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Date June, 1973

A REVIEW OF LITERATURE CONCERNING SOME EMOTIONAL DYNAMICS OF EARLY AND PROFOUND DEAFNESS

by

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A professional paper submitted to the Graduate Faculty
in partial fulfillment of the requirements for the degree

of

MASTER OF EDUCATION

with concentration in

Counseling

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June, 1973

ACKNOWLEDGMENT

The investigator wishes to extend a deep appreciation to Dr. S. Gordon Simpson for showing me how to think. A special thanks must also go to my family and friends whose support and understanding were most appreciated.

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ABSTRACT

This study surveyed some of the literature related to the emotional dynamics of early and profound deafness in an attempt to determine some of the common emotional experiences of the deaf child.

It was found that early auditory isolation can have deep and far reaching effects on the emotional development of the deaf child. The research indicated, however, that such emotional maladjustments are a result of the early environment of the deaf child, and not a result of the nature of deafness itself.

The research concluded that by providing an effective means of communication and establishing meaningful interpersonal relationships, total communication best meets the communicative and emotional needs of the deaf child. This, in addition to early diagnosis and effective family counseling, may serve to alleviate much of the stress and therefore much of the emotional maladjustment now commonly found in deaf children.

It is the recommendation of the researcher, that counseling for the deaf take advantage of the unique affective characteristic of total communication in order to facilitate a more rapid disinhibition and re-excitation of the individual. It is also the recommendation of the researcher that more emphasis be placed on the compensatory senses of vision and taction as an effective aid to communication in the deaf. Further research into the possibilities for development of a superior perception in the senses of vision and taction of the deaf is also recommended by the researcher.

CHAPTER I

INTRODUCTION

Language, in that it is the primary means of communication, cannot be underestimated in its importance. Not only does language play a major role in the individual's psychic development, it also supplies the means for maintaining human relationships (Levine, 1967:23). The importance of language may be dramatically underscored by Joseph Luft's statement in Group Processes, that, "survival depends on adequate communication," (Luft, 1970:59). It may be hypothesized, therefore, that without language an individual's psychic development and interpersonal relationships will be interferred with greatly. An individual who is born deaf, or who is deafened before the age at which verbal language normally beings to appear, is in the unique position of being without language. It follows that a prelingually deafened individual may therefore be expected to be characterized by an incomplete development of the personality, and thus, incomplete human relationships. Research has found that a failure in maintaining successful human relationships often precludes mental illness (Chough, 1970:10). It may be hypothesized that individuals who are deaf may have an added problem of adjustment which may

precipitate mental illness (Williams, 1970:13). Unfortunately, however, research on the role of hearing in psychological development has been neglected, and the "present state of a psychology of deafness leaves many [unanswered] questions on basic personality dynamics and the relationship of these effects to psychotherapeutic interaction" (Vernon, 1967:12-13). Not only is there an absence of information on what may be unique aspects of counseling for the deaf, there exists no real data indicating what the norm is for deaf individuals (Stewart, 1970 & Altshuler, 1969:182).

Statement of the Problem

This study surveyed some of the literature related to the emotional dynamics of early and profound deafness. Particular emphasis was placed on some of the feeling states which accompany deafness, in an attempt to determine some of the emotions commonly experienced by deaf individuals.

Purpose of the Paper

A major essential of the counseling relationship is the counselor's empathetic understanding of the emotional dynamics and feeling states of the client. According to

Rogers, "it is the counselor's function to assume, in so far as he is able, the internal reference of the client, [and] to perceive the world as the client sees it" (Rogers, 1951:29). In order for the counselor to be able to accurately understand the deaf client, he must have an accurate inner reference of what it is to be deaf (Levine, 1967:18).

Questions to be Considered

The following questions are concerned with the development of the deaf child's personality, some of the feeling states accompanying deafness, and the relation between the two. These questions will be considered in Chapters II and III of the review of literature.

(1) What is the role of hearing in early psychic development?

(2) How does the environment of the deaf child affect his self concept?

(3) How does the environment of the deaf child inhibit the normal excitatory state of the individual?

(4) What are some of the basic feeling states of the experience of deafness?

(5) How do some of the basic feeling states of

deafness and the self-concept of the deaf child influence his apperceptive schema or view of the future?

Procedure

The investigation of the relationship between deafness and psychic development will be presented in the following manner:

(1) a review of literature concerning the role of hearing and language in the normal development of the personality will be presented.

(2) A review of literature exploring some of the emotional dynamics which may result from early auditory isolation will be presented.

(3) A review of literature concerning some of the effects of early and profound deafness on the formation of the self-concept of the deaf child will be presented.

Limitations

The investigation was limited to a review of literature concerning the nature of deafness and the relationship which exists between deafness and psychic development. There is a lack of reference material in the area of deafness, and most particularly in the relationship

of deafness to psychic development. Articles and books were selected as to their relevance and significance to the study.

Definition of Terms

The following terms are defined as they will be used in this paper. Additional terms will be defined in the context of the paper by citing specific references.

(1) conditioned reflex: A conditioned reflex is an automatic, non-volitional response to a stimulus which has been achieved as the result of a repeated learning experience.

(2) deafness: Deafness will be defined as a profound hearing loss of eighty to one-hundred decibels, occurring prenataly or before two years of age.

(3) "I'm NOT OK -- YOU'RE OK" life position: Transactional Analysis constructs the following classification of the four life positions held in respect to oneself and others:

(1) I'm NOT OK -- You're OK

(2) I'm NOT OK -- You're NOT OK

(3) I'm OK -- You're NOT OK

(4) I'm OK -- You're OK

The "I'm NOT OK -- You're OK" position is defined as the universal position of early childhood which is a result of the relatively helpless and inferior position of the child in relation to his environment. In this position the child is at the mercy of others (Harris, 1969:43-45).

(4) life-style and life-script: the repeated patterns of behavior and personality unconsciously structured in fulfillment of an individual's self-concept and view of the future, or goal.

(5) oral communication: a method of communication for the deaf which exclusively stresses speech-reading and speech production.

(6) psychic structures and personality: "The relatively enduring pattern of recurring interpersonal situations which characterize a human life" (Sahakian, 1969:129).

(7) self-concept: An individual's perception of himself. How an individual sees and defines himself.

(8) total communication: a combined method of communication for the deaf utilizing the manual modes of communication which includes signs and fingerspellings, and the oral mode of speech-reading.

Summary

In order to facilitate an empathetic understanding of the emotional experiences of deafness, this study has attempted to descriptively identify some of the commonly experienced emotional dynamics of early and profound deafness. It is the hope of the investigator that this study will provide a helpful reference for those who may work with the deaf.

CHAPTER II

SOME PERTINENT LITERATURE

Despite the recent scientific awareness of and interest in the phenomena of deafness, there remains a critical lack of understanding of the psychological implications of auditory isolation. This study will investigate the emotional dynamics of early and severe deafness. Particular emphasis will be placed on the feeling states accompanying deafness in an attempt to understand what the emotional experience of the deaf individual is.

As a major essential to the counseling relationship is the counselor's ability to empathetically understand the feeling states of the client, this investigator feels that a counselor for the deaf is in need of an accurate inner reference for the feeling states a deaf client may possess. This chapter will therefore, descriptively explore the emotional dynamics of deafness in order to facilitate a better understanding of what it is to be deaf.

The material in this chapter will be organized in the following manner: Section I will deal with the effect of deafness on the feeling states of affection and security. Section II will deal with the relationship

between deafness and anxiety. Section III will deal with the relation between loneliness and auditory isolation. Section IV will deal with the relationship between deafness and anger. Section V will deal with the inhibition of emotional release in the deaf child. Section VI will deal with the apperceptive schema of the deaf child.

The Effect of Deafness on Affection and Security

The most damaging effect of early and severe deafness is the sensory isolation experienced by the deaf child (Myklebust, 1969:117). During the critical learning months following birth, the lack of auditory stimulation has a profound effect on the development of the deaf child. The sensory isolation extends its effects dramatically into the basic developmental stages of the growing infant. During the infant's earliest development he is totally dependent upon his mother for survival. She answers his most basic physiological and psychological needs. The bond or relationship thus established between the dependent, powerless infant and the attentive mother represents the beginning of the infant's basic personality (Sullivan, 1953:146). It is felt that speech and hearing play an essential role in

the development of the child's attachment to his mother (Altshuler, 1969:265). The role of speech and hearing in the development of the mother - child relationship occurs in two ways.

First, the affectionate sounds of the mother which accompany feeding and other tending are a major sensory contact in the child's initial experiences with affection (Levine, 1967:21). Apart from the biological needs for food and water, the psychological need for affection is the most necessary dynamic for normal development of the infant. The lack of affection during the earliest months of the growing infant has profound physiological and psychological effects which are far-reaching and not easily overcome (Janis, 1969:461). It can be hypothesized that if a major initial experience with affection is absent or distorted in the deaf infant, there will be an accompanying feeling state of a lack of affection. It may be further stated that this initial imprint of a lack of affection will possibly remain with the child throughout his development.

The feeling state of a lack of affection may further develop and be reinforced by the parents' attitudes toward the deaf child. The majority of deaf children are born

to hearing parents who have had no experience with and have very little knowledge about deafness. Many of these parents have feelings about deafness which reflect prevalent misconceptions about the handicap in the society as a whole (Levine, 1967). Moreover, children often have a deep symbolic meaning for parents which ties directly to their own self-concepts and wishes for idealized self-fulfillment. Therefore, the deep shock of having a deaf child can be intricately tied to the parents' own psychic structures (Levine, 1967:43). As a protection of their own self-concepts, the parents may consciously or unconsciously reject the child. They cannot accept the child's deafness and are unable to separate the handicap from the essence of the child. The resulting failure to accept the deaf child is empathetically communicated to the child in a sensing awareness, and the child perceives this parental rejection as a lack of love and affection.

The second way in which speech and hearing effect the bond formation between the mother and the deaf infant is the lack of the reassurance experienced by the infant at the sound of the mother's voice. With a normally hearing infant, the mother can maintain contact with the child even when she is not within visual range by talking

to him and making other reassuring sounds. This has a calming effect on the child and creates an awareness that the mother is always present and responsive to his needs. The lack of this reassurance in a deaf infant interferes with the child's sense of security in relation to the presence and attentions of his mother (Levine, 1967:21). Similarly to the continuing dynamics of a lack of affection, this weakened sense of security tends to remain within the construct of the deaf child's personality and is often manifested in a coercive dependency characteristic of the deaf adolescent (Altshuler, 1969:266).

This lessened sense of security combines with the general position of powerlessness in the infant to influence the development of the deaf child's personality. According to Harry Stack Sullivan, "the growth and characteristics of an individual's personality depends largely upon how the pursuit of security and its central factor of a feeling of ability and power are fulfilled in interpersonal relations (May, 1950:147). In a normally hearing infant's development, language itself becomes a powerful cultural instrument in the pursuit of security in relations with others (May, 1950:148). Language can also be seen as a tool whereby the hearing child is able to exert some

control over his environment. The hearing child has a means of communicating his disatisfaction or frustration and has a reasonable chance of thereby alleviating his discomfort. However, due to the relation between hearing and language development, the deaf child is denied this means of power through communication.

The Relation Between Deafness and Anxiety

The deaf child does not experience the feeling of power and security through language, and as a result feels helpless and insecure in relation to the environment. The child therefore experiences a feeling of apprehension and powerlessness in relation to a perceived threat to his well-being and his existence as an individual (May, 1950:191). The intimate pervasiveness of this feeling of anxiety throughout the personality of the child creates an unending cycle of anxiety and the accompanying drive to relieve it. The cyclic effect of anxiety and the need for relief can be seen in the coercive dependency and manipulative behaviors which characterize the deaf child. The deaf child not only develops a feeling of powerlessness, but may simultaneously develop a distorted perception of what action he might pursue in order to gain some control. This attempt is

commonly manifested in the physical acting out of a temper tantrum, which can become a method of parental manipulation for the deaf child (Levine, 1967:32). This drive to gain power over others, most particularly the parents, has the adverse effect of undermining the child's basis of security by incurring the disapproval of the parents, and in effect increasing the child's anxiety (Adler, 1929:29). That this cycle becomes a rapidly perpetuated pattern of dealing with anxiety and the need to relieve it may be supported by Altshuler's finding that the great majority of the deaf admissions to the New York State Psychiatric Institute are admitted because of behavior disturbances, "most commonly described as impulsive, aggressive, bizarre behavior" (Altshuler, 1969:197).

The powerlessness of the deaf child is further manifested in his excessive dependence on others. Perhaps one of the circumstances which results in the immature dependency of the deaf child is his total reliance on others for learning vital knowledge about his environment (Myklebust, 1969:118). According to Alfred Adler, anxiety can be the result of being an overly dependent child. This occurs as a result of the child's excessive dependency on others, which is essentially a powerless and insecure position,

and also because the child experiences inner conflict as to his own capabilities (May, 1950:135). If power can be defined as "the need and tendency for an organism to expand in ability and achieve," it may be seen that the excessive dependency of the deaf child, which denies power overtly through the reliance of others and covertly through the failure to develop his own abilities, greatly increases the feeling state of anxiety. If this pattern becomes rigidly perpetuated, the child may later learn to use dependency or weakness as a means of gaining strength or power in interpersonal relations (May, 1950:135). The deaf child may learn that having others constantly tending to his needs and rearranging their situations to accomodate his unique dependency is a very powerful position to be in. The unfortunate aspect of this manipulative and distorted pursuit of power is that it effectively denies the power of self, or autonomy, which is the basic and inherent need of the organism, thus increasing its inner anxiety.

> Consciously the child may feel secure and satisfied, but unconsciously it realizes that the price it pays is giving up strength and the integrity of its self. Thus the result of submission. . . increases the child's insecurity and at the same time creates hostility and rebelliousness, which is the more frightening since it is directed against the very persons on whom the child has remained or become dependent (Fromm, 1959:30).

The Relation Between Deafness and Loneliness

The deaf child may experience an anxiety not directly related to a feeling of powerlessness, but instead resulting from a feeling of isolation and loneliness. The feeling of isolation is perhaps the most pervasive and basic emotional experience of deafness (Murphy, 1954:ix). Due to the isolatory nature of deafness, it would seem almost inevitable for the child to experience a feeling of loneliness in a lack of meaningful human interaction. Because of the unique difficulty in communicating with the deaf child, much stress occurs in the family as a result of attempts to communicate between the hearing members and the deaf child (Goetzinger, 1962:39). In frustration at the difficulty with communicating to their child many parents simply cease conveying messages about all but the most vital information. The deaf child often sits at the dinner table surrounded by people communicating with each other and excluding him. Such a situation creates a feeling of being left out and isolated. The deaf child in his realization that those persons who are most important to him are beyond his reach, may feel cut off from meaningful ties, and his despairing loneliness may fill him with feelings of emptiness and

abandonment. It is perhaps in these moments of isolation that the deaf child comes to a fundamental realization that he is totally alone. He exists in an inner world separate from his hearing parents and siblings, and if no genuine and successful effort is made to rescue the deaf child from his communicative abandonment, the child may develop a lonely - anxiety, in that in his state of alienation and estrangement he begins to fear meaninglessness and eventual nothingness (Moustakas, 1961:25). It is this point of loneliness which can generate an intense and timeless awareness of self, and the deaf child may become deeply in touch with the questions of his very existence and meaning in life.

The deaf child is still pursuing a feeling of security and power, and the loneliness of feeling neglected and unloved serves to intensify his search. The child may choose to overcome his lonely anxiety by giving up his individuality and submerging his self in dependency relations. This occurrence is even more probable if the deaf child has a feeling of being inferior or less in some way to hearing individuals (Moustakas, 1961:30). If the deaf child chooses this means to become involved in human relationships, he will become caught up in a deeper

spiral of loneliness and anxiety, resulting from a fundamental separation between what he really is and what he pretends to be in order to gain relationships through the approval and acceptance of others (Moustakas, 1961:24). The deaf child's search for safety, order and relief from anxiety through prediction and a dependent power pulls him deeper into the bottomless feelings of despair and loneliness (Moustakas, 1961:24). In his efforts to find meaningfulness, the deaf child can submerge his self in others and create many patterns and inner systems for the maintenance of this safety and for the repression of its anxiety; or, he can come to the realization of his aloneness and accept the feeling that he must survive on his own and within his self. The lonely awareness that no one else can possibly understand what it is to live in his deafened world may lead the deaf child to a closer contact with his own self and his real strengths and weaknesses.

The Relation Between Deafness and Anger

Often accompanying the anxiety of loneliness is a smoldering but helpless rage and a desire for revenge for being left-out of life and cut off from meaningful communications (Moustakas, 1961:29). The constant frustration

which confronts the deaf child in his attempts to understand and be understood must eventually find a release of some kind. In a reconsideration of the coercive manipulation which the deaf child characteristically employs, the temper tantrum may be viewed not only as a means of controlling an environment the deaf child feels generally powerless in, but also as the inevitable result of an increased frustration in communication and interpersonal relationships (Chough, 1970:14). The deaf child may choose to ventilate his frustration and rage at being excluded from life through overtly aggressive behaviors such as temper tantrums and physical violence. This would tend to help explain the large percentage of deaf admittances to mental hospitals for the treatment of behavior disturbances. However, in the deaf child's realization that he is essentially alone in his situation and basically isolated from significant others and a meaningful existence, he may choose to withdraw himself from the environment and exist within his own shell. Dr. McCay Vernon of the Psychosomatic and Psychiatric Institute of the Michael Reese Hospital in Chicago, has found that many deaf patients there are total isolates due to the lack of an adequate means of communication (Sullivan, 1969:17). This total withdrawal of the deaf

child may be seen as an escape from the harshness and confusion of his daily encounters with the environment, and it may be a giving up in the struggle to gain some control over the environment. The rage which the deaf child felt against those who would exclude and reject him is now denied release and internalizes in a vicious cycle of self-punishment. If the fear of losing the love of his parents is too great for the anxiously insecure and lonely deaf child, he will hold his anger in check and feel both a conscious guilt for having felt anger toward his parents and an unconscious guilt for denying his self and his anger. In a continuum of guilt and self-punishment the deaf child may come to a distorted dynamic of guilt as a method of building an imaginary feeling of superiority and strength. If the child sets up a rigid standard of existence through many shoulds and oughts, one of which being control of rage and love of parents, he can create an identity of being peerless in moral strength in a constant striving for perfection (Adler, 1929:39).

Deafness in Relation to Inhibition

The denial of felt emotion combines with the submission of the deaf child to other's criteria and to his own

created imaginary identity to bring about a relative state of inhibition of the organism's natural impulses. The inhibited state of the deaf child comes about as a result of his failure to express his inner feelings. The failure to express felt emotions can be the result of a deliberate repression due to fear and guilt, or it can be the result of the deaf child's real inability to verbally express or communicate his emotions. This inhibition of emotions not only builds up extreme emotional pressure seeking some release, it can also aggravate the deafness itself so that the child will defensively decide not to try and receive or give any communication (Murphy, 1954:63). The description of the deaf child as frustrated, hiding his emotions, and feeling a lack in his interpersonal relationships parallels Salter's description of the inhibitory personality as "concealing true emotional impulses, being withdrawn or tied up inside and frustrated, and feeling unsatisfied in his human relationships" (Salter, 1961:47). The inhibitory personality has turned off his natural impulses and emotions in an attempt to gain the approval and acceptance of significant others. Holding emotions locked up inside, however, does not rid the individual of having to deal with them and creates a rawness of the nerves attached to each caged

emotion until the individual becomes over-sensitive and over-reactive to even the slightest imagined glance or criticism (Salter, 1961:52). Deafness, by its very nature tends to "provoke paranoid ideas in sensitive individuals by keeping them from direct contact with what others are saying and thinking, thereby laying the foundation for suspicion" (Levine, 1967:246). The inhibitory nature of the early environment of the deaf child compounds his feelings of inferiority by "training him in habit-systems of inadequacy, which in turn generate more inadequacy. The inhibitory personality works at what it knows best - frustration" (Salter, 1961:54). This constant frustration of the deaf child can be seen therefore, as not only frustration at not being able to easily communicate in a meaningful way with others, but can also be seen as a frustration with his own perpetuated inhibitory behavior of self-denial and lack of emotionally honest expression. The deaf individual's discontent in human relationships may be better understood in the light of his basic discontentment with himself.

Deafness in Relation to the Apperceptive Schema

The apperceptive schema, which the investigator will define as an individual's view of the future, is directly related to the individual's present feeling states and past learning. Therefore, the deaf individual's apperceptive schema will most likely be contaminated by his feelings of loneliness, insecurity, inferiority and anger. According to Alfred Adler, the deaf individual's primary determiner in an apperceptive schema is his physical defect and the feelings of inferiority which it invariably carries with it (Adler, 1929:34). Having a basic feeling of inferiority creates a need for superiority and the individual evolves a pattern, or life-style designed to realize this goal. An individual's style of life is founded during the first four or five years of childhood, and it is within that construct that all the questions of life are answered. Thus, a certain distortion in adaption, such as how one may become powerful, may persistently continue throughout the individual's life-time (Adler, 1929:7). In illustration, the deaf child who learned early in life to manipulate his parents be aggressive behavior, will most likely continue this life-style of acting out in order to gain a feeling of superiority.

The foundations of an individual's life-style are not set in truths or realities, but are put down in the feeling states of the child. Therefore, those feeling states will directly influence the means an individual develops and perpetuates in an effort to overcome a basic feeling of inferiority. The need to gain superiority is so great, that the individual may set up a false, or actually ineffective means to acquire it, for the individual would rather have a facade or fantasy of superiority than none at all. The unfortunate reality is, however, that the illusion does not deceive the unconscious self of the individual. He is therefore forced into channeling tremendous amounts of energy into the maintenance of a phony life-style in order to protect himself from the truth and the gnawing inner awareness of despair at the separation of what he really is from what he pretends to be.

The child with a physical defect will generally attempt to find a means of compensation for his specific inferiority in order to reach the goal of feeling superior (Adler, 1929:34). However, an imperfection in a sense organ inherently limits the means a child has of sharing in life and realizing this goal. It imposes differences of behavior which may be felt by the child as a burden (Adler,

1929:65). If the sensory handicap is so perceived by the deaf child, he may become more interested in hearing as an adaption and may focus his attention on developing the facade of a hearing person. This attitude, first held by the parents and passed on to the child, in essence communicates that if the child is to succeed or to gain superiority and compensate for his deafness, he must deny his handicap and learn to become a facsimile of a hearing person by reading the sounds of speech on the lips and by parroting those sounds back to others. This focus may be intensified further by the tendency for an individual with a physical defect to have weakened social contacts and a resultant isolation in a narrowing sphere of interest (Adler, 1929:37). This is in contrast to the deaf child who develops a healthy compensation, for he will focus on developing a superior sense of vision or taction. This allows the individual to accept his deafness without permitting it to choke off his movement toward superiority.

Many dynamics can influence the formation of and come about as a result of an individual's apperceptive schema. A child who is unsuccessful in compensating for his feelings of inferiority will remain low in self-esteem and frustrated

in trying to attain his goal. The tendency for a deaf individual to deal in rigid concreteness, and either - or choices, works to decrease the flexibility of the goal or the life-style and a perpetual cycle of frustration may develop. The deaf individual may set an unrealistic goal or standard to reach before he can achieve superiority. Rather than becoming involved in a successful profession, he may intensely strive for the presidency of that profession. Setting up such a difficult goal to attain creates a constant anxiety that the individual may fail to achieve it. Such a failure would mean a final admittance of nothingness or meaninglessness within himself and in relation to the environment. If the individual does fail in his attempt for superiority through the realization of his goal, he will most likely suffer from a feeling of non-specific guilt in that he has failed to enhance his self-esteem. These merciless dynamics tend to increase the individual's rigidity in the drive to reach his goal, and he becomes fixed in a lock-step pattern of narrow concentration of energy into the life-style which he perceives as guaranteeing the realization of his goal.

In contrast, the deaf individual who fears such a destructive confrontation with failure, will develop an

adaptive life-style concentrating on the fear of and therefore the avoidance of defeat (Adler, 1929:12). The protective nature of such a life-style essentially creates a feeling of security and identity not in the realization of superiority, but of inferiority, eased by the dream of a success denied the individual by his handicap. According to F. G. Crookshank in his introduction to Alfred Adler's Problems of Neurosis, the individual may therefore create a life-style of evasions, arrangements, compromises and hesitations designed to give him:

> if not the security and success for which he yearns, at any rate a feeling of security and deserved, if unattained, success, by means of which he safeguards himself against the loss in self-esteem that he fears almost more than failure itself: which compensates him for the victories he does not and will not gain; which enables him to glow with self-satisfaction and pride as he dreams of what he could have achieved had not his deafness deprived him; and which finally serves as an excuse for the deliberate refusal to try to achieve actual success (Adler, 1929:xxvi).

The life-style of a deaf individual may therefore be designed to achieve a feeling of superiority by means of a specific compensation for auditory inferiority, or it may be designed to protect the individual from the failure he fears as inevitable in the face of what he perceives as an overwhelmingly hopeless handicap.

Summary

In this chapter some of the effects of early auditory isolation on the feeling states of affection and security were explored. The research has shown a relationship between these feeling states and the subsequent development of anxiety in the deaf child. The pervasive dynamics of anxiety may have a deep influence on the formation of the deaf child's personality and psychic structures. The child, as a result of his threatened sense of security, may develop distortions as to how his security structure and its accompanying feeling of power or control may be maintained. It was brought out that the deaf child, because of his sensory organ deficiency, will almost inevitably develop a feeling of inferiority. The protective mechanisms the child adopts in compensation for his feelings of inferiority and insecurity may perpetuate throughout the child's lifetime. These protective mecahanisms may be further contaminated and distorted by the frustrated anger felt by the deaf child as a result of not only being excluded from meaningful communications and relations, but also as a result of a self-imposed inhibition of his emotions. This interconnecting and continual cycle of anxiety, loneliness

and frustration felt by the deaf child may help add to the understanding of the characteristically negative picture painted of his personality and interpersonal relationships.

CHAPTER III

SOME PERTINENT LITERATURE

The self-concept has been viewed by certain selected authorities, such as Sullivan, Rogers and Horney, as developing out of the infant's interaction with his environment. The first stage of the development of a self occurs as the infant begins to differentiate between himself and his environment (Levine, 1967:2). However, as the infant matures, his self-concept is formed in part, by a self-evaluation of the degree to which his own attributes match those others designate as desirable (Janis, 1969:462). The child's self-evaluation, then becomes greatly influenced by his social experiences. The resultant concept of self will be strongly affected not only by how the child perceives himself, but his perception of how others view him. According to Harry Stack Sullivan:

> The child lacks the equipment and experience necessary to form an accurate picture of himself, so his only guide is the reactions of others to him. There is very little cause for him to question these appraisals, and in any case he is far too helpless to rebel against them. He passively accepts the judgments, which are communicated empathetically at first. . . thus the self-attitudes learned early in life are carried forever by the individual, with some allowance for the influence of extraordinary environmental circumstances and modification through later experiences (Blum, 1953:73-74).

As a basic principle in psychotherapy is to assist the client toward a more positive and enhancing self-concept, the writer feels that a descriptively empathetic understanding of a deaf individual's self-concept is essential to the consideration of counseling for the deaf.

The material in this chapter will be presented in the following manner. Section I will discuss the relationship between deafness and the infant's distinction of his self as separate from the environment. Section II will deal with the relationship between deafness and the formation of a self-concept. Section III will deal with the formation and maintenance of a negative self-concept. Section IV will deal with deaf persons as a minority group in the society at large.

Deafness in Relation to the Distinction of Self

As maturation proceeds, the auditory isolation experienced by the deaf infant begins to have an impact on his growing sense of self. The beginning of an infant's sense of self occurs as a result of the child's initial distinction between himself and other objects. One of the essential processes involved in that distinction is the child's differentiation between those sounds he himself

creates and those sounds coming from outside of him (Levine, 1967:21). This may be viewed as marking the beginning of the child's discovery that he is an entity separate from his environment. As this stage develops in normally hearing infants, an increasingly advanced relationship between the child and his environment is stimulated. Eventually, the hearing child begins to experience the effect his vocalizations have on his mother, and he discovers that his self-created sounds have an influence on others; he has discovered his own power to alter or control his environment (Levine, 1967:22). The resulting empathetic realization in the infant must be one which communicates a dynamic feeling of individuality, worth and control over his environment. Provided that the significant others around him respond in a positive and appropriate manner to his vocalizations, the child will learn that it is enhancing to spontaneously interact with the environment. From the implicit identification at this stage between his actions and his self, the infant therefore experiences the feeling that not only are his actions acceptable and rewarding, his self is also. Thus, the interference of deafness may be two-fold at this stage of development. Primarily, deafness hampers the

infant's distinction of himself as a unique individual. However, one of the infant's first learning experiences involving his own sense of worth and power may also be incomplete or blurred.

Deafness in Relation to the Self-Concept

The developmental stage closely related to the distinction of a self apart from one's environment is the formation of a self-concept. The self-concept is greatly influenced by the early environment of the child, both in how he perceives himself and in how others perceive him. If the mother of a deaf infant suspects that there is something wrong with her child prior to any diagnosis, she may empathetically communicate her uneasiness and anxiety to the infant. The child cannot distinguish the causes of his mother's feeling states, and will tend to apprehend her anxiety as disapproval. The anxiety will be felt in an empathetic sensing awareness by the infant and he will recreate the same feeling state within himself. In contrast to the hearing infant's potential learning experience which reinforces his spontaneous interaction with the environment, the deaf child feels an anxious awareness that he is doing something wrong, and this

anxiety serves to restrain the infant's spontaneity. However, the deaf infant is receiving no definite pattern of positive feedback for his actions that he is able to distinguish, for the interaction his mother anxiously watches for and waits to applaud is an auditory response to her calling his name or shaking a rattle, and he is unable to so respond. As the self, according to Sullivan, is formed out of the growing infant's necessity to deal with anxiety - creating experiences, the deaf infant must encounter an infinitely confusing and frustrating cycle of anxiety and vague disapproval, yet remaining unable to find a suitable, repetitive response which will earn his parents' approval and thereby alleviate his anxiety. If the self is formed out of "the need to distinguish between activites which yield approval in order to preserve the security of the infant," the deaf child's self-concept must in part represent the confused and anxious feelings which accompany its formation (May, 1950:149).

The Formation and Maintenance of a Negative Self-Concept

The negative confusion which comes as a result of the infant's anxiety at the threat to his security, interacts with the relatively inferior position of the infant in relation to his environment to eventually

convince him that he is "Not OK" (Harris, 1969:41). The child's decision to place himself in the "I'm Not OK -- You're OK" position of life may tend to alleviate, at least on a conscious level, some of his confusion and anxiety. Once he has decided on a position, or an identity, he has some point of reference or solid basis for prediction. "The position may seem unfavorable, but it is a true impression to the child, and it is better than nothing" (Harris, 1969:42). According to Sullivan and Harris, once this central life position has been chosen, the individual may spend his whole life unconsciously and consciously defending it. This life position may be further reinforced by the environment of the growing deaf child.

Through a process of evaluating the degree to which his own attributes match those of his parents or other significant persons, the child comes up with an evaluation of himself (Janis, 1969:462). In this way, by comparing himself to his hearing parents or brothers and sisters, the deaf child comes up with a sense of being lacking, or less in some way. As previously stated, "physical defects invariably cause feelings of inferiority," and deafness must be included in that statement

(Adler, 1929:34). The deaf child, therefore, comes to the inevitable conclusion that he is "Not-OK;" he is oddly unique and different from those he views in the "You're-OK" position. There is something that makes him different from those persons he values and would pattern himself after. The deaf child sees people around him, "working lips and faces at one another with intent and purpose and is aware that something important is taking place" (Levine, 1967:29). However, this is not directed at him; it is something he cannot understand and cannot participate in. And as a result, his sense of alienation and unworthiness is reinforced and magnified.

The deaf child's sense of being oddly unique and inferior can be either reinforced or lessened in its intensity by the attitudes of others toward him. If the initial shock at having a deaf child has not been adequately dealt with by the parents, they may continue to reject him in a number of ways. The child may be forced into a sick role apart from the main interactions of the family. He is seen as deaf before he is seen as an individual and the deafness becomes his primary identification or label (Kane & Shafer, 1970). Because a child seeks consistency and order in his environment and identity,

once he assumes an identity according to how others refer and react to him, his behavior becomes a continuous elaboration of that role (Janis, 1969:466). As the deaf child is seen and labeled, so he views himself and patterns his behavior in accordance with his ordained role, which is essentially that of "Not-Ok" or unacceptable individual.

> The deaf child may be seen as a blow to self-esteem, a punishment from above, a trial to be bravely borne. He is rejected, concealed, over-protected, or resigned to. The major concern is to shield him from others, to rationalize his condition and to find a safe blame for his deafness. The major effort is to 'make him into a child like other children, no matter what the sacrifice.' The fact that he is already a child like other children is lost (Levine, 1967:46).

According to Tom Harris in I'm OK - You're OK, there are two basic ways in which the child can attempt to live out this "Not - OK" position. The first way is an attempt to confirm the 'Not-Ok' identity through a life-script or life style calling for an isolated, withdrawn existence (Harris, 1969:45). The child has learned that it is too painful to be around others who remind him of his inferior position and he may withdraw from the environment in varying degrees. In deaf individuals, this may be seen occurring not only with those persons classified as total isolates, but may also be represented by the fact that the majority of the deaf prefer to socialize with other deaf

individuals (Vernon & Makowsky, 1969:5). This may be viewed as a protective device of withdrawing from the hearing environment as much as possible, where the deaf are constantly reminded of their "Not-OK" position. However, the deaf child who is described as coercive and aggressive may also be trying to fulfill his position of inferiority by invoking others' reaffirmation of his unacceptability by their disapproval of his actions. In this constant and predictable pattern he may find a false sense of relief from anxiety, but it must ultimately lead him to despair, for it fails miserably to appease his innate awareness that he is desperately lonely. He is alienated not only from the meaningful interaction with others, but he is alienated from himself in the painful self-denial of, "I'm Not-OK with me."

The anxiety and sense of complete isolation which either withdrawal or negatively aggressive behavior may bring about, may cause the individual to adapt the second life-script or life-style for fulfilling his "Not-OK" position.

The individual in his panic to relieve his painfully alienated and anxious feeling state, may make the common distortion of seeking approval in substitution for genuine

acceptance and affection. This individual may be seen as having a hollow inner shell which he voraciously seeks to fill with the approval of others; he cannot tolerate his internal vacuum and in his confusion tries to build a positive self-concept through the eyes of others, yet he remains in the paradox of continuing to maintain his own "Not-OK" identity. Such a person seeks friends and associates who can give him the verbal strokes of approval that he needs, and he may be described as eager, willing and readily compliant to the demands of others. Salter, who refers to such an individual as an "inhibitory personality," describes him thus:

> [The inhibitory] are all chameleons, trying to please the people they are with. They express everything except what they feel. They find it difficult to say "no." They are agreeable. They try to be friendly to everybody, and when they are rebuffed they know it is their own fault. The inhibitory try to be everything to everybody, and end up being nothing to themselves (Salter, 1961:48).

The key to the despair felt by the inhibited individual described above lies in the realization that despite all of his attempts to be accepted by everyone, he remains unaccepted by others and by himself. The deaf individual who tries to deny his deafness, who struggles daily trying to read lips and make himself understood; who refers to himself as "hard-of-hearing" or "having a speech

problem," must eventually come to the lonely realization that he is deaf, and all the facades and oral education cannot alter that basic condition of his existence. If the deaf individual cannot tolerate or successfully integrate this awareness, he will have no alternative but to deny it, to cut it off from his conscious awareness. Unfortunately, there is much evidence of just such an unhealthy denial of self in deaf individuals (Vernon & Makowsky, 1969:4).

> The self comes to control awareness, to restrict one's consciousness of what is going on in one's situation. . . with, as a result, a disassociation from personal awareness of those tendencies. . . which are not included or incorporated in the approved structure of the self (Sullivan, 1953:149).

It cannot be an easy task to force such a large reality out of one's consciousness, and the individual therefore may build a more rigid means of demarcating or structuring his awareness in order to keep that which he denied buried (Sullivan, 1953:150). The paradox remains, however, and the loneliness he is running from is inherent in the strides he has chosen to take.

The Deaf as a Minority Group

Perhaps the pervasiveness of self-denial which is so evident in deaf individuals may be better understood

in terms of the role deaf persons take in the society as a whole. Berelson and Steiner have defined minority group as having these six characteristics:

1. Group membership is defined early in life.
2. Group membership is irreversible.
3. The group has a common language.
4. The group is different in a fundamentally obvious and socially reinforced way.
5. The group is the object of prejudice and discrimination.
6. Their socialization is mutually shared and exclusive (Rosen, 1968:24).

The deaf, as a group, fit each category and may therefore be viewed as a minority group in relation to the hearing majority.

The history of the deaf as a minority group is filled with prejudices and cruelties which grew out of the ignorances and resultant suspicions of the hearing society toward deafness (Levine, 1967:29). One of the most consequential results of such attitudes has been the differences in the educational experience of the deaf individual in comparison to that of a hearing individual. According to selected authorities such as Myklebust, Vernon

and Levine, the deaf child, even with the best available special education offered, can never fully catch up to his hearing counterpart. He has lost too much valuable input during the critical learning years before the age of three years, and he therefore remains in a continual struggle to succeed in an educational system, the very foundation of which is a language he cannot hear and can never really come to be proficient in (Myklebust, 1969). As the deaf child falls farther and farther behind educationally, so he eventually falls behind vocationally and economically, further reinforcing the stereotyped and negative attitudes of the hearing majority toward them as a group (Rosen, 1968:25). As with other minority groups, such background experiences may lead to common group behaviors such as aspiring to be accepted by the majority and acting in imitation of it, to the extent of incorporating the majority's prejudices toward their own group (Rosen, 1968:25). This, in essence, communicates to both hearing and deaf persons "I am ashamed of what I am" (Vernon & Makowsky, 1969:5). This attitude is further reinforced by many hearing professionals working with deaf children, who subtly and unconsciously instill in

them and their families that they should not be deaf but be "hearing" (Vernon & Makowsky, 1969:4). This may be exemplified by the great stress put on many parents of deaf children to enroll them in a school which emphasizes oral communication to the exclusion and denial of manual modes of communication (Mindel & Vernon, 1971). The damaging hypocrisy of oral communication is that only approximately twenty to thirty percent of all speech sounds can be read on the lips, and even at that. the great majority of deaf individuals can never learn to read lips proficiently at all (Mindel & Vernon, 1971).

This effort to make the deaf child into a fictitious version of a hearing child is a tragic denial of the child's deafness that can only lead to the child's own internalized attitude that it is wrong to be deaf and that he is necessarily inferior. The implication is that if he does not try to deny his deafness he is failing to cope with it (Vernon & Makowsky, 1969:5).

Summary

In this chapter the self-concept was described as developing out of an interaction between the child's self-evaluation and the evaluation of significant others in his

environment. Some of the effects of early deafness on the formation of a self-concept were explored. It was found that early deafness results in a general self view of inferiority. Research has shown that this low self-concept remains throughout the development of the deaf child in a continual struggle between him and an unaccepting environment.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study explored some of the effects of early auditory isolation on emotional development. Particular emphasis was placed on some of the feeling states which may develop as a result of early deafness. This study also investigated some of the effects of early and profound deafness on the formation of the deaf child's self-concept.

Conclusions

This study hypothesized that as a result of the sensory isolation experienced by the profoundly deaf infant, certain aspects of emotional development would be affected. It was shown that a major feeling state of anxiety could develop in the deaf infant and that this anxiety could influence much of his developing psychic structures and behavior patterns. The feeling state of anxiety could originate in the early months of the infant's development as a result of a treatened sense of security (May, 1950:148). All infants are born into a position of relative powerlessness, but the hearing infant has the capacity to quickly

develop a language whereby he can exert some control over his environment (May, 1950:148). Due to the correlation between auditory stimulation and the acquisition of a language, the deaf child is denied this major avenue of gaining control or power over his environment. As a feeling of being in-control or powerful is essential to the feeling state of security, it may be concluded that the deaf child remains in a feeling state of powerless insecurity and anxiety (May, 1950:147).

As the deaf child matures he may experience anxiety as a result of his inter-personal relationships. Research has shown that the most overwhelming experience of deafness is its isolation (Myklebust, 1969:117). Without a means of communication, inter-personal relationships are greatly hampered and the deaf child, therefore, often remains isolated and lonely as a result of his lack of meaningful relationships. This feeling of isolation combines with the deaf child's feeling of powerlessness to increase his anxiety (May, 1950:135). The lonely isolation experienced by the deaf child may also precipitate a deep frustration at not being able to do anything to alter his uncomfortable position. The frustration experienced by the deaf child

may be manifested on a continum from withdrawal to intense anger expressed in the form of aggressive behaviors.

At the base of feeling isolated and insecure lies the feeling of inferiority which inevitably accompanies any physical or sensory handicap such as deafness (Adler, 1929:34). This feeling state of inferiority may be greatly intensified by the empathetically communicated rejection of the deaf child by his parents and other significant persons (Levine, 1967). The deaf child, therefore, not only feels inferior because he is lacking an important sensory function; he feels inferior because the rejection of others communicates a state of unacceptability. Because the child remains in a powerless position and is greatly dependent on those who reject him, he will tend to adopt their appraisal of himself as unacceptable (Blum, 1953: 73). This, combined with his own self-evaluation, brings the deaf child to conclude that he is not acceptable; he is "Not-OK."

The intolerable loneliness and insecure anxiety which results from not being accepted, will lead the deaf child to adopt a self and a means of structuring his conscious awareness which will attempt to alleviate his feeling state of unacceptability (May, 1950:148). The child will deny

or inhibit those aspects of his self which he perceives as causing the rejection of others (May, 1950:148). If the child perceives his emotions of anger, hurt, or fear as incurring the disapproval of others, he will deny or repress these feelings from his conscious awareness in a general emotional inhibition (Salter, 1961). If the child perceives that it is his deafness which is unacceptable to others, it will become unacceptable to him also and he will disown that part of himself, his deafness, which seems to separate him from the acceptance of others (Vernon & Makowsky, 1969). The deaf child, in compensation for his auditory handicap, may strive to overcome his inferiority and unacceptability by attempting to become a facsimile of a hearing child through education in oral communication (Vernon & Makowsky, 1969). Unfortunately, both the inhibition of felt emotions and the denial of the real self, only serve to increase the feeling states of alienation and anxiety (Salter, 1961 & Fromm, 1941). The child with early and severe deafness, can therefore be seen as greatly inclined to develop a low self-concept and a general feeling of isolation, inhibition and anxiety.

Recommendations

According to Kay Meadows, the most immediate need of a deaf child is an effective means of communication in order to facilitate meaningful interpersonal relationships. It is recommended by the National Association of the Deaf that this need is best met by the language of total communication (Vernon & Makowsky, 1969:3). This, in contrast to verbal language, is the natural mode of communication for the deaf child (Furth, 1966:62). More recent studies in the psychology of deafness, have concluded that the maladjustments in the personality of the deaf child are due primarily to the early environment of the child and not to the nature of the handicap itself (Kane & Shafer, 1970). It would seem then, that by early diagnosis and effective family counseling to help the parents work through their rejection of the child, many of the emotional dysfunctions could be avoided. This conclusion is supported by research which compared fifty-one maladjusted deaf children and fifty-one maladjusted hearing children and found that the deaf differed only in their extreme limitations of communication and their marked educational retardation. This gives additional

evidence to the hypothesis that deafness is not a cause of maladjustment, but an additional stress to environmental and inherent factors which lead to emotional problems in children (Williams, 1967:13). Thus, an improvement in early communication would tend to greatly decrease the emotional maladjustment which is so often found in deaf children. Deaf children's most critical need, therefore, is for active, warm and stimulating communication. The most natural response to this need is total communication, which provides not only a means of communication, but a basis for a feeling of belonging, security and self-esteem (Sullivan, 1969:10).

A unique aspect of total communication is the complete physical involvement it requires. Total communication may be viewed as very affective in character, in that it has the capacity to express the emotional state or desires of the communicator. It has been hypothesized that the deaf child's natural reliance on affective or demonstrative communication and feedback results in a general life-style of reacting to and interpreting interpersonal situations in terms of their immediate affective value (DiFrancesca & Hurwitz, 1969:37). The deaf child learns what is immediately reinforcing and doesn't depersonalize or objectify life situations. The deaf child does not reflect

or contemplate, but thinks more impulsively, preferring knowledge of immediate, pragmatic value. This need for immediate feedback, gratification and reinforcement leads him to function concretely (DiFrancesca & Hurwitz, 1969:38). This creates a dynamic unique to the deaf individual's personality. He appears more disposed to relate and solve problems of life on the basis of feelings or affect. He tends to weigh materials and situations in terms of immediate value and how it makes him feel. Therefore, his response to problems is more immediate and unreflective, guided by his own affective needs and not by objective situational demands (DiFrancesca & Hurwitz, 1969:37). The deaf choose to rely on their feelings as guidelines, and the tendency is to "feel their way through a problem rather than think their way through (DiFrancesca & Hurwitz, 1969:38).

While this tendency may be viewed in a negative light, this investigator hypothesizes that there is a unique and healthy potential in the immediate and affective essence of the deaf individual's interaction with his environment. In direct contrast to the neurosis of inhibition, excitation, which is based on emotional

honesty, is a basic law of life (Salter, 1961: 37). Salter describes the healthy excitatory person as, "not wasting time thinking. The excitatory act without thinking. . .

> Excitation is a matter of emotional freedom. . . The criteria of excitation are honesty of response and the content thereof. . . The excitatory person is direct and responds outwardly and immediately to his environment (Salter, 1961:42, 43,& 45).

The excitatory person doesn't need to ponder or deliberate his interaction with the environment; his thought processes are accurately and spontaneously connected to his feeling state in an immediate and emotionally honest response. If emotional honest communication may be described as that which is true to the inner feeling state of the individual, it can also be described as necessarily affective and immediate in character. It may be hypothesized, therefore, that the deaf individual's natural mode of communication lends itself well to emotionally honest and spontaneous expressions. As this state of excitation, as defined by Salter, is the natural, healthy state of the individual, the counselor working with a deaf client may be able to take advantage of that affective dynamic in order to help the individual descriptively experience his previously inhibited emotions and learn to channel his expressive language in an emotionally honest and excitatory way.

The affective and demonstrative essence of manual communication may be viewed as an advantage in helping the deaf individual experience and complete the emotions he has been inhibiting from his conscious awareness. According to Salter, there are physical as well as verbal and intellectual aspects of emotional honesty. One physical aspect he refers to as "facial talk," which may be described as showing emotion in facial expression as it is felt inside the individual (Salter, 1961:99). This facial expression is an integral characteristic of manual communication and therefore, the deaf individual will have a natural tendency to honestly express his feelings with facial expression, or "facial talk." It may be further hypothesized that a realistic extension of "facial talk" would be "body language," which is demonstrative in character. The deaf then, may be seen as having a mode of communication which has a natural tendency to be emotionally honest in its affective components. This conclusion, combined with the tendency for deaf individuals to often "act-out" their emotional states, may be utilized by a counselor for the deaf in a positive, growth-producing way. The total physical and mental involvement of the deaf person in experiencing his emotions, may therefore be

viewed as having the advantageous potential for facilitating a more rapid disinhibition and healthy re-excitation of the individual.

Apart from the potential seen by this investigator in the manual mode of communication utilized by the deaf, there exists another potential for growth and development in deafness. As has been previously stated, the deaf individual is invariably going to develop a feeling state of inferiority very early in life as a result of his handicap (Adler, 1929:34). It has further been stated that this feeling of inferiority generally results in a special effort to compensate for the specific defect in order to gain a feeling of superiority and self-worth (Adler, 1929:66). The potential compensatory nature of vision and taction should not be underestimated, as the organism's ability to compensate seems to be very great. In illustration of this ability is the paraplegic who, in order to overcome his tremendous handicap, will learn to use his mouth to work a paintbrush and create beautiful paintings that many cannot duplicate with the full use of their arms and hands. It may be imagined that such a successful compensation came about as a result of much concentration, effort and

practice. It may be hypothesized, therefore, that with such concentration and effort, the deaf individual may develop his senses of vision and taction to a remarkably successful degree. Such a development could greatly aid the deaf individual in communication and in obtaining information from the environment.

This investigator hypothesizes, therefore, that through a concentrated method of learning, specifically conditioning and hypnosis, a deaf individual could develop extremely perceptive senses of vision and taction. This hypothesis is based in part on Salter's conclusion that, "in the conditioned reflex is the essence of hypnosis. . . the essence of hypnosis is conditioning" (Salter, 1961: 3 & 4). Since conditioned reflexes do not involve volitional thinking, once they become established, the individual reacts to them automatically and without conscious control (Salter, 1961:2). The idea that senses such as vision and taction could be conditioned, is supported by the experiments of Pavlov, Hudgins, and Ellson, who conditioned, or hypnotized, the respective neurological mechanisms of salivation, pupillary contraction and audition (Salter, 1961). As in Hudgin's experiment:

> The pupillary reflex is completely involuntary. The subject has absolutely no control over it. . . when light shines into the pupil, it contracts, and when the light is removed, it dilates. . . these subjects, by merely saying the word "contract" could produce pupillary contraction. . . He conditioned other subjects to produce pupillary contraction by whispering "contract" to themselves. . . Finally, he conditioned five subjects to contract their pupils when they thought the word "contract," and to dilate them when they thought the word "relax." The subjects could auto-contract their pupils. Through conditioning, it had been possible to control that which was otherwise uncontrollable (Salter, 1961:2 & 4).

Hudgin's experiment, which utilized the conditioned reflex, can also be paralleled to hypnosis. R. W. White's theory of hypnotism describes it in this manner:

> That the hypnotized person can transcend the normal limits of volitional control.
> That he behaves without the experience of will or intention (Salter, 1961:13).

Salter goes on to add that there is no differentiation in the physiological processes of the hypnotic and waking states (Salter, 1961:15). These combined facts would lead to the conclusion that the deaf individual, without being put in a bizarre, trance-like state, may learn to employ the techniques of hypnosis or the conditioned reflex in order to gain superior control over his senses of vision and taction. The deaf individual could learn to be acutely aware of the many minute non-verbal cues expressed by individuals he is communicating with. This in an

empathetic sensing awareness, could greatly increase his awareness of and accurate understanding of the feelings and communications of others. The deaf individual would no longer be isolated or left-out of meaningful communication, but would instead be on a more equal, and in some respects perhaps even superior communicative level than his hearing counterpart.

LITERATURE CITED

LITERATURE CITED

Adler, Alfred. Problems of Neurosis. London: Kegan Paul, Trench, Trubner & Co., LTD., 1929.

Altshuler, Kenneth Z. "Personality Traits and Depressive Symptoms in the Deaf," Family and Mental Health Problems in a Deaf Population. John M. Rainer, Kenneth Altshuler and Franz Kallmann, Editors, Springfield: Charles C. Thomas, 1969.

Blum Gerald S. Psychoanalytic Theories of Personality. New York: McGraw-Hill Book Company, Inc., 1953.

Chough, Steven K. "Challenge of Psychiatric Social Work With the Deaf," Journal of Rehabilitation of the Deaf. (March, 1970), Vol. 3, No. 4, pp. 7-25.

DiFrancesca, S. J. & Hurwitz, S. N. "Rehabilitation of Hard Core Deaf: Identification of an Affective Style," Journal of Rehabilitation of the Deaf (October, 1969), Vol. 3, No. 2, pp. 34-31.

Frankl, Viktor E. Man's Search For Meaning. Boston: Beacon Press, 1969.

Fromm, Erich. Escape From Freedom. New York: Rinehart & Company, Inc., 1941.

Furth, Hans. Thinking Without Language. New York: The Free Press, 1966.

Goetzinger, C. P. "Factors Associated With Counseling the Hearing Impaired Adult," Journal of Rehabilitation of the Deaf. (April, 1967), Vol. 1, No. 1, pp. 32-47.

Harris, Thomas A., M. D. I'm OK - You're OK. New York: Harper & Row, 1969.

Janis, Irving L., George Mahl, Jerome Kagan, Robert Holt. Personality Dynamics Development and Assessment. Irving Janis, Editor, Harcourt, Brace & World, Inc., 1969.

Kane, Joseph and Carl M. Shafer, "Personal and Family Counseling Services for Adult Deaf." Family Services of Los Angeles, California, pp. 70-77 (Ed 052 303).

Levine, Edna Simon. The Psychology of Deafness. New York: Columbia University Press, 1967.

Luft, Joseph. Group Processes. Palo Alto: National Press Books, 1970.

May, Rollo, Ph.D. The Meaning of Anxiety. New York: The Ronald Press Company, 1950.

Meyerson, Lee. "A Psychology of Impaired Hearing," Psychology of Exceptional Children and Youth. William M. Cruickshank, Ph.D., Editor, Englewood, New Jersey: Prentice Hall, Inc., pp. 120-183, 1956.

Mindel, Eugene D., M. D., & Vernon, McCoy, Ph.D., They Grow in Silence. Silver Spring Maryland: National Association of the Deaf, 1971.

Moustakas, Clark E. Loneliness. Englewood Cliffs, New Jersey, 1961.

Murphy, Grace E. Barstow. Your Deafness Is Not You. New York: Harper & Brothers, 1954.

Myklebust, Helmer R. The Psychology of Deafness. New York: Grune & Stratton, Inc., 1969.

Rogers, Carl R. Client-Centered Therapy. Boston: Houghton Mifflin Company, 1951.

Rosen, Albert. "Deaf College Students' Preferences Regarding the Hearing Status of Counselors," Journal of Rehabilitation of the Deaf. (January, 1968), Vol. 1, No. 9, pp. 20-27.

Sahakian, William S., editor. Psychotherapy and Counseling Studies in Technique. Chicago, Illinois

Salter, Andrew. Conditioned Reflex Therapy. New York: Capricorn Books, 1961.

Stewart, Larry G. "Perceptions of Selected Variables of the Counseling Relationship in Group Counseling with Deaf College Students." Dissertation Abstract International. (September, 1970), Vol. 31 (3-A) 1026.

Sullivan, Harry Stack, M. D. The Interpersonal Theory of Psychiatry, New York: W. W. Norton & Company, Inc., 1953.

Sullivan, Frank B. "The Reality of Being Deaf," Journal of Rehabilitation of the Deaf. (April, 1969) Vol. 2, No. 5, pp. 9-18.

Vernon, McCoy. "Counseling the Deaf Client," Journal of Rehabilitation of the Deaf. (July, 1967), Vol. 1, No. 2, pp. 3-15.

Vernon & Makowsky, Bernard, M. S. W. "Deafness and Minority Group Dynamics," The Deaf American, (July-August, 1969), Vol. 21, No. 11, pp. 3-6.

Williams, Cyril E. "Some Psychiatric Observation on a Group of Maladjusted Deaf Children," Journal of Child Psychology & Psychiatry & Allied Disciplines. (May, 1970) Vol. 11, pp. 1-18.