FAMILY CONTRIBUTIONS IN TREATMENT OF THE
HEARING-HANDICAPPED CHILD OF SCHOOL AGE


by

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ABSTRACT

Improved techniques (particularly electrical apparatus) make it possible to teach hearing-handicapped children the use of language at an age when their motivation and their capabilities for this learning are at their peak. The result has been to ease, considerably, the burden of basic educational training, and also to permit the balancing of this with the broader socialization of the child. This makes early diagnosis more important than ever; but it also makes family participation a vital ingredient. Two companion studies - one concentrating on the pre-school child, and the other on the school-aged child - have been undertaken to sharpen this part of the focus - the family, parental, and related influences which bear on the progress in his early years now possible for the hearing-handicapped child.

With the co-operation of the Parent-Teachers Association of the Jericho Hill School, and the School personnel, information was obtained from some eighty parents of children of school age residing in British Columbia, who responded to a questionnaire enquiry. This was followed by interviews with families living within Greater Vancouver. The area of enquiry included a) the implications of the handicap, and b) the contributions made by parents in the treatment of the child; an assessment being made of more helpful and less helpful family situations, respectively.

Information and interpretation is an evident need, for both children and parents, and as training potential as well as behaviour consequences. Attributes which distinguish the more helpful family from the less helpful are indicated. Some general findings relate to (a) community attitudes and (b) services for the hearing-handicapped child. Because of its exploratory nature, this study must leave several questions unanswered; but the importance of early diagnosis and co-operative relationships between clinics, parents, and school, are clearly indicated. Social Work Services are particularly relevant if the differential needs of children (in family terms as well as degrees of hearing loss) are to be met.
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Special thanks are due to Dr. & Mrs. J.L. Robinson and their daughter Jo-Anne for invaluable information and even more invaluable inspiration; to the eighty parents of hearing-handicapped children for their eager and thoughtful responses to questionnaires, and interviews; to Dr. Reba Willets, Director, Vancouver School Health Services for her interest and understanding, and to Dr. Leonard Marsh for his sound advice and steady encouragement.
FAMILY CONTRIBUTIONS IN TREATMENT OF THE HEARING-HANDICAPPED CHILD OF SCHOOL AGE
CHAPTER ONE

THE DEAF CHILD AND HIS PROBLEM

In ancient times, it would have been a simple matter to discuss the problem of hearing impairment. Without knowledge of the physiology of the ear or of the physics of sound, superstition reigned supreme, and the cause of deafness was believed to be evil spirits. What was far worse from a social point of view, the deaf person was considered incapable of learning, and was consigned to a sub-human life. It appears that not until the sixteenth century was any attempt made to educate deaf children; and for the next two centuries such education was available only to the children of the wealthy.

With the development of public schools for the deaf, which took place almost concurrently in France, Germany and England during the eighteenth century, there arose a conflict which, even today, has not completely disappeared. There are protagonists both for the 'Oral' System, using speech and lip-reading as the chief means of instruction, and for the 'Manual' System, using signs and the manual alphabet. The trend, however, appears to be toward an increasing use of the Oral System for those students who can make any progress by this method. The greater stress on teaching speech has, happily, contributed to the obsolescence, in recent years, of the terms 'deaf and dumb' and 'deaf-mute'. Obviously, when the deaf are capable of speech these terms are no longer applicable.

The spread of educational opportunities for the deaf was followed by advances in knowledge of the ear, and of hearing disorders. Medical and surgical treatment, as well as preventive measures, have gradually become
available. In the early part of the twentieth century, a big step forward could be taken with the development of the electrical hearing aid, and electrical testing methods. Later still came an interest in the personality of the deaf, and a number of psychological investigations were undertaken.

Following World War II, with the establishment of aural rehabilitation centres by the United States armed forces, the profession of audiology was born. An audiologist has been described as "the individual whose primary interest is in the measurement of hearing loss and the rehabilitation of those with hearing impairment". Although the term is less widely used in other countries, there are similar trends toward utilization of non-medical personnel in clinics established for the purposes of the measurement, and treatment of hearing impairment.

These developments in the medical and audiological fields have, inevitably, affected educational methods, and, undoubtedly, contributed to the present ascendance of the oral method. Irene and A.W.G. Ewing have outlined four trends in the twentieth century education of the deaf child. These are summarized as follows:

1. The development of associations of the parents of deaf children seeking to obtain improvements in the provision for their children's education. An increasing number of parents are learning about principles and methods of oral education in order that they may provide their children with "talking environments" from an early age.

2. Earlier detection of deafness which has been followed by an acceleration in the establishment of nursery and infant schools. "Nursery

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and preschools are in existence to assist the child in adjusting to his world, to help him develop a concept of the world about him through worthwhile experiences, and thus to lead him to the point where he has a desire for oral communication. To do this there must be a foundation of real life-like experiences in order that he may have a basis for language and oral communication.  

3. Growing recognition of need for specialized training, knowledge, and skill, as well as personal qualities, in teachers of the deaf.  

4. Systematic investigation of problems in oral education of the deaf. This point is re-inforced by Barker et al who state that: "Probably research will show that the residential school, the day school, and the regular public school are each superior in meeting the emotional and educational needs of different groups of children. The task of research is to formulate principles for the guidance of educators so that children can be placed properly before they languish in unfavourable school environments."  

It can be seen that progress has been made in meeting the educational and physical needs of the hearing-handicapped child. The literature is less clear about resources to meet the emotional and social needs; and it is precisely these needs that are of particular concern to the social worker. A number of questions are likely to come to his mind. Do the emotional and social needs of the hearing-handicapped differ in any way from similar needs of the hearing child? What are some of the problems as seen by the family? How is the family meeting the problems? Are there some families who are more successful than others? In what ways do the school and the community co-operate with the family in providing for the child's needs?


Scope and Method of Study

The obvious way in which to find answers to these questions is to approach families with hearing-handicapped children. With this in mind a questionnaire was formulated, a sample of which may be found in Appendix A. These were forwarded to the families of children attending Jericho Hill School for the Deaf. At that time there were 177 such children.

It was decided to make contact only with those families living within the Province of British Columbia, of whom there were 148 with 154 hearing-handicapped children. Of these, 92 families lived within the Greater Vancouver area and 56 in other parts of the province. Excluded, in addition to the children whose parents live outside the province, were the Indian children, and the wards of the Superintendent of Child Welfare, and of the Children's Aid Societies. Of the 154 questionnaires sent out, 82 were returned, of which 79 were usable (2 were marked "not known at this address" and 1 was uncompleted).

Following the examination of the completed questionnaires, interviews were held with seven families in the Greater Vancouver area. These were chosen on the basis of indications of helpfulness to the child. Four

1 Six of the families had two children with hearing impairment.

2 For the purposes of this study, Greater Vancouver includes Vancouver, North Vancouver, West Vancouver, Burnaby, New Westminster, Richmond and Sea Island.

3 Consideration was given to including the wards in the study, but the idea was discarded after perusal of five of the ten case records. In only one of these five cases was the child removed from his own family as a direct result of his hearing handicap. The situation, in the one case, was so complex as to be considered atypical of situations in which hearing impairment is a problem. This cursory review of the cases gave rise to at least two questions which might well merit further study: (1) how does the incidence of handicaps among wards compare with that among the general population of children; (2) what is the effect upon the ward of the double handicap, i.e., removal from his own family, and physical impairment?
families who appeared to be particularly well-informed and understanding, and three who appeared minimally so, were interviewed. In five cases the hearing-handicapped children were present and in three cases both parents were interviewed. The interviews were unstructured, with the parents being free to discuss their particular problems and remedies with respect to the hearing-handicapped child.

Apparent Incidence of Hearing Handicaps

The numbers of children in British Columbia suffering from hearing impairment are not, at present, available. Jericho Hill School for the Deaf and Blind, serving the Province of British Columbia, accepts children from five years of age who have a hearing loss of 35 decibels or more. The children are eighteen or nineteen years of age when they graduate. As of January, 1960, there were 177 pupils. By comparison, the number of blind children in the school was 79.

The Registry for Handicapped Children is another source of information on the incidence of hearing impairment among children in British Columbia. Their figures, however, may not present a complete census. They are dependent upon the reporting of doctors, public health nurses and hospitals throughout the province, and of the Children's Health Centre in Vancouver. In January, 1960, the Registry showed children between the ages of 5 and 14 years, who were deaf, numbered 59, and those with hearing impairment numbered 353. Those considered deaf had a hearing loss of 70 decibels or more, but no definite criteria were set to describe hearing impairment.

The discrepancy in numbers between Jericho Hill School and the Registry can be accounted for by the children with defective hearing.
attending the public school system. Each individual school has a record
of the children with defective hearing in that particular school, but
nowhere are these centrally compiled. In the Vancouver schools, all children
undergo hearing tests in Grade 2 and Grade 4. If hearing loss is 10 decibels
or more, various steps may be taken according to the degree of the loss.
A simple re-arrangement of seating in the classroom may suffice; parents
are notified; referral may be made to the family doctor; a temporary transfer
to Jericho Hill School may be arranged to provide extra tutoring in speech
and language; or a permanent transfer may be necessary. It is considered
that a child with a loss up to 50 decibels can manage satisfactorily in
hearing classes, if intellectual or emotional difficulties do not complicate
the situation. The total number of these children at present in the public
school system is not known.

Deafness Defined

Widely used definitions of the terms used in speaking of
the deaf are those established by the Committee on Nomenclature of the
Conference of Executives of the American Schools for the Deaf. These are
as follows:

"The deaf: those in whom the sense of hearing is non-functional for the
ordinary purposes of life. This general group is made up of two distinct
classes based entirely on the time of the loss of hearing: (a) the congenitally
deaf - those who were born deaf; (b) the adventitiously deaf - those who were
born with normal hearing but in whom the sense of hearing became non-
functional later through illness or accident.
The hard-of-hearing: those in whom the sense of hearing, although defective
is functional with or without a hearing aid."¹

¹Barker, Roger G. et al. Adjustment to Physical Handicapped
Illness: A Survey of the Social Psychology of Physique and Disability. Social
An increasing use is being made of the classification according to hearing loss established through audiometric testing. Table A presents this classification.

Table A  Classification According to Degree of Hearing Loss Established by Audiometric Testing

<table>
<thead>
<tr>
<th>Extent of Disability</th>
<th>Amount of Loss, decibels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submarginal</td>
<td>15 - 25</td>
</tr>
<tr>
<td>Marginal</td>
<td>25 - 35</td>
</tr>
<tr>
<td>Moderate</td>
<td>35 - 50</td>
</tr>
<tr>
<td>Severe</td>
<td>50 - 70</td>
</tr>
<tr>
<td>Profound</td>
<td>over 70</td>
</tr>
</tbody>
</table>

Source: Adapted from Levine, Elia S., *Youth in a Soundless World*. New York University Press, 1956, p. 34

It is not possible to state at exactly what point in this scale the deaf and the hard-of-hearing, according to the definitions, can be differentiated. The reason for this appears to be that factors other than degree of hearing loss enter into determining at what point hearing becomes non-functional. For instance, the physical, intellectual, and emotional capacity of the individual will affect the degree to which he utilizes residual hearing.

Because, in general, schools for the deaf make use of the classification according to degree of hearing loss, and the subject of this study is hearing-handicapped children of school age, the terms used will be related to this classification. It is recognized that differences exist between the deaf and the hard-of-hearing, but the distinction need not be rigorous, in this study, because its area of concern is children with hearing impairment, without reference to the degree or cause of the impairment, or to the age at which hearing is lost.
Defective hearing is not always the sole handicap borne by some children. All too frequently there are further complications such as cerebral palsy, mental retardation, and impaired sight. But here again, it is not intended to consider, in this study, the special problems inherent in these situations. Nor will there be any attempt made to present material on the specialized subject of the education of deaf children, except insofar as schooling affects the emotional and social development of the hearing-handicapped child.
CHAPTER TWO

THE SCHOOL CHILD: IMPLICATIONS OF HEARING IMPAIRMENT

Psychological studies, designed to measure the intelligence and personality of deaf children, have been undertaken since the beginning of this century. One of the earliest of these compared, by means of physical and psychological tests, a deaf group and a hearing group of nine-year-old children. The results showed "the deaf as good as or better than the hearing in physical measurements, manual dexterity and athletic skills. In tests of memory and observation, the deaf were found markedly superior". Subsequent studies have produced a variety of results, some concluding deaf children have normal intelligence, others that they are mentally retarded. The reason for the wide divergence in results is considered to lie in the failure, to date, to devise intelligence tests suitable for use with the deaf. A comparative study done in 1941 "gives further evidence to support the conclusion that the deaf child is normal mentally if his ability is measured on a test that does not involve the use of language for direction or response." It stands to reason that, so long as language is a part of the testing process, the deaf child is immediately at a disadvantage. Until more accurate tests are devised, the present consensus of opinion appears to be that deaf children have normal intelligence, with the same wide variations among individuals as may be seen in the general population.

1 Levine, Edna S., Youth in a Soundless World, New York University Press; New York; 1956, p. 57.

2 Ibid, p. 65.
Personality tests are a more recent development. Levine, in testing teenage girls in a residential school for the deaf, made careful preparations to avoid the effects of the language barrier. She states that: "The personality pattern of the deaf subjects was found to be characterized by: 1) pronounced underdevelopment in conceptual forms of mental activity; 2) emotional underdevelopment; 3) a substantial lag in understanding the dynamics of interpersonal relationships as well as the world about; 4) a highly egocentric life perspective; 5) a markedly constricted life area; and 6) a rigid adherence to the book-of-etiquette code rather than inner sensibility as standards for behaving and even for feeling."\(^1\) The study does not indicate to what degree any one of these traits may be a result of the social restrictions of life in a residential school rather than solely the result of the hearing handicap. The girls in the study group were between the ages of fifteen and eighteen and had been in residence in a school for the deaf from the ages of five to seven. Thus, for more than half of their lives they had been, to a large extent, segregated from the hearing community.

Although, when reviewing a number of personality tests on deaf children, Levine does not draw attention to this fact, nevertheless, it is apparent that the results of the tests are closer to those obtained on hearing children where the deaf subjects are day rather than residential pupils.\(^2\) It would appear that residential living for lengthy periods has an effect on personality but that this effect has not been accurately measured nor has it been separated from the effects of defective hearing.

There should be one further warning in respect to personality tests. The individuals in a study group do not exhibit all of the traits to

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\(^1\) op. cit. p. 146

\(^2\) op. cit. pp. 65 - 68
the same degree; and some may not exhibit any of them to any appreciable degree. There is danger, then, in assuming that a particular child with a hearing defect will, as a result of this defect, develop certain personality traits. Knowledge of personality patterns can be helpful in increasing the understanding of the possible effects of the handicap on the personality, but it should be recognized that the pattern is a general picture, a trend, and cannot be applied in total, to each individual deaf child. "Although there is evidence that there are certain common reactions to, as well as common problems in, hearing loss; it is also true that vastly different reactions occur, depending on the dynamic forces within each individual personality."¹

It appears that, despite historical attitudes, there is no proof of marked differences between the deaf child and the hearing child in intelligence or in personality. "The deaf child differs from the hearing child only in that he cannot hear, and, not hearing, is unable to communicate in the ordinary way. His handicap is very great because of his lack of words to express his thoughts, needs and desires."²

What does this handicap mean, in day-to-day life, to the child and to those around him? From both the questionnaires and the interviews with the parents of deaf children, it was possible to pick out a number of difficulties arising directly from hearing impairment. These will be discussed under five headings: effects upon the child as he grows; effects upon the parents; effects upon other children in the family; the deaf child in relation


to peer groups; and the deaf child in relation to school.

The Child as He Grows

The most frequently mentioned difficulty from the child's point of view is his inability to understand what is said to him, and the reverse of this, his inability to make himself understood to others. It is likely that his greatest hardship in this respect will occur in his early years, when his ability to lip-read and to speak is less well developed. A little of what this means will be recognized by parents of hearing children, when they recall that time when their children were between the ages of one and three years. The child is not able to understand, or be understood, through the medium of speech, but is highly mobile and fast developing a will of his own. Most parents pray for the time to come when they can "reason with the child", realizing that, when more adequate communication is established between them, life is easier both for themselves and for the child. For the hearing-handicapped child, this period of tension and frustration is an extended one and is only gradually left behind as he arduously learns to make use of language.

A number of parents wrote about their child's tendency to selfishness and a wariness of possessions. It is possible that this may be a result of the unsatisfactory nature of their contact with people, who demand so much in the way of understanding, and who fail, in turn, to understand. Material objects, by contrast, make no demands, do not change, and are altogether much more comfortable to be with. The value to them of their possessions is likely to increase as their satisfaction in personal contacts decreases.

It is probably for similar reasons that some children with
hearing loss stay more to themselves, withdraw, or become on-lookers rather than participants. It is almost as though the satisfactions they might derive from personal contact are not as yet worth the immense effort it requires for these children to obtain them. Some parents reported their children reacting in the opposite direction, being overly impatient, demanding, dominating, and displaying a tendency to show-off. Could this, perhaps, be a substitution of action for mutual interchange of thoughts and ideas, which is so much more difficult for them?

This leads right into the difficulties the hearing-handicapped child encounters in participating in groups. Since his "hearing" depends to varying degrees on lip-reading, he must have a clear view of the face of the person who is speaking, and this is not always a possibility if members of the group are moving around, or if the light is poor. The child may discover who is speaking just when the conversation passes on to another member of the group. He can only "listen to" one person at a time, and he is lost when there are interruptions, or a quick interchange. The hearing person, too, can become confused in a large group where many people are talking at the same time, but he is able, relatively easily, to follow a single conversation even when it moves quickly from one member of the group to another. This the hearing-handicapped person cannot do, so that, as the size of the group increases, so does his discomfort.

It can be seen that there are many ways in which the inability to understand and to be understood serve to build up tension and frustration in hearing-handicapped children. Not infrequently, these are expressed through tantrums and sleep disturbances. In most cases these are outgrown but it is the opinion of some of the parents that this is at the price of a rather rigid control of feelings. It is their contention that many of these
children appear cooler, calmer, and quieter than their hearing contemporaries, because to express any degree of feeling might open the floodgates on the intense feelings they have carefully learned to control.

A second major difficulty (and one reported on many of the questionnaires) pertains to the attitudes of hearing people toward the hearing-handicapped. These were variously described as indifferent, impatient, superstitious, and ignorant. Such attitudes would not likely affect the child until he reaches approximately school age, the time when he is beginning to seek companionship outside the family group. Some parents find their children becoming sensitive, timid, and shy in response to these attitudes. There is a tendency for a few to give in more easily to their hearing playmates in order to retain their friendship. Most children, at some stages, experience embarrassment when evidence of their deafness is displayed in public, such as the use of signs or gestures. Gradually he begins to see himself as "different". Up until this time he has known he could not "hear" the way other people could but now he begins to understand more nearly the full meaning of the handicap. In a sense, he learns what hearing means! Certainly, to take on some of the public's valuation of him as a hearing-handicapped person: but, unfortunately, in many cases this valuation is based on lack of knowledge. It is hard for him to understand why he must suffer this handicap which, in addition to the many difficulties it raises for him, also devalues him in the eyes of the world. He thus forms certain attitudes about himself and about other people. He accepts, at least to a degree, the public's evaluation of him, but, at the same time, he is resentful of it, and turns this resentment against the public.

A third major area of concern for the hearing-handicapped child is in relation to a career. This begins to take on serious aspects
toward the latter part of the child's schooling. Because of the difficulties in communication and the consequent need to spend more time on language development, the child with hearing loss will have less general education than the hearing child at a comparable age. In addition, facilities for higher education and for vocational training are few. However, even if he should enter the employment market as well equipped, vocationally, as the hearing person, he meets a further obstacle in the form of misconceptions and misunderstandings on the part of employers. For the hearing-handicapped person, preparation for, and placement in, suitable employment have been largely neglected subjects. It is not proposed to go into it further here, since it is beyond the scope of this study, but it must be noted as a major problem for the child as he nears the end of his schooling.

The Parents' Point of View

The earliest and perhaps the most difficult hurdle the parents of the hearing-handicapped child must overcome is their own feelings about the child. This was not indicated so much on the completed questionnaire, perhaps because of its emphasis on the child, but it became quite clear in the interviews with parents. The manner in which feelings are handled vary, of course, with each individual but some of the feelings themselves are common, not only to parents of children with hearing impairment, but to parents of all handicapped children.

The fact of having given birth to an imperfect child is a blow to self-esteem, whatever the cause may have been. Even if the child loses his hearing later in life through illness, there is a tendency again for the parents in some degree to blame themselves. The reaction may be to deny or minimize the handicap, so that steps to lessen it are not taken. In other instances, the parents may reject the child himself because of his
handicap. If this arouses too much guilt, they might try to disprove the rejection, even to themselves, by over-solicitous care of the child, thus retarding his growth toward independence. Whatever the reaction, there is no doubt that the emotions can often come close to being overwhelming.

Calm appraisal of facts helps to allay these emotions in the first place—facts about the handicap, and what can be done to mitigate it. There should also be an opportunity for parents to discuss their feelings and to recognize that all parents have negative, as well as positive, feelings toward their children. An awareness of the new feelings clears the way for the acceptance of the facts, and the ability to face them constructively.

Many of the day-to-day difficulties mentioned by the parents relate to the child's inability to understand or to make himself understood. This poses problems for the parents in the child's management and training. How do you explain the rules he must abide by, or the plans to have a picnic next Sunday, or what it will be like for him when he goes to school? How do you call him in from play? Because there are so many frustrations for him, he has a tendency to anger, stubbornness, and tantrums. How do you reassure him in these instances; or when he is frightened? Some of the parents were understandably concerned about spoiling the child in an attempt to avoid upsets as much as possible.

Sleep disturbances which seem to occur more frequently for the hearing-handicapped child are another difficulty faced by parents. Earlier, it was suggested that these disturbances might be caused by excessive tension. There is another possible cause. The child who cannot hear is in contact with the world around him mainly through his eyes; so that when he is in the dark, or closes his eyes, he is cut off from the world—isolated. He does not hear the comforting noises of the home which assure him all is normal.
Many parents reported that the children seemed to need nothing more than reassurance that someone was close by. As the child becomes older, some parents find difficulty in imparting such things as sex information and social niceties. Employment prospects for the child are of deep concern to the parents even earlier than to the child, because parents are more aware of the obstacles the child must overcome, and of the paucity of resources to help him.

The Child in Relation to Other Children

There are two important ways in which other children affect the development of the deaf child. The first—which applies, of course, only to children who have brothers and sisters within reasonable reach of their own age—is the influence of siblings. The other—basic for all children, almost without exception—is his relation with his playmates. His peers (as sociological terminology has now made them familiar) affect him in communication, education, play—in all that makes up "socialization"!

The importance of siblings, obviously, could be a subject of special study. This was not possible in the limits of the present study. Neither on the questionnaire, nor in interviews has there been any attempt to study the effects of hearing impairment in one child upon other children in the family. However, a few of the parents spontaneously mentioned that their hearing children, particularly in younger years, tended to be jealous of the child with hearing loss. This, they believe, is a result of the extra time and attention that, of necessity, is spent in communication with the hearing-handicapped child. It is possible, on the other hand, that hearing brothers and sisters may be a real asset to a deaf child because he learns other methods of communication more continuously. Much of what will be discussed in the next paragraphs in relation to peer groups will also be
applicable to other children within the family.

As far as peer groups are concerned, when children are very young, they play alongside each other, rather than with each other, and at this stage the hearing-handicapped child, apparently, has little difficulty. Even in the early action games he is quite at home. But when the rules of the game become more complicated, or when "pretending" or "make-believe" games are initiated, lack of speech and hearing becomes a barrier to play. It takes time and patience to help the child understand rules, or to explain the kind of make-believe necessary, and by that time the hearing children will probably have lost interest.

Team games were also reported as a problem, especially when speech is a necessary part of the game. The difficulties are much the same as are posed by participation in groups, which was discussed earlier. This holds true, too, for the teen-age "mixer". Many of the children with hearing loss tend to tire more easily than the hearing child, possibly because of the intense concentration required on their part, in order to catch with their eyes what their ears cannot hear.

Some of the children were reported to have been subjected to teasing by playmates, with the result that they prefer the company of similarly handicapped children. They are cautious and careful, tending to approach hearing children with reserve and suspicion. Most of them, however, had one or two hearing friends whom they had known for some time, and with whom they were comfortable and intimate.

The Child in Relation to School

The child, whose hearing loss necessitates his attending the School for the Deaf, and who must leave home to do so, sometimes finds it hard to understand why he is sent away to school when other children are not. Even
if he could "hear" an explanation he is frequently too young to grasp it, since many of the children start school at five years of age. All too often he sees it as a rejection by his parents — a banishment from his home. Those parents who recognize this feeling in their child are at a loss to know how to combat it. For those children who are day pupils at the school, there are often long distances to travel, resulting in a lengthened school day. This leaves little time for him to play with neighbourhood children. And, of course, the very fact that he attends a different school helps to separate him from these children.

Some of the parents are convinced that the hard-of-hearing child, in particular, benefits from the stimulation he receives when attending a hearing school. On the other hand, many of the children are not happy in these schools because they are left out of activities and, not infrequently, teased by the hearing children. There is need for more study on this question. Indeed, this applies to much of what has been opened up by this exploratory study.

The parents who have taken part in this enquiry have listed a wide variety of problems affecting many aspects of the child's life. It is probable that the list is far from exhaustive; but the first purpose achieved is that of giving a helpful picture of the implications of hearing impairment.
CHAPTER THREE

THE SCHOOL CHILD AND HIS FAMILY

How can the deaf child be helped by his parents? There seem to be almost as many different ways of handling difficulties arising out of hearing impairment as there were parents who took part in the study. At least this seems to be the only conclusion, on first examination. However, it is possible, from the information provided, to detect certain elements in the family situations which seem to bear upon the degree of help and understanding available to the hearing-handicapped child within his family. The elements which can be identified have been treated as separate entities for the sake of ease of discussions, but it will be obvious that they are closely inter-related; frequently, they merge and overlap.

Acceptance of the Handicap

In the previous chapter, mention was made of the feelings aroused in parents by the knowledge of their child's handicap. Sometimes these feelings can be allayed, to some extent, by factual information about the impairment and the steps that can be taken to overcome it to the greatest possible degree. At other times, however, the emotions, themselves, may stand in the way of facing the facts, with unhappy results for the child. Acceptance of the handicap refers to the ability of the parents to face the facts realistically.

Coughlin, who studied attitudes of parents of orthopedically crippled children, arrived at some interesting results which might well be
applicable to parents of children with different handi caps. Four "categories of parental attitudes" were identified on the basis of interviews and case history material, as follows:

1. Complete emotional acceptance of the child (providing him with security and protecting him from feelings of inferiority) together with a realistic intellectual insight into his physical condition and medical and educational requirements.

2. Complete emotional acceptance of the child without full intellectual realization of the situation facing him.

3. Unfavourable emotional attitudes (oversolicitude, rejection, or pushing beyond capacity) with adequate understanding of the child's physical state and the educational and medical requirements.

4. Extreme ignorance of the physical requirements of the child together with destructive emotional attitudes.\(^1\)

Varying degrees of acceptance were indicated by the parents participating in the present study. For some there was long delay in acknowledging the child's impairment. More often than not, this was caused by a lack of resources in the community making it difficult to obtain a firm diagnosis; or, if this was made, failing to provide the parents with guidance in handling the problem. Whatever the cause of the delay, for the child it meant the irrevocable loss of months, and sometimes years, in providing the help he needed.

Some of the more troubled parents found the extra burden of a handicapped child more than they could bear; and he was consigned to an

institution at as early an age as possible. At the other extreme, there were parents who seemed to embrace the idea of the handicap too wholeheartedly. Each and every difficulty with the child was blamed upon his defective hearing. The handicap loomed so large it was difficult to see the child behind it. All other needs, except the need to overcome the hearing loss, were forgotten, with the result that no time was left for parents or child to relax and enjoy each other. Perhaps these are the conditions which produce the so-called "drilled personality" which is sometimes attributed to the deaf.

Those parents who seemed to be most helpful to their hearing-handicapped child had achieved a fine balance in accepting the handicap realistically, but at the same time reserving greatest concern for the child, rather than the hearing impairment. This attitude on the part of the parents appeared to provide the child, in turn, with greater ease in accepting his own handicap.

Knowledge of the Handicap

From comments on the questionnaire, it was clear that many parents felt keenly the lack of sources of information about hearing-impairment. A very few had been able to attend the John Tracy Clinic in Los Angeles, and found this experience invaluable. Considerably more, but less than half those completing the questionnaires, had made use of the correspondence course from this same clinic. One or two of these found the instructions too complicated to be useful to them. Schools for the deaf were the most frequently used sources of information, followed by the Pre-School Hearing Project in the Speech and Hearing Clinic at the Health Centre for Children in Vancouver. The latter, which was first established in 1954, will, no doubt, have a wider range of use as time goes on. A few of the parents subscribed to the Volta Review, a magazine directed to parents of deaf children and published in the
United States. Other sources of information were individuals – doctors, teachers, and other parents of deaf children.

There was considerable contrast in the attitudes of parents to knowledge about hearing loss. Some had searched diligently and learned a great deal, while others had picked up what knowledge they could, casually, and frequently from less well-informed sources. It is axiomatic that those parents with greater and more accurate knowledge were able to be more helpful to their child.

In addition to general knowledge, there was also a contrast among parents in the amount of specific knowledge possessed about their child. Although most parents were well aware of the child's condition, his progress, and his particular difficulties, there were some who did not know what range of hearing loss the child had, or, other than in very general terms, how he got along in school and with other children. Without this knowledge they could be of little real help to their child.

View of the Problems

Another characteristic which distinguished the more helpful parents from the less helpful was the point of view taken in facing the problems raised by the hearing impairment. The two extremes were represented by those parents who saw only the problems posed for their child, and those who saw only the problems posed for themselves. There were few, if any, parents at either extreme, but in the families where the greater stress was laid on the problem faced by the child, rather than those faced by the parents, the atmosphere was more likely to be one of understanding and helpfulness toward the child.

An illustration of this point can be seen in the different approaches taken by two mothers to their child's tantrums. To both these mothers, the tantrums were, to say the least, an inconvenience and an
embarrassment. The one mother, however, looked beyond the (to her) troublesome behaviour and attempted to find the causes. Recognizing that the child was reacting to, from his point of view, unwarranted and inexplicable deprivations, she took the time and energy to explain the situation to him. Parenthetically, it should be stated that this time and energy is considerably magnified, as compared with similar situations which also arise with hearing children. The second mother was unable to see beyond her own perception of the behaviour as being troublesome to her. She punished the child until he gave up the tantrums. In the first instance, the experience for the child was one of growth and learning; in the second, one of inhibition and isolation.

Mutual Support Between Parents

Many of the comments on the questionnaires highlighted the need for parents to "work together" and to "share equally" in respect to the hearing-handicapped child. One mother pointed out that she felt very strongly on this point because "there are many times when the mother is too close to the problem to be wisely objective". Another mother stressed the necessity for "the love of parents for each other and for the child". On the other side of the picture, there were a few replies stating that the father was "not much help", or a help only "to pay bills".

A similar variety of responses could be seen in the interviews. In most cases, it was important to the mother that her husband be present at the discussion. It was obvious that this was their pattern in facing most of their responsibilities. On the other hand, in one case, it was impossible to gain a picture of the father's role in the family, even after direct questioning. It was apparent, in this instance, that the mother's over-protection of the child was exaggerated to the point that she found it necessary to exclude even the influence of the father.

Where mutual support between parents is lacking, not only will
there be less likelihood of beneficial treatment for the child, within the family, but there is a strong possibility that damage may be done to him. Incompatibility of the parents will lead, at best, to inconsistency of treatment, and, at worst, to a more or less complete withdrawal of attention from the child, as the thought and concern of the parents centre upon the marital difficulties. This situation can only be harmful to the child.

Breadth of Interest

A final characteristic, common to those families which appeared to be most helpful to their hearing-handicapped child, was the ability of the parents to extend their interest and concern beyond their own child to all children with hearing impairment. These are the families who have sought and gained a great deal of information, and who have shared it with other parents. Many of them have taken an active part in the community in an attempt to improve and increase facilities for children with defective hearing.

There are, undoubtedly, other characteristics which affect the contributions families can make in the treatment of their hearing-handicapped child. Those discussed here are the ones indicated most clearly in the responses to the questionnaires, and in the interviews, which formed the basis of this exploratory study.

It was not the primary objective of the questionnaire enquiry to attempt statistical correlations, but some illustration of the data will be of interest. For instance, they provided sufficient information to permit a comparison to be made between the more helpful and the less helpful families in relation to such important matters as a) early discovery of defective hearing, and b) progress in lip-reading. (See Table B). The fairly wide scatter of these phenomena is noticeable; but there is also some evidence that
hearing loss is detectable between 6 months and 2 years if the parents are alert to the possibility. (The special cases of hearing loss directly attributable to a disease such as meningitis, which may not strike until 4 or 5, would have to be separated in a more detailed examination.)

TABLE B: Age of Realization and Progress in Lip Reading.

<table>
<thead>
<tr>
<th>Discovered or Confirmed</th>
<th>Lip Reading</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Learning</td>
<td>Fair</td>
<td>Good</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>II</td>
<td>I</td>
<td>II</td>
<td>I</td>
</tr>
<tr>
<td>Birth to 6 mos.</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>7 - 17 mos.</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>18 - 1 yr.11</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2 - 2 yr.11</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>3 - 5 yrs.</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Older than 5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>12</td>
<td>17</td>
<td>3</td>
<td>22</td>
</tr>
</tbody>
</table>
Group I distinguishes as far as possible the more helpful families from the less helpful families (Group II). In Group I, 33 out of 51 or approximately $\frac{2}{3}$ discovered the hearing impairment when the child was under 2 years of age. Only 12 out of 51, or roughly $\frac{1}{4}$ are just learning to lip read. In Group II, i.e. the less helpful families, 14 out of 28, or only $\frac{1}{2}$ discovered the hearing impairment when the child was under 2 years of age. As many as 12 out of 28, or nearly $\frac{1}{2}$ are just learning to lip-read.

In order to illustrate further the characteristics distinguishing more helpful and less helpful families, details of five interviews may now be presented, the first three depicting helpful families, and the last two less helpful families.

I. **The More Helpful Families**

1. Fred is a well-built, good-looking boy of fourteen, who has been profoundly deaf since birth. For the past four years, he has been attending a hearing school where he is in a class of ten other children with hearing impairment. Since attending this school, he discovered that deaf children are behind the hearing children in their work, and this has increased his "urge to learn". His self-confidence has increased and he has improved in manners, and dress. He has belonged to hearing groups of cubs and scouts, and he has hearing friends in the neighbourhood. He has some difficulty lip-reading strangers, and making his speech understood to them; but he is able to communicate well with people he knows.

Fred's father is a skilled labourer and the financial circumstances are quite comfortable. The parents have had partial high-school education. There is one other child in the family, a younger daughter.

There was considerable delay in learning of Fred's defective hearing, although the parents had taken him to many doctors. He was almost four years old before the medical decision was made that he was deaf. The
parents were told, at this time, that nothing could be done until the child was old enough to go to a school for the deaf. They accepted the diagnosis, but not the defeatism. Through further enquiries, they learned the child could attend pre-school classes at the School for the Deaf; and they, themselves, enrolled in the John Tracy clinic correspondence course.

Both parents were present during the interview, and it was obvious that they shared in their concern for the child. The father had helped with the Cubs when Fred first joined, in order to pave the way for him, and to find out the sort of difficulties that might arise, with which the parents could help him. They both thought they tended to over-protect Fred, but tried to guard against this. There were two major difficulties which the parents believed adversely affected, not only Fred, but all hearing-handicapped children - a lack of understanding and patience on the part of hearing people in relation to the deaf, and a lack of training and employment opportunities for the deaf.

2. George, who is now ten years of age, lost his hearing as a result of meningitis when he was five years of age. Although he is profoundly deaf, he speaks exceptionally well because he had acquired some language before losing his hearing. He has also proven to be adept at lip reading. He attends a hearing school where he is in a class with ten other children with hearing impairment. His progress there is good. George has lived in the same neighbourhood for a number of years, and he has acquired quite a few hearing friends. On the whole, however, he prefers deaf children for playmates and, at the time of the interview, he had a friend from Jericho Hill School staying with him. He does not belong to any organized hearing groups.

George's father is manager of a store department, and financial
circumstances are comfortable. Both parents completed high school. There is one other child in the family, an older boy.

Although George's father was not present at the interview, the mother's references to him, and her frequent use of the term "we" indicated a sharing of responsibilities. There had been no delay in learning of the child's handicap, and the parents had taken immediate remedial steps. George had been enrolled at Jericho Hill School two weeks after leaving hospital, and the parents had applied to the John Tracy Clinic. The couple subscribe to the Volta Review. There is perhaps a slight tendency to over-stress the child's scholastic attainment to the detriment of his social adjustment.

In discussing some of the problems arising out of hearing impairment, the mother showed considerable awareness of the child's feelings. Since the loss of hearing had been sudden, his reactions had been rather violent, particularly in the early stages. He apparently still remembers hearing, and often talks about it. The parents have been active in disseminating knowledge to other parents, and in community efforts to improve conditions for hearing-handicapped children.

3. Gordon, who is twelve years old, has a hearing loss of between seventy and eighty decibels as a result of an attack of meningitis when he was eighteen months old. He is attending a hearing school in a class with seven other hearing-handicapped children. He likes school, and his progress is satisfactory. He has a number of hearing friends in the neighbourhood, and at the community centre near-by. He attends a hearing group of scouts. His mother calls him an "extrovert" and he certainly demonstrated a cheerful and friendly disposition, as well as an ability to hold a conversation with strangers. He lip reads well and is fairly easily understood.

Gordon's father is a master mariner earning a comfortable
income for his family. The mother has one year of university education. There is one other child in the family, an older girl.

Again, only the mother was present at this interview, but there was every indication of a good relationship between the parents. The mother believed her husband had greater difficulty in accepting the disability in his only son; and she showed considerable understanding of his feelings. She stressed the need to face the facts, and to avoid blaming all difficulties on the hearing impairment. The couple sought information from the John Tracy Clinic, and from teachers of the deaf. They subscribe to the Volta Review.

Gordon's parents consider treatment of the hearing-handicapped child to be much the same as treatment of the hearing child, except that the hearing impairment presents difficulties in communication. Treatment should be differentiated according to the particular child's needs, with recognition being granted to the problems posed for him by his handicap. The parents have taken part, with others, in community efforts to assess the educational and employment opportunities for hearing-handicapped children.

II The Less Helpful Families

1. Mary is eleven years of age. Her mother does not know the extent of the hearing loss, but believes the child can hear the telephone ring. Mary has been in three different residential schools for the deaf since she was five years of age. Her progress is fair. During this past year, her mother left her employment so that the child could become a day pupil. Her mother described her as being a "lone wolf" but believe she is mixing better with other children now. The child, to date, has no hearing playmates.

Mary's mother, who has been a widow for the past six years, had been doing shift work, which did not allow her to give much attention to the children. There is one other child, an older boy. A modest income permits
the mother to give up her work, which she had done in order to encourage the child to mix with hearing children.

Discovery of Mary's impairment occurred when she was almost two. The parents were in touch with the John Tracy Clinic at that time, but after the child's enrollment in a school for the deaf no further efforts were made to acquire information. Perhaps because the mother had no-one with whom she could share her problem, she stressed the difficulties from her own point of view and mentioned "the going had been tough for her". She recognized she had lacked patience with Mary, but hoped that she would not be able to devote more time to the child.

2. Bob and Jane are ten and six years of age. Their mother believes Bob is totally deaf, but is not sure about Jane because the child seems to make more use of her hearing aid than Bob. Both children are residential pupils in the School for the Deaf, Bob for five years, and Jane for one. The children come home for weekends, where Jane has one or two hearing playmates, but Bob tends to associate mainly with another deaf child in the neighbourhood. Neither child belongs to an organized group of hearing children. The children are making fair progress in school. The Speech and Hearing Clinic believes that Jane has sufficient hearing to enable her to manage satisfactorily in a hearing school, but her mother is unable to admit this.

Bob and Jane's father was killed four years ago and their mother remarried two years ago. The financial situation is insecure and the mother does shift work to augment the family income. There is an older daughter in the family. The indications are that the mother attempts to shield her husband from too many responsibilities for these children of her first marriage.
Bob's hearing loss was discovered when he was eighteen months old. Shortly after this the mother took the correspondence course from the John Tracy Clinic, but saw it only as a means to prepare the child for entry into a school for the deaf. Jane was much younger when her loss was discovered, since the mother was, in a sense, expecting it. It is apparent that she exaggerates the degree of Jane's loss; and tends to leave major responsibilities for both children to the school. Behaviour of the children which is bothersome to her, such as tantrums, has been met with "lickings". She sees all of the difficulties inherent in hearing impairment as having been a tremendous burden to her. This mother, with so many personal problems of her own, has been able to contribute very little to her children and has, in fact, where possible, shifted responsibility for them to others.
CHAPTER FOUR

SERVICES FOR THE SCHOOL-AGED CHILD

Gesell has said that "handicaps vary enormously with respect to origin, severity, and effects upon the personality of the growing child. Inheritance, disease, and injury may damage or distort the normal course of development in four different areas: sense, perception, motor performance, intelligence, and conduct. Sometimes more than one area is affected in the self-same child." Defective functioning in any one of these areas may have tragic implications for the child, as well as for his family. It is doubtful whether the four areas are given equal importance, either by individuals, particular families, or in the culture at large. This study, of course, is concerned with the first of these areas—with only one defect of special importance. But it may help to preserve balance if this fourfold classification is kept in mind.

It takes imagination—or hard parental experience—to understand the significance of deafness for a growing child. Contact with the external world is the source of knowledge; and this contact is effectuated through the senses—touch, taste, smell, sight and hearing. Because of their greater distance-receptivity, the senses of sight and hearing are considered to have the most important possibilities for "intelligence" development. Of the two, hearing is, perhaps, of greater importance because it is

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fundamental to communication. "Men become human through communication with their fellows; they may also become incomplete personalities if that communication is cut down sharply. Social groups - ranging from the close-knit and intimate family to the formal and impersonal lecture association - exist by virtue of the fact that their members can communicate with one another."  

Fortunately for the deaf child, not all communication is through the spoken word. Communication may be verbal, non-verbal, or, as in most instances, a combination of both. Facial expressions, bodily positions, and gestures are non-verbal - and frequently eloquent - means of communication. They are universally used, although more so, perhaps, by some national groups, such as the French and Italian, than by others. Verbal communication, however, is basically dependent upon language; and it is the acquisition of language that becomes, for the hearing-handicapped child, the critical and challenging task.

It is well-known that the deaf child makes the first babbling sounds that all babies make, but, because he cannot hear, the sounds have no meaning to him, so that his babbling does not develop into speech as it does with the hearing child. "The hearing child is exposed to spoken language for months before he begins to talk, in spite of being in the fortunate position of having normal hearing. It takes him all that time to learn to understand what people are talking about and to discover that speech is a desirable tool for him. The deaf child must be given the same opportunity to understand spoken language." 2

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1 Rose, Arnold M., Sociology, the Study of Human Relations, Alfred A. Knopf, New York, N.Y., 1956, p.3

2 Lassman, Grace, Harris, Language for the Preschool Deaf Child; Greene and Stratton, New York, N.Y., 1950, p. 3.
For the deaf child, exposure to spoken language is only the beginning. There must also be intensive concentration on sense-training - particularly for sight, auditory training, lip reading, and encouragement and training in the use of the voice. It is not within the scope of this study to outline details of the methods and techniques in accustoming deaf children to the use of language, and teaching them progressively thereafter. Fortunately, there are now many excellent books covering this topic. But, their importance - and difficulty - cannot be minimized.

It is upon the family that the major responsibility rests for preparing the hearing-handicapped child to learn to speak. This, of course, is over and above their first responsibility to him as a child. Bossard states that: "The importance of family situations in the formation of personality is emphasized today by all the sciences which are participating in the study of human behaviour. Much of the recent advances in the fields of psychology, psychiatry, psychoanalysis, sociology, criminology, education, and social work reveals with striking clarity the early and pervasive role of the family in conditioning the behaviour of its child members. The family is a society, the first in which the child lives, and the most powerful in changing original nature into the socialized personality." Later on, he speaks more specifically of the contributions of the family in the child's development. "In the constant interplay between family members, the child's personality takes form. Common contributions of the interactive process to the child are (a) satisfaction of the desire for intimate response, (b) a stage for the development of the child's ability, (c) the approval of one's kind, (d) the first lessons in living with other persons, (e) determination of personal attitudes, (f) tools for the acquisition of an education, and (g) living habits."  

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2 ibid, p. 95
This is a large and vital budget of work. It is perhaps necessary to remember that all parents have to undertake these tasks in part, in co-operation (sometimes in competition!) with the school, the child's playmates, and other "socialization" agents.

Under normal circumstances, "bringing up a child" is no small task; but the parents of hearing-handicapped children have the added responsibility of assisting their children in the struggle to achieve language. This requires an understanding of the importance of (and some of the techniques in) preparing the child for speech. Mrs. Lassman, in reference to sight training, states: "The child's ability to observe, to match, to imitate, to experiment, leads to a proficiency in matching lip movements and speech patterns, in learning to recognize similarities and differences in printed forms, and in feeling free to express himself orally, physically, and creatively." ¹

The importance of early attention to auditory training even for the profoundly deaf is discussed in an article by D. Fry and Edith Whitnell in the Lancet. ²

Nor is lip-reading an easily won accomplishment, as anyone soon learns who attempts to lip-read the actors on television with the sound turned off!

All this, then, constitutes an added and heavy responsibility for parents of hearing-handicapped children; and with this addition comes the delicate question of balancing the needs of the child with the needs imposed by the handicap.

¹ Lassman, Grace Harris, op. cit., p. 59.

Fortunately, schools for the deaf have had a great deal of experience, and can, and do give much help and guidance to parents. But schools, in turn, pose further problems for both child and parent. Some of the problems for the child hold true not only for hearing-handicapped children, of course, but for all children. Entering school for every child is the first major step away from the family. Bossard makes the statement: "Transfer from the family world to the school and gang or peer world involves revolutionary changes and major problems for the child, such as: (a) the passage from protected to unprotected competition, (b) the changed responses expected, (c) differences between the culture of the family and that of the peer world, and (d) conflicts with parental attitudes." 1 Without doubt there is a tremendous adjustment for a child to make in his first months in school. "As the five-year-old goes to school, he looks back toward home and he hesitates. This glorious day for which he has waited so long carries also its measure of heartbreak." 2

The difficulties on entering school are likely to be magnified for the hearing-handicapped child - particularly if he must be a residential pupil. Under ordinary circumstances, a child is able to return to the comfort of his home, each day, to recoup his strength, as it were, so that he is able to test himself again in the new and different setting of the school. For the child who becomes a resident in school, the change from the familiar to the unknown is sudden and complete; and one which the child must face without the support of his family. This is not to say that there are no compensating features for the child attending a residential school. For one thing, when

1 op. cit, p. 461

2 Lane, Howard and Beauchamp, Mary, Understanding Human Development, Prentice - Hall, Inc., Englewood Cliffs, New Jersey, 1959, p. 244
he is among children with a similar handicap, he is less likely to be regarded as being "different"; and for another, he will have the advantage of special equipment, staff, and instruction. Nevertheless, the abrupt and complete separation from his family at the time of his admission to the school sometimes has lasting and damaging effects.

All this means that schooling raises many questions for the parents of the hearing-handicapped child. Does this particular school offer the sort of programme most suitable for my child? Would the more concentrated learning atmosphere of the residential plan be of greater benefit to my child, at this time, than the maintenance of close family contact? Sometimes a question comes in this form: if there is no school for the deaf in the community, should the family move to the vicinity of a school so that the child may attend as a day pupil?

The school, too, faces a continuing challenge in the need for constant re-appraisal of methods in order to maintain and improve educational standards. Levine calls attention to this when she states: "This appeal poses a serious problem to the educator; for the question now before him is whether his specialty, which has already done so much to develop the "deaf" mind, can do even more under present circumstances". Current information, according to her is that: "the outstanding weaknesses of the deaf pupils are in such areas as conceptual thinking, alertness to and understanding of the world about, ability to profit from past experiences and incorporate the gains into patterns of increasing maturity, ability to reason logically, not only in arithmetic problems but especially in real-life situations." She sums up: "All these weaknesses represent potential threats to adjustment; all can be strengthened through broader educational objectives." ¹

¹ Levine, Edna S., Youth in a Soundless World, A Search for Personality, New York University Press, N.Y., 1956, p. 194.
The child is said to be a physical, mental, emotional and social being. Historically, parents took full responsibility for the child's development in all areas. With the growth in the complexity of society, the sheer size of the task necessitated the community's sharing a part of the burden. First, the schools assumed some of the responsibility in the area of mental development. This was followed by public health programmes to oversee physical development; child guidance clinics and family counselling to assist in emotional development, and recreational programmes geared to the social development of the child.

A similar evolution has occurred in resources for the hearing-handicapped child — but with a considerable delay in time. The schools for the deaf were, for many years, a towering, but lonely, source of help to hearing-handicapped children and their parents. More recently speech and hearing clinics have been set up, with programmes to provide for early diagnosis, assessment, guidance, and counselling to parents, both in respect to the physical and to the emotional development of the child.

Largely neglected to date, has been the participation of the community at large in sharing responsibility for the social development of children with defective hearing. The importance of this break in the treatment chain can hardly be overemphasized. This is an area in which specific efforts need to be made because the very nature of the handicap, by virtue of its raising a barrier to communication, tends to separate these children from their fellow beings. Individual parents have arranged for this children to become members of scout and guide clubs but there has been no organized effort to help these associations in understanding the special needs of the child with impaired hearing. By contrast, the Canadian National Institute for the Blind has a specific and wide-ranging programme designed to encourage the acceptance
of blind children in all kinds of sighted groups within the community. ¹

The Local Scene

The present study has attempted to pinpoint some of the contributions which families can make in the treatment of hearing-handicapped children. In the process of gathering material, something more than specific information was obtained. In part this was the result of requesting general comments on the questionnaires, and of keeping the interviews unstructured. Three general impressions come very clearly from this: (1) a plea for public understanding of deaf children; (2) a concern about the insufficiency of community resources for the deaf; and (3) a sense of conflict among existing agencies, with resulting confusion and uncertainty on the part of parents. The causes, the extent, and possible steps require to ameliorate these conditions would certainly provide opportunities for further study.

Attitudes on the part of the general public toward people with handicaps leave much to be desired. In most instances, the cause appears to be ignorance, compounded, by fear and pity. Unlike most handicaps, defective hearing has no outward and visible signs – the deaf child has no cane and no crutch. Whether or not this contributes to the feeling that "deaf people could really do much better if they would try", is a matter for speculation. Certainly, this attitude may well be reinforced by the very real fact that some deaf people do hear certain frequencies better than others. The varieties of deafness are not well understood. In any case, in communicating with the hearing-handicapped person, the hearing person often must share the burden of the handicap and extend himself in order to ensure mutual understanding. Some

¹ See Eileen Scott, "The Blind Child in the Sighted Nursery School". The New Outlook for the Blind, New York, N.Y., November, 1957. A second article by Miss Scott entitled "The Integration of Blind Children into Community Recreational Activities" has been accepted for publication by The New Outlook for the Blind.
but not all of this problem is educational. Knowledge leads to understanding and could do much to overcome many of these attitudes. "Since the real handicap is a social one, education of the public to an understanding of handicapped individuals is an essential part of any programme to help them. Each parent of a child with a physical handicap can do his share of this type of educating by being direct and unashamed in explaining his child's difficulties to people who must meet him." ¹ Although individual parents can do much, the full task of keeping the public informed should not be left to them, alone.

Resources serving the hearing-handicapped children in British Columbia include the Speech and Hearing Clinic, and the Jericho Hill School; the latter has an active Parent/Teacher Association, a well-informed group which has done much to disseminate knowledge and stimulate improvement in facilities for the care of their children. There is also a nursery school serving the Vancouver area.

In 1954, a section known as the Pre-School Hearing Programme ² was set up within the Speech and Hearing Clinic, providing free investigation and treatment of children with suspected hearing impairment. Parents throughout the province may bring their children to the clinic for a two-week period. Although this project is child-centred, guidance and counselling are provided to the parents at this time. If sustained counselling is required, referral


² This Programme is the source of the comparison study to the present one. It is by Mrs. Renate Varwig and entitled "Family Contributions in the Pre-School Treatment of the Hearing-Handicapped Child. An analytical survey of children in the Speech and Hearing Clinic, Health Centre for Children, Vancouver General Hospital, 1955-59". Master of Social Work thesis, University of British Columbia, 1960.
may be made either to the local public health office or to the local social welfare department; but continuing services, particularly in respect to the latter, depends upon a presently precarious staff situation.

Jericcho Hill School accepts both day and residential pupils; the teaching utilizes both the oral and manual systems, depending upon the capacity of the individual child. In line with current thought, classes have been set up within three of the local hearing schools. It is possible that, with the present facilities for earlier diagnosis and treatment of the hearing-handicapped child, more and more pupils will be able to take their place within hearing classes; i.e. the ordinary classes of the local school system, rather than in separate classes within the hearing school. There are, however, two important gaps in service - insufficient opportunity for vocational and higher education, and insufficient opportunity for employment.

Most notable, in surveying present resources, is the paucity of agencies that meet the social and emotional needs of the hearing-handicapped child. This might well be interpreted as a failure on the part of the social work profession to contribute to the welfare of this special group of children. There are three general areas in which such contributions could be made by social workers: individual counselling with families; provision of information to the community; and organization and integration of existing agencies serving children with hearing impairment. With training in the three methods of social casework, social group work and community organization, the social worker is equipped to provide services in these areas.

The third general impression pertains to conflicts or disagreements about methods and resources. This appears to have been an attribute of services to the hearing-handicapped almost from the beginning. The original divergence of opinions as to the relative merits of the oral and
and manual systems, which was at one time acute, has been largely resolved; but there are still some residuals. There are those who deprecate the use of any form of manual communication; and there are others who advocate its use, in combination with the oral system, in order to expedite the teaching of this child. The adult deaf are particularly reluctant to see the abandonment of manual forms of communication, since it would further restrict their social contacts. Two other serious points of conflict exist: (a) the relative advantage of day over residential care, and (b) the relative importance of "education" (formally interpreted) over "socialization" (broadly interpreted). In this instance, education is construed as the inculcation of knowledge; and socialization as the broader aspects of learning to live in a hearing community. A series of studies could be developed to probe further these highly influential matters.

Conflict and debate, of themselves, need not be destructive. They are indicative of interest and concern; and the energy they produce can be harnessed for constructive use. Unless this is done, however, the parents who receive conflicting advice become doubtful and uncertain. This is inevitably reflected in their care of the child. The answer may be in some means of co-ordination which would allow for differences of opinion and experimentation, but which also could bring about consensus of opinion in many areas. In this way parents, school and community could give impetus to the increasing improvement of services for the hearing-handicapped child. This is a community organization task. It has been taken up by comparable groups - such as Committees or Councils for the Handicapped, and Associations for Retarded Children - which have made remarkable gains in recent years. Perhaps the most promising next stage for the hearing-handicapped child would be a new organization to enlist and extend parental co-operation; to
consolidate gains in social information and clinical knowledge; and to promote public knowledge and understanding.
APPENDIX 'A'

Sample Questionnaire

THE UNIVERSITY OF BRITISH COLUMBIA

SURVEY OF SOCIAL ADJUSTMENT OF HEARING HANDICAPPED CHILDREN BETWEEN AGES 5 AND 12

A. The Handicap

1. How did you first discover your child had a hearing difficulty? ........

2. How old was the child at this time? ...........................................

3. After discovering his hearing loss, from whom did you seek advice? .......

4. Did you continue to make use of any of these sources of information? ..

5. What sources of information (such as radio, talks, articles, books, magazines, educational classes) have you found most helpful? ..............

6. Does your child lip read? .... Well? ...... Poorly ...... Just learning ...

7. Does your child use speech: ...... Is it understandable to the family only?...

8. Does the child fully recognize the meaning of the handicap? ...........

B. Relationship with Other Children

1. Are there other children in your family? .......................................

2. Does your child have hearing playmates? ........................................

3. Does he talk normally to them? ...... talk plus gestures? ...... only gestures? ...............................................................

4. What differences, if any, do you see in the way in which the hard-of-hearing child associates with other children (compared with the child with normal hearing)? ..........................................................

5. Have you noticed any changes in the way in which your child associates with other children since he started school? ........................................

6. Does your child have any hard-of-hearing playmates (a) at school? ..... (b) in the neighbourhood? ........................................

C. Relationships with Adults

1. In what ways has your husband helped you in giving special attention to the hard-of-hearing child? ...........................................

2. Are there things which he particularly can do for the child? ...............

3. What other adults would you say are important to this child (besides his teachers at school)? ........................................

4. To what adults or children does he turn when he feels in trouble with his deafness? ........................................
D. Development and Health Factors

1. Has the child had eating difficulties? (a) age 1 - 5? ... (b) since school? ...
2. Have there been any particular bladder or bowel difficulties? (a) age 1 - 5? ... (b) since school? 
3. Is he a light or sound sleeper? ... Are there sleep disturbances such as nightmares? 
4. What serious illnesses or injuries has the child had? 
5. Have you noticed behaviour change during or after illness? 

E. School Life

1. What schools, camps or kindergartens has your child attended (other than Jericho Hill)? 
2. Was he particularly troubled by being away from home? 
3. What is his present attitude towards school? 
4. How would you described his progress in school? 

F. General Behaviour

1. Does he generally play quietly? or noisily? 
2. Does he like reading? Can you use reading to help instruction? In what kind of things? 
3. Under what circumstances does the child become more easily upset or concerned? Does it happen occasionally? Frequently? Seldom? 
4. How does he behave (what does he do) when he is upset or afraid? When angry? 
5. What helps to reassure him and make him feel comfortable again? 

Social Data (for statistical classification only)

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<th>Education</th>
<th>Income Group</th>
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BIBLIOGRAPHY

General:


Special:

Special: continued


