

# **Bibliotherapy: An Adjunct to Audiologic Counseling**

**Jonathan D. Bryant and Stephen D. Roberts**  
*Valley Children's Hospital, Fresno, California*

Audiologic counseling addresses the informational and affective needs of deaf and hard of hearing individuals and their families. Bibliotherapy is the use of literature in this process and is an effective adjunct to other counseling approaches. This paper describes the bibliotherapy approach and several techniques for effective utilization of literature in counseling deaf and hard of hearing individuals, parents of deaf and hard of hearing children, and other significant family members. An annotated bibliography of books and pamphlets and a list of video tape sources that may be useful in a bibliotherapy program are also included.

Hearing loss has a significant impact on learning abilities, social skills, and mental health. For example, hearing impairment often complicates or limits normal psychosocial development, academic achievement, and vocational success (Bolton, Coe, & Hardy, 1974; Roberts, Bryant, & Wharton, 1990; Vernon, 1968). However, many deaf and hard of hearing individuals and their families do not fully understand nor accept the limitations of hearing loss which can contribute to unrealistic expectations; foster feelings of denial, isolation, and despair; and interfere with family and social dynamics. Counseling can be effective in ameliorating these problems (Clark, 1982; Luterman, 1984; Roberts & Bryant, 1988).

Meeting the special needs of deaf and hard of hearing individuals and their families is often a team effort that may involve an audiologist, speech-language pathologist, educator, hearing aid dispenser, psychologist, and physician. However, of all the professionals with whom deaf and hard of hearing individuals and their families come in contact, the audiologist may be the most likely provider of counseling services. This is due to the audiologist's professional training, direct involvement in the initial stages of identification, and subsequent audi-

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Jonathan D. Bryant, MA, is Clinical Coordinator of Audiology Services, Valley Children's Hospital, 3151 North Millbrook, Fresno, California, 93703. Stephen D. Roberts, PhD, is Administrative Director of the Department of Speech-Language Pathology and Audiology, Valley Children's Hospital, 3151 North Millbrook, Fresno, California, 93703; and Assistant Clinical Professor, Department of Pediatrics, University of California, San Francisco, San Francisco, California.

ologic and habilitative management of deaf and hard of hearing persons and their families. The American Speech-Language-Hearing Association (ASHA) Committee on Rehabilitative Audiology (1974) recommended that an organized program of counseling be included as an integral part of a total audiologic habilitation plan. The counseling program should address: (a) enhancement of the individual's welfare, (b) assistance in the resolution of pertinent problems, (c) stimulation and motivation to achieve, and (d) improvement of self-concept and social relationships. Chermak (1981) maintains that the audiologist's role as counselor for the deaf and hard of hearing is natural, logical, and necessary.

Most audiologic counseling is informational and intended to describe test results and diagnoses (Clark, 1982), inform and advise people in the use of amplification (Sanders, 1980), and rehabilitate communication function (Clark, 1982; Tannahill & Smoski, 1985). However, in order for audiologists to be effective counselors of deaf and hard of hearing persons and their families, they need to address the affective needs of their clients (Chermak, 1978, 1981; Luterman, 1984; Roberts & Bryant, 1988). The ASHA Committee on Rehabilitative Audiology (1980) recommended that audiologists be knowledgeable of counseling techniques necessary to manage deaf and hard of hearing individuals and their families regarding psychosocial, educational-vocational, communication, and economic problems associated with hearing loss. Audiologic counseling should be designed to assist deaf and hard of hearing individuals realize their communication, social-adjustment, and vocational-placement potential. Pollack (1978) suggests that audiologic counseling should address emotions and feelings (i.e., affective issues) from the outset of the counseling relationship so that subsequent information can be processed and integrated as it is presented. However, it is also necessary to provide appropriate information to facilitate changes in emotions and understanding.

Several different counseling approaches for individuals with communicative impairments and their families have been presented (Bryant & Roberts, 1988; Roberts, 1987; Roberts & Bryant, 1988). Dreher and Baltes (1974) advocated the use of literature to address specific counseling needs of deaf and hard of hearing persons and their families. The use of literature in the counseling process is called bibliotherapy (Bryan, 1939).

The efficacy of bibliotherapy has been challenged by various authors who have reported that bibliotherapy is ineffective and may actually have adverse effects on the reader because the recommended literature may be misunderstood or misinterpreted (Alston, 1962; Briggs, 1964; Brower, 1956; Medlicott, 1975), the client may fail to gain expected insights (Briggs, 1964; Brower, 1956), the reading of fiction may not necessarily enhance personal growth or understanding (Harris & Sipay, 1985; Monti et al., 1979), the recommended literature may be unrealistic and engender false hopes (Alston, 1962; Rosenblatt, 1938), and the reading material may exacerbate the problem being addressed (McInnis, 1982).

Brown (1975), Rubin (1978), and Stoudenmire (1977) argue that ineffective bibliotherapy may be the result of misunderstood client problems and needs,

failure to use appropriate consultants, the recommendation of inappropriate literature, or failure of the counselor to discuss the recommended literature with the client. Positive effects of bibliotherapy have been reported in a variety of areas such as mental health (Brown, 1977; Kassinove, Miller, & Kalin, 1980; Sargent, 1979; Scogin, Hamblin, & Beutler, 1987), self-esteem (Fassler, 1975; Kassinove et al., 1980; Kohutek, 1983), and physical disabilities (Brown, 1975; Dreher & Baltes, 1973; Haynes & Haynes-Berry, 1986; Rubin, 1978).

Dreher and Baltes (1974) discussed the efficacy of bibliotherapy with deaf and hard of hearing individuals and their families. They included a bibliography of 131 books, pamphlets, and articles that might be appropriate to recommend for specific areas of concern. However, there was no discussion of techniques to effectively utilize these materials in audiologic counseling. Chermak (1980, 1981) addressed the need for audiologic counseling and suggested the inclusion of bibliotherapy in diagnostics, habilitation, and rehabilitation. Again, neither discussion of bibliotherapy described specific techniques for using literature in audiologic counseling.

In order for audiologists to effectively utilize bibliotherapy as an adjunct to their audiologic counseling, they should understand the approach and its techniques. The purpose of this paper is to describe the goal of bibliotherapy and the techniques for effective utilization of literature in the audiologic counseling of deaf and hard of hearing individuals, parents of deaf and hard of hearing children, and other significant family members.

### **GOAL OF BIBLIOTHERAPY**

The goal of bibliotherapy is to facilitate positive changes and personal growth in the client through the literary augmentation of personal counseling (Anstelt & Poole, 1983). When appropriately used, the reading and guided discussion of literature can facilitate positive changes and personal growth by addressing the following seven areas:

#### **Provide Information**

Bolton et al. (1974) suggested that the more knowledgeable people are concerning their problems, the less devastated they are by the impairment. Chermak (1980, 1981) identified several areas of informational counseling that could be addressed effectively with bibliotherapy. She included a description of structure and function of the auditory system, a description of etiologies and types of hearing loss, and explanations of communicative, educational, personal, social, vocational, and remedial ramifications of hearing loss.

#### **Understand Universality of the Problem**

Rubin (1978) reported that bibliotherapy is an effective means of dispelling the sense of uniqueness and isolation that is often associated with stressful situations. People are often relieved of paralyzing anxiety when they realize that

others have similar problems. Achieving this understanding is a major step in accepting the hearing loss (Luterman, 1984).

#### **Provide Insight Regarding Motives**

Haynes and Haynes-Berry (1986) described the process of gaining personal insight as increasing self-understanding, achieving a sense of self-worth, and trusting self-perceptions. Understanding the frustrations and fears of others is often necessary before change and growth can occur (Luterman, 1984).

#### **Provide a Realistic View**

Yalom (1975) reported that changes in personal growth were more easily achieved when the individual had a realistic view of the situation. He suggested that the client must realize that life is, at times, unjust, and accept ultimate responsibility regardless of the support and guidance received from others. Bibliotherapy can assist the individual (and his family) to accept hearing loss and deal effectively with what cannot be changed. This approach can help to relieve the anxiety associated with potentially unpleasant decisions regarding issues such as medical treatment, amplification, and educational placement.

#### **Increase Capacity to Communicate**

People who experienced a traumatic situation are often unable to express or unwilling to share their feelings and concerns. Bibliotherapy can be used to stimulate and enrich mental images and concepts, and facilitate the communication of the resulting feelings (Haynes & Haynes-Berry, 1986). Clients often reveal that a character in a prescribed reading experienced feelings and emotions similar to their own. Providing a client the opportunity to compare his/her feelings to those of a character sharing a similar experience in a prescribed reading allows the client to identify the shared feelings and emotions rather than have to describe them. This simple technique stimulates communication among family members that may not have occurred otherwise. Guided discussions between the audiologist and the client about the recommended readings are essential in this process.

#### **Generate a Positive View**

The efforts of the deaf or hard of hearing individual and family can be productive if the positive ramifications of their actions are identified and stressed. Bibliotherapy helps clients learn how others in similar situations were able to identify the positive aspects of the disability and see beyond the negative.

#### **Increase Outcome Options**

Sargent (1979) and Rubin (1978) stressed the importance of recommending readings that offer several useful problem-solving strategies that could provide the client with options not considered previously. The awareness of several possible solutions helps to dispel the feeling of helplessness. The decision-

making process that occurs during strategy planning is essential to the client feeling that he/she is in control.

The seven areas described above should be considered throughout the counseling process. They should be addressed concurrently, not sequentially according to individual need(s).

### **PRINCIPLES OF THE BIBLIOTHERAPY APPROACH**

An effective bibliotherapy program requires the audiologist to observe seven important principles. While some of these principles are common to effective personal counseling in general, others are unique to bibliotherapy.

#### **Knowledge of the Literature**

The audiologist should know several reference options for any given topic. The audiologist should have previously read the material and as a result be familiar with its level of reading difficulty (e.g., lay vs. professional orientation). Haynes and Haynes-Berry (1986) suggested that the readings should have a generally positive theme and utility (e.g., excerpts can be used individually to illustrate specific points). Fincher (1980) also recommended that the literature be carefully screened to ensure that it is metaphorically appropriate. The credibility and effectiveness of the audiologist may be compromised if inappropriate readings are recommended.

The reading materials used in bibliotherapy can be divided into two general categories: didactic and affective. Didactic reading materials are intended to address informational need, whereas, affective materials are intended to address primarily emotional and psychosocial needs.

*Didactic.* Most bibliotherapy materials used in audiologic counseling are informational, and include self-help manuals (e.g., sign language, lip reading), how-to manuals (e.g., hearing aid maintenance), descriptive and educational pamphlets (e.g., hearing loss, auditory disorders, hearing aids), and professional textbooks (e.g., anatomy, genetics, psychology).

*Affective.* These materials include nonfiction and fiction literature. Nonfictional materials include accounts of personal experiences (i.e., autobiographies), motivational books, and articles describing real people and events. They are intended to describe the experience as well as the concomitant emotions and reactions. Even though the client may experience an emotional response to the material, the main benefits of nonfictional reading are: (a) the client's knowledge that other people have shared a similar experience, (b) the awareness of the universality of the resulting emotions, and (c) the exposure of the client to various options, solutions, and strategies that may not have been previously considered.

Fictional materials include imaginative works such as novels, short stories, essays, and poetry. These materials provide vicarious learning and growth experiences through the processes of imagination and identification. Similar to nonfictional materials, fiction also provides descriptions of shared human experi-

ence, but does so in a manner that evokes a strong emotional response that is often necessary for meaningful change (Haynes & Haynes-Berry, 1986). Poetry is especially effective in facilitating empathy, communication, and the expression of deeply felt emotions (Bresler, 1981; Gingerich, 1986; Sargent, 1979). Fincher (1980) suggested that personality change occurs through an emotional experience with imaginative literature, not through educational or instructional literature.

A brief reading list addressing initial concerns, supportive services, audiological information, medical information, educational programs, communication methods, assistive devices, child development, and audiovisual sources follows the reference list for this paper. These titles represent examples of literature that can be recommended in specific areas and do not necessarily include the most recently published information available in these areas. Many other titles are available but we have found these to be valuable additions to our bibliotherapy program.

### **Knowledge of the Client**

In order to assign appropriate readings, the audiologist should be familiar with the client's reading skills, level of knowledge regarding the hearing loss, misperceptions, and psychosocial issues which may need to be addressed. Fincher (1980) cautioned that it is important for the counselor to ensure that the client understands the problem, has realistic expectations, and is emotionally able to handle the recommended reading material.

### **Adjunct to Personal Counseling**

Bibliotherapy should be introduced as a supportive adjunct to personal counseling to provide information, facilitate communication, and provide psychological support (Chermak, 1980; Dreher & Baltes, 1973, 1974; Haynes & Haynes-Berry, 1986). Bibliotherapy is not an alternative to, nor is it independent of, personal, interactive counseling. When introducing bibliotherapy, it is important for the audiologist to familiarize the client with the concept and process and stress its role in assisting the client to achieve specific outcomes. The introduction of bibliotherapy should include a brief discussion of selected pieces of the recommended readings so that the client can appreciate immediately the growth potential outside of the personal counseling hour (Stoudenmire, 1977).

### **Length of Assignment**

Reading assignments should be brief and specific. The client should never be assigned more than can be comfortably read between scheduled counseling sessions. When considering book-length material, Stoudenmire (1977) recommended assigning chapters or specific sections rather than the entire book. The readings should deal with issues similar to those of concern to the client and not include superfluous information that would cause the client to tire of the readings and/or miss the objective (Brown, 1975; Rubin, 1978). Also, the topics should be assigned in a timely, logical order that augments the counseling sessions

rather than simply presenting the client with a list of seemingly random, unrelated titles at the first counseling session (Stoudenmire, 1977).

### **Guided Discussion**

Guided discussion of the assigned readings is the single most important principle of bibliotherapy. It may be more important than the act of reading itself (Haynes & Haynes-Berry, 1986). Stoudenmire (1977) suggested that discussing the reading material strengthens continuity among the various aspects of therapy. The effectiveness of bibliotherapy can be significantly reduced if the client misinterprets the reading material and is not given the opportunity to discuss what has been read with the audiologist. Discussing the reading material facilitates communication, clarifies misinformation, and provides a vehicle for the exploration of emotions and perceptions (Brown, 1977; Chermak, 1980; Marr, 1983).

### **Resistance**

Resistance to bibliotherapy may be demonstrated by refusing to read the assignment, reading contradictory material, misunderstanding the material, or delays in completing the assignment (Stoudenmire, 1977). Such behavior may be symptomatic of: (a) the client's poor reading skills, (b) a lack of confidence in the benefits of bibliotherapy, (c) offensive material in the assignment, or (d) information that contradicts previously held beliefs or perceptions. Possible strategies for dealing with resistance may include shortening the length of the assignment, choosing a more appropriate topic, or exploring the reasons for the resistant behavior with the client.

### **Termination of Counseling**

As with any counseling approach, the client should be left with self-help skills upon termination of the counseling relationship. Stoudenmire (1977) discussed the importance of teaching the client how to continue using literature that may be encountered in the future. He suggested that the client be taught how to find appropriate literature, how to evaluate it, and when to seek professional assistance in using it. Brown (1977) and Rubin (1978) suggested that the use of bibliotherapy does not need to stop with the counseling sessions. Literature can continue to be an excellent source of information and inspiration long after personal counseling has been terminated.

## **BIBLIOTHERAPY TECHNIQUES**

Bibliotherapy consists of two basic techniques, counselor-directed and client-developed (Bryant & Roberts, 1988, 1992). These techniques may be applied concurrently, sequentially, or independently of one another. The material may be recommended to provide information and/or to address specific emotional needs.

### **Counselor-Directed Bibliotherapy**

The counselor-directed technique requires the client to read specific materials recommended by the audiologist. These materials may be either didactic or affective. Afterward, the audiologist conducts a guided discussion to clarify, interpret, and identify the isomorphic relationship between the material and the client and his/her situation. The client's participation is limited to reading the assigned materials and discussing them with the audiologist.

The discussion of the assigned reading material may take several different forms depending upon the age of the client and the type of reading material. The discussion may be somewhat formal with the audiologist and the client asking questions of each other or the client describing his/her own emotional responses to various characters and events in the reading. The client may be asked to describe similarities between self and characters in the reading material and discuss why those similarities exist. To start the discussion, the audiologist may request the client to identify the least and most favorite character or event in the story and explain the reason for the selection. The client may simply be asked to re-tell the story in his/her own words. Young children may be asked to pantomime a mood or emotion expressed by one of the characters in the reading material or construct paper or clay figures and re-enact particular events. The options are restricted only by the imagination of the audiologist.

### **Client-Developed Bibliotherapy**

The second technique is the utilization of client-developed literature. This technique requires the client to either modify reading materials that have been recommended by the audiologist or create new material that is related to an assigned reading. Client-developed bibliotherapy is more interactive than counselor-directed bibliotherapy and requires a more active, imaginative involvement of the client. Client-developed materials are usually affective rather than didactic. They are often autobiographical and can provide the audiologist and client with great insight and understanding.

*Modifying existing material.* This technique allows the client to project his/her own values, perceptions, and emotions onto the reading material's characters. Rather than simply discussing specific characters and events with the audiologist, the client is asked to relate a different, imaginative ending to the story or discuss the effects of making specific changes in the story line. The details of the changes and the reasoning behind them can provide the audiologist with significant insight and useful information that could be essential to the shaping of subsequent counseling sessions.

*Creating new material related to an assigned reading.* This task requires a greater degree of cooperation and creativity from the client and may be assigned after the client has demonstrated the ability and willingness to use his/her imagination. The client may be asked to read a specific piece of literature and develop a diary as if he/she were one of the characters in the story. The entries in the



diary may relate the character's interpretation of an event or a fellow character's motives, or offer an explanation as to why he/she is happy or unhappy. Also, the client may be asked to create a letter from one character to another addressing some specific area of concern, common not only to the characters in the story, but also to the client as well. The information related through this client-developed material may reflect the client's own perceptions, misperceptions, and deep-seated emotions and anxieties which he/she may have been formerly unwilling to acknowledge. The client is able to explore feelings vicariously by assigning them to characters and then examining the consequences. Also, the client may be able to think through various options and solutions more effectively in this format rather than discussing them directly with the audiologist.

### CONCLUSION

The use of literature in audiologic counseling is a versatile tool that can be used to augment other personal counseling approaches. The degree to which bibliotherapy is utilized is left to the discretion of the audiologist and should be determined by the needs of the client. When used didactically (e.g., to inform the client about different types of hearing loss or amplification options) bibliotherapy usually does not add more time to the counseling process. In fact, bibliotherapy may actually reduce the amount of time devoted to informational counseling in many instances due to its inherent redundancy and the opportunity it provides clients to assimilate information at their own pace outside of the actual counseling session. In our clinic, informational counseling is rarely scheduled for specific sessions. Rather, it is usually an on-going process with the recommended literature discussed with the client at follow-up evaluations or during aural habilitation sessions. If the client expresses the desire to discuss complicated issues in greater detail (e.g., cochlear implants, unusual hearing aid fittings, etc.) an appropriate number of 1-hour sessions are scheduled as needed.

As a general rule, affective counseling requires more time. However, when bibliotherapy is incorporated into the affective counseling process, the number and length of counseling sessions do not necessarily need to be increased, depending on the specific technique employed (e.g., client-developed techniques require more time than counselor-directed techniques). The decision to use a client-developed technique may have scheduling and financial ramifications for the client that need to be considered by the audiologist and discussed with the client prior to beginning counseling. In our clinic, affective counseling may be scheduled for specific blocks of time (e.g., two 1-hour sessions per week for 6 weeks) or incorporated as needed into weekly 1-hour aural habilitation sessions over the course of 6 to 18 months. Counseling plans are flexible and schedules are modified as necessary to accommodate the changing needs of our clients.

Bibliotherapy allows the audiologist to be flexible and creative. It is equally effective when used to address didactic and affective issues. Bibliotherapy should be given careful consideration by audiologists who are actively counseling deaf and hard of hearing individuals and their families.

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## BIBLIOGRAPHY

The following titles do not necessarily represent the most recently published information available in these areas. However, our experience has shown this literature (or selected sections) to be well suited for laymen's reading.

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### Initial Concerns

#### Books

Bitter, Grant. *Parents in Action*. A.G. Bell, 1978.

This is a book about parents, by parents, and for parents. It is a compilation of first-hand experiences, frustrations, and successes in rearing hearing-impaired children. The authors present a broad range of experiences to help parents evaluate their own situations, and plan appropriate action.

Featherstone, Helen. *A Difference in the Family*. Basic, 1978.

First, a parent suspects there is something wrong. Then comes the heartbreaking search for medical advice and help. Finally, there will be emotional and practical acceptance of the disability. Featherstone helps the reader to understand.

Ferris, Caren. *A Hug Just Isn't Enough*. Gallaudet, 1980.

Parents of hearing-impaired children share their experiences with others in similar circumstances. They discuss their expectations, feelings, concerns, responsibilities, and decisions. Parents and those who work with hearing-impaired children will find this a sensitive and beneficial book.

Harris, George. *Broken Ears, Wounded Hearts*. Gallaudet, 1983.

George Harris' personal account of the frustrations, hopes, fears, and dreams that were part of his growing up with Jennifer, now 13 and attending a school for the deaf. The narrative, interspersed with George's diary and Jennifer's clinical reports, will make you laugh and make you cry.

Lerman, Saf. *Parent Awareness*. Winston, 1980.

This book shows that positive approaches can be put to work for parents and that they do work. The situations described are taken from real-life experiences.

Murphy, Albert T. *The Families of Hearing Impaired Children*. A.G. Bell, 1979.

A group of papers combined in a special issue of *The Volta Review* explore the various impacts of hearing impairment on the total family. Topics include initial parental reactions, the otolaryngologist, the social worker, genetic counseling, sibling relationships, and the single parent.

Peterson, Jeanne. *I Have a Sister – My Sister Is Deaf*. Harper & Row, 1977.

A young girl describes how her deaf sister experiences everyday things. A poetic text, with warm, intimate illustrations gives an appealing and perceptive portrait of a young deaf child. Good for explaining childhood deafness to children.

#### **Pamphlets**

*Parent Kit*. A.G. Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007.

This kit is designed for parents of newly-diagnosed, hearing-impaired children from ages 0-5 years. It contains a sample of *The Volta Review*, *Newshounds*, various brochures with information for parents, and helpful reprints.

*Parent Package*. Public Service Programs, Gallaudet College, 7th and Florida Avenue N.E., Washington, DC 20002.

A packet of informative pamphlets and reprints addressing resources, initial reactions, parenting issues, psychosocial developmental issues, and family relationships.

### **Supportive Services**

#### **Books**

Des Jardins, Charlotte. *How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies*. Coordinating Council for Handicapped Children, 1980.

A book for parent groups which struggle for appropriate services to which the handicapped child is legally entitled.

#### **Pamphlets**

*Summer Camps for the Hearing-Impaired*. IAPD, 814 Thayer Avenue, Silver Spring, MD 20910.

A list of summer programs and residential camps for children who are deaf and hard-of-hearing.

### **Audiological Information**

#### **Books**

Boothroyd, Arthur. *Hearing Impairments in Young Children*. Prentice-Hall, 1982.

The nature of hearing impairments and their consequences in children from birth to 5 years. Techniques of minimizing these problems through hearing aids, audiological management,

the development of thinking and communication skills, and parent education are logically explored.

Jaffe, Burton. *Hearing Loss in Children*. Park Press, 1977.

A solid base of information about the medical, audiologic, and habilitative aspects of hearing impairment in children.

Pollack, Doreen. *Educational Audiology for the Limited Hearing Infant*. Charles C. Thomas, 1970.

A comprehensive description of educational audiology for the hearing-impaired infant and his or her parents.

Roeser, Ross, & Downs, Marion. *Auditory Disorders in School Children* (2nd ed.). Thieme, 1988.

A comprehensive review of the causes of childhood hearing loss, educational impact, and habilitative options.

### **Pamphlets**

*Orientation to Hearing Aids*. J. Gauger, A.G. Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007.

A package consisting of six workbooks:

“Hearing Aids and What They Do”

“Earmolds and Hearing Aid Batteries”

“Maintenance and Care of Hearing Aids”

“Troubleshooting Hearing Aid Problems”

“Consumer Information: Hearing Aids”

“Student Manual”

## **Medical Information**

### **Books**

Cooper, Huy (Editor). *Cochlear Implants, A Practical Guide*. Singular Publishing Group, 1991.

Cochlear implant specialists from around the world have produced a practical guide for anyone using or working with a cochlear implant. This text covers the principles of the cochlear implant, medical considerations, assessment, candidacy, surgery, and rehabilitation.

Helleberg, Marilyn. *Your Hearing Loss*. Nelson-Hall, 1979.

Using a question-and-answer format, this book translates complex and often inaccessible technical material into everyday language. The reader will be directed to those qualified to help, and will be taught specific ways of self-help within a framework of professional treatment.

Jung, Jack. *Genetic Syndromes in Communication Disorders*. Little, Brown, and Company, 1989.

An informative, easy-to-read description of the complex subject of genetic transmission and a comprehensive review of the most common genetic disorders affecting speech and hearing.

Kahane, Joel, & Folkkins, John. *Atlas of Speech and Hearing Anatomy*. Charles E. Merrill, 1984.

A comprehensive source of the anatomy of the auditory system including clear photographs and drawings.

Yost, William, & Nielson, Donald. *Fundamentals of Hearing*. Holt, Rinehart, and Winston, 1977.

A comprehensive text that describes and explains the auditory system anatomy and physiology.

### **Pamphlets**

House Ear Institute, 256 South Lake Street, Los Angeles, CA 90057.

Doctors from the Otologic Medical Group (OMG) have published various patient discussion booklets addressing such topics as practical suggestions for people with hearing impairment, otosclerosis, tinnitus, ear infections, dizziness, eustacian tube problems, and the cochlear implant.

## **Educational Programs**

### **Books**

Ling, Daniel. *Early Intervention for Hearing-Impaired Children: Oral Options*. College-Hill Press, 1984.

Four exemplary oral education programs for the hearing-impaired are described with an emphasis toward communication through spoken language rather than against alternative methods.

Ogden, Paul. *The Silent Garden*. St. Martin's Press, 1982.

Paul Ogden, an educator who has been deaf since birth, presents the relevant issues of deafness and education clearly and objectively.

Quigley, Stephen. *The Education of Deaf Children*. University Park Press, 1982.

This easy-to-read book answers some important questions regarding effective communication methods for deaf children, learning environments, mainstreaming, and social and occupational concerns.

Ross, Mark. *Hearing-Impaired Children in the Mainstream*. York Press, 1990.

This book provides a comprehensive perspective on integrating the hearing-impaired child into the regular classroom from elementary school to college by determining the appropriate education for each child.

Vodehnal, Susan. *They Do Belong*. The Listening Foundation, 1981.

A booklet of practical information about mainstreaming children who have been trained in the auditory-oral approach. It is for educators, parents, and other members of society who can help to promote it for deaf and hard of hearing children.

### **Pamphlets**

*Legal Rights Kit*. A.G. Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007.

This kit includes reprints of the following nine articles:

"A Challenge to Parents"

"The Myths of 'Total Communication'"

"Individual and Educational Programming for Hearing-Impaired Children"

"I.E.P.s for Hearing-Impaired Children; Information for Parents and Teachers"

"The Right To Be Heard"

"Total Communication: A Review of the Studies Offered In Its Support"

"On Behalf of Parents in the I.E.P. Process"

"Freedom Through Speech, Every Child's Right "

"The Effect of Section 504 of the Vocational Rehabilitation Act of 1973 on Post Secondary Education for the Deaf"

*A Guide to College/Career Programs for Deaf Students.* Denison House, Gallaudet College, 800 Florida Avenue, N.E., Washington, DC 20002.

This directory lists colleges and career programs for deaf students. It includes helpful information about admissions, course offerings, and special services provided.

### Communication Methods

#### Books

Adler, Sol. *Oral Communication Problems in Children and Adolescents.* Grune & Stratton, 1988.

A well-written text addressing the numerous problems experienced by children with oral communication problems and the roles played by the teacher, speech-language pathologist, and parents.

Evans, Lionel. *Total Communication.* Gallaudet, 1982.

A compilation of research which analyzes the strengths and limitations of total communication. Evans interprets research findings, presents a theoretical model for an integrated oral and manual communication system, and shows how it may be implemented. The book also traces the history and philosophy of total communication.

Henegar, Mary. *Cued Speech Handbook for Parents.* Gallaudet, 1971.

Cued speech is a visual communication approach to natural language experiences for the deaf child. This handbook gives specific suggestions and guidelines.

Madsen, Willard. *Conversational Sign Language II.* Gallaudet, 1972.

This book provides a way for the general public to study sign language as it is actually used by most deaf people, so as to better understand the "deaf man on the street."

McAnally, Patricia, Rose, Susan, & Quigley, Stephen. *Language Learning Practice With Deaf Children.* College-Hill Press, 1987.

A well-written text that compares normal language development to language development in deaf children. There is an excellent discussion of the most common approaches to teaching language to deaf children.

Riekehof, Lottie. *The Joy of Signing.* Gospel House, 1978.

Thirteen hundred signs are grouped according to subject area, described in line drawings and text, with origins and usage of the sign included.

Spradley, Thomas. *Deaf Like Me.* Random House, 1978.

The account of a family who decided that oral communication was futile in their case, and finally were able to communicate with their 5-year-old daughter for the first time after changing to another method.

#### Pamphlets

A.G. Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007.

"Verbal Learning, Divergent Thinking and the Young Hearing Impaired Child"

"Schedules of Development in Audition, Speech, Language, and Communication for Hearing Impaired Infants and Their Parents"

### Assistive Devices

#### Books

Fellendorf, George. *Current Developments in Assistive Devices for Hearing Impaired*

*Persons in the United States*. Gallaudet, 1982.

This report describes amplifying, alerting, and signaling devices for the deaf and hard of hearing. It is intended primarily for professionals but is also useful to consumers.

Hammond, Linda Brewer. *FM Auditory Trainers: A Winning Choice for Students, Teachers, and Parents*. Gopher State Litho Corporation, 1991.

This book provides a practical overview of FM technology and a guide to the selection and use of an FM system in the classroom and at home.

Hurvitz, Joel, & Carmen, Richard. *Special Devices for Hard of Hearing, Deaf, and Deaf-Blind Persons*. Little, Brown, and Company, 1981.

A compilation of products manufactured for hard of hearing, deaf, and deaf-blind persons.

Paschell, William. *Do-It-Yourself Listening and Signaling Devices for People With Impaired Hearing*. A.G. Bell, 1991.

This collection of articles describes listening and signaling devices that can be assembled entirely from off-the-shelf parts and units available in neighborhood electronic retail stores.

### **Pamphlets**

Castle, Diane. *Signaling and Assistive Listening Devices for Hearing-Impaired People*. A.G. Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, DC 20007.

Assistive technology, for example, alerting devices and multi-purpose signalers, are described. Additional information sources are listed.

National Technical Institute for the Deaf, Public Information Office, One Lomb Memorial Drive, Rochester, NY 14623.

"Equipment Designed to Improve the Communication Skills of the Deaf"

Mid Audio, Inc., 120 East Ogden, Hinsdale, IL 60521.

"Amplifying, Alerting, and Convenience Devices for the Hearing Impaired"

SHHH, 4848 Battery Lane, Suite 100, Bethesda, MD 20814.

"Assistive Listening Devices and Systems (ALDS) and You"

## **Child Development**

### **Books**

Heimgartner, Norman. *Behavioral Traits of Deaf Children*. Thomas, 1982.

Parents and teachers will benefit from the explanations of development and behavior of deaf children.

McArthur, Shirley. *Raising Your Hearing-Impaired Child: A Guideline for Parents*. A.G. Bell, 1982.

This book describes the goal of rearing a hearing-impaired child to become responsible, independent, and happy. This book won't solve all problems, but it may point the way, warn of pitfalls before they arise, and set forth some helpful ideas that would otherwise have to be learned by trial and error.

Naiman, Doris. *For Parents of Deaf Children*. NAD, 1978.

After 25 years of experience, the authors discuss with parents some of the problems to be faced in rearing deaf children, and possible solutions to these problems.

### **Audiovisual**

A wealth of information on a wide variety of topics is also available on video tape, including VHS and ¾ inch. The sources listed below can be contacted for their catalogs



that include information about titles and content, format, purchase and rental charges, and captioning.

1. BEGINNINGS: 1316 Broad Street, Durham, NC 27705.
2. Captioned Films/Videos for the Deaf, 5000 Park Street North, St. Petersburg, FL 33709.
3. House Ear Institute, 256 South Lake Street, Los Angeles, CA 90057.
4. Media Production, Gallaudet College Library, 800 Florida Avenue, N.E., Washington, DC 20002.
5. National Audiovisual Center, National Archives and Records Service, Reference Section / Rt., Washington, DC 20409.
6. National Captioning Institute, Inc., 5203 Leesburg Pike, Falls Church, VA 22041.
7. Project SKI-HI Outreach, Department of Communicative Disorders, Utah State University, Logan, UT 84322.