, when I lost my hearing in the right ear, this talent along with the prompt fitting of a hearing aid, enabled me to begin adjusting to the fact of my deafness. I had begun reading at three so I was, it seemed, rather well-prepared when the time came for me to begin school.

My parents had decided to let me try the local public school system rather than place me in special classes or schools. This decision, a very difficult one, represented the first of a long series of education-related crises.

One common crisis involves the first day of school. Especially if the school is residential, the child may become extremely agitated at the apparent loss of his mother. The crisis is further complicated by the difficulty parents and teachers have explaining this change to the deaf child. Parents, too, may fear losing the child to the residential school. From this inauspicious beginning, crisis follows crisis as the child progresses through school.

If he is integrated, he may be rejected by his peers, as I was. If he is in a residential school, he may try to escape. "Incidents" are variously reported by the child and representatives of the school, which may be more concerned with maintaining an image than in communicating openly with the parents. Principals may blandly promise the world, then cruelly reprimand the parents when the promise proves empty. The parents, for their part, may find it frustratingly difficult to penetrate the school's closed doors---and may be shocked when they do. The crises never seem to end.

Fortunately, many schools for the deaf maintain an open-door policy. They want more parental involvement, not less, and may even go out to the parents in an effort to keep them informed. The Maryland School for the

Deaf is, I think, an outstanding example of a school with this approach. Hopefully, the trend toward total communication will lead to fewer education-related crises for the deaf child and his family.

Crises of Family Stability

Oral communication imposed burdens and provoked frustrations in our everyday family life. Extraordinary efforts were required from my parents and my sister Robin to keep me informed and involved in daily occurrences. Nevertheless, I slowly but surely began drifting away from my family.

Bringing up any child is a crisis-filled experience. The tensions encountered in making decisions involving a deaf child, the emotional entanglements that seem inevitable, the frustrations induced by the failure to communicate and by the failure of the child to live up to the ideal planned for him, the difficulties both parents and deaf child have in resolving their feelings about the handicap--all of these can lead to crises involving the stability of the family.

Each member of a family presents his own unique needs to which he expects the others to respond. The introduction of a deaf child into the family often frustrates other family members, interfering with the gratification of their needs. The deaf child himself has important needs which must be met. The resulting constellation of competing demands may initiate a series of crises.

Quite often, the mother assumes primary responsibility for the care of the deaf child. Her husband may resent her seemingly exclusive devotion to the deaf child, as may other siblings. Sometimes the mother becomes very involved in deafness, attending parent meetings, arguing with school officials, traveling to national conventions. She may as a consequence frequently be absent from the family dinner table.

These strains on the marriage may lead to its dissolution. Other potential threats to the family include inability or refusal to accept a handicapped person in the family, parental disagreement on techniques of handling the deaf child, communication breakdown resulting in alienation of the deaf child from the rest of the family, and pressures from the extended family.

What can be done? It is my feeling that this is an intensely personal matter that can only be resolved by the family members themselves. My experience suggests that a group counseling situation might be most helpful. In a group of parents and relatives of deaf children, discussion of how having a deaf child in the family has affected each of them might encourage the group members to share problems and solutions.

Crises of the Self-Image

When I was in fourth grade, my best friend was a popular boy named Kenneth. Kenny and I were always together, in school and out. One afternoon as we were walking home with some other kids, he turned and pointed to me: "You...freak!" I quickly replied: "No, my name is Frank." But the look on his face hurt, as did the ensuing laughter. I ran home to ask my mother what the word "freak" meant. With tears in her eyes, she told me as gently as she could.

Soon thereafter, another boy in my class began beating me up on a regular basis. George would often hide in alleys and behind bushes waiting to attack me. All the weight-lifting and boxing lessons my father arranged were to no avail. George continued to attack me physically and verbally for the next eight years. It was not until later that I realized that this may have been his way of rebelling against his minister father who also wore a hearing aid.

A crisis of identity develops when the child becomes consciously and acutely aware of his differentness. His self-image may well be threatened. The deaf child totally integrated as I was has little opportunity to develop a healthy understanding of his handicap by identification with adult heroes and models. This is especially true if his parents refuse to tell him he is deaf.

The problem is not limited to integrated children. A deaf child in a school for the deaf which refuses to hire deaf teachers faces a similar dilemma. He has little opportunity to develop a realistic life goal, a dream, a hero. Let me share with you a story told by one teacher in a school for the deaf in a mid-western city. This school had recently switched to total communication and the teacher found herself surprisingly able to eavesdrop on conversations of the children. One day she saw three of them talking. "I've got five," said one boy. "Three," added a girl. "I have three years left too," said a second boy. The teacher, baffled, asked them to explain. They told her they were convinced that deaf people die at the age of fifteen--because they had never seen any deaf people beyond that age.

The crisis of the self-image knows no time limit. It may begin very early in childhood. Conversely, it may not hit with full force until the deaf youth transfers from a school for the deaf to a public high school. The deaf child needs exposure to successful deaf adults. He needs to understand his handicap, to know how it affects him. His self-image, his self-esteem, his self-confidence: without these, he is lost.

What is being done to help him in this vitally important area? I believe that the trend toward openness about deafness, of which the movement to total communication is a significant part, will contribute greatly to improved self-image among deaf persons. The National Theatre of the Deaf, newscasters such as Jane Wilk and Peter Wechsberg, and the Junior NAD program are vital. The Laurent Clerc committee at Gallaudet College is, I'm told, preparing a book of stories about famous deaf men and women. Martin Sternberg and I have revised the Deaf American interviews with deaf adults into a book of simplified interviews called

I'm Deaf Too: Twelve Deaf Americans. These models, however, are remote. The deaf child needs models he can see and know personally. Deaf teachers, deaf adults who becomes friends of the family, deaf professionals in the community can all serve to help the deaf child comprehend that deafness need not be a crippling handicap and that deaf people are capable of performing successfully in a wide range of trades and professions.

Crisis of the Dream

I made it through grammar school with ever-increasing difficulty. Junior high school presented even more problems. Instead of one teacher, I now had six. Lectures were assuming increasing importance. My grades began to drop, my social life which had never been much dropped to absolute zero as I struggled to keep up with my courses. The school recommended transfer to a less demanding program or to a residential school. Fortunately, one summer I took a week-long battery of intelligence tests which convinced me that what was holding me back was not stupidity but deafness. Incredible as it may seem to some of you, it had never really occurred to me that deafness was the reason for my 64's on vocabulary tests.

The crisis of the dream may erupt at any time during the child's school years. Yet so insistent are the school personnel that the child will succeed, so determined are the parents to have faith, that it is usually not until the child has reached his teens that the failure of the dream is acknowledged.

The deaf youth is failing, yet to remove him from his home and send him to an institution seems unbearably cruel. School personnel blame the parents; the parents in turn accuse the school. The deaf youth blames himself.

Existential Crisis

I was in high school yet not of it. I participated not at all in any school activities. In four years of high school, I had just one date. I seldom left the house, except occasionally for an athletic event. Even at home I rarely sought out visitors, preferring (rudely!) to curl up with a book or magazine. Although I did not recognize it as such, this was a crisis for me. Repeated efforts by my family to draw me out merely angered me. I was starving for deep, personal, committed interaction---and rejecting it.

Existential crisis is a common one for deaf youth, especially perhaps those raised in an integrated environment. Psychologists point out that the deaf individual may become passive and dependent, seemingly unable to become involved in the school's activities and unwilling to relate to his peers. He may live from day to day without any clearly defined goals. He may literally be attempting to avoid life.

What is it like---this existential anxiety? It is like living inside a glass box. You can see through, but somehow you can't reach out. Remembering those days, I think of myself walking slowly along the shore, barely touching the water as it streams inward. Water, of course, is a symbol of life---but I never saw myself plunging in.

Existential anxiety develops not so much from deafness as from the responses of people around the child to his deafness. Communication, which implies acceptance both of yourself and of others, can lead to community, to intimacy and to understanding. This is, I think, one of the greatest benefits of total communication in the home. David Denton has unforgetably described the reactions of families to total communication: "Jimmy has joined the family," and "Mommy and Daddy are deaf now."

Letting Go

I did not really begin communing until quite recently. In my junior year at Western Maryland College, my sister told me about the Maryland School for the Deaf. My immediate reaction was one of anger and rejection---of myself. I reluctantly accompanied her to the School one day---and at long last began to come home. It was literally a love experience. For the first time, I felt less like a stranger in a strange land and more like a member of a community. From that day on, with the immense help of the beautiful language of signs, I've slowly and painfully begun relating, communing and living.

At MSD I began letting go, releasing a bit, opening myself up. My parents, too, had to let go. They had to reconcile themselves to signs - a task which, considering the long years they spent raising me orally, they have performed very well. They had to allow me to venture out into what they feared would be a hostile world, to try my wings, to fly if I could.

Letting go was very hard for me after so many years of difficulty relating to people, of aloneness, and of feelings of inadequacy. Letting go was likewise difficult for my parents because my deafness so naturally bred protection in them, my needs so often led to dependence upon them.

I've seen the difficulty in others, from the tears of a young mother afraid to allow her five year old daughter to enter my class to a 72 year old mother still protecting her 49 year old illiterate son.

You must let go.

Somehow, my family and I made it through the crises. Today I am far from self-actualized but I am on my way. I earnestly believe I would not trade places with any one of you. I am myself, and proud of it.

When I was four years old, I learned that <u>can't</u> is a strong word. As I grew older, I realized that can is a stronger word. May it be so for every deaf child and his family--that theirs may be lives of <u>can</u> and <u>will</u> and is.

Thank you.

References

Bowe, F.G. "Some Notes on a Little Red Schoolhouse." American Annals of the Deaf, Vol. 118, No. 1, February, 1973, 17-24.

Denton, D.M. "Educational Crises." A paper delivered to the second national meeting of the Parents Section of the Convention of American Instructors of the Deaf, Little Rock, Arkansas, June 28, 1971. Printed in CAID Proceedings, U.S. Government Printing Office, 1972, 51-59.

Krippner, S. and H. Easton. "Deafness: An Existential Interpretation." American Annals of the Deaf, Vol. 117, No. 4, August, 1972, 440-445.

Pettingill, D. "Let's Can the Can't Syndrome." Gallaudet Today, Fall, 1972, 2-3. Reprinted in Deaf American, January, 1973, 21-22.

Sanderson, R.G. "Preparation of the Hearing Impaired for an Adult Vocational Life." Journal of Rehabilitation of the Deaf, Vol. 6, No. 3, January, 1973, 12-18.

Schlesinger, H.S. "Diagnostic Crisis and its Participants." In A. Norris (Editor), Deafness 1972, Silver Spring, Md.: Professional Rehabilitation Workers with the Adult Deaf, 1972, 29-34.

Schroedel, J.G. and W. Schiff. "Attitudes toward Deafness among Several Deaf and Hearing Populations." Rehabilitation Psychology, 1972, Vol. 19, No. 2, 59-70.

WHY CAN'T JOHNNY SHOW ME THE BALL?

Glenn T. Lloyd

A common, recurring theme we hear again and again is that the education of deaf children in the United States of America is a failure (Babbidge, 1965; Vernon, 1967). While we may not have been as successful as we would like, too often the blame for the failure may be inappropriately placed. For example, the failure is not laid, so much, to the lack of willing teachers (Babbidge, 1965) as it is the faulty methods (Vernon, 1967). Whether the method used for communicating with and developing the academic potential of children is the real problem has not been shown. Nevertheless, program after program is discarding a given methodology and adopting another with little regard for the need for objective analysis of the efficacy of different methods, either on the basis of individual child preference or group preference.

It is our position that no method is the right method. We do not have sufficient evidence to demonstrate superiority of one method over another. Rather, we are in a time of changing trends; changes based on less than rational bases. The major trend is toward "total communication" and away from the purely "oral" approach.

Originally, educational programs for deaf children in this country were almost wholly manually oriented. That is, development of communication skills, language, and academic progress was through the use of sign language. Very little attention was given to oral instruction or oral skills development on a formal basis. This condition persisted until about the 1860's.

A little over one hundred years ago, programs were begun which utilized a different approach which was a purely oral approach. In this approach no manual communication was used, nor permitted. This was also the beginnig of, what is often referred to as, the Hundred Years War. Until very recently, the war of methods was between the "manualists" and the "oralists." Neither camp attempted to demonstrate, objectively, that its approach was the better one. Apparently, it was easier to argue on the basis of faith ("I believe in . . . ") than to take the chance of being supported or not supported on an objective basis.

During the past decade, however, there has been a slowly growing awareness of the need for objective data and studies have been performed comparing some of the variables or differences. Generally, the manual language groups have tended to have superior academic levels of achievement, better social adjustment, and better speechreading skill. (Stuckless and Birch, 1966, Meadow, 1968). However, carefully controlled longitudinal studies have not been conducted with the exception of a study currently being conducted comparing groups of children in oral, fingerspelling, and "total communication" programs. It will be several years before this study will be completed, but preliminary results do tend to be in favor of the "total communication" groups (Moores, 1972).

The point of this is that given the fact that our educational programs have not been successful, we have the obligation to determine why. When we can make that determination, we have a basis to try different ways, but these should be done under carefully controlled conditions. As it is, we take the position that the educational programs have failed; the one common element has been that oral methods have been used in almost every program until the children reach the age of eleven or twelve and, therefore, the educational program has failed because of the oral approach. That <u>might</u> be true, but might there not be some other important factors? Therefore, it is hardly justifiable to make the jump from one methodology to another for <u>all</u> the children without approaching the question on something other than a "faith" or intuitive basis.

As a former classroom teacher, I have had the rather unique experience of having taught in programs representing the three major approaches. My first experience was under the Rochester Method at the Rochester, New York School for the Deaf. I taught in the New Mexico School for the Deaf using the Simultaneous Method (which many people feel is the same thing as total communication), and I taught in the Cincinnati, Ohio, day school program using the Oral Method. The two common ingredients in all programs were the use of speech and amplification. The differences were that in Rochester, I fingerspelled everything in most situations and in New Mexico I used signs and fingerspelling in most situations always in coordination with my speaking. I can honestly say that I observed, in all three programs, that the children who could speechread and/or who had a substantial amount of residual hearing were the most successful students within their classes.

Is it possible, then, that a deaf child must be a good speechreader and/or have a substantial amount of usable residual hearing to do well regardless of whether manual communication forms are also used? I don't know and I do not know that anybody else does. I can't even be sure the question is appropriate. Moreover, it is very possible that, not only do we not have answers to questions we may ask, we may not even be asking the right questions and, we may not even know what questions need to be asked.

In my experience, nearly every deaf adult and most hearing people conversant with manual communication claim that fingerspelling is unsuitable for deaf people at whatever age. For very young children, they say it is too difficult a visual task; he doesn't know words, so how can he read fingerspelling? Other complaints are that it is too visually tiring, it is boring, and it is too difficult to see at distances. For me, these are logical points which should be discussed. However, the basic fault here is that we do not have the slightest notion as to whether any of these points are valid. They may be valid for a person who grew up in an environment which presented a great deal of signing. The adult has been conditioned by what happened to him during his early years; by what he was exposed to. To be introspective and make judgements such as above is a faulty approach. I have raised the same points with a number of deaf people who were, from early childhood, raised in the Rochester Method. Difficult to see? Easily read at 50 feet and more. What happens if you miss some of the letters? You don't read the letters. You read the messages. Visually taxing? Not at all, in fact it is easier than sign because all of the English is presented. Boring? On the contrary, as animated and reflective of the personality of the person as anything can be. Admittedly, I have met only a few, no more than ten or so, of whom I asked these and other questions. They, who grew up with it, give the lie to every negative statement made about fingerspelling when it is contrasted with signing. Several of the people I have talked with have been upwards of seventy years of age and they still prefer the Rochester method.

If I were to go on just this basis, I would make the assumption that what is good for these people is good for all deaf people But I would be wrong. The only valid assumption that could be made is that the Rochester Method was appropriate for these people. There is absolutely no basis for going beyond that level. Until and unless we are willing to confine our statements to the limits imposed by the objective data we have, we can not in good conscience impose our will upon others.

We will readily admit that we may be able to do better. We will readily acknowledge that research indicates the oral only approach does not seem to benefit most deaf children, rather, it tends to inhibit their growth (Stuckless, Birch, 1966; Meadows, 1968; Vernon and Koh, 1970). But, we insist, that the trend toward more and more use of total communication has not been on the appropriate basis --- science. In fact, without a reasoned, cautious, carefully constructed experimental approach, we could be making the same accusations about total communication in twenty-five or thirty years as are being made about the oral only approach today.

To this point, I have tried to skip over, briefly, where we are today in terms of communication methodologies in relation to educational programs for children. We should also discuss another trend which extends back quite a number of years which is that of the shift of the deaf school population from residential schools to day programs.

Originally, virtually every school program for deaf children was totally residential. Generally, children went to school in the fall and stayed at least until Thanksgiving or Christmas, returned afterward and stayed until Easter or the end of the school year. It is as though school became the major domicile for the child and, in fact, a school was often officially called an asylum, possibly because of this. A number of years ago, a few day programs began to come into existence and in the 1960's day programs began to grow at a tremendous rate. Now, less than 50% of all children in programs for deaf children attend residential schools.

A major factor in the shift of school populations has been the social adjustment question. People argue, and studies tend to show that day school children have a higher level of social maturity. (Schlesinger and Meadow, 1973). The argument is then advanced that any and all deaf children would be better off in a day program because of the social maturity benefit. The arguments now extend to more socially normal relations with the peer group. This argument seems to be an article of faith by those who claim the advantage. We don't however, have substantial objective data to support this contention.

In my experience as an educator, I have had the opportunity to observe this "social interaction" in a day school environment. On the playgrounds, the deaf children played by themselves. There was virtually no play between the hearing and deaf children, at least where it was free choice. This observation was at the elementary age level. At the junior high school level, there was limited social interaction. One boy was participating on the swimming team and another boy was in a drafting class with regular students. The deaf children did not otherwise mix with the hearing children. In addition to these experiences I had while a classroom teacher, I have also had opportunities to visit programs where regular schools housed classes of deaf children. Again, no observable social interaction seemed to have taken place.

Returning to the methods controversy, in part, I have met and talked with several prelingually deaf adults who went through school in regular classes. All of them have intelligible speech, easily intelligible. All of them are remarkably good speechreaders. All of them are well educated, in most instances holding advanced college degrees. None of them grew up with signs or fingerspelling. Most of them are now proficient in manual communication and each one has told me that manual communication opened up a whole new world vastly more satisfying than the old. They speculate that they would not have experienced the loneliness they did experience if they had only been in a situation where they would have had satisfying social relationships. The implication is that if they had been able to associate with other deaf children and youths, communicating in the way most meaningful to them, they would have been able to develop more satisfying social relationships. I am oversimplifying, perhaps, because there were good family relationships, but there was almost complete absence of peer social relationships in spite of the excellent oral communication skills these deaf people possessed. Would they have accomplished less if they had grown up in an environment where there were other deaf children and manual communication were used? Who can say? I would guess that they would have done better.

In all of this, we repeatedly come face-to-face with basic reality considerations which must be recognized. Unless we can place the deaf child in an environment where he can have free choice or availability to a variety of communication modalities, we restrict his developmental potential in almost every important way. It is most important that the deaf child have the opportunity to benefit from the communication going on around him and this is precisely where the concept of "total communication" gets into the picture. I have found too many people using the term without understanding it. This is true with deaf people as well as normally hearing people; professionals as well as non-professionals. Total communication, quite simply, is a philosophy which proposes that any and all forms of communication be used in the deaf child's environment. It does not mandate all forms of communication for all children. It proposes to allow the child to direct which forms shall be most stressed with him. He may learn manual communication without having to rely on it in every situation. He may learn manual communication and have to rely on it in nearly every situation. How he reacts to various communication modes tells us how to proceed with communicating with him.

Now that last point is rather important. When we study the process of communication development in children, we observe that a certain progression of conditions does in fact occur. We are not the least bit surprised that a normally hearing child is unable to say words or phrases immediately after hearing them for the first time. Yet, a deaf child is expected to repeat words and phrases back after having seen them for the first time. Virtually! We show him a ball. We hold it up by our face and say, "This is a ball." We put it down and ask him to show us the ball and, when he finally does, we ask him to say the word. Basically, that is how it has been done. Obviously, such an approach has to fail.

I have been in classes where "innovations" have been introduced. The teacher is now using the Rochester Method. She does the same thing with the children, very often, except she fingerspells too and expects the child to fingerspell back to her. This is ridiculous. Nothing has changed. The child may be expected to continue to fail. We study normally hearing children to develop operational principles on the basis of what steps are revealed. We then go to the classroom and try to teach the deaf child each individual word--it is surprising that the curriculum guide isn't Webster's International Dictionary.

What I am trying to say is that a great deal of study is necessary in the area of curriculum. We need to develop innovative educational programs. We need to involve families. We even need to find ways to involve the deaf children themselves. The requirements for innovative educational programming must be recognized and met, independent from the methods controversy.

We must get to the point where we can deal with individuals on the basis of their needs. We become so blind, oftentimes, because of what we see as important, we completely forget about the individual child: the system fails the child. I recall, and am forever regretful, how my own ignorance interfered with the educational program of a deaf teenager. This child had a progressive hearing loss. He was in the school for deaf children because he could not get along in a regular school. Because he had good speech, naturally, I was anxious that it be preserved. Consequently, I insisted that he use his speech in my classroom along with manual communication. He refused. I insisted. He continued to refuse, wanting to use manual communication only. We went to the principal's office and I explained the situation. The child agreed that what I said was true. The principal supported my view and spent a lot of time trying to make it clear to the child what our intent was. Ultimately, because the child would not comply, the school refused to allow further attendance. At the age of 16, the child's formal education was over. The sad part of the story, I am convinced, is that nobody at the school recognized that speech conservation was not the problem. The real problem was that the child was apparently not able to deal with the trauma of deafness. It is possible that, if we had understood the child's problem, the desirability of good speech would have been placed in its proper perspective and we might not have failed the child.

Another interesting case of failure to understand an individual's real problem occurred with a young man who, because of an accident, had become deaf and subsequently enrolled at Gallaudet College. This is not intended to be an indictment of Gallaudet, but an illustration of how the individual and his needs can be lost in the emotions of methods. At any rate, the young man was told he would have to learn manual communication. He opposed this ultimatum, maintaining that he had no use for it. He is an excellent lipreader and retains excellent speech. The student was forced to capitulate but he extracted his revenge by working and studying so hard in all his classes that the other students reacted negatively to him. I think he was a senior before he even really acquired any manual communication skills and never really had a very satisfactory social life, simply because he was so at odds with his counselor over the issue of manual communication. The real problem, as with the youngster I had failed, was that he was not able to accept the fact that he was deaf and would never hear again. He sincerely believed and wanted to believe that one day he would regain his hearing. Nobody considered his need for counseling and guidance. The only guidance he received was a dogmaticism that, in effect, said that he was deaf and, ergo had to learn to communicate manually.

Our position at the New York University Deafness Research & Training Center is that there _is_ a proper philosophy. That philosophy is one which provides for individual differences and individual needs.

We require all students with a concentration in deafness to acquire manual communication skills (if they do not already possess them). This is true regardless of which field the student is preparing for. Our reason is simple: we are preparing professionals for service to deaf people. In the case of teacher education, it is my position that a college or university has a responsibility to the field. Since the field is made up of schools and programs in which different philosophies as to methodology exist, we must equip the student with as many of the basic tools as possible so that each may be eligible on the basis of communication skills required.

I have, at the University of Tennessee as well as at New York University, been adviser and program director for students who, after graduation, taught in Oral programs, Rochester programs, and "Total Communication" programs. Some of the students have been and continue to be avowed "oralists." We make no effort to convince students to be "oralists" or "manualists" nor any other "ists." We try to convince them that the child's needs are what should determine modes of communication. At the same time, we attempt to develop in them a responsibility for ethical behavior so that, regardless of one's personal "beliefs," the school dictates policy to which they must adhere.

Very often the new teacher recognizes "truth" where the administration fails to do so. "Truth" in this instance is that the method of communication used in the program is "wrong." Whether it is, however, is not nearly so important, as a responsible, intelligent approach to the question. Until and unless we reach a point of willingness to do serious, honest appraisals, there can be no basis for methodological upheavals. In other words, if what we have been doing is inadequate, let us find out in which respects it is inadequate. Let us develop an evaluation model based on an individual pupil approach. Let us institute changes in practice (and not just in verbosity) which will allow us to make critical comparisons between methodologies on individual pupil bases.

References

Babbidge, H.D. (Ed.) Education of the Deaf: A Report to the Secretary of Health, Education, and Welfare by his Advisory Committee on the Education of the Deaf. Washington, D.C.: Dept. of Health, Education, and Welfare, 1965.

Meadow, K. Early manual communication in relation to the deaf child's intellectual, social and communicative functioning. American Annals of the Deaf, 113, 1, January, 1968, 29-41.

Moores, D. Unpublished research report, 1972.

Schlesinger, H. and K. Meadow. Sound and Sign. Berkeley, California: University of California Press, 1973.

Stuckless, E.R. and J. Birch. The influence of early manual communication on the linguistic development of deaf children. American Annals of the Deaf, 111, 2, March 1966, 452-460; 111, 3, May 1966, 499-504.

Vernon, M. The failure of the education of the deaf. Reprint, 1967.

Vernon, M. and S.D. Koh. Effects of manual communication on deaf children's educational achievement, linguistic competence, oral skills, and psychological adjustment. American Annals of the Deaf, September, 1970, 115, 4.

TOTAL COMMUNICATION AT MARYLAND SCHOOL FOR THE DEAF

Margaret S. Kent

Obviously the most significant problem in the education of the deaf is that of finding more effective ways of teaching language and communication to very young deaf children. An attempt to face that problem was made on March 13, 1970, when the superintendent of the Maryland School for the Deaf, David M. Denton, stood before an audience made up of representatives from professional organizations at the Conference of Executives of American Schools for the Deaf, the Convention of American Instructors of the Deaf, the Alexander Graham Bell Association, state, Federal, medical and educational agencies concerned with the education of the deaf to announce that the Maryland School had officially adopted Total Communication.

Total communication is the right of every deaf child to learn to use all forms of communication so that he may have the full opportunity to develop language competence at the earliest possible age. This implies introduction to a reliable receptive-expressive symbol system in the preschool years between the ages of one and five. Total communication includes the full spectrum of language modes: child-devised gestures, formal sign language, speech, speechreading, fingerspelling, reading and writing. Every deaf child has the opportunity to develop any remnant of residual hearing for the enhancement of speech and speechreading skills through the use of individual and/or high fidelity group amplification systems.

Learning to communicate starts in the home between the parents and the child. It evolves from primitive gestures and sounds to sophisticated forms of linguistic interaction. The parents of the deaf are not asked to become teachers any more than are the parents of the hearing child. They are encouraged to deal with their deaf child in the normal everyday experiences using a medium of communication understood on both sides.

Dr. Richard G. Brill, superintendent of the California School for the Deaf, Riverside, in a recent paper conceptualized the issue as a common problem confronting all educators of the deaf regardless of the type of school, oral or combined. He referred to the problems of individual differences in deaf children, the effects of relying on speechreading as a receptive channel for learning a new language, the assumption that manual communication inhibits oral skills and emotional problems arising from frustrations to communicate. Dr. Brill stated:

> "The evidence seems quite clear that total communication is what is needed for all deaf people from the youngest years to the oldest. Communication is not speech or speechreading alone. It is not vocabulary building or word recognition alone. Communication is the person's ability to use his language for expressing ideas, needs, and feelings. As Meadow points out, a four-year-old hearing child not only has the vocabulary of from two to three thousand words, but in addition he follows the rules of grammar and syntax that enable him to combine these words in many meaningful ways. The typical deaf child of the same age with exclusively oral communication has only a few words at his command and rarely expands these few words into expressions for additional meanings."

Dr. McCay Vernon, professor of psychology at Western Maryland College, and editor of the American Annals of the Deaf, in a recent paper on "Myths About the Education of Deaf Children" discussed the myth that sign language negatively affects speech, speechreading, written language and academic achievement. Summarizing research by numerous investigators in the 1960's Dr. Vernon states: "Thirty percent of deaf children leave school at age 16 or older functionally illiterate. Sixty percent leave having achieved at fifth grade level or below and only five percent attain tenth grade level. From the age of 10 years to the age of 16 the average gain in reading on standardized achievement tests is 8 months. At age 16 the mean reading test score of deaf youth is grade 3 and 4."

My own experience in the Maryland School for the Deaf corroborates Dr. Vernon's statements. There is a growing demand for the residential school to accept students who have failed in other educational programs. Parents, administrators and social workers plead for the admission of children who are eight, nine, ten years of age and older who have not learned to speak nor speechread, read nor write. When we evaluate them for our program we find they are usually profoundly deaf from birth, demonstrating normal intelligence, but having no reliable means of communication. Speech and speechreading skills may have some functional value but are inadequate to sustain language growth. Reading is seldom above a second or third grade level and writing is almost incomprehensible.

Many of these children demonstrate an inhibition or aversion to language which is difficult to overcome. Behavior is characterized by distrust of adults, tantrums, and over-indulgence. Many of the children are wearing hearing aids but rarely are they receiving maximum benefit from amplification. Frequently the hearing aid is in disrepair, outmoded or of inappropriate gain for the severity of the hearing loss.

To plan a realistic program for these children and deaf children in general, is an educational challenge requiring the full resources of our school. It is our view that these children are not suffering from an inability to learn language but rather from the lack of opportunity to learn language. They have not had sufficient language experience in school nor at home to generate their own language rules.

How can this language lag be overcome? The answer is not always readily apparent but many of these children begin to make progress as soon as they acquire an "unambiguous symbol system" to begin to exchange ideas through the give-and-take of conversation. These language retardates probably learn as much language in the dormitory in trying to communicate with other deaf children as they do in the classroom. When we can provide the opportunity for parents to learn to communicate in a meaningful way with their deaf child many of the emotional frustrations in the home begin to disappear and the deaf child becomes truly integrated into the family.

I would like to consider four aspects of deafness which I believe lend further support to the need for total communication. They are etiology, onset, degree of hearing loss and family milieu.

Etiology: By etiology we are referring to the cause of deafness. The population of a school for the deaf can be divided into two groups--those who are deaf from hereditary causes and those deaf from accident and/or disease. Deafness due to heredity presupposes an intact central nervous system except for a few known genetic syndromes involving the auditory and brain mechanisms. Since it is assumed deafness is transmitted in the genes, learning for most of the hereditarily deaf children in a school for the deaf would not be expected to be unusually difficult, all other factors being equal, except for the limitations imposed by the hearing impairment.

In the Maryland School for the Deaf we have established that at least one-fourth of our school population is hereditarily deaf, that is, they are deaf children of deaf parents. This relatively large group of familially deaf children is due to our proximity to Gallaudet College and the opportunities for employment for the deaf in various United States government agencies in the Washington area. It is readily apparent these children start school at a readiness level superior to all other children in our school. Their use of language is qualitatively and quantitatively advanced. It is not uncommon to find them using complex syntactical language structures and abstract thought by the ages of seven and eight. When academic achievement is plotted on a grid their progress is consistently higher throughout their school careers. Some of them are able to skip the preparatory year at Gallaudet College and enter the freshman class. They often reach this level of achievement at an early age, 15 and 16. On the other hand deafness due to accident or disease accounts for approximately three-fourths of our school population. The etiology suggests a greater probability of central nervous system involvement in varying degrees. Thus language learning may be complicated by behavioral deviations such as hyperactivity, distractibility and disinhibition. Diversified programs with a wide range of educational goals are needed to meet the varied needs of such a school population.

Onset: Onset can be divided into three categories on the basis of the time the disability occurred--prenatal, perinatal, or postnatal, that is, before birth, at birth, or after birth. It is logical to assume the earlier the onset, the more diffuse and therefore more severe the handicap. For example, an accident or disease which attacks the fetus, such as maternal rubella, is apt to have more complications than an illness which occurs in childhood. When the rubella virus strikes during the first trimester of pregnancy, children may be born with heart lesions, eye cataracts, motor disabilities or mental retardation along with a hearing impairment. At the present time one-third of the 124 children of our primary department are rubellas.

Analysis of our entire school population indicates that nine in ten are born deaf in contrast to five in ten thirty years ago. This means most of today's deaf children never had the opportunity to acquire language normally as contrasted to half of the school population of past years with normal language experience before the onset of deafness.

Advances in medicine, specifically the introduction of antibiotics in the treatment of childhood diseases, has greatly reduced the incidence of deafness due to illnesses. On the other hand, medical science has also been responsible for the increase in the survival of many children suffering traumatic birth conditions. Consequently the task of learning language can be expected to be more difficult for nine-tenths of our school population due to early onset.

Degree of Hearing Loss: When we look at the audiograms of the children in our school we find that three-fourths of the population is profoundly deaf. That is, the average decibel loss across the speech range (500-2000 Hz) is 91 dB plus ISO values. The remaining one-fourth is severely hard of hearing (71-90 dB).

We also find that 80 percent of our students can benefit from the consistent use of individual and/or group hearing aid equipment. For those who are primarily auditorially oriented usually with a range extending out to 3000, 4000 Hz, amplification can be expected to make a significant contribution to aural-oral skills. The children learn to associate auditory clues to enhance speechreading and speech production; however, for the congenitally deaf child with a fragmentary loss, we have found it is unrealistic to expect minimal auditory clues to aid substantially in the development of language. Yet with consistent visual reinforcement either in the form of signing, fingerspelling or the written language, many of these children improve their speech and speechreading skills. For the segment of our population classified as visually oriented with little or no response to sound, amplification may assist in vowel discrimination, voice quality or in the last analysis serve as environmental contact, as an alerting or safety device. We consider amplification a significant aspect of total communication.

Family Milieu: We are increasingly aware of the relationship of family milieu to the psychosocial and linguistic development of the deaf child. In this sense the children in our school can be grouped into two main categories, those with deaf parents and those with hearing parents. The advantages enjoyed by the deaf children of deaf parents are readily apparent. These children are psychologically and linguistically advanced when they enter school. Language has been established at a very early age and interpersonal relationships between parent and child are well developed. On the other hand, the deaf children of hearing parents, who make up the larger proportion of our school population, reflect the confusions and stresses of learning to cope with deafness. These children run all the risks of psychological isolation and severe language retardation. Too often on admission to school at four and five they have not learned language in any form despite "preschool." Progress for these children is usually laboriously slow especially when there is little or no visual language experience in the home. These children grow up grossly under-stimulated and make up the large percentage of underachievers in their terminal school years.

Psycholinguistics: We are beginning to have a clearer understanding of the process of language acquisition by all children. Informational breakthroughs have been provided by linguists as Brown and Bellugi, McNeill, Lenneberg, Chomsky, Tervoort, and Van Uden. Writing on "Psycholinguistics and Deafness" Moores states:

> "Language learning is not such a passive process as had been assumed. A child learns his language by interacting with it, by actively coping with and manipulating his environment. He does this on the basis of unsystematic, usually unplanned language input. It appears that the child develops his language through a number of successive, increasingly complex stages and it is possible that the structures at the earliest most primitive levels are similar for all children no matter what language their parents speak."

We have attempted to translate in the form of a diagram this concept of language development of the young deaf child with a profound impairment from birth. In the initial interview with parents, we routinely ask how their very young deaf child communicates. The mother tells us how the child takes her by the hand to show her what she wants or will point to the milk in the refrigerator when he wants a drink. We have labelled this "point and show," indicating the most elementary attempt by the child to ask for something. The resourceful child soon invents some obvious gestures for sleeping, eating or going to bed. When encouraged, many deaf children develop an elaborate gesture system understood within the family. The adult deaf refer to these gestures as "home signs" recognizing that their own deaf children go through this developmental stage, too. It is important to note that the meaning of these signs is clear to the child since they are self-initiated and not superimposed by an adult. For this reason we view individual gesture system as an important manifestation of the ability to symbolize. These primitive gestures evolve naturally into a more formal language of signs when signs are encouraged and used with the child.

The next step is to associate speech and speechreading with signs. When the adult speaks as he signs, the child is soon attempting to say the word along with signs and it is not too long before he can respond to the speechreading in the same manner. This is learning by conditioning, the simplest most effective way of learning. We have noted that the child finds it easier to respond to speechreading after he makes speech attempts. The profoundly deaf child does not have to wait until he is four or five years old for this to occur The deaf child of deaf parents begins this process at the same age as the hearing child, between the ages of one and two.

This year our four-year-olds of hearing parents were in school only a week when they were telling me in signs and gross mouth movements, "Mother-father-home-bus." A four-year-old of deaf parents was responding in a more sophisticated way to questions as, "What is you name?" He could fingerspell his first name. "How old are you?" He put up four fingers and mouthed "f." "Where is Ben?" He signed, "school." "Where is mother and father?" He signed, "home" with a simulated speech response.

It is only after the child has a symbol system he can use that he begins to generate language through experimentation. Language expansion and enrichment need to go on wherever the child happens to be, at home, in school, in the dormitory or on the playground. It is essential that the adults in each of these environments reflect back to the child the language he needs to use. In this context we are involving parents, teachers, houseparents and all staff in improving their communication skills. Manual communication classes are conducted on the school campus, around the state by school personnel through the auspices of the PTCA and through adult education classes in urban school systems.

We feel a great need to document the effects of total communication and to refine the concepts as we understand them more clearly. In the meantime we are prepared to state:

1. Signs are the easiest means of getting the very young congenitally deaf child to communicate in the true sense of the word, that is, expressing his own ideas. When this happens we see positive changes in behavior, and interpersonal relationships. The deaf child joins the family at home and at school.

2. Signs reinforce speechreading and audition when the adult (teacher, parent, houseparent) signs and talks simultaneously and the child is using amplification adequate for his needs. For the child who cannot benefit from amplification (very few in number) signs reinforce speechreading. Speech for him must be developed purely on a kinesthetic basis; however, language is not negatively tied to his progress in speech.

3. When speech and signs are practiced simultaneously, syntactic structure is more apt to be incorporated. This is usually how the hearing person learns to associate signs with words. The combination of speech and signs provides a syntactical model for the deaf child to imitate both visually and auditorially. When a deaf adult uses speech with signs, he is forced to organize his signing syntactically. Consequently, the deaf practice their oral skills and the hearing practice their manual skills. The result is better communication on both sides.

4. Audition (high gain amplification) reinforces aural-oral skills (speech and speechreading) for many deaf children when it is used consistently and when the equipment is of a quality to reach the hearing impairment. Success in this area is primarily dependent upon auditory feedback or the degree to which the child can hear his own as well as the speech of others.

5. Fingerspelling reinforces reading and writing. Fingerspelling requires a similar level of maturation and background of language experience as reading and writing. Signs provide the "coin of exchange" for transmission of ideas and for the generation of syntax at a very early age.

In the final analysis, it has been the living example of the familially deaf children and their deaf parents from whom we have learned the most. They have demonstrated to us patiently and clearly the heights to which our deaf children can aspire. It is our aim to provide this same opportunity for all profoundly deaf children to have total communication from an early age. "Total communication is an all inclusive system and not an arbitrary exclusive method." John Gardner in "No Easy Victories," has said, "America promises that everyone shall have a chance to achieve his full potential, and education is the chief instrument for making good that promise. It is the path to individual fulfillment. Our aim is to make it an avenue broad enough for all to travel."

References

Alterman, A.I. Language and the education of children with early profound deafness. American Annals of the Deaf, 115, 1970, 514-521.

Babbidge, H.D. Education of the Deaf. A Report to the Secretary of Health, Education and Welfare by an Advisory Committee on the Education of the Deaf. U.S. Department of Health, Education and Welfare, Washington, D.C., 1964.

Brown, R.W. and Bellugi, U. Three processes in the child's acquisition of syntax. Harvard Educational Review 34, 1964, 133-151.

Chomsky, N. Syntactic Structure, The Hague, The Netherlands, 1957.

Communication Symposium, Maryland School for the Deaf, Frederick, Maryland, 1970.

Craig, W.N. Effects of preschool training on the development of reading and lipreading skills of deaf children. American Annals of the Deaf, 109, 1964, 280-296.

Denton, D.M. A study in the educational achievement of deaf children. Proceedings of the 42nd Meeting of the Convention of American Instructors of the Deaf, Flint, Michigan, 1965, 428-438.

Furth, H.G. Piaget for Teachers. Prentice Hall, Englewood Cliffs, New Jersey, 1970.

Furth, H.G. Thinking Without Language: Psychological Implications of Deafness. New York, Free Press, 1966.

Hofsteater, H.T. An experiment in preschool education: an autobiographical case study. Washington, D.C.: Gallaudet College, 1959.

Yenneberg, E.H. The biological foundations of language. Hospital Practice, 2, 1967, 59-67.

Meadow, K.P. Early manual communication in relation to the deaf child's intellectual, social, and communicative functioning. American Annals of the Deaf, 113, 1968, 29-41.

Montgomery, G.W. Relationship of oral skills to manual communication in profoundly deaf students. American Annals of the Deaf, 111, 1966, 557-565.

Moores, D.F. Projected trends in language development for the deaf. Deaf American, 20, 1967, 5-7.

Moores, D.F. Psycholinguistics and deafness. American Annals of the Deaf, 115, 1970, 37-48.

McNeill, D. The capacity for language acquisition. Volta Review, 68, 1966, 17-33.

Phillips, W.D. Influence of preschool training on achievement in language arts, arithmetic concepts, and socialization of young deaf children. Doctoral dissertation, Teachers College, Columbia University, 1963.

Quigley, S.P. The Influence of Fingerspelling on the Development of Language, Communication and Educational Achievement in Deaf Children. Department of Special Education, University of Illinois, Urbana, 1968.

Quigley, S.P. and Frisina, D.R. Institutionalization and Psychoeducational Development in Deaf Children. Council for Exceptional Children Research Monograph, Series A., No. 3, 1961.

Stuckless, E.R. and Birch, J.W. The influence of early manual communication on the linguistic development of deaf children. American Annals of the Deaf, 11, 1966, 452-462.

Tervoort, B.T. and Verberk, J.A. Analysis of Communications Structure Patterns in Deaf Children. Groningen, The Netherlands, 1967.

Van Uden, A. A World of Language for Deaf Children, St. Michielsgestel, The Netherlands, 1968.

Vernon, M. Multiply Handicapped Deaf Children: Medical, Educational, and Psychological Aspects. Washington, D.C.: Council for Exceptional Children, 1969.

Vernon, M. and Koh, S.D. Early manual communication and deaf children's achievement. American Annals of the Deaf, 115, 1970, 527-536.

SOME NOTES ON A LITTLE RED SCHOOLHOUSE

Frank G. Bowe

Prologue

A month by month series of notes describes problems and progress in the inauguration of day classes for deaf and hard-of-hearing children in Pennsylvania. With cooperation from Central Susquehanna Intermediate Unit for Special Education and Bloomsburg State College, the class begins with two students and grows to seven. Total communication is used in a prescriptive approach to teaching. Schedules of work are both open and structured, depending on the ability of students to read and work independently. Students progress in behavior and in speech, speechreading, reading, writing, social adjustment, and receptive and expressive language.

Each new school year witnesses the inauguration of new day classes for deaf and hard-of-hearing children in communities across the country. Some are established after intensive parental pressure; others appear by administrative fiat.

Almost every such class faces tremendous problems in starting from scratch. Classrooms must be located and equipped; children identified; transportation arranged; qualified teachers located; and supportive services provided. Some classes never even get off the ground; others struggle through the year with one or more vital resources lacking; a fortunate few are able to provide a good education for the children.

The literature is replete with polemics over the merits of day schools and classes versus those of state residential schools. The debate, of course, has never been completely resolved. Education in both forms continues even as the arguments rage.

The debate will not be reiterated here. It is not the purpose of this paper to engage in polemics. Rather, this is the story of some people working together to provide an education for seven children. These are, literally, notes on a school year just completed. We made mistakes, committed errors, failed. Many of our mistakes will be readily apparent to the sophisticated reader. Yet somewhere along the line we must have done something right, because the children learned. The story which follows is true. Only the names of the children have been changed. This is what happened as I saw it:

August: A meeting with Mr. Russel Gilbert, director of special education for the Central Susquehanna Intermediate Unit. The CSIU consists of five central Pennsylvania counties--Columbia, Montour, Northumberland, Snyder, and Union. Mr. Gilbert is interested in establishing a class for deaf children. No such class has existed in this area although a number of schools have accepted hearing-handicapped students into their "special" classes.

Mr. Gilbert recognizes the inadequacy of placing deaf children in classes of learning disabilities or mental retardation, yet has been unable to surmount two basic problems. One is the lack of suitable classroom space. He expects this problem to be resolved if only the second can be met: the lack of teachers qualified to work with deaf children and willing to teach in the area.

I am here because this is my home, the site of my birth and education. With my spanking new master's degree from Gallaudet College, I am hoping to help begin services that were not available when I needed them.

A few days later I have a meeting with Dr. James D. Bryden, chairman of the department of communicative disorders, at Bloomsburg State College in Bloomsburg, Pa. The department includes programs in education of the deaf (undergraduate and graduate), speech pathology, and audiology. Dr. Bryden indicates a willingness to provide a room for the class, complete with the necessary equipment. The college setting would also benefit the class because the department would be able to provide audiological and speech therapy services for the children.

The class would offer an opportunity for students in the college to become more familiar with deafness. Majors in education of the deaf might be able to acquire some experience working with the children. The one-way mirror covering much of one wall allows students to observe the class.

It seems to be a mutually beneficial arrangement. One drawback is that many of the children live some distance from the college. Nevertheless, we decide to go ahead with plans for the class in the college.

September: A month of planning. This will be the first such class in the area, with all that implies in the way of administrative red tape and community unfamiliarity with deafness. Much of my time is spent visiting the many schools in the five-county area, talking about deafness with teachers, and supervisors, and identifying candidates for the class. Transportation to Bloomsburg must be arranged; this proved to be one of our biggest problems. Materials must be ordered, the classroom equipped. It is decided to bring children into the class gradually, as transportation is arranged. We select two young boys from Sunbury to be the class's first students. They will be driven to and from the college by BSC students commuting from Sunbury.

October: Finally, the class begins. We still do not know the exact extent of the boys' hearing losses, nor do we have extensive information on their interests and abilities. We have to schedule a period of diagnostic teaching in order to ascertain each child's strengths and weaknesses, while more objective tests of their hearing and abilities are arranged.

Jimmy, seven, and John, four, are already lose friends. Both were attending a class for retarded children before they entered our class. Neither is deficient mentally. In fact, Jimmy's record indicates an I.Q. of 130. John's intelligence never has been formally evaluated. We found later that his intelligence is within the normal range.

Neither has functional speech. Jimmy, whose loss is moderately severe, has developed an elaborate, highly sophisticated gesture system which he uses in place of speech. He has learned to say several words, but only rarely does he choose to rely on speech to communicate. He can read the letters of the alphabet and his name. In arithmetic, he can name the numbers to five. At home he is very independent and difficult to control. His application for admission to the Pennsylvania School for the Deaf in Philadelphia has been rejected, for obscure reasons.

John has spoken, at one time or another, four words. He cannot read at all, nor can he count. At home he communicates mainly through smiling or crying, although he occasionally gestures. His parents report him to be very difficult to manage and that his main activity seems to be "whining and squealing." His hearing loss is severe and he wears a binaural aid.

My belief is that these children can benefit from total communication. What I will try to do this year is to provide prescriptive approaches in my teaching, giving each child what I perceive he needs. In order for my teaching to be most effective, the boys' parents would need to learn to sign and to read their children's signs. John's entire family, including his parents, brother, aunt and uncle, grandmother and grandfather attend the sign classes we begin. Jimmy's mother, however, drops out after one class.

At school, each child is soon fitted with special hearing aids after their hearing has been tested. They are receiving speech therapy for an hour daily from students in speech pathology, under the direction of their supervisor.

Administration of the primary version of the Metropolitan Achievement Test battery reveals that neither is adequately prepared for beginning first grade work. We begin with intensive language therapy. One hour a day is devoted to the new Monterey language program, on which I have recently been trained. We also make extensive use of pictures for learning names of objects and processes. In math, we begin with the Cuisenaire rods. For much of the day I follow the children in their activities, talking to them in speech and signs whenever I can catch their attention, no easy task.

Still, they are learning.

November: Transportation is finally arranged for Beth, who lives in Watsontown, where she has been repeating kindergarten. At six, she can speak and lipread quite well when she is with her parents. Yet in six hours of observation in her kindergarten class, I cannot perceive any evidence of her ability to do either. Her hearing loss, while similar to Jimmy's in severity, was fortunately detected early. She has received some speech therapy and has been helped immensely by her parents' instruction at home. She is a model child who seldom causes problems.

Jimmy and John who have become accustomed to having the classroom to themselves, appear a bit nervous when Beth first enters the room. Soon, however, they are miniature Lothario's competing for her attention. Speech therapy is quickly arranged and she receives a hearing aid.

It is a bit difficult to decide how to communicate with Beth. Her speech, while good for a child with her loss, suffers from her lack of confidence in communicating with others and from her urge to talk rapidly. It soon becomes clear that the two boys cannot understand her, nor can she understand them. Feeling that signs would help the three of them communicate, as well as improving Beth's speech by increasing her confidence and forcing her to slow down, I decide to use total communication with her also, despite some rather vocal opposition from the speech and hearing professionals in the department. It should not be necessary, however, for her parents to learn signs.

Soon after Beth enters the class, I begin a daily, hour-long sign class for the students at the college. Many have become interested in the children and in deafness, and I have received several requests for sign lessons. The sign class, which at first includes five students, soon explodes. By the end of the month we have to begin a second class to accommodate the 50 BSC students attending daily.

One student in particular, Paula Marut, shows special interest in the class. She has already worked three summers with deaf children and can fingerspell quite well. She volunteers to help out in the classroom and to accompany us to lunch. Despite her freshman status, she quickly demonstrates her skill and becomes a valued member of the class.

December: It is a delight to watch the children communicating. Jimmy and John have improved tremendously. Perhaps most impressive is their improvement in social adjustment. From difficult-to-manage hyperactive boys, they have evolved into much more attentive students and give strong evidence of eventual ability to concentrate on learning tasks for comparatively long periods of time. In two months, they have picked up literally hundreds of signs and words. At last, I can make requests such as "Please go to the bathroom and bring me four paper towels"--and get them. I can also tell them what time they will have speech therapy that day, what is on the menu for lunch, as well as a host of other, seemingly simple things that make the class function smoothly.

Beth is learning signs so fast that she soon outdistances both boys in mastery of the language. She often walks around the room signing and speaking the names of things she sees. All three children eagerly tell me what happened at home the night before, what they saw on their way to school, how they feel.

Their own original communication is rarely in the form of complete sentences. Rather, they use one- and two-word holographic structures, both in speech and in signs. Sometimes their utterances are longer. John, for example, hurries into the room one morning, points to a slight bruise on his arm, and says (in speech and signs): "Jimmy, hit, bad, ouch!" My response, also in speech and signs, is: "Oh, that hurts! Jimmy was bad." Jimmy, of course, springs to his own defense. He, too, receives attention, sympathy, and a complete sentence expressing his ideas. I am using some Rogerian responses and a bit of the Simmons approach.

Their enthusiasm and delight in communicating is a joy to watch. I have seen many deaf children in oral classrooms who are hesitant to initiate conversation because they are unsure how to say what they want to convey. They have so often been discouraged from communicating freely--"Stop that! Keep your hands down! Now what do you want?"--that they fear risking yet another reprisal. In child-to-child communication, these children frequently rely on surreptitious gestures without any effort at oral communication. Talking to the teacher is often frustrating because she fails to understand their speech or responds only by correcting their articulation.

Our children, however, are free to express themselves as they wish. They know they will be understood, which gives them confidence. They use their voices along with their signs not because they are forced to (although they definitely are encouraged to) but because they want to. Indeed, it is often difficult to shut them up.

Perhaps the most beautiful thing is the way they have achieved genuine communication. Beth can tell me, Jimmy, or John almost anything she might want to say. Although John's vocabulary is still limited--he knows perhaps two hundred words by this time, up from four in October--he can still make himself understood through a sophisticated combination of signs, gestures, facial expressions, and speech. Jimmy, of course, still has that marvelous gesture system--an intricate pseudo-language that reflects his imagination and intelligence--and he is beginning gradually to depend more and more on formal signs and speech.

I can see the differences in my frequent visits to John's home, where we hold our sign classes for the parents. His family is delighted in the ease with which they can now communicate with John. This ease, this real communication coming at length after years of almost continuous frustration, is perhaps the most significant benefit of total communication. John is a part of his family now. He can even eavesdrop on conversations, something his parents never had to worry about before they learned to sign.

Visits to Beth's home and to Jimmy's produce the same impressions. Beth, of course, has never been a problem at home but now her parents report much more communication. Beth is talking more, understanding more, participating more. She is now selecting her own clothes to wear, the foods she will eat, the books she wants to look at. She is more independent. Jimmy, too, is improving at home. Most significantly, he is using his voice more regularly, rather than depending exclusively on gestures. He is still as independent and devilish as ever. His remarkable talent for mechanics gets him regularly into hot water, as when he attempts to "fix" the TV, with disastrous results.

At school, the college students surprise me with their ready acceptance of the children, the way they go out of their way to talk with them at lunch and on campus. We devise name-signs for each college student the children know. The kids are obviously disappointed when the college students leave for their Christmas vacation, which begins almost two weeks before ours. Two months ago, I would have despaired of ever being able to explain their absence to the children, but now I can, surprisingly easily and effectively.

The weeks before Christmas are exciting for the children. They visit Santa Claus but are too awestruck to say anything to him. John's family donates a Christmas tree. A reporter from the Sunbury Daily Item visits and writes up an interesting report on the class.

Just before vacation, I learn that Mary is to enter the class immediately following the vacation period. She is much older than the others, 15, and is multiply handicapped. She has been in a class for learning disabilities. The CSIU feels that she belongs in my class because no one else can communicate with her. She is one of a rapidly growing group of multiply handicapped deaf children for whom special schools soon will have to be established.

January: The children's reading abilities have progressed so quickly that I am able to use the overhead projector much more often and to greater advantage. Captioned films, too, are now understandable. Interestingly, they first learn a word through the sign. Only after they have spontaneously used the sign several times do they begin using speech along with it. A little later they begin to recognize it in print, still later learning to write it.

Mary is so big and so much older that she sometimes frightens the younger children. She sits quietly, awkwardly postured (I learn later that she has a spinal problem). For weeks, she signs virtually not at all, except occasionally to repeat what is signed to her. She has no speech and no lipreading. She can, however, read simple sentences and understand some signs. It is the fact that we have name-signs for everyone the children know that finally opens her up. "John," she signs, asking where he is. I recover from my surprise sufficiently to answer her question. From that point on, her original communication efforts increase slowly but surely.

Her mother becomes a regular member of our parent sign class and soon reports better communication at home. John's family has made tremendous progress in learning the language, with almost everyone in the house-hold able to sign. Mr. and Mrs. Morris of Lewisburg also join the class. They have a five year old son in the Pennsylvania School in Philadelphia.

Each week, several BSC students accompany me to these classes. They also volunteer to join me in visits to deaf clubs, socials, and church services. The education of the deaf program, which began the year with twelve students, now has 40. Before the year is over, more than 80 students will be enrolled in the program, with others having to be turned away.

February: A highlight of the month is the moving performance of the Gallaudet Modern Dance Group, under the direction of Dr. Peter Wisher, a former resident of Bloomsburg. Despite a heavy snowstorm, the attendance is good. Proceeds from the event go to the education of the deaf program at the college. I meet parents of several children now attending the Scranton and Philadelphia schools and learn of their interest in a sign class.

A visit a few days later with Reverend Robert Sternat, minister at the Good Shepherd Lutheran Church in Berwick, results in his promise of a room for the class. We will begin early in March.

Soon thereafter, Earl joins us from a learning disability class in Milton, where he has spent several months after being expelled from a residential school for "behavior problems." I strongly suspect, however, that the real problem was the lack of genuine communication in the school. Earl clearly needs total communication. In what has been a predominantly oral school, he has not been taught to use language functionally. He understandably lacks confidence in reading and writing, as well as in speech. Also clear is his potentially great ability in art. Just as Jimmy astounds me with his perception of the mechanics of machines of all kinds, Earl amazes me with his perception of the world around him and his ability to depict that world with pencil and paper.

The weather is greatly bothering Mary. If a sunny day turns cloudy, she will often beat her chair against the floor or pound the window. She even attacks John three times in one day, trying to rip off his hearing aids. The other children are horrified.

Attempts to elicit from her reasons for her behavior prove fruitless because she cannot or will not communicate. Crying, withdrawing again, she seems afraid of herself. Expulsion would solve our problem but not hers. I decide to keep her on and to use every technique behavior modification can offer me as I try to reach her and help her.

She seems to feel that other people have the power to control everything, including the weather. From this, it seems to follow that if something happens that she does not like, it must be our fault. Her way of communicating her anger is to strike out--at us as well as at inanimate objects. So deeply implanted is this idea of our omnipotence that repeated, greatly simplified explanations in signs and writing apparently cannot change it. Nevertheless, I keep trying. Eventually she begins, after frequent, intensive "conversations," to sign "No rain, Sun," instead of pounding the window. Her irrational anger remains, however.

Mary is severely disabled. Her handicaps, in addition to profound deafness, include brain injury, severe motor coordination difficulties, social and emotional immaturity, partial sight, educational deprivation, and, possibly, mental retardation. One Johns Hopkins psychologist estimated her IQ at 25, but a more realistic assessment would be about 95. She is unable--but probably not completely incapable--of caring for her own needs, such as dressing herself, finding her way around the building, taking care of her toilet needs. Clearly, we need to begin an intensive self-care program for her as well as providing her with an education.

Near the end of the month, some student aides from the department's education of the deaf program begin coming in a few hours each week. They prove a definite help in working with the children, enabling us to individualize instruction to a much greater degree. The classroom, after a trying period, is beginning to become more normal.

March: The children's reading progress continues to amaze me. We often define new words in speech and with a graphic exaggeration of the sign. Multiple meanings are explained by showing different signs, exaggerating each at first to get the meaning across. Each child has completed at least one reader. They are all on different levels, of course, which makes group instruction difficult. Whenever possible, a student aide is asked to listen to the child read so as to give him individualized attention.

One amusing aspect of this approach stems from the students' unfamiliarity with signs. The children would often conclude that the aide did not know the meaning of a word because she could not sign it. Gradually however with on-the-spot help and the daily sign classes, many of the aides improved in signing.

Our story hour proves an immense success with the children. In telling the story, I would take the parts of all characters, using inflections in signs and facial expressions to convey their individual idiosyncrasies. The graphic signs offer a vital dimension to the story, catching and holding the children's attention. After the story, the children would often act it out dramatically. Hours later they would still be telling others about the story.

One Wednesday night, Dr. David M. Denton, Superintendent of the Maryland School for the Deaf in Frederick, commands a full house for his speech on total communication. Several deaf adults from the area are there, as are parents of deaf children, college students, and faculty. The speech is warmly received and gives added impetus to our sign classes.

The next day I begin a new class in Berwick. Thirty people, including several deaf adults and parents of deaf children, show up. We agree to meet weekly.

April: Two new arrivals bring the class for deaf children to seven. Margaret, an eleven year old profoundly deaf girl from a large family which has recently moved to Northumberland from Florida, is grossly retarded linguistically. She cannot even read our simplest primers without extensive help. For her, as for Earl, this is the first time she has had an opportunity for total communication.

She has a loving, affectionate personality and immediately makes new friends. Yet, when asked to read or write, she sometimes is reduced to tears in frustration.

Toni, however, has excellent speech, good lipreading, and only a moderate hearing loss. She was referred to the class because of her slow progress in a Lewisburg kindergarten and her reluctance to speak. Her mother cries when she first sees the class, repeating again and again that she wants Toni back in kindergarten. She also complains about the signs.

Perhaps largely because of her mother's fears, Toni herself cries much of her first week with us. Soon, however, she adjusts and becomes a radiant addition to our class.

For Margaret, total communication is a necessity. Toni, however, needs only clear, amplified speech to understand others. We teach her orally, with special emphasis on encouraging her to speak. I am doing my best to teach prescriptively.

With these two additions, our class is complete. Obviously, we have violated nearly every rule for homogeneous grouping. The class ranges in age from five to fifteen (John has turned five), in reading ability from preprimary to third grade, in arithmetic skills from preprimary to fourth grade. The intelligence range is from 75 to 130. Two are multiply handicapped.

Somehow, the children learn. Their progress is sometimes astounding, more often normal, sometimes slow. The student aides are kept busy from the time they arrive until they depart. The class is almost constantly fluid, with aides coming and going, individual children leaving for speech at all hours, children working individually or with an aide on specific projects while in another part of the classroom group teaching is in effect.

The fluidity of the classroom, combined with the extremely wide range in the children's ages and abilities, makes daily lesson plans for each child and each activity impractical. Instead, each child has a long-range schedule of activities based on his individual needs. One example of this is the reading program devised for each child.

Those children capable of reading independently function "openly" in the sense that theirs is an open classroom. A choice of activities is available for the child at all times, from which he chooses that activity he wishes to pursue. Guidance is provided as he begins his task, whenever he requests help, and when he completes his project.

Other children are not yet capable of working so independently. For them, activities are structured by the teacher who either teaches them directly or asks a student aide to assist him. These children receive constant assistance as they progress through their projects.

Several of the children move from the latter schedule to the former as their reading abilities and their abilities to work independently improve. Others alternate from open to structured schedules depending on the task. Occasionally, one child helps another learn. One way or another, they manage.

Each child continues to receive daily speech therapy. Earlier grumbles from the speech therapists about signs "damaging" the children's speech have grown less frequent and some therapists are even using signs in the speech sessions. The children's reactions to the therapy are mixed. Toni is eager to go each day, while Earl practically has to be dragged out. Children sometimes go in tears, and return even more unhappy. Perhaps it is the emphasis on performance, perhaps it is their lack of confidence in speech used alone. Most are on the Monterey programs, which stress behavior modification and positive reinforcement.

Mr. Britt Hargraves, director of the teacher training program at Western Maryland College, pays us a visit one Friday and stops to chat with the children. Later he talks with faculty in the communicative disorders department.

May: The parents return their "Parent Evaluation Forms" in which they have answered our questions about their reactions to our program. They are, not surprisingly, unanimously in favor of total communication. It is a bit ironic that their feelings are so positive, while at both ends of the state the residential schools have traditionally argued that parents would oppose any use of signs. It might be of interest, then, to quote some of the parents' comments: "Wouldn't want anything else!" "Earl is much happier than he was with oralism. It has broken so many barriers." "It has helped her an awful lot, she responded more in the short time she has been going there than she ever did before." "Total communication is as far as we are concerned the best way to help a deaf child communicate. It has been a great help to all of us."

Most hearteningly, the parents report significant progress in the children's behavior at home and declare they are very happy with the children's progress in speech, speechreading, reading, writing, social adjustment, receptive and expressive language.

The student aides complete similar forms and report similar progress. Formal testing will later confirm these observations.

I have been teaching, in addition to the daily afternoon classes and the two weekly evening sessions, a class of 81 students enrolled in a course on speechreading and auditory training. Their response to the three-week series of sign classes echoes the reaction we found all during the year: people are interested in deafness and eager to learn the language of signs. Only a very small minority of the people I met or taught during the year were antagonized by signs. Again, certain educators have been warning for decades that the general public frowns on signs and ridicules deaf people who sign in public. Maybe they have met different people, but if my experience is any indication, we can expect a much more favorable reception from the public than they would think.

The children in the class continue to grow. The communication of the younger children is so greatly improved that they can share the conversations of the older students with an ease unimaginable in earlier months. Except for Toni, they now know enough signs to be able to follow Maureen Collins on "Watch Your Child," the NBC children's show we watch three times a week. Toni appears able to follow the show when the volume is turned up and she is close enough to lipread Maureen.

Beth's progress has been so good--in speech, receptive and expressive language, arithmetic, reading and writing--that I am considering referral to a second grade class in Watsontown for the next school year. Toni is also ready to return to public school in Lewisburg.

John's progress continues to amaze me. In October he knew barely four words, communicated mainly through facial expressions and emotional outbursts. Today he knows more words than I can count, speaks and signs in seven- or eight-word utterances, has completed three readers, and shows no sign of slowing down. His parents are delighted.

Mary is now able to communicate with her mother, who has made real progress in learning signs, and with anyone else who knows signs. She no longer throws temper tantrums, originates conversation surprisingly often, and appears to have developed an interest in other people--at last!

Jimmy and Earl continue to have difficulty with speech, but both have used their knowledge of signs to increase greatly their reading vocabularies. Margaret, too, has improved in the short time she has been with us, but still has a long way to go.

<u>June</u>: Only one week of school until summer vacation. I am delighted to find that I can explain to them about this coming vacation and remember how difficult this was back in November when I tried unsuccessfully to explain the Thanksgiving vacation.

Two days are given over to intensive formal testing. The results, when compared to those earlier in the year are heartening. We finally have objective evidence of what we have so long believed--that these children have learned something.

Our final week is a succession of trips to stores, factories, jails, renovated frontier towns, and amusement facilities. Margaret eagerly weaves cloth in Berwick, Earl is fascinated with ambulances and fire trucks, Jimmy and John greatly enjoy golfing on a miniature course. Beth talks expectantly of buying one of the dogs she sees in an ASPCA shelter and Toni squeals with delight on the slides and swings at the park. It is beautiful watching Mary and her mother hold genuine conversation, talking as a mother and a daughter for perhaps the first time in 15 years.

Throughout, as I watch the children, I cannot help wondering and worrying what lies in each of their futures. Margaret will soon be 12, yet she is already more than six years behind norms for hearing children her age. Mary will soon have to be referred to a special rehabilitation facility for multiply handicapped deaf adults. Yet the long-awaited regional centers proposed in H.R. 8395 may not be ready for her for another four or five years. What program will accept her now, with her proclivity for emotional outbursts and her extreme withdrawal, problems she is just now beginning to overcome? Will she rebound from her life-long dependency sufficiently to be able to train for employment?

Jimmy--that brilliant, mischievous little boy with the winning smile and the marvelous gestures--will he ever give up his prized gesture system, which is his alone and stamps him as an individual, in order to learn English? If he can do this, and soon, he can begin to realize his great potential in the physical sciences and technology.

Will Earl receive the art instruction he needs? I have trained eight interpreters who will be able to go with him to classes in local high schools and colleges, if they will accept him. If he can learn enough more reading and writing to be admitted to one of the many postsecondary programs for deaf students, he might someday make a living doing what he loves best--drawing.

How will John do next year? This past year has seen him develop remarkably, but will his progress continue? The CSIU plans to establish a second class, in addition to continuing the one we set up this year. (The preschool class begun in January will also continue.) Will his new teacher provide him with the total communication he needs to continue to grow?

Will Beth and Toni make it in classes with hearing children? Will they continue to receive help from hearing therapists? Their roads will be tough, I know. I went that route 20 years ago.

What about the college students who have worked with us. Will their interest continue, so they can apply their talents to helping deaf children?

Sadly, the department has refused to support total communication, preferring to be "uncommitted." Will it provide these students with the training they need to be successful teachers?

Finally, it is time to say goodbye. The children remove their hearing aids for the last time, exchange vacation plans, and are off. The room feels empty without them. The year seems so short and fleeting as I turn off the lights for the last time.

III

IMPROVING DELIVERY OF REHABILITATION SERVICES

Vocational Rehabilitation is considered the major social service agency serving the adult deaf population. The need for these services are self evident in the gross unemployment or underemployment experienced by deaf workers. A large number of Research and Demonstration Projects have been funded over the past decade in an attempt to modify existing services to better meet the Vocational needs of deaf client groups. The article by Bowe, Watson, and Anderson traces this development and proposes a model of service delivery designed to meet the "total" rehabilitation needs of the deaf community. They suggest that rehabilitation programming, to be effective, must be responsive to more than just the vocational training needs of deaf clients. Supportive services which evolve around an information and referral model of program development are proposed as one possible model of improving the delivery of services to deaf clients. The approach advocated would place maximum responsibility for direct service on the numerous community agencies in operation, thus distributing program costs and reducing duplication of services by a speciality program.

The Vernon article is basic to an understanding of the educational and related problems which adversely affect the outcome of vocational rehabilitation efforts with deaf client populations. Reviewing the research literature regarding the intelligence, achievement, adjustment, and vocational preparation of deaf persons, he demonstrates that the existing gaps between their normal intelligence and unnecessarily low achievement record are due to deficient educational and rehabilitation programming. A number of recommended corrective measures are provided at the conclusion of his article.

The Falberg article on psychological evaluation is presented as a model approach to be utilized with deaf client groups. The selection provides directions, modifications, and rationale for various tests or sub-tests. This guide should be an asset to the counselor or psychologist seeking information on testing prelingual deaf adults.

DELIVERY OF COMMUNITY SERVICES TO DEAF PERSONS

Frank Bowe, Douglas Watson, and Glenn Anderson

Comprehensive rehabilitation for deaf persons is perhaps best viewed as a process still in its formative stages. It has successfully assisted large numbers of deaf people to overcome some of their most urgent needs, but has only begun to meet other, equally pressing problems of even greater numbers of deaf individuals. The purpose of this paper is to review some aspects of rehabilitation of deaf persons as it exists today in order to ascertain what problems remain to be resolved and what approaches appear most likely to be of service.

Following a brief sketch of Social and Rehabilitation Service funded efforts since 1960, we will describe three models for providing services to deaf persons, one of which will be selected for further elaboration.

A model for delivery of services to a given target population generally must meet certain criteria before it can be considered effective. Criteria frequently utilized in the development and evaluation of social service programs include, among other requirements, the necessity for 1) a wide range of services encompassing many of the needs of the population, 2) an acceptable level of quality in the services delivered, 3) some provision for continuing delivery of services on a permanent basis, 4) economy, and 5) adaptability for meeting the needs of similar populations in other geographical areas.

Designing and implementing a model for delivery of community services to a deaf population requires that additional factors be considered. In addition to the criteria listed above, provision should be made for meeting the special needs presented by persons who cannot hear. Examples of such provisions may include interpreting or related communication services, specialized information-referral services, and modified outreach techniques.

The New York University Deafness Research & Training Center has undertaken the design and implementation of a metropolitan model for delivery of community services to deaf persons in New York City and Region II. This paper presents the model and the rationale behind it. Reasons for the selection of this model are given and procedures for implementing it are elaborated.

Emphasis must be placed on the tentative character of the proposed model. To our knowledge, previous research in deafness rehabilitation does not provide a basis for evaluating fully the approaches planned for implementation in this project. As is true of any new undertaking, unforeseen hazards are inherent, some of which may lead to modification or even rejection of the model described here. Nevertheless, implementation of the metropolitan model presented in the following pages is planned with the expectation of success. A final analysis of the effectiveness of this model will not be possible until it has been tested in various localities as well as in New York City.

Development of Service Programs

The development of an improved or modified service delivery model in effect constitutes an extension of prior theory and practice generated within a field. The field of deafness rehabilitation has evidenced a consistent trend in service patterns where research and practice have evolved systematically. This reflects the "research strategy" of the Social and Rehabilitation Service which is the single most important influence on the direction these developments have taken. Accordingly, the major emphasis in reviewing the development of service programs in deafness rehabilitation is on SRS Research and Demonstration projects in deafness conducted since 1959 which are reviewed by Adler, Reed, and Williams (1971).

Such an overview has two primary objectives. One is to provide a perspective on the development of comprehensive rehabilitation programs for deaf persons. The second is to identify some of the problems faced by deaf persons, trace progress toward meeting these needs and determine what needs remain to be met. It is our contention that the research strategy developed by SRS is a structured and purposeful plan of action. Each project included in this strategy not only evolved to meet specific local or regional needs, but also to advance rehabilitation procedures and practices with deaf persons.

One useful way of viewing this development is to consider the deaf population as consisting of several more or less distinct groups arranged along a continuum according to the needs they manifest and the problems they present. Such a continuum is suggested in data presented by Schein (1972) and in estimates derived by the 1970 SRS Task Force on Low-Achieving Deaf Persons. This continuum makes no pretense at exactitude because the available figures are not comprehensive enough to allow such precision.

On the basis of the evidence collected, perhaps 30% of all deaf adults in the United States read at or below grade level 3.0. Another 20% read at or above grade level 7.5. The remaining 50% appear to read between these two levels.

The significance of this perspective on the deaf population is reflected in the traditional model of rehabilitation which concerned itself primarily with those applicants who appeared most "feasible". The determination of feasibility, as such, involves a reasonable expectation that provision of vocational rehabilitation services will render the individual fit to engage in a gainful occupation (McGowan & Porter, 1967). The application of this "feasibility determination" in practice usually involves the matching of applicant assets, liabilities, and potentials with available rehabilitation resources. Prior to 1960 there were few training programs available and prepared to accept deaf clients. This undoubtedly had negative influences on rehabilitation counselors screening deaf applicants. The limited resources available and levels of training provided probably encouraged counselors to consider the upper "categories" of deaf persons as representing a more "feasible" population for rehabilitation.

Higher Educational Opportunities. Research since 1960 has consistently documented the diversity of deaf applicants and their rehabilitation needs. A 1961 study by Schein and Bushnaq pointed out that Gallaudet College was accessible only to the most highly educated deaf youth and that expanded postsecondary programs were needed. Boatner, Stuckless, and Moores (1964) and Kronenberg and Blake (1965) conducted regional surveys providing additional documentation of the need for diverse vocational training opportunities. These studies in conjunction with the 1965 Babbidge report and the later 1967 recommendations of the Colorado Springs Conference on Education of the Deaf (the "Gardner Report") influenced the establishment of the National Technical Institute for the Deaf and three regional vocational-technical programs. These latter four programs are vocational as well as educational and are considered part of the research strategy of SRS. They represent a broadening of opportunities for deaf individuals of relatively high achievement and potential.

It is of interest to note that in the original strategy, NTID was expected to serve a population slightly lower in achievement than that served by Gallaudet. When the concept of NTID's role changed---a change that resulted in its having a population of roughly the same achievement level as that of Gallaudet---new programs were needed to serve the population originally planned for NTID. These new programs were the three regional Research and Demonstration projects cited above---Delgado College in New Orleans, Louisiana; St. Paul Technical Vocational Institute in Minnesota; and Seattle Community College in Washington.

Referring to the continuum introduced above, we may state that Gallaudet and NTID, along with colleges for the normally hearing which some deaf persons choose to attend, considered as their target population the 20% of deaf persons reading at or above grade level 7.5. In actual practice, reading level is just one of many factors taken into consideration in these four-year programs (Greenberg, 1973).

Vocational-Technical Programs. The three regional vocational-technical programs supported in part by SRS were designed originally to meet needs presented by a group which, while not able to qualify for Gallaudet or NTID, nevertheless could benefit from postsecondary training. This target population seems to be represented in the 50% of deaf persons we hypothesized as reading between grade levels 3.0 and 7.5.

These three Research and Demonstration programs appear to have been highly successful in meeting their objectives (Craig, Newman, and Burrows, 1972). Encouragingly, the "seed money" approach taken by SRS in funding these programs has led to the development of at least 22 additional postsecondary programs for deaf students, many of which serve the same general population of deaf persons (Stuckless, 1972). While not all of these programs are expected to achieve permanency (Schein, 1972), many probably will continue to provide this segment of the deaf population with much-needed services.

Comprehensive Programs. Rehabilitation service programs for the theoretical 30% of the deaf population with reading levels at or below 3.0 also were developed largely since 1960. Traditionally, the question of feasibility and lack of appropriate service programs had apparently "neutralized" rehabilitation counselors who encountered deaf clients functioning at this level. The outcome was often one of classifying such individuals "non-feasible". The 1958 amendments to the 1954 Vocational Rehabilitation Act, which authorized SRS to expand its Research and Demonstration efforts, however, provided the impetus for a number of "feasibility" studies under varying geographic, population, and service model conditions. The outcomes of R&D studies in Michigan (Adler, 1967), Arkansas (Blake, 1968; Stewart, 1971). Boston (Lawrence and Vescovi, 1967), Kansas City (Falberg, 1969) and St. Louis (Hurwitz, 1971) demonstrated that this population could be rehabilitated in general purpose rehabilitation centers where the necessary supportive services were provided. Amendments to the 1965 Vocational Rehabilitation Act which extended the maximum evaluation period to 18 months significantly influenced the extent to which these programs were able to serve "low-achieving" and multiply handicapped deaf persons.

The research findings of the above studies explicitly documented that the primary rehabilitation concern of this population is not so much vocational (skill) training as personal, social, and emotional adjustment training on a continuing basis. The current SRS strategy for future services to this population appears to be one of establishing comprehensive educational, social, and psychological centers for intensive research, service, and training. A resolution is currently before Congress (Vocational Rehabilitation Act of 1973) which would provide, among other things, for the establishment of such regional centers, the importance of which can scarcely be underestimated.

Models for Service Delivery

The programs for deaf persons considered above appear to have operated within one or another of two hypothetical "models" for delivery of services. In the following discussion, we will categorize some of these programs according to the model appearing to describe their services most accurately. A brief discussion of the state of the art in deafness rehabilitation will then lead to the introduction of a new model for consideration.

In the introduction of this paper, it was noted that we are seeking to develop a service model which could meet such criteria as 1) providing a wide range of services, 2) providing services of an acceptable quality and depth, 3) some degree of permanency, 4) economy, and 5) some degree of universality of application. We will consider approaches to providing services to deaf persons in terms of these criteria as one way of assessing the relative contribution and effectiveness of the three models. These three model conceptualizations are, in the order in which they will be reviewed: the traditional vocational training and service model, the service-referral model, and the community service delivery model.

Traditional Vocational Training-Service Model. The first model encompasses the provision of comprehensive vocational services leading toward employment. The services are usually provided within the context of a training facility and defined by the resources of the program itself (i.e., training available in N skill areas). This model is evident in R&D projects such as those of Boston (Lawrence and Vescovi, 1967), St. Louis (Hurwitz, 1971), and Arkansas (Stewart, 1971), for the lower 30% of the deaf population. Examples of this model for the group of deaf persons achieving from 3.0 to 7.0 are such postsecondary programs as those in Delgado, St. Paul, and Seattle (PRWAD Proceedings, 1969). The upper ranges of the deaf population have received training in college level programs adhering to this model such as Gallaudet, or NTID (PRWAD Proceedings, 1969).

This service model, although modified to meet the needs of different deaf sub-groups has sought to bring together under one roof personnel and facilities capable of providing specialized training to deaf people. The model is, we believe, the most effective one for meeting the educational-training needs of deaf persons. The needs presented by these sub-populations apparently are best met by a training facility providing specialized services by personnel highly qualified to work with them. The decision to develop specialized training programs for specific target groups is, in our opinion, a necessary and wise one.

However, evaluating this model with respect to its contributions or potential contributions to the welfare of the deaf population *as a whole*, we find several important limitations. These are: 1) services are concentrated upon the *vocational* preparation of the individual to the exclusion of deaf persons requiring non-training assistance. This reflects a fundamental deficiency of this model, the delivery of specific services to a restricted proportion of the population without accompanying provisions designed to meet the diverse social service needs of the larger community; 2) the range of services is defined by financial and manpower limitations often compounded by the short-term nature of R&D funding; 3) it is doubtful if this model would be able to assemble and/or support instructors and counselors in as wide a range of occupations and services as the deaf community deserves. In essence this model does provide for some of the basic training needs of the deaf population. We feel, however, that to maximize the benefits of training, complementary programs designed to meet the ongoing social-service needs of the larger deaf community must be developed and maintained.

Service-Referral Model. This model is primarily concerned with providing short-term service and/or referral assistance to deaf persons. It differs from the training model in that it does not provide comprehensive vocational training services. Instead, the primary focus of the model concerns community services such as personal-marriage counseling, information, interpreter services, psychological testing, placement assistance, and assorted other services.

The service delivery within this model is usually more immediate and short-term than that of the traditional vocational training and service model. When the nature of services is beyond the capabilities of the staff, the individual is referred to community agencies established to meet those needs in the general population. The community service agencies of Kansas City (Falberg, 1969), Pittsburgh (Ethridge, 1969), and Los Angeles (Kane and Shafer, 1970) are examples of this model.

It is important to emphasize that the service-referral model is primarily designed to provide services directly to the client. In this context the model is similar to the training model in that professional staff with expertise in counseling, social work, and related disciplines attempt to meet the presented needs of deaf clients. The referral of clients for services in the community is attempted primarily when the program cannot meet their needs, i.e., welfare, social security, legal or related aid.

Rationale for Community Service Delivery Model

As the preceding discussion illustrates, services traditionally provided to deaf persons in their home communities have been severely limited in scope and depth. Vocational rehabilitation purchases only those services considered relevant to the employability of the client. Deaf individuals who are not trainees in rehabilitation centers or students in postsecondary educational programs present needs which are not adequately being met by community resources.

What are some of these needs? There seems no valid reason for assuming that the needs of deaf persons are significantly less urgent or less broad in scope than those of the rest of the population. Most metropolitan areas provide marriage counseling, financial counseling, family counseling, consumer protection, religious counseling, legal aid, immigration and naturalization counseling, drug and alcoholism counseling, psychotherapy, adoption assistance, child welfare assistance, indeed the list appears endless. In New York City alone, the number of such social service agencies staggers the imagination.

For deaf persons, however, vocational rehabilitation has traditionally been <u>the</u> social service agency (Kaufer, 1967; Johnson, 1969). Few deaf people appear to benefit from the myriad of metropolitan social services either because they are unaware of the availability of such assistance or because communication difficulties interfere (DiFrancesca and Hurwitz, 1969).

The following model has been developed around these two stumbling blocks: unawareness of services and communication problems. It has additionally encompassed the traditional lack of strong organization and advocacy in the deaf community and the historical reluctance of community agencies to handle the problems presented by many deaf clients. We call it the community service delivery model.

Community Service Delivery Model. The type of service delivery system NYU proposes is one designed to develop the "know how" in effective utilization of existing community service agencies. The orientation is one of developing 1) sophistication in the deaf community as to acquisition of social services, 2) competence in community agencies for serving deaf people. It would provide guidance and referral services to the client, along with consultation and assistance to the appropriate agencies.

The service delivery model has not been field tested extensively. We believe, however, that it can potentially meet the criteria of range, quality, permanency, economy, and applicability.

This model seeks to maximize the benefits to deaf people of already-existing community resources. These resources span the entire spectrum of social services. By utilizing these agencies, the model keeps the responsibility for serving deaf people in the hands of the community, which functions to help the community remain aware of the unique needs of deaf clients and to encourage the community agencies to develop and implement procedures for serving the deaf population. The model should be relatively economical, owing to the reduced need for specialized staff and for facilities and equipment on the part of the coordinating agency. Permanence of services is possible because the availability of services is not dependent on financial conditions of the coordinating agency.

The proposed model can be distinguished from the two previous service models in that it does not provide specialized services such as diagnosis, vocational training, in-depth counseling, and social work services. Contrary to the former models, its major function is to serve as a catalyst for the development-delivery of these services within the general community. Although not extensively used with a deaf population, analagous programs such as the Urban League, the New York City Mayor's Committee on Human Resources, and related programs are examples of this model.

The model has several distinctive features which enhance its potential contribution to deaf rehabilitation. The primary factor is that it attempts to encompass all the social service needs of the metropolitan deaf community. An individual seeking training would receive information and guidance regarding selection of programs to meet his needs. Vocational rehabilitation counselors seeking this information would also have it made available. Potential social security applicants and bureau personnel could receive the necessary consultative and liaison assistance to facilitate application. Training seminars would be provided for professional staff in a wide variety of social service agencies in orientation to deafness and working with deaf clients. Leadership training in the deaf community can encourage deaf leaders to invite agency staff to their organizations to explain and describe the procedures, means, etc., of obtaining needed services. This model attempts, in brief, to ascertain what informational or communication support is desired/needed by the deaf consumer and/or social service agency, then to provide that support.

One of the most important apparent strengths of the service delivery model lies in its applicability. Regardless of the presenting problem, this model proposes to undertake its solution, a process applicable to other communities. Techniques and materials proven useful in one setting can be "packaged" for utilization elsewhere. Some modification of the package would be necessary, but the essential substance should apply in a wide variety of metropolitan settings.

In differentiating between the earlier two models and the community service delivery model, it is helpful to develop a conception of the community's role in the provision of services to deaf clients. While the first two models seek to attract deaf persons to a specialized facility, thus, in effect removing them from ongoing community social service agencies which are presumed to lack competence in handling many deaf individuals, the community service delivery model appears to focus more on utilizing existing resources in the community for the benefit of the total deaf community.

The community service delivery model does not obviate the need for other models of service delivery to deaf persons; indeed, without them it would be almost totally ineffective. The proposed regional centers for low-achieving deaf persons appear to be the most appropriate resources for providing services to this group. Postsecondary educational and vocational programs on state, regional, and national levels are a necessity for the success of the community service delivery model. This model, rather than attempting to replace or duplicate other models, seeks to meet those needs of deaf persons in the metropolitan community who cannot receive assistance from other programs serving deaf people.

Components of the Model

The model NYU is presenting evolved from its perception of the trends and needs considered in the preceding sections of this paper. Generally, the model seeks to apply a three-pronged attack on the problem of providing community services to deaf persons.

The first aspect of this approach involves maximum utilization of already-existing community resources. The second aspect concerns deaf community development, including strengthening deaf organizations and increasing sophistication in utilization of community resources. The final aspect involves a coordinating team which functions to bring the two components---the agencies and the deaf community---together in a productive manner.

More specifically, we may identify a number of thrusts basic to the implementation of the model. These include:

(1) NYC Census. A census of the deaf population, using techniques developed by the National Census of the Deaf Population, is being undertaken. This census will hopefully identify many of the deaf persons residing in New York City's five boroughs and provide us with information about their characteristics and needs. This information is vital for determining exactly what services are needed and to what extent they are required.

(2) Survey of Agencies. A study similar to that conducted in Metropolitan Washington, D.C. (Schein, 1968) is being conducted. This study will

identify the nature of services now being used by deaf persons. In follow-up interviews, the extent of the services and the types of clients seen will be determined.

(3) Consultation to Agencies. Meetings are being arranged with selected agency personnel to discuss the findings of the survey and to inquire into their willingness to improve delivery of services to deaf persons. Consultation by professional staff members of the Deafness Research & Training Center will be provided to assist in the development of improved services.

(4) Deaf Community Development. The various organizations of deaf people are being surveyed. Their strengths and weaknesses will be assessed. Selected groups which request assistance will be helped to develop stronger organizational bases and more effective advocacy techniques. Leadership training and orientation to community service patterns will be conducted with selected organizations.

(5) Referral Services. A referral center has been established to help deaf persons determine how best to meet their needs. They are then referred to the most appropriate agency. Some clients are accompanied by a "client advocate" who assists the deaf person in obtaining services. Other clients receive interpreting services. It is important to note that services begin with a demand. As clients are served, techniques for meeting particular needs are developed and evaluated. Where indicated, follow-up consultation to particular agencies is undertaken. Outreach techniques to identify deaf persons requiring services will be developed and implemented.

(6) Training Professional Workers. The Deafness Research & Training Center cooperates with New York University in preparing fully-qualified professionals in a variety of disciplines, particularly those related to education and rehabilitation. The DR&TC staff provides deafness-related courses to help prepare these persons for work with deaf persons. Upon graduation, many of these students find employment with New York City service agencies.

(7) Training Interpreters. New York City currently has only one full-time and less than 20 part-time interpreters. The DR&TC is preparing interpreters through an experimental "total immersion" approach. After three weeks of sign language instruction, students are placed for a seven-week period with various NYC social service agencies as paraprofessional trainees. At the conclusion of the program, it is anticipated that many will find full-time employment in these agencies and continue to serve as interpreters for deaf people. In addition to the total immersion program, which is designed for "green" students (i.e., those without any prior contact with deafness or the language of signs), the Center provides training for persons already skilled in sign language. This training is expected to prepare professional interpreters knowledgeable in various kinds of interpreting and in professional ethics.

(8) Short-term Workshops. The Center provides a number of short-term workshops in various special interest areas designed to increase the efficiency of professionals working with deaf persons.

(9) Publications. A variety of publications of interest to professionals working with deaf people are distributed, usually free of charge, to persons requesting them. Special efforts are made to make these publications available to professionals working in New York City.

(10) Television. A television cooperative promises to produce on a continuing permanent basis, a wide variety of programs for and about deaf persons. These programs are made available to cable and PBS-stations in the New York area for the benefit of deaf viewers. In addition, a series of specially-designed programs are in the making which will provide informational and entertainment services for deaf persons on a regular basis. These programs will serve outreach functions, insofar as they are expected to result in an increased number of clients to the referral program, thus bringing into the rehabilitation process deaf persons who might not otherwise be reached.

(11) Information Center. An information center on deafness is being established at DR&TC to provide information to persons requesting it. This information center will be closely coordinated with other programs at the Deafness Center to ensure accurate reporting. Outreach functions such as printed material distribution and television spot featuring will inform the New York City community of the Deafness Center's information services.

(12) Counselors in Schools. A limited number of counselors in the employ of the Deafness Center are being placed in a few schools for the deaf in New York City to enhance the social, emotional and vocational adjustment of deaf students and to provide them with information they require. This program also benefits the counselors, who receive field training through the cooperation of the schools for the deaf.

(13) Research on Vision. The Deafness Center conducts research projects on visual processes in order to improve the comprehension by deaf persons of visual materials. This research could have profound implications for education, television, and rehabilitation.

(14) Consultation to Special Programs. Staff members of the NYU Deafness Research & Training Center provide consultation as requested to various education and rehabilitation programs, with special emphasis on those programs serving multiply handicapped deaf persons.

(15) Orientation to Deafness. Seminars on deafness are given for vocational rehabilitation counselors as well as other professionals working with few deaf clients. This important program has vital implications for improving services to deaf persons throughout New York City. Similar programs are planned for such diverse groups as policemen, nurses, educators, firemen and others.

(16) Research. Each aspect of the project is designed for evaluation concurrent with the provision of services in order to provide for ongoing research into effective community service patterns. Techniques of helping existing social service agencies serve clients, methods of client advocacy,

means of deaf community development will all be evaluated in order to prepare a package of effective service patterns which will be applicable in other metropolitan areas.

Each of the components of the NYU Community Service Delivery Model performs vital functions in the coordinating effort made by the project to enhance the delivery of services to New York City's deaf population. It will be apparent to the discerning reader that the very foundation of the model assumes existence of independent service delivery systems. For this reason, implementation of this model in rural areas is not recommended. However, as the model is implemented in New York City and in other metropolitan areas, its value for serving deaf persons in urban areas should emerge.

Following implementation and evaluation of the model, a package of materials will be assembled. Dissemination throughout Region II and the nation will be undertaken.

Summary

We have considered the rationale behind our selection of a community service delivery model and have briefly described how this model might be implemented. It remains to consider how such a model might meet the five criteria posed at the outset of this paper.

The first criterion is that of provision of a wide range of services. The model we have presented is, we believe, capable of providing deaf persons with a full range of services. Most services available to normally hearing residents of a metropolitan area should also be available to deaf residents of that city with the assistance we have planned for agencies and for deaf persons themselves.

To take a few examples: a client requesting legal assistance, marital counseling, or consumer protection can be accompanied by a client advocate or an interpreter to the appropriate professional. The essential point is that the range of services is not restricted to those any one agency could provide.

The same is true concerning quality of services, which is the second criterion. No one agency can hope to have on its staff highly trained professionals in each of the many service categories. The referral process, however, enables deaf individuals to obtain the same services available to normally hearing persons.

The third criterion, which concerns permanency of services, may also be met by the model. Community agencies, many of which are not dependent on "soft money", continue to provide services to clients. By improving the competence of these agencies in serving deaf persons and by increasing the deaf community's understanding of how to acquire these services, the model enables services to continue well beyond the project's lifespan. Special efforts will be made to ensure the continuation of the central coordinating office following termination of the project grant.

As for the fourth criterion, economy, the coordinating model appears to be a very economical approach. Free-standing facilities, special equipment, and extensive personnel are not required.

Finally, the model is easily adaptable to other metropolitan areas. Techniques and materials can be packaged for export to other cities desiring to improve services for deaf people. These cities should be able to implement the model without needing extensive financial or personnel resources.

In closing, we would like to emphasize the tentative character of the model we have presented. As the model is implemented in New York City over the next three years, changes will doubtless be made. Additional modifications may follow implementation in other metropolitan areas. We have presented this model, however, in the belief that it may prove effective in meeting many of the most pressing needs of deaf persons today.

References

Adler, E.P. Creative approaches to serving the multiply handicapped deaf person. In W.W. Craig (Ed,) Rehabilitation of the Deaf: Threshold of Innovation. Pittsburgh: University of Pittsburgh, 1967, 27-29.

Adler, E.P., Reed, L.D., and Williams, B.R. Research Trends in Deafness: State of the Art. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1971.

Babbidge, H.D. Education of the Deaf: A report to the Secretary of HEW by his Advisory Committee on Education of the Deaf. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1964.

Blake, G. Services for deaf adults at Hot Sptings Rehabilitation Center. Journal of Rehabilitation of the Deaf, 2, 1, 28-31 (April, 1968).

Boatner, E.B., Stuckless, E.R., and Moores, D.F. Occupational Status of the Young Deaf Adult of New England and Demand for a Regional Technical-Vocational Training Center. Final Report: project RD-1295-SD, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. West Hartford, Conn: American School for the Deaf, 1964.

Craig, W.N., Newman, J., and Burrows, N.C. An experiment in post-secondary education for deaf people. American Annals of the Deaf, 117, 6, 606-611 (December, 1972).

DiFrancesca, S. and Hurwitz, S. Rehabilitation of hard core-deaf: identification of an affective style. Journal of Rehabilitation of the Deaf, 3, 2, 24-41 (October, 1969).

Ethridge, W.A. Community referral sources. Journal of Rehabilitation of the Deaf, 3, 1, 103-111 (July, 1969).

Falberg, R. Community services for deaf people in Kansas City: a description and report. Journal of Rehabilitation of the Deaf, 3, 2, 42-62 (October, 1969).

Greenberg, B.L. Personal communication, 1973.

Hurwitz, S.D. Habilitation of Deaf Young Adults. Final Report: RD-1804-S, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. St. Louis: Jewish Employment and Vocational Service, April, 1971.

Johnson, R.K. Personal counseling. In R. Jones (Ed.) The Deaf Man and the World. Silver Spring, Md: Council of Organizations Serving the Deaf, 1969, 49-55.

Kane, J. and Shafer, C. Personal and Family Counseling Services for the Adult Deaf. Final Report: RD-2560-S. Washington D.C.: U.S. Department of Health, Education, and Welfare, 1968.

Kaufer, H. (Ed.) *Patterns for Effective Rehabilitation of Deaf Adults: An Introductory Guide.* St. Louis: Jewish Employment and Vocational Service, July, 1967.

Kronenberg, H.H. and Blake, G. *Young Deaf Adults: An Occupational Survey*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1965.

Lawrence, C.A. and Vescovi, G.M. *Deaf Adults in New England: An Exploratory Service Program*. Final Report, RD-1516-S, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. Boston: Morgan Memorial, 1967.

Lloyd, G.T. (Ed.) *Deaf Community Development*. New York: Deafness Research & Training Center, 1972.

Lloyd, G.T. (Ed.) Proceedings: Professional Rehabilitation Workers with the Adult Deaf Conference. *Journal of Rehabilitation of the Deaf*, 3, 1 (July, 1969).

Low (Under) Achieving Deaf Persons. Unpublished report of the Task Force on Low (Under) Achieving Deaf Persons, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 1970.

McGowan, J.F. and Porter, T.L. *An Introduction to the Vocational Rehabilitation Process*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1967.

Schein, J.D. *Analysis of Factors Affecting Undergraduate Enrollments at Gallaudet College*. Unpublished report prepared for Gallaudet College, September 30, 1972.

Schein, J.D. *The Deaf Community*. Washington, D.C.: Gallaudet College, 1968.

Schein, J.D. and Bushnaq, S.M. Higher education of the deaf in the United States: a retrospective investigation. *American Annals of the Deaf*, *96*, 3, 416-420 (September, 1962).

Silverman, S.R. *Education of the Deaf: The Challenge and the Charge*. A report of the National Conference on Education of the Deaf, Colorado Springs, Colorado, April 12-15, 1967. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1967.

Stewart, L.G. (Ed.) *Deafness and Mental Retardation*. New York: Deafness Research & Training Center, 1972.

Stewart, L.G. Problems of severely handicapped deaf: implications for educational programs. *American Annals of the Deaf*, *116*, 3, 362-368 (June, 1971)

Stewart, L.G. and Schein, J.D. *Tarrytown Conference on Current Priorities in the Rehabilitation of Deaf People*. New York: Deafness Research & Training Center. 1971

Stuckless, E.R. Post-secondary programs for deaf students in 1972. *American Annals of the Deaf*, 117, 3, 377-382 (June, 1972).

POTENTIAL, ACHIEVEMENT, AND REHABILITATION IN THE DEAF POPULATION

McCay Vernon

The most salient characteristic of low-achieving deaf persons is the overwhelming majority with normal potential. There is no need for these persons to be low achievers. They represent a failure of education and other services and are testimony to a waste of human resources. With appropriate programs the achievement levels of deaf persons can be raised, to their benefit and to that of society.

At a time when our nation needs the full development of the inherent capacities of all its citizens, too often its social institutions are unwittingly stifling and destroying the potential of deaf persons. For example, money invested in education is spent in large part emphasizing skills in which deaf people are doomed by their deafness to low achievement, namely those of speech, rhythm band, auditory training, and lipreading. While development in these areas is important, the present preoccupation with "oral" skills to the exclusion of manual communication has been demonstrated to be destructive to deaf children (Tables 1 and 2). The Bureau of Education of the Handicapped (BEH) continues to pour huge funds into programs that ignore these research findings and eschew the stated views of the deaf community.

These seemingly strong charges are seen to be understatements when the magnitude and nature of low achievement among deaf persons and the reasons for its existence are examined in the pages that follow. First, those data describing the major aspects of the potential of the deaf population will be reported because they form the base upon which to assess achievement.

Assessments of the Potential of Deaf People

Intelligence. Next to the auditory mechanism itself, undoubtedly the most studied characteristic of deaf persons is their intelligence. Over 50

Table 1

Studies of the Educational Achievement of Deaf Children

Investigator	Samples	Results
Boatner & McClure	93 percent of deaf students in the U.S., age 16 yrs. or older	1) 30 % functionally illiterate 2) 60% grade level 5.3 or below 3) Only 5% achieve at 10th grade or better and most of these were adventitiously deaf or hard of hearing.
Wrightstone, Aronow, & Moskowitz	73 school programs for deaf representing 54% of deaf school children, ages 10 to 16.	1) Average gain in reading from age 10 to age 16 less than one year (0.8 years). 2) Average reading achievement of 16-yr-olds was grade level 3.4 3) 80% of 16-yr-olds were below grade level 4.9 in reading.
Schein & Bushnaq	Gallaudet College population estimates of other deaf college students	1) 1.7 % of deaf school age population attend compared to 9.7% of hearing school age population.
Babbidge Report	269 schools and classes, 23,330 deaf children, 76% of deaf school age children (90% of residential school pupils and 57% of private residential pupils. Day classes and school not represented.)	1) Median average on Stanford Achievement Test of school leavers is 5.9. 2) 13% of students "left" at age 16 or before. 3) About 3% were denied admission. 4) Waiting list for residential schools was 3.6 % of enrollment; for private school 48.5%.

studies of IQ dating back to the early 1900's demonstrate rather conclusively that intelligence is distributed essentially the same in the deaf population as it is among the nondeaf.

This fact is of major importance and must form a cornerstone of any judgment of appropriate achievement for deaf people. Corollary to these findings on intelligence, it has also been demonstrated that deaf persons have the same capacities for abstract thought as do the nondeaf. This is most readily exemplified by the number of deaf mathematicians.

Motor Skills. Deaf persons are equal to the hearing in manual dexterity and most motor skills related to work. Scores on motor subtests of the General Aptitude Test Battery are additional evidence of this. More importantly, perhaps, competence in motor skills has been thoroughly demonstrated by studies of deaf persons in the world of work. Here it is found that 87.5 percent are employed in manual occupations.

Work Habits. Employers who give deaf persons an opportunity to prove themselves in work report them to be satisfactory. Their history until recent automation has been one of high rates of employment and stable job tenure.

Assessments of the Achievement of Deaf People

Examination of the data makes it clear that deaf people have the intelligence, physical aptitude, desire to work, and employment record that should assure high levels of achievement. What follows is an exploration of actual achievement of deaf people in areas basic to the functioning of human beings and of society.

Education. The educational achievement of deaf youth is a national disgrace that stands in appalling contrast to their intelligence (Table 1). Thirty percent are functionally illiterate, only 3 to 5 percent (most of whom are actually hard of hearing or were deafened late in life) achieve a 10th-grade level, and 60 percent are at grade level 5.3 or below. Furthermore, the average gain in reading for a deaf child from 10 years until 16 years of age is 8 months as measured by standardized achievement tests. The Babbidge report, and numerous other studies substantiate these appalling data on academic achievement.

While deafness makes education a more difficult process, the handicap cannot begin to account for the grossness of educational retardation just documented.

Paradoxically, the way to correct a major part of this gap in education has been demonstrated. Simply by the early use of fingerspelling and the language of signs, academic gains can, in general, be doubled to tripled (Table 2). For example, while the general gain in reading from ages 10 to 16 is .8 years, deaf children exposed to early manual communication were found to be up to a year and a half ahead of orally taught deaf children in reading (Tables 1 and 2).

The tragedy is that the Bureau of Education of the Handicapped, the government agency that has a primary control of the funding of most programs (which, in turn, control the education of deaf children), is doing little

Table 2

Results of Early Manual Communication

Investigator	Sample	Results
Meadow*	56 deaf children of deaf parents (manual group) 56 matched deaf children of hearing parents (oral group)	1) Manual group better in reading (2.1 yrs. 2) Manual group better in math (1.25 years) 3) Manual group better in over-all education achievement (1.28 years) 4) Manual group better in social adjustment 5) No differences in speech & lipreading 6) Manual group better in written language
Vernon & Koh	32 pairs of genetically deaf children matched for age, sex, and IQ Manual group had deaf parents; oral group had hearing parents.	1) Stanford Achievement Test Scores a. General average--manual group better (1.44 years) b. Reading average--manual group better (1.39 years) c. Paragraph meaning--manual group better (1.57 years) d. Vocabulary--manual group better (1.19 yrs) 2) Written language--manual group superior at .002 level of significance. 3) No differences in speech intelligibility, speech-reading, or psychosocial adjustment.
Stuckless & Birch	105 deaf children of deaf parents (manual group) 337 matched deaf children of hearing parents (oral group)	1) No difference in intelligibility of speech 2) Early manual group better in speechreading 3) Early manual group better in reading 4) Early manual group better in writing 5) Early manual group possible better in psycho-social adjustment.
Montgomery**	59 Scottish children	1) Exposure to use of, and preference for manual communication did not negatively affect speech or speechreading skills.
Stevenson	134 deaf children of deaf parents (manual group) 134 deaf children of hearing parents (oral group)	1) 90% of manual group did better than matched oral students 2) 38% of manual group went to college versus 9% of oral group.

Table 2 (con't)

Investigator	Sample	Results
Quigley & Frisina	16 nonresidential deaf children of deaf parents (manual group) 70 nonresidential deaf children of hearing parents (oral group)	Manual group better in vocabulary, equal in speechreading, and better in educational achievement. Oral group better in speech.
Hester	Deaf children in New Mexico School for the Deaf. One group had fingerspelling beginning at school age, one group taught orally.	Fingerspelling group superior on standardized achievement tests.
Quigley	16 orally educated deaf children matched with 16 combined orally and manually educated deaf children.	Combined manual-oral children did better in language, speechreading, and general academic achievement.
Denton	The academic top 10% of deaf children ages 12, 15, & 18 from 26 schools for deaf. Manual group had deaf parents, oral group had hearing parents.	Mean achievement test score of manual group 8.2, of oral group 7.7.

* The sample size varied, some depending on the variables measured.

** This study did not specifically involve preschool manual communication.

or nothing to implement these research findings on the value of total manual-oral communication. At the same time it is spending vast sums of money on so-called oral programs, which directly limit communication and which have been demonstrated to be ineffectual and anachronistic (Table 2). This is especially true in the area of preschool education where BEH panels, committees, and conferences rarely have participants whose beliefs are not "oral." Nor are deaf persons included.

Vocational Adjustment. It is obvious that the deaf person faces the world with an educational handicap that is a greater disability than his deafness. Furthermore, it is an unnecessary disability created to a significant degree by our educational system. Inevitably, it follows that low vocational achievement will result.

Table 3 contains documentation of this low vocational achievement. It shows beyond doubt that the underemployment that Boyce Williams, Robert Sanderson, Abraham Stahler, and others have decried for years is a reality, not a cliche.

The substance of the problem is that, despite a normal capacity to learn and motor skills representative of the general population, the overwhelming majority of deaf people are being stifled in unskilled and semiskilled manual labor (Table 3). Even more unfortunate is the nature of this manual work, which tends to be in manufacturing, letter press operation, and other fields where employment opportunities are rapidly diminishing. By contrast, service industries, government employment, technology, and professional work, which are rapidly expanding, have few deaf employees. For the 30 percent of deaf adults functionally illiterate, or even for the over 50 percent with a fifth-grade education or less, unemployment may become rampant.

The especially high rate of unemployment among deaf youth adds a further ominous note to the situation. If young people are to develop healthy attitudes toward work and society, they must not be forced into long embittering periods of unemployment.

In sum, low achievement in the world of work follows as an unfortunate but almost inevitable consequence of a grossly deficient educational system. While rehabilitation has made giant steps to overcome the problem, education at the federal level (BEH) is actively supporting the out-dated and the ineffective while ignoring the deaf community and constructive programs.

Other areas. Deficient education and underemployment have been clearly documented, as shown above. Obviously, a deaf person victimized by poor education and underemployment or unemployment will suffer in his social, psychological, family, and spiritual achievements and satisfactions. However, these spheres of life are far harder to assess objectively.

A major effort in this direction, and one which can be generalized to other large urban areas, was the three-year study conducted at the

Table 3

Comparison of the Vocational Status of Deaf and Hearing Persons

Vocational Status	Deaf	Hearing	Reference
Manual labor	about 87%	less than half	Rainer & others Stahler Vernon
Manufacturing	over half, most in manual labor	about ¼, of whom 25% are at management level	Vernon Cooney Friedman
White Collar (Professional-Technical)	17% Crammatte states this to be an overestimate	over half	Crammatte Vernon Stahler Friedman
Urban Workers	unknown	70%	Friedman
Unemployed			Schein
1. Washington, D.C.			
White men	4.3%	3.1%	
White women	7.4%	1.9%	
Nonwhite men	16.9%	5.6%	
Nonwhite women	41.2%	5.7%	
2. Southwest U.S.			Kronenberg & Blake
Young deaf adults	25%	11.2%	
3. New England			Moores
Young deaf adults	17%	11.2%	
Civil Service	exact data not available, but % is small	15%	Stahler

Psychosomatic and Psychiatric Institute of Michael Reese Hospital in Chicago. This extensive examination of the deaf and hard-of-hearing population of Chicago showed that a significant cause of low achievement begins early in the family life of the young deaf child. At this time inappropriate counseling that encourages parents to limit themselves to oral communication and denies them total manual and oral communication creates frustrations and anger in families with deaf children. The deaf child, as a consequence of this deficient communication, is denied full participation in family activities and its crucial psychological and educational benefits.

The naive assumption that this early deprivation can be compensated for later in the life of the child is espoused by those who would withhold total communication until later years. Unfortunately, many effects of early deprivation are irreversible.

Another finding of the Chicago study was that only a minority of deaf youth who attend urban schools ever graduate. The majority are forced out of the school system at ages 14 to 17, functionally illiterate and unable to speak, lipread, or use the language of signs. Some of these remain social isolates all their lives. Some live as dependent, frustrated burdens to themselves and their families. When their parents die, these dependent deaf persons are often institutionalized in state hospitals or other custodial facilities.

For most, the Division of Vocational Rehabilitation enters after the educational system has failed. It then attempts to pick up the pieces, give these youths a means of communication, and then provide vocational-technical education. Because many of these clients have average to high IQ's despite their low communicative and academic achievements, it is possible to help them attain some form of vocational competence, learn to communicate with other deaf people, and to find some social satisfactions with deaf and hearing peers. The real point to be made is that the resultant achievement levels are totally unsatisfactory in terms of the potentials of the individuals.

Atypical Deaf Persons and Achievement

With both the deaf and the general population, IQ and a number of other traits are not distributed in a strictly normal curve. Instead there is a "bubble" at the lower end of the distribution. This is due in the general population to genetic conditions such as mongolism and phenylketonuria and factors such as epidemics.

Within the deaf population this "bubble" is probably larger. It applies to the greater prevalence of such conditions as cerebral palsy, aphasia, organically caused behavioral disorders, mental retardation, and visual problems. The reason for the somewhat elevated prevalence of these conditions among the deaf population is that the major causes of deafness (meningitis, prenatal rubella, complications of Rh factor, premature birth, and genetic factors) are also leading etiologies of the conditions mentioned above. Thus, they and deafness occur together more often than pure chance would decree (See Table 4). Undoubtedly this "bubble" accounts for some of the low achievement among deaf persons.

Multiple handicaps are not rare among deaf persons and they deserve the full attention of rehabilitation and education experts. However, an adequate discussion of this important problem is beyond the scope of this paper other than making the often overlooked point that some of these multiply disabled persons have extensive potential as exemplified by the number of deaf cerebral palsied college graduates.

Suggestions for Raising Achievement Levels

In view of the potential present in deaf persons, there is no reason for the current low achievement levels. There are a number of steps that may be taken to correct the situation, several of which research has already demonstrated to be effective. A few are given below.

Total Communication. Research has clearly shown "oral only" education to be a failure (Tables 1 and 2). With equal substantiation, research has indicated total manual-oral communication can greatly increase the present low levels of academic achievement (Table 2). The Rehabilitation Services Administration has implemented these findings by: 1) emphasizing that its training programs in deafness teach prospective counselors fingerspelling and the language of signs, 2) establishing the Registry of Interpreters, 3) establishing the communication skills program, and 4) placing deaf persons in professional positions as counselors, teachers, and high level policy-making federal administrators.

Were educators, particularly those within the Bureau of Education of the Handicapped, equally effective in implementing research and establishing total communication programs, the present low academic achievement levels of deaf people could and would be significantly raised. Rehabilitation could begin with clients who came to them at much higher levels. Until then, if appropriate employment of the deaf is to be realistically possible, rehabilitative services must expand their efforts to provide deaf persons with total communication and, beyond the secondary level, with vocational-technical and remedial training along with learning and psychosocial development.

To know the full ramifications of this issue of educational methodology, one has but to see the high priority it assumes in the deaf community. This is reflected in the policy of the National Association of the Deaf and in state associations of the deaf. The embarrassing research findings of recent years (Tables 1 and 2) cause many educators to try to evade the issue by saying, "It is an old argument," "It really doesn't matter," and "Hearing aids and preschool will solve the problem."

The issue of communication methodology is crucial. It must be met by total manual and oral techniques from infancy through adulthood if achievement levels are to rise.

Table 4

Prevalence of Multiple Handicaps in the Five Major Etiologies of Deafness

Etiological Group	Cerebral Palsy and/or Hemiplegias		Mental Retardation (IQ below 70)		Aphasoid Disorder		Visual Defects		Orthopidic Defects (excluding cerebral palsy)		Seizures	
	N[a]	Percent[b]	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Hereditary	79	0.0	62	0.0	63	1.5	63	20.6	63	1.5	63	0.0
Meningitic	92	9.7	92	14.1	92	16.3	87	5.7	92	5.4	92	3.2
Premature	113	17.6	115	16.5	113	36.2	113	28.3	101	8.9	113	1.7
Rubella	104	3.8	98	8.1	105	21.9	104	29.8	104	4.8	104	0.0
Rh Factor	45	51.1	39	5.1	35	22.8	45	24.4	45	2.2	45	6.6

[a] N=Total 'N' of sample for which data were available

[b] Percent=percent of each 'N' with defect

Counseling and Training in Terms of Future Needs. Deaf youth must be guided into and taught the vocational, technical, and professional skills of the future. It is in these areas that maximum achievement is possible. If we continue to direct young deaf persons into areas such as linotyping, shoe repair, and agriculture, which are diminishing in opportunity, we limit the development of these youth. Work-study programs in secondary schools, well-staffed vocational-technical education in topnotch existing facilities for the hearing, and upgrading of vocational teachers and rehabilitation counselors are some ways that assure that the guidance and training of deaf youth will lead to a marketable work skill with a future.

Closer Relationships Between Schools and the Division of Vocational Rehabilitation. This has already begun in some residential schools and has proved tremendously successful. It is most badly needed in large urban programs where hundreds of bright deaf youths drop out every year, never even knowing of the opportunities open to them through vocational rehabilitation.

Closing of the Gap Between Need and Demand. A major outgrowth of the three years of research on Chicago's deaf population was the discovery of a shocking gap between need for services and demand for them. This is a many-faceted urgent problem.

For example, in Chicago alone were many times the number of multiply handicapped deaf than could be served in the Arkansas Rehabilitation Center. Yet these youths did not know of the Center's services nor did their families, their teachers, their ministers, or even their DVR counselors.

At the other end of the continuum were many bright deaf youths capable of college, junior college, or technical education who were oblivious to many outstanding new programs of the Rehabilitation Services Administration as well as of established facilities like Gallaudet College.

The problem is one of communication. The establishment of a good program is but the first step in the delivery of services. Over the last 10 years giant strides have been made in this initial step of starting facilities. The task of informing and counseling those needing the service has only begun.

The eventual solution to this problem is a national, continually up-dated registry of deaf persons. Since at this time such a registry is not within the foreseeable future, other steps must be taken.

First, an annual listing of all postsecondary programs serving deaf clients should be sent to all counselors working with deaf clients, many general counselors, speech and hearing centers, and selected schools. This should list what kind of training is offered and procedures for enrollment. Hearing and Speech News, in the Jan-Feb., 1970 issue published an initial effort in this direction, which unfortunately is only a token of what is needed and is not planned as an annual feature.

Second, special efforts must be made to locate and provide services to minority group deaf persons. The Negro deaf are in great need of vocational-technical opportunities but are not well identified and often do not know about services available to them through rehabilitation. In Chicago we were able to send to the National Technical Institute several Negro deaf youths who had previously been totally unaware of such a possibility.

The gap between need of and demand for rehabilitation is an important reason for the low achievement of the deaf population. While its remediation may lack the drama and appeal of other steps, the communication gap is a correctable problem and should be dealt with immediately.

Research on Urban Education. A greatly increasing number of deaf youths now attend urban schools. This trend will grow in the future. The work in Chicago makes it clear that this aspect of an over-all weak educational system is by far the poorest. It is here that the drop-out rate is highest and the waste and destruction of the potential of deaf youth is the most widespread. This heretofore invisible and unrecognized cancer in urban schools must be cured.

It is essential that the problem be researched and carefully described in order that operationally stated rehabilitative steps can be implemented. Many more residential training facilities like the Arkansas Rehabilitation Program and the Michigan Technical Institute will undoubtedly be a big part of the answer, based on the findings of the Chicago study.

More Qualified Deaf Persons at Professional Levels in Rehabilitation. Perhaps the principal reason for the success of the Rehabilitation Services Administration (RSA) programs and the failure of the programs of the Bureau of Education of the Handicapped has been that RSA has had deaf people in policy-making positions from the start. Its training programs have been open to and have encouraged qualified deaf applicants. Interpreters, instructors able to communicate manually, and other services have been provided to assure deaf students and staff equal opportunity. As a consequence, RSA and its programs have communication with the deaf community and an understanding of its needs. Clients who come for services increasingly are seen by people with the skills needed to relate to them. Instead of routine otological referrals for 30 lipreading and speech lessons for clients who have already studied these skills for 12 or more years, we are now getting meaningful programs based on counseling done by professionals able to communicate with deaf people.

By contrast, the Bureau of Education of the Handicapped supports facilities that discriminate against qualified deaf applicants. It has no deaf persons at policy-making levels and meager and often negative communication with the deaf community. Its programs, as expected, are rarely helpful to deaf persons and it has done more to hold education back than to help it. Its major exception, "Captioned Films for the Deaf," was established and successful before the Bureau took it over. At this time, it had deaf professional and administrative staff and a director who gave them opportunities. The success of Captioned Films reflects this.

There could be no stronger evidence for the employment and preparation of deaf persons at professional and policy-making levels than the success of RSA's using of qualified deaf persons in key positions and the failure of the Bureau of Education of the Handicapped, whose policy denies advanced positions and education to the deaf. This lesson must not be lost.

Placement Emphasis. Counselors and others who are out in the field meeting problems at a grass roots level recognize that placement service is the cornerstone of a successful rehabilitation program for deaf persons. Applying for positions is an Achilles' heel to most deaf persons, regardless of their vocational or professional competence. It is a somewhat frightening experience to hearing persons, but for the deaf applicant the reality of the situation puts him at a horrible disadvantage.

Employees, most of whom know nothing about deafness, have the idea that lipreading makes normal conversation possible and that the speech of persons born deaf is necessarily understandable. In the job interview this generally proves not to be true. The embarrassment and discomfort that result jeopardize the chances of otherwise highly qualified applicants.

Deaf persons, knowing this, often take inferior positions or else remain for entire lifetimes in jobs far beneath their capacities due simply to the trauma and disadvantage they face in applying for a job. Often RSA money spent in highly successful training programs goes down the drain, due to a failure at the placement stage of the overall rehabilitative process.

Compounding the problem is the negative connotation many counselors and college programs in counseling now give the placement function. For deaf clients this has serious adverse effects and must be corrected.

Meaningful rehabilitation for deaf counselors has to emphasize placement. RSA-sponsored college programs should be required to have a core course in placement for all counselors. Assessing the work done by field counselors must have built into it a recognition and reinforcement of counselors who do effective placement.

More Counselors Specializing in Deaf Clients. With increasing urbanization and fewer unskilled and semiskilled jobs available, it is imperative that the number of counselors who are professionally competent in counseling and who understand and can communicate with deaf clients be increased. Services rendered deaf clients by a specialist and those given by a general counselor are as different as gold and Confederate money. The specialist can interact with his client and knows what kinds of programs are available for him. The general counselor cannot communicate, he tends to underestimate the deaf client's potential, and he rarely knows of even the local training facilities geared to the deaf clients' needs.

In urban areas there is no excuse for not having special counselors for deaf clients. In less densely populated regions the most feasible plan is to have state or regional consulting specialists in deafness who work with general counselors when they have a deaf client. In Illinois this plan has proved highly effective.

New Policies of Reimbursement. In order to meet the unique needs of a widely scattered, relatively small population, national and regional programs are the only answer. This is obvious. The National Technical Institute, the Arkansas Rehabilitation Project for the Multiply Handicapped Deaf, and Gallaudet College are evidence of these. Equally obvious is the fact that it costs more to educate or train a client away from home than it does to do it locally. Thus, many states are not willing to pay the extra expense and are not using available regional and national facilities. Deaf clients are suffering as a consequence.

Just as there are matching fund requirements for RSA funds to states, there should be RSA funds for tuition to training facilities, funds that require matching by states sending clients but do not require the full tuition. This plan is now in operation in some facilities.

More Vocational Technical Educational Opportunities. The huge mass of deaf persons, even more than the hearing, can best benefit from vocational-technical education. RSA has greatly increased these opportunities over the last five years. The St. Paul and Seattle programs are prime examples.

These efforts require expansion. Even more importantly, their availability and their course offerings need to be communicated to schools, counselors, and the deaf community.

Programs for Multiply Handicapped Deaf. Deaf persons with other disabilities pose a large and increasing challenge to rehabilitation. Without specialized programs geared to their needs, multiply handicapped deaf persons have little or no chance in the world of work or in life in general. At present, educational programs are excluding many of these youths. With the huge influx to schools of postrubella deaf children from the 1963-65 epidemic, this problem can be expected to increase in the future.

In view of this and the demonstrated success of programs for the multiply hancidapped, justification for their continuation and expansion is evident. This is especially true when one recognizes that without specialized training the multiply handicapped deaf person is relatively helpless to compete in today's job market. He is doomed to depreciating custodial care at state expense.

Summary

Research findings indicate that deaf persons have essentially the same intelligence and manual dexterity that the hearing have. Their work habits are good and they are stable in job tenure as shown in recent surveys. Yet, their achievement levels in education, technical and professional employment, and psychosocial areas are demonstrated to be unnecessarily low.

Evidence is given that demonstrates this low achievement to be primarily due to: 1) inappropriate educational methodology and inadequate educational programs, 2) lack of foresight in the directions of vocational-technical education and related counseling, 3) lack of closer working relationships between schools and rehabilitation, 4) a gap between needs of deaf people for services designed to prepare them for appropriate levels of work and the demand by deaf people for these opportunities, 5) inadequate preparation and use of deaf persons at professional levels, especially in education and at the Bureau of Education of the Handicapped, and to some extent, in rehabilitation services, 6) a lack of understanding and research on the gross failure of urban schools to serve deaf youth adequately, 7) a lack of strong specialized job placement services for deaf clients, 8) a need for more counselors professionally prepared to serve deaf clients, 9) additional facilities qualified to give vocational-technical education to deaf youth, including those who are multiply handicapped, and 10) change in the Bureau of Education of the Handicapped that will bring an end to its presently ineffectual program and make it responsive to the deaf.

These steps are minimal if deaf persons are to be fully contributing members of society. A continuation of present failures to develop the potential of deaf persons will result in not just underemployment but mass unemployment.

References

Babbidge, Homer D., Jr., and others. Education of the Deaf. A Report to the Secretary of Health, Education and Welfare by his Advisory Committee on the Education of the Deaf. Washington, D.C.: Dept. of Health, Education and Welfare, 1965. Published in part in: Volta Review, May, 1965, 67:5:345-351.

Boatner, Edmund B. The need of a realistic approach to the education of the deaf. Paper given at the joint convention of the California Association of Parents of Deaf and Hard of Hearing Children, California Association of Teachers of the Deaf and Hard of Hearing, and the California Association of the Deaf, November 6, 1965.

Boatner, E.B., Stuckless, E.R., and Moores, D.F. Occupational Status of the Young Adult Deaf of New England and Demand for a Regional Technical-Vocational Training Center. West Hartford, Conn.: American School for the Deaf, 1964.

Boyd, J. Comparison of motor behavior in deaf and hearing boys. American Annals of the Deaf, September, 1967. 112:4:598-605.

Cooney, R.B. Loosening the white collar. AFL-CIO American Federationist. July, 1967, 74:7:19-23.

Craig, W.N., and Silver, N.H. Examination of selected employment problems of the deaf. American Annals of the Deaf, September, 1966, 111:4:544-549.

Crammatte, Alan B. The Adult Deaf in Professions. American Annals of the Deaf. November, 1962. 107:5:575-578.

Denton, David M. A Study in the Educational Achievement of Deaf Children, p. 428-438, in: Proceedings of the 42nd Meeting of the Convention of American Instructors of the Deaf, Flint, Michigan, 1965. Washington, D.C., U.S. Government Printing Office, 1966.

Denton, David M. To the Profession, p. 2-3, in: Maryland School for the Deaf, Frederick, Md., and Council of Organizations Serving the Deaf, Washington, D.C. Proceedings of the Teacher Institute. Frederick, Md.: The School, 1969.

DiFrancesca, S.J., and Hurwitz, S.N. Rehabilitation of Hard Core Deaf: Identification of an Affective Style. Journal of the Rehabilitation of the Deaf. October, 1969. 3:2:34-41.

Fisher, Gerald H. The Challenge of Serving Deaf Adults: A Candid View. Journal of the Rehabilitation of the Deaf. July, 1968. 2:2:14-21.

Friedman, M. The Changing Profile of the Labor Forces. AFL-CIO American Federationist. July, 1967. 74:7:7-14.

Furfey, P.H., and Harte, T.Y. Interaction of Deaf and Hearing in Frederick County, Maryland. Washington, D.C.: Catholic University of America, 1964.

Furth, Hans G. Thinking Without Language: Psychological Implications of Deafness. New York: Free Press, 1966.

Gonzales, B. Robert. Breaking the Fear of Placement for the Hearing Impaired. Journal of the Rehabilitation of the Deaf. October, 1969. 3:2:22-28.

Grinker, Roy R., St., (Ed.) Psychiatric Diagnosis, Therapy, and Research on the Psychotic Deaf. Final Report, Grant no. RD 2407 S, Social and Rehabilitation Service, Department of Health, Education, and Welfare. 1969. Available from Dr. Grinker, Michael Reese Hospital (2959 S. Ellis Ave., Chicago, Ill. 60612).

Hester, M.S. Manual Communication, p. 211-221, in: Doctor, Powrie V., (Ed.) Proceedings of the International Congress on Education of the Deaf and of the 41st Meeting of the Convention of American Instructors of the Deaf. Washington, D.C.: U.S. Government Printing Office, 1964.

Jensen, Arthur R. How Much Can We Boost I.Q. and Scholastic Achievement? Harvard Educational Review. 2 parts. Winter, 1969. 39:1-123; Summer, 1969. 39:449-483.

Katz, Lee. Experiences of Parents of a Deaf Child, p. 23-24, in: Maryland School for the Deaf, Frederick, Maryland, and Council of Organizations Serving the Deaf, Washington, D.C. Proceedings of the Teacher Institute. Frederick, Maryland: The School, 1969.

Kohl, H.R. Language and Education of the Deaf. New York, New York: Center for Urban Education (33 W. 42nd St. 10036), 1966.

Kronenberg, H.H., and Blake, G.D. Young Deaf Adults: An Occupational Survey. Washington, D.C.: Vocational Rehabilitation Administration, 1966.

Lunde, Anders A., and Bigman, Stanley K. Occupational Conditions Among the Deaf. Washington, D.C.: Gallaudet College, 1959.

McClure, W.J. Current Problems and Trends in the Education of the Deaf. Deaf American. January, 1968. 18:5:8-14.

Meadow, Kathryn P. Early Manual Communication in Relation to the Deaf Child's Intellectual, Social, and Communicative Functioning. American Annals of the Deaf. January, 1968. 113:1:29-41.

Montgomery, G.W.G. The Relationship of Oral Skills to Manual Communication in Profoundly Deaf Adolescents. American Annals of the Deaf. September, 1966. 111:4:557-565.

Moores, Donald F. Projected Trends in Language Development for the Deaf. Deaf American. December, 1967.

Moores, Donald F. The Vocational Status of Young Deaf Adults in New England. Journal of the Rehabilitation of the Deaf. April, 1969. 2:5: 29-41.

Myklebust, Helmer. The Psychology of Deafness. (2nd ed.) New York: Grune and Stratton, 1964.

Phillips, W.D. Influence of Preschool Training on Achievement in Language Arts, Arithmetic Concepts, and Socialization of Young Deaf Children. Unpublished doctoral dissertation, Teachers College, Columbia, 1963.

Quigley, Stephen P. The Influence of Fingerspelling on the Development of Language, Communication, and Educational Achievement in Deaf Children. Champaign, Illinois: University of Illinois, Department of Special Education, 1968. Mimeo.

Quigley, Stephen P., and Frisina, D. Robert. Institutionalization and Psycho-Educational Development in Deaf Children. (CEC Research Monograph, Series A, No. 3) Washington, D.C.: Council for Exceptional Children, 1961.

Rainer, John D., Altshuler, Kenneth A., Kallmann, Franz J., and Deming, W. Edwards (Eds.) Family and Mental Health Problems in a Deaf Population. New York: New York State Psychiatric Institute, Department of Medical Genetics, 1963.

Ridgeway, James. Dumb Children. New Republic. August 2, 1969. 161:19-21.

Rose, Darrell. Audiological Assessment. New York: Prentice-Hall, in press.

Rosenstein, Joseph. Cognitive abilities of deaf children. Journal of Speech & Hearing Research, June, 1960, 3:2:108-119.

Sanderson, Robert G. The Gallants, p. 9-17, in: The Deaf Man and the World: Work, Love, Worship, Play. Proceedings of National Forum II, February 19-22, 1969, New Orleans, Louisiana. Edited by Ray L. Jones, Washington, D.C.: The Council, 1970.

Schein, Jerome D. The Deaf Community: Studies of the Social Psychology of Deafness, Washington, D.C.: Gallaudet Press, 1968.

Schein, Jerome D., and Bushnaq, Suleiman M. Higher education for the deaf in the United States: A retrospective investigation. American Annals of the Deaf, September, 1962, 107:4:416-420.

Sessions, J.A. Automation and the Deaf. Paper presented to the Leadership Training Program in Deafness, San Fernando Valley State College, June 8, 1966.

Smith, Jess M. The Editor's Page. Deaf American. October and November, 1969. 22:2 & 3. Page 2.

Stahler, A. Manpower, p. 3-4, in: Report of the Summer Institute on New Trends in Vocational and Technical Training for Deaf Youth, U.S. Office of Education, Grant no. 2-7-3207. Washington, D.C.: Department of Health, Education, and Welfare, 1967.

Stevenson, E.A. A Study of the Educational Achievement of Deaf Children of Deaf Parents. Berkeley, California: California School for the Deaf, 1964.

Stuckless, E. Ross, and Birch, Jack W. The Influence of Early Manual Communication on the Linguistic Development of Deaf Children. American Annals of the Deaf. 2 parts. March, 1966. 111:2:452-460; May, 1966. 111:3:499-504.

Troop, H.W. Provision of Services, p. 87-94, in: The Vocational Rehabilitation of Deaf People; A Report of a Workshop on Rehabilitation Casework Standards for the Deaf. Washington, D.C.: Rehabilitation Services Administration, 1966.

Vernon, McCay. Available Training Opportunities for Deaf People; A Guide for Professionals, Deaf Persons, and Parents. Hearing and Speech News. January-February, 1970. 38:1:12-13,22,24,26.

Vernon, McCay. Counseling the Deaf Client. Journal of the Rehabilitation of the Deaf. July, 19671 1:2:3-16.

Vernon, McCay. Fifty Years of Research on the Intelligence of Deaf and Hard of Hearing Children: A Review of Literature and Discussion of Implications. Journal of the Rehabilitation of the Deaf. January, 1968. 2:1:1-12.

Vernon, McCay. Mental Health, Deafness and Communication, p. 16-21, in: Maryland School for the Deaf, Frederick, Maryland, and Council of Organizations Serving the Deaf, Washington, D.C.: Proceedings of the Teacher Institute. Frederick, Maryland: The School, 1969.

Vernon, McCay. Multiply Handicapped Deaf Children: Medical, Educational, and Psychological Considerations. (CEC Research Monograph). Washington, D.C.: Council of Exceptional Children, 1969.

Vernon, McCay. Relationship of Language to the Thinking Process. Archives of General Psychiatry. March, 1967. 16:3:325-333.

Vernon, McCay. Sociological and Psychological Factors Associated with Hearing Loss. Journal of Speech and Hearing Research. September, 1969. 12:3:541-563.

Vernon, McCay, and Koh, S.D. Effects of Manual Communication on Deaf Children's Educational Achievement, Linguistic Competence, Oral Skills, and Psychological Adjustment. American Annals of the Deaf. September, 1970 Vol. 115, no. 4.

Vernon, McCay, and Makowsky, Bernard. Deafness and Minority Group Dynamics. Deaf American. July-August, 1969. 21:11:3-6.

Williams, Boyce R. Introduction to a Symposium on "Use of Manual Communication," a paper given at the Meeting of the American Speech and Hearing Association, Chicago, October 31, 1965.

Williams, Boyce R., and Vernon, McCay. Vocational Guidance, in: Davis, Hallowell, and Silverman, S. Richards, (Eds.) Hearing and Deafness (3rd ed.) New York: Holt, Rinehart and Winston, 1970. p.457-459.

Wrightstone, J. Wayne, Aronow, Miriam S., and Muskowitz, Sue. Developing Reading Test Norms for Deaf Children. (Test Service Bulletin, no.98). New York: Harcourt, Brace and World, 1962. Published in part in: Wrightstone, Aronow, and Moskowitz. Developing Reading Test Norms for Deaf Children. American Annals of the Deaf. May, 1963. 108:3:311-316.

THE PSYCHOLOGICAL EVALUATION OF PRELINGUALLY DEAF ADULTS

Roger M. Falberg

Introduction

The author has often been requested to list the tests he uses with prelingually deaf adults. This has come about, in part at least, because of the growing number of rehabilitation counselors for the deaf who are attempting to interest individual psychologists in the evaluation of prelingually deaf persons, and to educate these psychologists to the basic language and communication difficulties inherent in early severe deafness. The following article is an effort--not to set standards in the psychological evaluation of deaf people--but to describe the tests that this writer finds most useful, and why. It is hoped that the rehabilitation counselor for the deaf will then be able to provide an interested psychologist in his home community with a starting point.

While specific tests are named in this article, this should not discourage other psychologists from experimenting with other tests when evaluating deaf adults. It should be emphasized, however, that tests which are verbally-oriented should be used with extreme caution, if at all. The basic premise of verbally-loaded tests is that the subject has had an uninterrupted opportunity to acquire comprehension of spoken and written English language from the moment of birth to the time of testing, and that such acquisition has come about because the subject possesses normal or near-normal hearing. If that assumption is not met, as when early severe deafness interrupts and distorts the language-learning process, then the basic premises of the test are not satisfied. This does not mean that the test is inadequate. It simply means that the test was not designed for a prelingually deaf person, and that the hypotheses of the test's author cannot be applied to such testing situations.

No psychological evaluation should ever be undertaken solely for the purpose of obtaining scores. This is especially true in the case of the prelingually deaf. The purpose of any psychological evaluation is to obtain a better understanding of the client as a person. However, because of communication barriers, testing of prelingually deaf persons is often done in such a way as to make the client appear to be nothing more than the scores he has obtained. This emphasizes the need for ability to communicate with the client before an evaluation may be termed "complete." The author is deaf, for example, and considers himself unqualified to completely evaluate normal-hearing persons. Too much would be lost. In the administration of the Verbal Scale of the WAIS, for example, subjects would be taken aback by the need to repeat, wondering if they should alter their responses the second time to make them more correct. They would gradually lose confidence in the examiner's ability to really understand them, and in the entire testing procedure. The examiner would be totally unaware of vocal nuances and inflections given by the subject, and would be unable to confidently evaluate how the subject feels about having to work under pressure, etc. In view of this, it is difficult to understand how the reverse procedure--testing of prelingually deaf subjects when being unable to communicate with them freely and without restraint--would be acceptable.

Yet it must be recognized that psychologists who are able to communicate with deaf adults are extremely scarce. Therefore, in the article that follows, efforts will be made to point out where the use of interpreters might be especially valuable and to offer hints as to how the nonsigning psychologist can make himself understood by a deaf client.

It should be noted that many of the techniques described below were developed by the author in collaboration with Richard E. Thompson and Leon O. Brenner while the writer held the position of Psychologist for the Deaf Adult Project in the New England Rehabilitation-for-Work Center at Boston, Massachusetts. Portions of this article are excerpted from a report written for and submitted to the director of that Project--Mr. Clifford A. Lawrence. Mr. Lawrence has given permission for such excerption, with the provision that the reader understand that the Project in Boston no longer offers intensive psychological evaluation as one of its services.

An objective psychological evaluation may be said to include the following elements: assessment of intellectual functioning, memory and perception, scholastic achievement, vocational interests, vocational aptitudes, and personality. The first five elements will be explored in some detail, but, for various reasons, the field of personality testing will not be discussed intensively per se. Instead, each section will attempt to suggest how the psychologists may use the various tests to obtain insight to the client's personality. Unstructured personality tests such as the Rorschach and the Thematic Apperception Test, which are usable if the examiner is able to communicate adequately with the deaf client, deserve separate, more intensive treatment than can be given here.

Orientation

The psychologist must realize that deaf people, in general, are not as sophisticated about psychological tests as are the rest of the population. This has come about partly because not very many schools for the deaf are able to offer psychological evaluations for their children due to the scarcity of competent professionals available for such work. Thus, it is vital that some time be spent in orienting the deaf client to what is going to happen in the evaluation and to why he is being evaluated. (If the client is referred by a rehabilitation counselor skilled in manual communication, basic orientation can and should be done by the counselor. However, the psychologist should make sure that it has been done.)

Most often, the reason for the evaluation will be more readily acceptable by the client if it is stated in terms of his vocational goals--or lack of goals.

If the client has a definite goal, it can be explained that while the examiner is basically sympathetic to this goal, the client must demonstrate to the referring counselor and to the examiner that he is capable of achieving this goal. This is sometimes more easily done if an analogy within the client's experience is used: "Not all boys who wanted to play quarterback on the school's football team were able to play there. Some of them later found they were happier playing end or guard instead." The foregoing example is much more briefly and concisely stated than is usually possible. During an actual interview, the examiner would have to break this explanation down into much more simple and concrete terms. The explanation must be dwelt upon and elaborated so that the client feels that even if he does not qualify for what he wants, the evaluation will have positive, concrete results in terms of a recommendation defining what kinds of work he is best suited for.

If the client has no definite goals, then the evaluation should be presented in a positive manner as a procedure that might help him find what kind of work is best for him. However, caution must be exerted, inasmuch as some deaf clients are liable to interpret this as meaning that the evaluation will result in a recommendation for "Job X at Company Y on the second shift, to start Monday"! The client should understand clearly that the recommendation may be quite broad and generalized.

Care should be taken to discuss at some length the client's stated vocational goals. Are they really his, or are they suggestions from his parents or friends? What are the motives behind the goals? The prelingually deaf client who says he wants "IBM work" may not have the vaguest idea of the amount of training necessary to enter this occupational area.

Another purpose of the orientation interview is to permit the psychologist to obtain some idea of his client's communication skills. Much has been written about the prelingually deaf person with very poor communication skills, but occasionally a prelingual deaf person will amaze the psychologist who, fearing the worst, finds completely unexpected levels of verbal competency in either the written or the spoken word. Such individuals are relatively rare, however. Even so, the orientation interview will help to alert the psychologist to the verbal level of his client, and to make his plans accordingly.

The atmosphere of the orientation interview should be informal. If the psychologist cannot communicate with the client adequately, an interpreter skilled in manual communication should be called if the client indicates willingness to have such an interpreter summoned. The same interpreter could be used during testing sessions later whenever appropriate. Even when an interpreter is used, the psychologist must be relaxed and cheerfully willing to take as much time as necessary to repeat, rephrase, and clarify as much as is needed. he must keep in mind at all times that it is his facial expression rather than his tone of voice that the deaf person is relying upon as a "mood-conveyor," and that a frown or a grimace of impatience will be noted immediately and interpreted unfavorably. He must be on his guard against a vacant smile and repeated nodding, which often indicate that while the client does <u>not</u> understand, he insists he does for fear the psychologist will think him to be "stupid" if he admits he does not. If satisfactory rapport and understanding are not achieved in the initial interview, a second should be scheduled.

However, even the author has had to evaluate some deaf clients whose communication limitations precluded all meaningful orientation. These clients were unfortunates who either were confined at an early age to institutions where they had no exposure to educational opportunities whatsoever, or who were unable to benefit from exclusive reliance upon oral training and had no usable lipreading, speech, reading, writing, or manual communication abilities. In such cases, testing will need to proceed on the basis of a <u>feeling</u> on the part of the client that the examiner likes him, will take time to pantomime and otherwise act out very simple things, and is genuinely interested in <u>trying</u> to understand any effort the client makes at communicating. Very often such clients have long been mere pawns of the manipulative efforts of their parents and others, and the novelty of sitting alone with someone and having that person make every effort to communicate with him can do wonders for establishment of good rapport and cooperation in the test sessions that follow.

Evaluation of Intellectual Functioning

The Performance Scale of the Wechsler Adult Intelligence Scale has long been relied upon to produce the best estimate of the level of intellectual functioning in deaf adults. It offers a variety of situations under which behavior can be observed and abilities can be measured. Instructions can be given in pantomime, and even deaf persons who have no communication abilities whatsoever, oral or manual, can be tested.

Because of the extensive use of this test by both psychologists and rehabilitation counselors in the evaluation of the prelingually deaf, it will be discussed in some detail below.

Instructions for the Digit Symbol subtest can be conveyed to the client by simply pointing to the row of models and allowing him to see that each number has a symbol below it. Thereafter, the standard directions can be followed for the samples. At the start of the test itself, the examiner tells the client to "Do as many as you can until I (rap the table)."

Instead of saying or signing "rap the table," the examiner taps the table with the tip of his flat palm. Rapping is a signal that most deaf people are accustomed to, and it is more considerate to use this for a "Stop" signal than to jab the client on the shoulder with a finger or a pencil. One moderately audible rap with a flat hand will suffice to permit the deaf person to feel the vibration and stop; thumping several times or hitting the table with a fist is jarring and not conducive to client-examiner rapport.

The standard instructions do not contain any admonition to the client to "work fast." Since the standard instructions should be adhered to as closely as possible at all times, the word "fast" or its sign language equivalent should be avoided when administering the part of the test that will be included in the final score.

A supplementary technique that has been found useful is to permit the client to reach a point approximately midway in the third row, and to note his progress every 30 seconds. In this way, it can be determined whether the client is actually learning the symbols and gaining speed, or whether he is simply referring to the models each time and is proceeding at a steady pace. When the client has reached the middle of the third row, he is halted and told that he has done well. He is then asked to do the fourth row <u>very fast</u>. His subsequent performance and behavior enables the psychologist to determine whether the client is able to maintain his initial pace, increase it when he is praised for previous achievement, or whether added time pressures introduce increased anxiety and interfere with efficient visual-motor functioning. In speeded-up industrial conditions, the knowledge of the client's ability to operate under pressure can be extremely valuable. Of course, only that portion of the standard test completed correctly within the first 90 seconds is included in the final score, and the supplementary technique is not used at all if the client begins working on the fourth row during the standard administration of the test--i.e., completes more than three rows within 90 seconds.

In the Picture Completion subtest, the psychologist who can use the language of signs will often find it easier to make the instructions understood if he uses the sign <u>gone</u> for the word "missing" in the picture. (The sign referred to here is that made by drawing the right hand down quickly through the left, as if the right hand were vanishing into the left.) The psychologist who does not know the language of signs will also have better luck with "gone," or "not there," meanwhile shaking the head slowly and pointing to the picture. (Never move the head while speaking, as this interferes with lipreading. First speak the word or words, <u>then</u> shake the head.) Nearly always, however, the client catches onto the idea after seeing the first item even if he does not comprehend the instructions. Therefore, it is best not to spend a great deal of time on the instructions for this subtest, but to open the book of pictures to the first item as soon as one is finished giving the instructions.

Even in this relatively simple test, where the client can legitimately indicate his response by pointing to the missing part in the picture, ability to communicate can be very helpful. In one instance, a subject made a sign in response to item two which indicated he believed that the tail had been drawn into the pig's rectum. This gave the examiner his first clue to severe emotional disturbance.

The Block Design can proceed without any instructions at all, with the examiner simply building the first design and then indicating by pointing from his blocks to the subject's.

The most difficult subtest in the Performance Scale, as far as instructions are concerned, is probably the Picture Arrangement subtest. Perhaps the best way is to follow standard instructions, which specify that the cards are to be laid out before instructions are given. With normal-hearing subjects, one can give the instructions while the subject is studying the cards; with deaf persons, of course, this cannot be done. (In fact, it will probably be disconcerting to the client if he looks up and finds that the examiner was talking to him while he was studying the cards.) Some subjects will spontaneously reorganize the cards correctly, others will look questioningly at the examiner. While the standard instructions can be paraphrased quite closely in the language of signs, the examiner not conversant with this language should point to the pictures, allow the client to look at them again and then back at the examiner, and then shake his head and say: "They are wrong. You make them right."

A supplementary technique suggested by Wechsler (1958) is for the examiner, when the subject has readjusted the cards, to ask the client to tell the story that is in the cards. This technique is extremely helpful in clinical personality assessment of deaf adults as well, but can be used only by an examiner thoroughly conversant with the language of signs or with the assistance of an interpreter.

The Objective Assembly subtest can be administered with a minimum of difficulty in giving instructions. A simple gesture to "go ahead" after the pieces have been laid out will nearly always suffice.

The interpretation of the results of the WAIS Performance Scale need not vary greatly from the examiner's usual procedure. He should, however, be informed of the client's background. Deaf students coming directly from rural residential schools for the deaf sometimes do not do well on the Picture Completion test, for example, simply because they have not been exposed to many of the objects and situations pictured. One Midwestern adolescent was disconcerted by the picture of a lobster because she had never seen one before. Another thing to note carefully is whether the subject actually perceives interpersonal relationships taking place in the Picture Arrangement subtest. Often, the subject rearranges the cards correctly but has only the vaguest idea of what is taking place in the sequence. This can be traced to the fact that deaf people--especially young adults--have not had the same opportunity to engage in meaningful interpersonal relationships that their hearing peers have had. This is often true irregardless of the educational background of the client--whether he attended day classes, an oral or combined residential school, or even public school classes. The Picture Arrangement subtest, therefore, may be assessing the deaf client's social sophistication rather than his capacity for insight. The client will sometimes work out "logically" correct responses on the basis of clues in the pictures, but the inquiry will show he does not have a clear idea as to what is taking place.

The author sometimes administers the Verbal Scale of the WAIS by using a 6" by 9" looseleaf notebook with simplified versions of the questions typed on each leaf. This is felt to be preferable to attempting to use the language of signs for the questions, in that it holds the stimuli constant from administration to administration. Were one to use the language of signs, it is more than likely that the questions would never be delivered exactly the same way twice in succession; not only the signs used but facial expression and "body language" would vary from one administration to another. Another drawback of this practice is that it may delude the uninformed psychologist into believing that the resulting score is a valid IQ because the language of signs was used. Whether given in the sign language, or spoken, or presented in written form, the results of the Verbal Scale should never be used as an intelligence quotient. The reason has already been outlined in the Introduction; the questions presuppose uninterrupted normal hearing from birth and uninterrupted opportunity to acquire the knowledge and concept formation tapped by the questions by virtue of possession of the sense of normal hearing. These assumptions are not met in the case of prelingually deaf adults. Therefore, all reports carrying the result of Verbal Scales administered in this manner should contain a footnote warning the reader that the scores should not be interpreted in the usual manner.

While the simplified Verbal Scale does not yield a valid IQ, its use is often revealing. When the Verbal and Performance scores are relatively close (less than 15 points apart, with the Verbal almost always the lower score), they may suggest a person who has been making extra efforts to overcome his language handicap. If more than 20 points apart, the client may be more adverse to academic work or to the need to communicate by reading and writing than are other deaf people. Clinical examination of the subject's responses is often revealing, and, as with the normal-hearing, can be indicative of his emotional state.

In a single instance, a subject who tested very low on the Performance Scale actually came up with a Verbal score ten points higher than her Performance score. This factor alone ruled out the possibility that the subject was unemployable, inasmuch as it indicated a psychological background that was favorable to new learning.

In general, however, it has been found that even a simplified version of the Verbal Scale questions are too difficult for deaf persons who have less than third grade academic achievement. When used, extreme care must be taken that the subject not become hostile and uncooperative as the questions become more and more difficult. If the examiner cannot use the language of signs, an interpreter must be brought in. Even then, the examiner should take the pains to let the subject know that he understands that deaf people have a very hard time learning to read and write, and that he is merely using this test to find out how much the client can do.

Young deaf people, especially those who are not academic successes, are sometimes inclined to be very defensive about their low reading comprehension levels. Unless they feel that the psychologist is understanding and sympathetic about this, rapport during further testing can be disrupted. Because of this possibility, it is always better to administer the Performance Scale first, then the Verbal Scale.

With deaf adults whose deafness is very recent and who have normal command of language, the notebook technique can also be very useful. In this case, the standard questions are administered, and the verbal responses of the subject noted. The Arithmetic test can be somewhat difficult, inasmuch as timing must begin as soon as the subject completes his first reading. One solution is to ask the subject to read the Arithmetic questions aloud, and to begin timing as soon as he completes the sentence. With adventitiously deaf adults who lost their hearing in the mid-teens or beyond, the Verbal Scale can thus be administered in such a way that the questions are not open to misinterpretation by poor lipreaders, and the results can be considered a valid estimate of intellectual functioning.

Memory and Perceptual Functioning

Three tests can be used to evaluate the client's functioning in this area: (1) the Bender Visual Motor Gestalt Test; (2) The Graham-Kendall Memory-for-Designs Test; and (3) the Weigl-Goldstein-Scheerer Color-Form Sorting Test.

The Bender-Visual Motor Gestalt Test. This test is so well known to clinical psychologists that it needs no description here. It is not necessary to use any special techniques in its administration or in the interpretation of the results. Clients with no communication skills can be encouraged to draw the figures with little difficulty. With those clients familiar with manual communication, this mode of communication can be used to introduce the test.

The Graham-Kendall Memory-for-Design Test. This test for perceptual dysfunctioning is useful in that an objective score can be obtained and any possibility of neurological impairment indicated by the Bender can be subjected to substantiation or contradiction. The test also provides an indication of how well the individual remembers what he sees, i.e., his ability to immediately recall visually perceived material. As with the Bender, it is possible to administer this test to persons with no communication abilities simply by demonstration. If it is administered immediately after the Bender, only a minimum of instructions is necessary. Nor is there any need to use a different approach to interpretation or evaluation of the client's drawings than that which is presented in the test manual.

The Weigl-Goldstein-Scheerer Color-Form Sorting Test. This relatively little-known test is part of a battery developed by Goldstein and Scheerer (1941) to assess abstract and concrete behavior. Originally, the test was formulated upon the concept that neurologically impaired patients find it difficult, if not impossible, to use abstract concepts in grouping and manipulating the test materials. In addition, although this facet is not explored or discussed by the authors of the test, the subject's behavior in the relatively unstructured test situation can be extremely relevant and helpful in clinical diagnosis. This latter feature alone justifies the inclusion of this test in a battery for the congenitally deaf.

The Weigl-Goldstein-Scheerer test places the subject in a situation where instructions are very minimal--Make groups that look right to you. The client's subsequent manipulation of the test materials is observed, his grouping noted, and he is asked why he grouped them as he did. With normal-hearing persons, the relatively abstract concept of "form" or "shape" can be assumed to be present in the person's vocabulary. With prelingually deaf persons, however, one must interpret responses more carefully. If the client groups casually according to a relatively abstract concept, but does not have either the words "form" or "shape" in his vocabulary, indications are that neurological impairment is not present. Rigidity and concreteness may be inferred when he tries to form stars, traffic lights, and other familiar objects.

After making one grouping, the client is requested to regroup the materials until he either becomes resentful or passively states he cannot think of any other way to group the blocks, or until it is clear that he is so anxious to please that he will continue to make groupings indefinitely. In this way, frustration tolerance is evaluated.

The Weigl-Goldstein-Scheerer test is valuable in that it assesses several dimensions of behavior. These are, to summarize the above discussions: (1) How does the individual react to an unstructured situation in which assistance and clues are kept to a minimum? (2) Does the individual readily incorporate abstract concepts in his approach to his environment? (3) How readily does he take offense when repeatedly asked to supply different solutions to the same task?

There have been instances where the performance of deaf clients on this test suggested severe emotional disturbance, as when they arranged the test materials in accordance with some internalized "rules" not suggested by the reality of the test situations.

Scholastic Achievement

Some estimate of the deaf client's current level of academic achievement is vital for rehabilitation planning. This is especially true when the client has only a minimal work history or no work history whatsoever. While such tests are not usually a part of a psychological test battery in clinical situations, their inclusion when evaluating a deaf person should be seriously considered if information on scholastic achievement is not available from other sources.

The usual complete battery of achievement tests can, for rehabilitation purposes, often be narrowed down to a vocabulary test, a paragraph comprehension test, and an arithmetic computation test. "Language" tests, which usually assess knowledge of rules of punctuation and capitalization and ability to use words grammatically and to detect incorrectly spelled words, can be included if the client desires clerical work or higher education. The more important scholastic achievement is for the attainment of the client's vocational goals, the more vital becomes assessment of scholastic skills.

However, extreme caution must be used in determining vocational potentials on the basis of the scholastic achievement scores of prelingually deaf clients. In the first place, poor functioning in academic skills does not necessarily indicate a low potential for achievement. Nor does it necessarily indicate mental retardation or any of the other connotations such scores carry with normal-hearing persons. Deaf women with fourth- or fifth-grade achievement scores in reading are often able to become successful typists or business machine operators, and deaf men functioning on comparable levels are perfectly capable of operating linotype machines. Scholastic achievement scores should be used only as guidelines, and the scores must be viewed in the light of other test results--particularly assessment of intellectual functioning. Motivation for work or for further learning are other factors that must be considered. Academic skills are only <u>guides</u>; they should never be seen as <u>determinants</u>.

Standard administration procedures in most scholastic achievement tests require the examiner to recite instructions for each test verbally while the subject is reading the instructions. This is not possible with deaf clients, of course, and to insure comprehension of the instructions--whether given verbally, in the language of signs, or by permitting the subject to read printed instructions-- the examiner should work with the client on sample problems until he is certain that the nature of the task is understood.

Scholastic achievement tests such as the Stanford, Metropolitan, and California can be used with deaf clients. The publishers of the Metropolitan Achievement Tests provide special norms for deaf children with their Reading Test, if specifically requested. The Wide Range Achievement Test, on the other hand, is extremely difficult to administer to deaf persons because many subtests require verbal presentation and cannot be satisfactorily rendered in the language of signs or fingerspelling. If given verbally, it becomes a lipreading test rather than a test of scholastic achievement. The sole exception is the Arithmetic Computation subtest, which can be administered in the standard manner.

With deaf clients who are afflicted with cerebral palsy, and with some who work much slower than is really necessary, a good technique is to allow all the time needed for the completion of each subtest, noting the client's progress at the end of the time limit. Both "timed" and "untimed" scores are listed, and if the difference in grade level is significant, this could have much bearing upon the interpretation in terms of both achievement levels and personality. The cerebral-palsied client sometimes has no difficulty in finding the correct response, but does have difficulty entering the response in the small spaces in the answer sheets. The obsessive-compulsive client who agonizes over every alternative for fear of making a mistake often becomes more relaxed and can give a clear picture of his capacities when he realizes he is not going to be pressured into making a hasty decision. While this technique is admittedly time-consuming, it can often result in a more adequate picture of the client's academic capacities.

When making recommendations on the basis of findings in scholastic achievement, the psychologist must consider whether or not the client might benefit from further tutoring in "weak" subjects. Prelingually deaf people often do not attain their highest capacities while in school, and may acquire motivation for more learning once they discover how much their progress in the world of work depends upon things they may have carelessly neglected while in school. Adult education programs for deaf people in the community should be located and their utilization encouraged by the psychologist if he feels that the client has the motivation and potential to benefit from further education.

Vocational Interests

While deaf persons with adequate language skills can be given any one of the existing vocational interest tests, typical prelingually deaf persons do not have the reading skills necessary to understand exactly what is involved in the choices they are making when such tests as the Strong or Kuder are used.

Two vocational interest tests are appropriate under these conditions. They are the Geist Vocational Interest Inventory: Deaf Form: Males, and the California Picture Interest Inventory.

The Geist Vocational Interest Inventory. This test was developed specifically for use with deaf adolescents and adults. It consists of 26 series of three pictures each, showing people at work in various occupations. Included in the test's normative population were 1,659 deaf adolescents, college students, and adults. The pencil-and-paper portion of the test can be administered without regard to communication skills, but there is a "projective" test that requires ability to communicate with the client. The inquiry portion of the test, however, is optional and does not affect the scored interest profile.

The California Picture Interest Inventory. This test is arranged along similar lines as the Geist, and also uses a series of three pictures. Instead of merely selecting the picture he likes, however, the client is also asked to select the picture showing work that he dislikes as well. There are 53 series of three pictures, or a total of 159 pictures. Thirty of the pictures are repeated in Part II of the test, in which the client is asked to give a flat "like" or "dislike" judgement for each picture.

There are some problems in administering this test to deaf clients. About one-fourth of the occupations and professions shown are clearly unsuitable for deaf persons (policeman, physician, and the military, for example), and in one series of three pictures, all are unsuitable for deaf persons.

In spite of this, the client's choices often tell a great deal more about how he sees himself in the world of work than could otherwise have been determined--especially for those with limited communication skills. If, for example, a client persistently chooses occupations unsuitable for people with severe hearing loss, it may be questioned whether that client is familiar with the world of work, or whether his self-image is out of line with his capacities.

When interpreting the results of vocational interest tests, the psychologist should carefully take into account the apparent vocational maturity of the client. Young deaf adults fresh from school are likely to be very naive about the world or work. In many instances they have had no summer employment at all, and have not had the opportunity to exchange vocational experiences with their peers or others. Many, in fact, are unaware as to just what their own parents' jobs are. Interest profiles, then, should always be related to the client's vocational experience, his stated vocational goals, and his level of emotional maturity in order to arrive at an adequate interpretation of the profile.

Vocational Aptitudes

Most psychologists are fully conversant with the major problems in the use of existing aptitude tests with any type of client. These problems are inherent in the construct validity and predictive validity of the tests themselves. It is often difficult to estimate how well the test approximates the actual operations involved in various types of work, and how well success on the test will predict success on certain specific jobs. All of these difficulties, of course, apply to the use of and interpretation of these tests when evaluating deaf adults.

There are many aptitude tests on the market, and the psychologist considering including such tests in a battery for deaf adults should look for those that are least "contaminated" by the language variable. Those tests which are performance-oriented and where the examiner can demonstrate the task for the client are most likely to yield valid results. In others, such as the Revised Minnesota Paper Form Board, samples are included which the examiner can use to help the subject understand what is required of him even if he does not comprehend the printed instructions.

Some tests which the writer has found usable are: Selected portions of the Flanagan Aptitude Classification Tests and the Flanagan Industrial Tests, the Crawford Small-Parts Dexterity Test, the Minnesota Clerical Test, and the Revised Minnesota Paper Form Board. Portions of the General Aptitude Test Battery may also be helpful, but it should be ascertained whether an interpreter was provided at the time of testing, since the test is administered only at state employment offices. In addition, the "G" score of this test, which is used as a critical factor for interpretation of the results by examiners in state employment offices, is contaminated by the language variable and cannot be confidently relied upon in setting the upper limits for vocational attainment in prelingually deaf adults.

Conclusion

It is clear that there are many factors to be weighed when organizing a test battery for prelingually deaf adults and when evaluating the results in terms of the individual deaf client. Certainly, the deaf client deserves only the best evaluation that he can be given, in order that the underemployment of deaf people as a whole may be alleviated. Already, too many rehabilitation counselors are bypassing psychological evaluations for their clients because the results of such evaluations often do not go beyond superficialities--such as the client's poor communication skills, poor speech, and language, etc. What the counselor needs to know is what the client can do. What are his capacities? What is he able to do in spite of the obvious difficulties?

To restore and renew the faith of rehabilitation counselors who work with deaf people in clinical psychology, fresh looks at old assumptions are needed. It has been demonstrated that extant tools can be adapted and used in the evaluation of prelingually deaf people if these tools are used with discretion and if the objective test data are coupled with professional insight into the handicap of deafness and direct or indirect communication with deaf people. It is up to psychologists to recognize that until they can provide deaf clients with the same quality of services that they provide to the nondeaf, they have not fulfilled their professional obligation to either the referring counselor or the deaf person.

References

Goldstein, G. & Scheerer, M. Abstract and concrete behavior. An experimental study with special tests. Psychol. Monogr., 1941, No. 239.

Wechsler, D. The Measurement and Appraisal of Adult Intelligence. Baltimore: Williams & Wilkins, 1958.

Appendix

Publishers of tests named in this article are as follows:

American Orthopsychiatric Assn., Inc., New York: The Bender Visual-Motor Gestalt Test.
California Test Bureau, Monterey, Calif.,: The California Achievement Tests; The Picture Interest Inventory.
Harcourt, Brace & World, Inc., New York: The Stanford Achievement Tests; The Metropolitan Achievement Tests.
Psychological Corporation (The), New York: The Wechsler Adult Intelligence Scale; The Weigl-Goldstein-Scheerer Color-Form Sorting Test; The Wide Range Achievement Test; The Minnesota Paper Form Board, Revised; The Crawford Small Parts Dexterity Test; The Minnesota Clerical Test.
Psychological Test Specialists, Missoula, Mont.: The Graham-Kendall Memory-for-Design Test.
Science Research Associates, Chicago: The Flanagan Aptitude Classification Tests; The Flanagan Industrial Tests.
Western Psychological Services, Beverly Hills, Calif.: The Geist Picture Interest Inventory: Deaf Form: Males.

IV

THE DEAF COMMUNITY

Similar to most minority groups deaf people have developed community organizations to meet their social needs. They have organized and supported a network of local, state, and national organizations designed to provide resources for satisfying social experiences not readily accessible in the general community. The organized deaf community has its roots in the need of deaf persons to nullify the communication barrier experienced in their social contacts with the community at large.

Major deaf organizations, their function and membership, are described in the selection by Carney. This article was included to provide not only a perspective on the deaf community, but also to present the reader with additional sources of information about deaf organizations. The interested reader can contact these organizations directly to obtain more detailed information.

Efficient means of communicating with the general community is a basic necessity in today's communication-oriented society. For deaf people this means development of interpreting services to bridge the communication barrier. The article by Pimentel addresses the development and progress of professional interpreting services to meet this need.

The use of interpreters has become an integral part of the delivery of education-rehabilitation services to deaf persons. This is reflected by the network of general vocational training and higher education programs which are currently available to deaf students through use of interpreters in the classrooms. Employment and social opportunities have also been enhanced by the development of this basic service. Most of the major urban centers now have a growing pool of qualified interpreters.

A profile of the deaf worker is provided in the second article by Carney. Except for his deafness, the deaf worker is portrayed as basically being no different from any other group of people. This is an important concept as it proposes that employers should consider the deaf applicant's educational-vocational credentials for the position instead of focusing on his deafness. The federal government he points out, for example, has acknowledged the fact that ears can be hired more easily and cheaply than brains and ability.

ORGANIZATIONS SERVING THE DEAF

Edward C. Carney

My assignment is a difficult one inasmuch as there are such a large number of organizations serving the deaf, and the program time alloted to me will permit only a brief explanation of the objectives and activities of each. Owing to the fact that some of the organizations have a wider scope of activities than others a little more time will be consumed in describing them, but no attempt will be made to specify any particular order of rank or importance of their respective functions. This would be the equivalent of trying to determine which is the most important leg of a four-legged chair.

Not too unnaturally the organization which comes first to my mind is that of which I recently became Executive Director, the Council of Organizations Serving the Deaf (COSD). Perhaps organization is not an apt word to use because in actuality the COSD is exactly what its name indicates--a council of representatives of organizations which serve the deaf community. Established in 1967, the Council is composed of 15 Active members and 3 Associate members, all of whom are organized on a national basis. Purposes of the Council are to serve as a clearing-house of information about deafness and the problems of the deaf population, to provide a vehicle by means of which member organizations may work more closely together in striving for solutions to problems which are common to all deaf persons, and coordination of efforts to develop and maintain economic, social, educational, and cultural opportunities for deaf persons.

The COSD conducts an annual Forum meeting on a selected topic which is open for participation by any interested person. Themes to date have included "New Horizons," "The Deaf Man & The World," and "Legal Rights of the Deaf Man." In 1971 the topic will be "Medical Aspects of Deafness" and in 1972 "Education of the Deaf."

There are a number of sports organizations of deaf people. Most of these center around a particular sport such as bowling, skiing, and golf. The American Athletic Association of the Deaf (AAAD) is the oldest and largest such organization. Founded in 1945, it has 7 regional affiliates and approximately 115 local member clubs of the deaf throughout the nation with a combined individual membership exceeding 14,000. Besides conducting annual regional and national basketball championship tournaments, the

AAAD also sponsors the USA team in the quadrennial World Games of the Deaf. These competitions are similar in every respect to the Olympic Games with the exception that all participants are deaf.

The National Association of the Deaf was organized in 1880 and presently has affiliates in 41 states, with a total membership of 14,000. This is primarily a service organization and has actively concerned itself with such diverse problems as discrimination against deaf persons as drivers, educational methodology, excessive rates of liability insurance for deaf persons, obtaining equal vocational opportunities for deaf workers, sundry proposed legislation unfavorable to the deaf population, and through affiliation with the World Federation of the Deaf, the problems of deaf citizens of other nations. The NAD presently is conducting for the United States Government the first census of the deaf in 40 years. Because accurate figures relative to the number and location of deaf persons do not now exist, the potential usage of the information expected to be obtained through this census is obvious. The Association maintains a Home Office with an Executive Secretary, and a large full-time staff in Silver Spring, Maryland. Members are kept informed of items of broad interest through the pages of a monthly publication, The Deaf American.

At the turn of the century it was very difficult and unreasonably expensive for a deaf man to purchase life insurance, so a group of deaf men pooled their resources and formed the National Fraternal Society of the Deaf. Today, the "Frat" is licensed to do business in 35 states and Canada and has nearly 11,000 members in 125 Divisions (lodges) which function in most of the major cities of the nation. The aggregate insurance in force exceeds $8,000,000 and is backed by assets of $5,500,000. The program is administered from a large and modern business building owned by the Association in Oak Park, Illinois by a full-time staff of eight persons.

The Gallaudet College Alumni Association was founded in 1889 and is composed of graduates of Gallaudet College, the only liberal arts college for the deaf in the world. Its objectives are to support and encourage the college. It is indirectly one of the most influential of all organizations of the deaf in that its members exercise active leadership roles in virtually every other organization of the deaf.

The Professional Rehabilitation Workers with the Adult Deaf and the Registry of Interpreters for the Deaf are comparatively new organizations. However, both have experienced phenomenal growth, both in membership and in influence in the deaf community. The title of the PRWAD is a bit misleading in that professionals in other disciplines actually out-number the rehabilitation workers on its membership rolls. It is concerned with improvement of a variety of professional services to deaf people, and concurrently the upgrading of the professional qualifications of its 750 members. The PRWAD quarterly publication, Journal of Rehabilitation of the Deaf, is a unique and distinctive contribution to the literature in the field. Objectives of the RID are to establish and maintain high standards of professionalism among its members and to improve interpreting services for the deaf. Membership now stands at 875 and there are local and state chapters throughout the country. The Executive Secretary of the RID has offices and a small staff located in Silver Spring, Maryland.

The Alexander Graham Bell Association for the Deaf has approximately 850 members, of whom perhaps 150 are deaf. The Association was founded to promote the teaching and use of speech and lip reading to deaf persons. The Executive Director maintains offices in Washington, D.C. and among its activities is maintenance of a comprehensive library of books and manuscripts about deafness and the deaf. It publishes a widely-read monthly magazine, The Volta Review.

The Conference of Executives of American Schools for the Deaf, and the American Instructors of the Deaf share offices in Washington, D.C. As is indicated by the names, their primary concern is education of the deaf in all of its myriad phases. The AID publishes The American Annals of the Deaf, oldest professional journal of its kind in America. The Conference, through a contract with the United States Office of Education, is responsible for the circulation of all audio-visual materials provided under the multi-million dollar Captioned Films for the Deaf program of the Bureau of Education of the Deaf which concerns itself with improvement of educational processes for deaf children and a certification program for teachers of the deaf.

Largest of the religious groups serving the deaf probably is the International Catholic Deaf Association, which is affiliated with the Roman Catholic Church. There are Chapters across the nation and many priests and lay workers are trained to communicate with deaf worshipers. Approximately a dozen denominations conduct services for deaf persons, but the Roman Catholic and Lutheran Churches each conducts several schools for the deaf as well. The Episcopalians and Baptists permit deaf men to be ordained as ministers.

The National Congress of Jewish Deaf was organized in 1956 and has held successful biennial conventions ever since. There now are 11 affiliate groups (temples or Hebrew associations of the deaf) serving some 3,000 individual members. Temple Beth Or in New York City and Temple Beth Solomon in Los Angeles are very dynamic groups, as are the New York and the Chicago Hebrew Associations for the Deaf. Despite the large number of deaf persons of Jewish descent there is a paucity of rabbinical services available. David Rabinowitz of the New York H.A.D. is the world's only deaf rabbi. Douglas Goldhamer, a student at Hebrew Union College in Cincinnati (who is not deaf) is serving as spiritual leader of the Chicago H.A.D. As is evident, many additional rabbis are needed to adequately serve the national deaf community.

Thank you for your attention. I shall be glad to attempt to provide additional information in response to questions you may have.

INTERPRETING SERVICES FOR DEAF PEOPLE

Albert T. Pimentel

The inclusion of the topic of interpreting services in this convention, along with other basic needs of deaf persons, such as psychiatric services and community rehabilitation services, is a hopeful indication that the professional community is beginning to properly value the extent to which the professional interpreter can contribute to the habilitation and rehabilitation of deaf people. There is a critical need to increase interpreter utilization in routine casework service. Interpreters can improve the quality of services that a counselor purchases from psychologists, doctors, therapists, vocational evaluators, training programs and even in the industrial job orientation setting. Too frequently interpreter services are considered only when communication will be completely or substantially impeded to the degree of preventing a counselor from contracting needed case evaluations.

Deafness results in communication problems in almost all situations. The fact that many deaf clients manage to get by on the basis of minimal communication with casework personnel does not eliminate the need for providing these clients with interpreter services. But rather, minimal communication and minimal benefit from expensively-purchased casework services should underscore the need to improve the client's communication during this critical period of his rehabilitation program. The question really is--can we afford not to spend additional funds to achieve quality services for deaf people and maximum employment placement? Too often in the past minimal services have been rendered and marginal employment attained because means did not exist to bridge communication problems during the casework process.

The Vocational Rehabilitation Act of 1965 for the first time provided authorization for interpreter services to be included as part of casework for deaf vocational rehabilitation clients. This provision has not been generally utilized by state vocational rehabilitation agencies to any appreciable degree. In part, sufficient numbers of interpreters do not exist. Further, a means of recruiting, training and evaluating interpreters remained to be developed. In 1967 the Social and Rehabilitation Services funded a demonstration to professionalize the Registry of Interpreters for the Deaf. This demonstration grant should substantially alleviate the problem of adequate interpreter personnel. However, utilization of interpreters largely depends on the understanding of the value of this service by agencies and professional people.

To gain a better perspective of our topic we should take a brief look back into this short history of interpreting to see how it evolved as a communicative aid. In the United States the concept of interpreting as a distinctively unique communicative service to deaf people dates almost from the beginning of education of the deaf in 1817. Some form of manual communication always has been permitted for at least the older students in most residential schools for the deaf, where the vast majority of deaf people were educated up through the middle 1940's. Along with this existence of manual communication in the classroom, it was customary to find in these educational institutions a few teachers or school administrators interpreting for students at school assemblies, religious programs and during field visits to community points of interest. From the long tradition of interpreting usage in the educational setting, adult deaf people residing in sufficient numbers in a community developed the concept of utilizing interpreters for very special events of educational, social or cultural importance. Frequently clergymen serving deaf people were utilized as these early interpreters. Down through the years almost all of our special religious programs for deaf citizens have utilized the language of signs. To this day, members of the clergy and lay religious interpreters for the deaf continue to be active as interpreters in functions outside of their religious spheres. Of significance, interpretering services of the past have been largely limited to emergency situations such as the courtroom, funerals, medical crises and other instances of immediate and critical human need. In the past, specific training and professional recognition of interpreting services were totally nonexistent. From the point of view of the lay person, interpreting was felt to be a peculiar talent that a few individuals chanced to develop, and which the community found convenient to call upon at frequent intervals.

The present day development of interpreting services parallels the Federal-State expansion of vocational rehabilitation services in general. The rapid, albeit still insufficient, growth of personnel and programs serving deaf citizens has created a need for more efficient communication between the deaf client and the many professional people to which he is referred in the process of his rehabilitation case work-up. Interestingly, in spite of the vast educational propaganda of the 1940's and 50's, professional personnel extending services to deaf clients generally find that the young deaf adult clients they serve today have no more intelligible speech abilities than the deaf adult of the 1940's and the early 50's.

In today's busy and time-demanding world of services, efficient means of communication is a basic necessity. In terms of the communicative needs of deaf people this means provision of interpreting services. In the late

1950's, as a result of this emerging recognition of the importance of interpreting services, the few available and competent interpreters for deaf people suddenly found their services in great demand. However, the number of interpreters available and their general background of training was not sufficient to the task.

In 1964 at Muncie, Indiana, the Registry of Interpreters for the Deaf came into being as an organization with the basic intention of attempting to respond to the nation's sudden deep interest in and need for interpreters. After three years of organizational operation on a voluntary, quasi-professional basis, we are now into our second year of full-time operation. From the RID's establishment in 1964 to the present time the following materials have been developed specifically in response to the problems and needs of interpreters. They are as follows: The Proceedings of the Muncie, Indiana Conference which lays out the organizational framework; a follow-up structural organization workshop in Washington delineating professional criteria for the Registry. Our Code of Ethics emerged at that time. It is of basic importance and bears elaboration here.

1. The interpreter shall be a person of high moral character, honest, conscientious, trustworthy and of emotional maturity. He shall guard confidential information and not betray confidences which have been entrusted to him.

2. The interpreter shall maintain an impartial attitude during the course of his interpreting avoiding interjecting his own views unless he is asked to do so by a party involved.

3. The interpreter shall interpret faithfully and to the best of his ability, always conveying the thought, intent and spirit of the speaker. He shall remember the limits of his particular function.

4. The interpreter shall recognize his own level of proficiency and use discretion in accepting assignments, seeking for the assistance of other interpreters when necessary.

5. The interpreter shall adopt a conservative manner of dress upholding the dignity of the profession and not drawing undue attention to himself.

6. The interpreter shall use discretion in the matter of accepting compensation for services and be willing to provide services in situations where funds are not available. Arrangements should be made on a professional basis for adequate renumeration in court cases comparable to that provided for interpreters of foreign languages.

7. The interpreter shall never encourage deaf persons to seek legal or other decisions in their favor merely because the interpreter is sympathetic to the handicap of deafness.

8. In the case of legal interpreting, the interpreter shall inform the court when the level of literacy of the deaf person involved is such that literal interpretation is not possible and the interpreter is having to grossly paraphrase and restate both what is said to the deaf person and what he is saying to the court.

9. The interpreter shall attempt to recognize the various types of assistance needed by the deaf and do his best to meet the particular need. Those who do not understand the language of signs may require assistance through written communication. Those who understand manual communication may be assisted by means of translating (rendering the original presentation verbatim), or interpreting (paraphrasing, defining, explaining, or making known the will of the speaker without regard to the original language used).

10. Recognizing his need for professional improvement, the interpreters will join with professional collegues for the purpose of sharing new knowledge and developments, to seek to understand the implications of life, and develop both his expressive and his receptive skills in interpreting and translating.

11. The interpreter shall seek to uphold the dignity and purity of the language of signs. He shall also maintain a readiness to learn and to accept new signs, if these are necessary to understanding.

12. The interpreter shall take the responsibility of educating the public regarding the deaf whenever possible recognizing that many misunderstandings arise because of the general lack of public knowledge in the area of deafness and communication with the deaf.

An intensive summer workshop in Maine in 1965 produced our basic general training manual entitled Interpreting for Deaf People. In the summer of 1966 a Workshop to Activate Interpreting Services was held in San Francisco to reassess the status of Interpreter services and to accelerate the development of interpreter personnel in an attempt to keep up with the personnel needs generated by continuing expansion of new programs and projects incorporating various kinds of rehabilitation services for deaf people. All of the conferences mentioned above, and the valuable manuals resulting, have been possible because of the most generous interest and support of the Federal Rehabilitation Service Administration.

The interpreter for the deaf must function as a professional person. His training must be sufficient to the point of satisfying the agency engaging his services, the agency or persons to which he is referred for actual interpreting, and most important to the deaf individual who is depending on the interpreter for an efficient interpreting performance.

Let us elaborate a bit on what it means to satisfy these three parties. In the case of vocational rehabilitation agency, the counselor would want some assurance that an interpreter's training has included at least some minimal understanding of what the rehabilitation process involves. The counselor would want the interpreter to recognize that he is being engaged as an interpreter and <u>not</u> as a person who assumes counseling responsibilities; that an interpreter's function has some definite service limitations and that he is not being brought in as a general consultant for deaf clients. The doctor for whom the interpreter intends to interpret on a vocational rehabilitation assignment, will be most reluctant to admit the interpreter into what is traditionally a highly confidential doctor-patient relationship. The doctor needs assurance that he is dealing with a professional individual who has familiarized himself with the professional framework in which medical personnel function. The deaf individual is hopeful that he will have an interpreter who is professionally able to recognize his level of interpreter needs. The deaf individual also is most concerned that what is confidential and personal information remains so.

The RID is currently working on two fronts in attempting to meet the ever increasing needs for improved national interpreter services. First, we are attempting to upgrade present interpreters through formation of State Chapters of the Registry. Through chapters we are encouraging activities in recruitment, training and evaluation on the State level. By June of 1969 we hope to have twenty State Chapters in operation.

Our second front involves a more formal professional training plan for the future. In cooperation with Center for Research and Advanced Training in Deafness Rehabilitation at New York University, a professional curriculum for the training of interpreters is being developed. In brief, this curriculum, as currently envisioned, will involve a basic comprehensive course entitled Introduction to Interpreting. Only individuals already having some specifically defined level of fundamental skills in manual communication will be admitted to the course. Following the basic course will be five elective areas of specialization involving: 1) Interpreting in the Legal Setting; 2) Interpreting in Adult Education and Vocational Training; 3) Interpreting for Rehabilitation and Psychology; 4) Interpreting in a Medical and Psychiatric Setting; and 5) Interpreting in Religious Settings. It is likely that there will be some changes in these combinations but these are the present basic considerations.

Once this curriculum is completed it will be available in whole or in parts to various institutions of higher learning. We would hope that some of the professional programs for the preparation of rehabilitation counselors will recognize the value of these courses as electives within their programs. More pertinent perhaps, is the potential benefit that could be derived from the association of students in professional interpreter courses with students in counselor training programs. We also anticipate having some of these courses included as electives in college programs involved in preparing teachers of the deaf.

This curriculum itself will produce teaching manuals for each of the courses developed. Also, specific behavioral objectives will be defined. As a result, we will then have a very accurate criterion from which will evolve a professional certification program for interpreters.

By judicious use of interpreters it should be possible to obtain more comprehensive evaluations of deaf clients, to provide a wider range of training programs and even to break through the chronic underemployment problem prevalent in industry. For instance, in Oregon the Taxtronix, Inc. is recognizing its responsibility by providing equal in-service industrial training opportunity for its deaf employees. The company employs interpreters wherever and whenever deaf employees can so benefit from any of their several educational and training programs. This is an excellent example of the type of responsibility that needs to be better understood and widely implemented not only in industry, but also in community adult education programs.

We look forward to the future with confidence that deaf citizens will be able to obtain equality in all private and public opportunities available in the community. We believe that a great deal more attention to the inclusion of interpreter services will be one of the significant means of making this a reality. Professional counselors, we hope, will be in the forefront in promoting the inclusion of interpreters in many varied situations in life that will provide greater human fulfillment for deaf people.

References

Quigley, S.P. (Ed.) Interpreting for Deaf People. Institute for Research on Exceptional Children, The University of Illinois, 1965.

Schlesinger, H. and Meadow, K. Interpreting for deaf persons: a contribution to mental health. The Deaf American, 20:11, 1968.

Smith, J.M. (Ed.) Workshop on Interpreting for the Deaf, Ball State Teachers College, Muncie, Indiana, 1964.

Smith, J.M. & Peterson, E.W. (Eds.) Workshop to Activate Interpreting Services for the Deaf, The National Association of the Deaf, 1966.

Taylor, L.N. (Ed.) RID Workshop II, the Catholic University of America, 1965.

DEAF PEOPLE IN THE WORLD OF WORK

Edward C. Carney

Among educated deaf persons there is surprisingly little unemployment. There is a rapidly increasing unemployment problem among the less educated deaf population but that is a different story. Our purpose is to attempt to give some information relative to deaf persons you might be expected to meet as applicants for Federal employment.

With this group, the major problem is not unemployment but underemployment.

Someone has remarked that the biggest handicap of the deaf man is the man with so-called normal hearing. Because many deaf persons cannot speak distinctly or do not attempt at all to communicate verbally with strangers, and owing to the completely false but widespread belief that all deaf persons of normal intelligence can learn to speak and read lips, there is a deplorable tendency on the part of the average citizen to assume that lack of speech connotes feeblemindedness. Nothing could be farther from the truth, as uncounted research studies have proven. Consequently, I would caution you not to equate language or speech skills with intelligence.

Successful lipreading depends largely upon good speech on the part of the person with whom a deaf individual is attempting to converse, and the man on the street has not been taught to speak properly. He talks too rapidly, possibly slurs his words together, does not speak out so there are visible lip and tongue cues, moves his head when he talks, or possibly after being told he is speaking to a deaf person will sidle up and begin to shout close to the side of your head. Practically all deaf persons read lips to some extent but the success of this is dependent upon factors too numerous to mention at this time. Suffice it to say that once a deaf person has become oriented to a place of employment and well enough acquainted with his fellow workers to cope with their speech idiosyncracies, his ability to communicate lucidly customarily increases markedly.

Deaf are People

Deaf persons are, first of all, people...they pull on their pants one leg at a time just like anyone else. They are subject to the emotions, reactions, aspirations, frustrations, impulses, fears, strengths, weaknesses and similar characteristics of any other human being. In consequence there should be no stereotyped thinking as to vocational limitations. The sole criterion should be the native skills of the individual, his training, and a demonstrable ability to use them effectively. Naturally, there are a few vocations the nature of which preclude consideration of a deaf applicant; air traffic controller for example, or telephone sales. However, deaf persons have achieved a high degree of success in a remarkable variety of work situations and have demonstrated considerable ingenuity in overcoming or bypassing erstwhile communication difficulties. It is possible to document deaf persons who are first rate engineers, patent searchers, marble polishers, law clerks, heavy equipment operators, computer programmers, tool and die makers, cartographers, production supervisors, photographers, actors, jewelry designers, inventors, chemists, high-level administrators and the like. Many of these handle the problem of use of telephone by having a clerk or other lower grade employee listen and interpret for them either verbally or manually. Only recently the Federal government has acknowledged the fact that you can hire ears more easily and cheaply than you can hire brains, and has established the job categoty of "interpreter for the deaf". There presently is one full-time interpreter employed to assist deaf men in executive positions in the U.S. Office of Education.

Need Empathy

What most deaf persons want and need is not sympathy; but empathy, and understanding. Not charity, but a chance. Once a deaf applicant is past the employment office, as a rule he will prove to be a skilled and valuable employee. Owing to the difficulties he knows await him in attempting to secure other employment, he tends to be a stable worker. The job turnover among deaf workers is relatively low. Given opportunity and encouragement for advancement, the deaf worker generally proves willing and capable of increasing his salable skills to the benefit of his personal advancement and his value to the employer. It has been brought home to deaf workers in many ways and on countless occasions that the actions of the individual influences public opinion relative to the entire group, and while they might not be able to verbalize their motives, nevertheless they constantly are aware of their obligation to "make good" in order that there will be continued or increased opportunity, not only for themselves, but for other deaf workers.

Widespread Misunderstanding

There is widespread misunderstanding about the nature of deafness and deaf persons. For example, the fallacy that deaf workers are accident-prone and in consequence, poor insurance risks. This simply is not so and the facts are that in actual work situations deaf people tend to have fewer accidents owing partially to visual acuity, which may have been developed to a higher than ordinary degree, as a compensatory measure owing to the lack of one of the other senses. It also is a proven fact that a deaf worker is able to concentrate on his work more readily because he is not subject to the distraction experienced by other workers where there is a high noise factor.

Except for inability to hear (which the deaf man frequently considers to be more of an inconvenience than a handicap) deaf people basically are no different from any other people and their employment opportunities should be limited only to their individual abilities and aspirations. Their opportunity for advancement should be based on evaluation of their work. Anything else is a transgression of human rights, and would reflect adversely on the dignity of both the employee and the employer.

Sources of Additional Information

1. National Association of the Deaf
   814 Thayer Avenue
   Silver Spring, Maryalnd   20910

   A 14,000 member service organization maintaining a large full-time home office staff, the NAD is the official spokesman for deaf people.

   Publication: The Deaf American ($5.00 per year)

2. Conference of American Instructors of the Deaf
   5034 Wisconsin Avenue, N.W.
   Washington, D.C.   20016

   An organization of teachers of deaf children, CAID is primarily interested in the education of the deaf.

   Publication: American Annals of the Deaf ($12.50 per year)

3. Professional Rehabilitation Workers with the Adult Deaf
   814 Thayer Avenue
   Silver Spring, Maryland   20910

   PRWAD is concerned with improving the delivery of services to deaf persons and with upgrading the professional qualifications of its 750 members.

   Publication: Journal of Rehabilitation of the Deaf ($15.00 per year)

4. Alexander Graham Bell Association for the Deaf
   1537 35th Street, N.W.
   Washington, D.C.   20007

   An 850 member organization, of whom perhaps 150 are deaf, which promotes the teaching of speech and lipreading to deaf persons.

   Publication: Volta Review ($15.00 per year)

5. Gallaudet College
   Kendall Green
   Washington, D.C.   20002

   The world's only liberal arts college for deaf people. Kendall Green also houses the Model Secondary School for the Deaf, Kendall Demonstration Elementary School for the Deaf, Gallaudet Preschool, and the Graduate School.

   Publication: Gallaudet Today ($3.00 per year)

6. National Technical Institute for the Deaf
1 Lomb Memorial Drive
Rochester, N.Y. 14623

In cooperation with the Rochester Institute of Technology, NTID offers vocational and technical instruction to deaf students.

Publication: NTID Focus (free)

DEAFNESS
RESEARCH
& TRAINING
CENTER

New York University School of Education