

Personal Growth Considerations in Deafness Management

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The growth process for both hearing and hearing-impaired individuals can be understood in terms of the attempts to acquire control, to receive affection, and to satisfy affiliation needs at all levels—infant, preschool, school age, adolescent, and adult. Hearing-impaired persons have, of course, greater difficulties than hearing persons in satisfying these fundamental human needs. Observed behaviors are discussed relative to the individuals who are attempting to satisfy these needs; namely, hearing-impaired individuals and professionals. It is suggested that training programs must help students to understand their own needs before they can be of direct help to hearing-impaired persons.

Shutz (1972) has observed that there are three basic human psychologic needs which must be fulfilled in order for humans to realize their full potential and growth. These needs are affiliation, control, and affection. Affiliation, or inclusion, is the need to be part of something: to be valued as a member of a functioning group. Its opposite would be alienation. The need for control is the desire for personal power: to be able to make decisions that affect one's own welfare. Frankel (1963) has noted that the survivors of concentration camps had maintained some form of control on their lives, even if it was as simple as deciding when to blink their eyes, while the nonsurvivors apparently gave up all control to their captors. The opposite of control is powerlessness. Affection is the feeling of being loved and lovable. Its opposite is a feeling of worthlessness.

It is possible to see these needs as a continuum, so seldom does anyone have total inclusion, control, or affection. It is, however, the degree to which these needs are being met in daily life that determines an individual's satisfaction in living. These needs, I find, are also a useful model for understanding the psychological growth process in normal and hearing-impaired children as well as understanding some of the issues of parents and professionals.

For the hearing infant, inclusion is total with the mother: this is known as bonding and is apparently very necessary for developing a sense of trust in the world. Affection is usually unconditional; that is, the infant need not do

anything but "be" in order to be loved and cared for. At probably no other time except in some very special relationships ("counseling" may be one of them) are we loved so unconditionally. Control is minimal. The infant is totally dependent on others for satisfying all of her/his needs, and control can only be exerted by crying and then hoping someone in the environment will respond appropriately to the need.

For the deaf infant, whose deafness has been detected, things are different. Mothers whose deaf children have been detected relatively late have frequently said to me, "How glad I am that I had the first year of just enjoying this child. When I found out s/he was deaf, I became very stiff and unnatural in being with her/him. It took me a long time before I could relax and enjoy her/him." Professionals need to be aware of the effects of the diagnosis of deafness on the family relationships. Early detection programs must be accompanied by an intensive counseling program to minimize the disruption of the "bonding" process. I get very uncomfortable when I hear professionals express concern about setting up a detection program without a concomitant counseling and support program. One study that desperately needs to be done is to look at the psychological adjustment of those deaf persons whose hearing loss was detected early (before six months of age) and those with relatively late detection.

In addition, expectations begin to enter the relationship of the deaf infant with her/his parents. Once the diagnosis of deafness is made, the affection is no longer unconditional. Parents begin to regard the infant in terms of amount of hearing loss and how s/he will perform as a deaf person; these expectations continue to become much more developed later on. The deaf infant, like her/his hearing counterpart, has minimal control on her/his life, and her/his affiliation is with the mother.

For the hearing preschool child, affiliation becomes broadened to include the total family. Affection for the preschooler begins to become conditional. S/he starts to receive some "I will love you if" messages as her/his parents try to control and direct her/his behavior. Control is a major issue for the preschooler, and the so-called "terrible two" can be seen in terms of the control issue. The child is now emerging from the state of infancy where s/he had no control over her/his life towards the toddler stage where s/he is beginning to walk and to manipulate objects and to assert, via some speech, her/his needs and wants. Unfortunately for the parents, these wants of the child frequently conflict with their own, and a conflict often ensues. It is a very delicate balance that the parents must achieve. They must allow the child to take some control over her/his life, (s/he is forcing it but it can be thwarted) because in this way, s/he can experience the world and be in it more fully. At the same time, they must teach her/him the rules of living and cannot allow her/him to have more control than s/he is ready to handle. If s/he is given too much control, s/he can fail too frequently and come to not trust the world or

her/himself very much. If the parents "overprotect," s/he will also learn to not trust her/himself. The dilemma of how much control to give a child is a chronic one for parents which begins during the preschool years and becomes very acute during adolescence.

For the deaf preschooler, affiliation, as with the hearing child, is family based. Affection, however, becomes even more conditional as parents have expectations around the child's speech performance and her/his hearing aid use. For example, the parents often think when they put hearing aids on a child that s/he will begin to talk. When their child fails to talk, despite all the counseling they may have received, they are disappointed in the child. This disappointment can be interpreted by the child as conditional regard, and s/he can begin to feel unloved. Control also gets affected by the diagnosis of deafness. Parents will frequently become overprotective of the child. Sometimes this is a translation of their own guilt feeling ("I let something bad happen to her/him once, and I am not going to let anything else bad happen" or "If s/he got lost, s/he couldn't hear me call, so I watch her/him like a hawk"). The deaf preschooler seems to have even less control on her/his life than does her/his hearing counterpart.

For the hearing school-age child, inclusion broadens out beyond the family when s/he goes to school and joins organizations such as cub scouts, etc. Control needs become funneled into learning the rules. School-age children become very "civilized" in the sense of generally conforming to rules once they are understood. Affection becomes even more conditional, and frequently, the conditionality becomes internalized so that children begin to not like themselves if they fail to perform up to some expectations. Teachers now have the parental power, and they too often use affection or the withdrawal of it as a way of controlling children.

To the deaf school-age child, inclusion also broadens to include the school and any organizations of which s/he may be a part. At this point, depending on her/his educational placement, s/he may become acutely aware of her/his deafness and of her/his differences from "everyone." This is particularly likely in mainstreamed children but also likely with children of hearing parents even if they are in a school for deaf students. Usually some beginnings of an acute affiliation issue emerge during the school years. Control, for the deaf child, is generally more limited than it is for the hearing child. The expectations of teachers of the deaf seem to be very low, and they do not allow deaf children to have much control over or responsibility for their own lives and of their own learning experiences. Teachers seem to perpetuate the overprotectiveness of the parents; consequently, the deaf school-age child is very limited as to experience and in her/his ability to develop confidence to make meaningful choices and thus to manage her/himself. Affection, too, is very conditional because performance seems to be related to the emerging speech and language abilities of the child. During the preschool years, parents and teachers generally

consider any utterances as acceptable. During the school years, there is more "correction," and there are many opportunities for disappointment. All too often the child is labeled an "oral failure," and here, too, the deaf child internalizes the disappointment and no longer has unconditional regard for her/himself.

Adolescence is a difficult time for everyone. Not very much is really known about this stage as it is a reflection of an affluent society. In less affluent cultures or times, society has not been able to afford adolescence, and children moved directly to adulthood without this protracted period of partial dependency. For the hearing adolescent, inclusion is clearly with the peers, and family now has a secondary role. Control is a very acute issue, the adolescent wanting more control and the parent not knowing how much control to give. Adolescents are generally ignorant about the world and, consequently, frightened by its complexity. At the same time, they want to assert their rights and are responding to the pressures exerted by their peers, so they are highly ambivalent about wanting their freedom and being afraid of the responsibility that freedom entails. It is not a very comfortable age for either the parent or the child. Affection during adolescence becomes very performance based, and self-esteem waxes and wanes with perplexed successes and failures.

The deaf adolescent frequently goes through an acute affiliation crisis. Does s/he relate to the deaf world or to her/his hearing peers? How this is resolved depends on how much oral/aural skill the child has as well as her/his educational setting. I get concerned about the very oral child or hard-of-hearing child in mainstreamed situations. Very often these so-called "successful" oral children are very unhappy; many of them suffer isolation and have no peer group to identify with. Hearing parents of deaf children also recognize at some level the affiliation problem and become concerned about their child's entry into the "deaf world" and their own ability to relate to that world. Control is also an issue as it begins to become apparent to both teachers and parents that the deaf child is not able to manage her/himself as well as her/his hearing counterparts; parents and teachers frequently complain of how "naive and socially immature" the child is; this naivete may very well be a function of the limited educational experience afforded the child during the elementary school years. Affection is very performance based, and parents frequently go through a crisis when they realize that their child is still very deaf: that s/he did not overcome the handicap of deafness nor did s/he fulfill the fantasy that the parents had for her/him as a young child; this disappointment is communicated to the child who generally internalizes it.

For the hearing adult, the issues of affection, control, and inclusion are still very much evident. Many of the so-called "women's issues" are related to these needs. The woman who becomes the homemaker, for example, wonders whether the affection she receives is a function of what she does for others in

her family: control is often minimal and often determined to a large extent by the needs of her family so that she has little or no control in her own life. She may also have no economic control and be entirely dependent on her husband. Affiliation, for the woman, ironically comes back to where it was when she was a child, namely, the family, and she becomes "John's wife" and "Henry's mother" with no apparent identity of her own. Men have similar issues. Many feel that their affection is merely a function of what they do and that they too have little control over their lives by having a family dependent on them. Few job situations allow the workers to have much control over their work so that many men do not feel that they have much control over their lives in general. Inclusion needs for the men, however, seem to be satisfied more easily than for women in that their jobs frequently seem to afford them a large organization to affiliate with, and many men also seem to select nonvocational activities they can identify with such as service and social organizations and political parties.

The deaf adult is currently in ferment, and a great deal of the militancy that we are seeing is a reflection of the deaf adult's desire to have some control of her/his life, and it is a reflection of the poor educational treatment s/he has received. Control should not be initiated in adulthood but rather should be part of the total growth experience starting with early childhood. Unfortunately, it is seldom there for the deaf child and comes too little and too late. Consequently, we are currently experiencing the duality of deaf adults who are not capable of assuming control of their lives and deaf adults who are very angry with the hearing teachers and hearing parents who have not allowed them to develop independent skills necessary to have some control over their lives and their educational programs. In a similar view, the proliferation of deaf organizations (aided and abetted to no end by the development of the T.T.Y.) is a reflection of the inclusion needs of deaf adults. Socially and politically motivated deaf-based organizations are going to be increasingly *needed* to satisfy the affiliation needs as more and more hearing-impaired children are being educated in mainstreamed situations. The deaf adult has begun to recognize that his feeling of self-worth is not a function of how well he succeeds in a hearing world, and the call for "deaf pride" that we are beginning to see is a reflection of the deaf adult seeking to satisfy the affection needs outside of the hearing world's value systems.

Parents of deaf children have many problems in the areas of inclusion, control and affection. Many of these are problems of parenting any child; additional ones are imposed by the special needs of their children. Inclusion is a difficult issue for the parents; initially they resist contact with other parents of deaf children as they do not wish to accept their new status as parents of a special-needs child. Some parents actively continue to deny their status and will have nothing to do with parents-of-the-deaf groups; others become very active and find the parents groups very satisfying for them. The large

inclusion issue occurs for hearing parents when confronted with the duality of deaf and hearing worlds for their children. Some parents find it very difficult to let their children enter a deaf world—a place where they do not feel comfortable. Control issues for the parents in the initial stages are a source of anger because they recognize that they have lost some control over their lives by virtue of having a deaf child. The child forces the parents to make many adjustments in their own lives which they were not prepared to make or do not feel adequate to make. The feeling of inadequacy, of being unable to cope with the special demands engendered by their child's deafness, frequently manifests itself by wanting the professional to assume control of the child's education. There are, unfortunately, many professionals who do see their role as "saving" parents and children, and they do assume the responsibility of managing the child. This limits growth: when people do not have the opportunity to make choices and to take responsibility for their choices, they fail to grow. Control issues are also a primary parenting issue as parents have to "let go" of their children; many parents of deaf children have been so tied to the child that they have a very hard time making the transition to nonactive parenting; in fact, some never make it gracefully: the children, if they have the resources, have to wrest control from the parents.

Having a deaf child has been for many parents a *satisfactory* way of *satisfying* the affection needs. Their feelings of self-worth can be enhanced immensely by working effectively with their child and with professionals. Parents who have successfully accepted their child's deafness have often reported how much they have learned, how much better they feel about themselves, and how they realize what is important in life. For many women, the deaf child has been the road out of the "housewife" issue. They have used the child as a vehicle for personal growth and established control over their own lives. They have affiliated with groups larger than the family and have enhanced their feelings of self-worth by accomplishing meaningful goals. It is no accident that many professionals are themselves parents of deaf children.

For the professionals, affiliation is usually dealt with by the employing organization that they can identify with and/or the national professional groups such as ASHA. As national organizations get larger, it becomes harder for individuals to feel part of the group; hence, the formation of regional or splinter groups. Control is also an issue, since as the size of organizations increase, the ability for the individual to exert some control diminishes. I suspect the formation of the Academy of Rehabilitative Audiology was a function of both control and affiliation needs. Job satisfaction for the professionals is directly related to how much they can control their professional lives and how much they can identify with the employing institution. The movement towards private practice, I think, reflects this control need.

Unmet affection needs can have very detrimental effects on the relationships between professionals and the hearing-impaired people they are serving.

The professionals who are seeking to be universally loved will not allow parents or others to be angry at them and, therefore, will not violate their expectations. When, for example, parents of a deaf child expect the professionals to answer all their questions and to assume control of their child's educational planning, there are many professionals who are unwilling to frustrate the parents and encounter their wrath. Many professionals define themselves as "answer-providers" and "saviors" as a means of feeling good about themselves. Having so many persons dependent on them makes them feel important and needed. These dependent relationships do not allow the parents or the professionals to grow because both parties lose control of their lives. The parents must keep the professional close at hand to respond to their needs, and the professionals always need to have the answer. Professionals who do not resolve their affection needs outside of the work arena are vulnerable to their clients' expectations, even when meeting these expectations is not in the best interests of either the client or the professionals.

There is a desperate need for greater emphasis on personal growth in our training programs as well as increased emphasis on personal growth in our professional meetings and continuing education programs. We are a "People Profession" and the professionals themselves are vital clinical tools. Educational experiences must be provided to allow these "clinical tools" to be as proficient and complete human beings as possible.

REFERENCES

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