

Individual-Centered Aural Rehabilitation

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Individual-Centered Aural Rehabilitation is not a new concept, but an orthodox approach to the problem of helping the adventitiously hearing impaired adult. It is an eclectic approach and stresses the necessity of teaching aural rehabilitation, not segregated lipreading, segregated hearing re-education, or segregated speech conservation. It stresses diagnosis through hearing re-education exercises. If a student can pin-point his hearing inexactness, he can then focus his attention on these sounds through looking, listening, and feeling. It confirms that there should be no learning without understanding. Formal teaching should not begin until the student understands the principles of aural rehabilitation, and how to go about it. It suggests, for therapeutic reasons, that group work is more beneficial than private lessons, unless a person has a very severe loss or special problems.

The adult with a hearing loss has to learn to live with it before others can accept the loss and come to understand it. He should not underrate it. Deafness can be devastating to himself and to his family. Fortunately, surgery, medicine, electronics, and education have made it possible to live a normal or nearly normal life, if all these means are explored. Yet everyone in this group, which comprises thirty percent of the people I see, has said to me in one way or another, "That's fine, but what about me?" It is, for this reason, that I am convinced, even in a group, aural rehabilitation must be individually centered.

The problems encountered are many and varied. They may be primarily mental, social, occupational, emotional, or they may be a combination. So we must take a fresh look at the things that really count with each individual.

Sanders (1971, p. 364) states:

A sound understanding of the nature of the task you are undertaking constitutes a meaningful program of aural rehabilitation. Beyond this, it falls to you, the teacher or therapist, to translate the principles and techniques that you find meaningful into the practicality of everyday therapy situations. The effectiveness of any philosophy or technique rests not with its proponents, but with its practitioners. As a teacher or therapist, you should know and understand the rationale for what you do. Your confidence in its effectiveness should arise from familiarity with the evidence available to support your approach. For the sake of those individuals who seek our assistance, we are morally bound to remain open minded in our search for some better way.

I could not agree more. All this takes time, and there is not always this much time. So the teacher must be a "caring" individual, a keen observer, and, as quickly as possible, determine the inexactnesses and the particular need of each student.

Obviously, classes cannot be too large if one is to keep the therapy in-

dividually centered. Six to eight people make a large enough group. New hearing aid users and people with very severe losses, or no hearing at all, should not be taught together in the early stages of rehabilitation. After the beginning stages, when some of the fear has been dissipated, groups can be composed of all these people successfully.

It is an art to create a comfortable, relaxed classroom situation. I have one group with one individual with no hearing, two with profound losses, two with moderate losses, and several with relatively mild loss. Yet this group is individually centered. Each is cognizant of the needs of the others, yet remembering that the teacher or therapist must lead the way to bring this about.

Nothing is achieved without understanding. A teacher who merely teaches lip-reading or hearing re-education or speech conservation, is not a good one. A good teacher directs each student toward the principles of rehabilitation, and shows him how to practice by using everyday situations. If possible, there should be formal practice without a helper, and formal practice with a helper. Until a student has learned to practice, he has learned nothing. I like the idea of a student exploring the world of speech, its sounds, its visual pictures, and its production by listening, looking, and feeling. I believe this approach is a sound one. The mind must become saturated with the memory of each sound, the muscular pattern that can be felt, and if possible, the visual pattern. These must be so closely welded together that finally they form a unity in the mind. The senses interact with each other. The teacher and the student must decide what is the latter's greatest need for easier and quicker communication. Is it listening? Is it lip-reading? Is it hearing re-education? Is it speech conservation? Listening exercises help hearing re-education, speech conservation and lip-reading. A lip-reader should strive to hear as much as possible.

Looking exercises help lip-reading, speech conservation and listening. Some students maintain that lip-reading, combined with listening, produces "louder and clearer" listening sensations than hearing alone. When these students close their eyes, or when they cannot see the speakers' faces voices actually sound softer. Feeling exercises help speech conservation and lip-reading. There was a song popular at one time that boasted, "Love and marriage go together like a horse and carriage." So do listening, looking and feeling for anyone with a hearing loss.

Finding time is a modern problem, so a student of aural rehabilitation needs to convert, if possible with humor, every situation of the day into practice, every voice and every face into a helper. It is the teacher who can help him find the way or ways to do this. In the course of a year, I write many small notes to my pupils, encouraging, pointing out something observed in a class, perhaps. Occasionally, I find it is advantageous to attempt to see a student individually if something different is noticed in a class situation.

The majority of the adventitiously hearing impaired adults are fearful people. It is the teacher who must be the pace-maker in the formation of trust and the reduction of fear. One who trusts is able to communicate in depth and intimacy, to explore the goals of himself and others, and to be able to help arrive at satisfying common goals. Only as the fear is reduced can people show genuine affection for each other. It is necessary to get to the core of the being. With increasing trust many things tend to happen in a group. Structure tends to be less necessary. Controls diminish. Formalities are reduced. Members tend

to give emotional support to each other. A teacher must help the individual to get more closely in touch with himself. As groups grow, they develop greater depth in communication. Members become more spontaneous. They learn that it is possible to deal with many deep seated feelings and concerns. One hopes that these attitudes can be intergrated into productive and creative individual problem solving.

I shall repeat that lip-reading practice must be incorporated into everyday living, so visual skill must be developed. Looking and listening must be synchronized. What an individual cannot hear, he may see. What he cannot see, he may be able to hear. And what he half sees, and half hears, he may be able to integrate into something meaningful. All this requires practice. A person with a hearing loss can usually detect his own lapse in other people's reactions. Then he must practice feeling the correct pattern until it is corrected. "Sometimes I'm up, sometimes I'm down," is a refrain from an old Negro spiritual. So a wise teacher will attempt to help the student keep these facts in mind.

Aural rehabilitation takes time. And the greater the loss, the harder rehabilitation becomes. No teacher must help each student to develop the ability to recognize the whole with limited cues. Adults may and usually can be helped to do this. It is the obligation of the teacher to show him the way. Broberg (1971) has an article entitled, "You've Come A Long Way, Baby." She writes primarily about lip-reading. She mentions the tape recorder, record player, auditory training units, and group hearing aids. She also notes that we have made advances in utilizing the television medium. Despite the advances which Mrs. Broberg mentions, there has been a lack of research in the area of lip-reading and I would include listening. In my opinion, far more needs to be done in that gray area of the adventitiously hard-of-hearing adult.

We have indeed come a long way from the year 1125, when a recommended cure for a hearing loss was a lion's right ear held over a patient's ear and an incantation chanted commanding the patient to "hear." By the nineteenth century, finding lions rather uncooperative, quacks were selling salves to cure deafness. Even today one hears, from time to time, some rather strange ideas for curing deafness. As a matter of fact, I have students who would try anything.

I find, as I conclude this paper, that there is little humor in it. I have not told a single joke. The place to hear jokes is in my classes, and I invite you all to come and visit if you are in Denver. I would rather remind you that a man, Paul, (I Corinthians, 13: 4-8) wrote this about love. "Love is slow to lose patience, it looks for a way to be constructive, it has good manners, it is not touchy, it knows not limit to its endurance, no end to its trust, it can outlast anything." In this day of space age sophistication, let us take a fresh look at the things that really count, and give the adventitiously hard-of-hearing adult all the help that is available to him. Let us help him to achieve security, confidence, and a sense of well-being. To do this, it seems to me, aural rehabilitation for the hearing impaired adult must be individually oriented.

REFERENCES

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