

Beyond Hobson's Choice



THE APPRAISAL OF METHODS OF
TEACHING LANGUAGE TO
DEAF CHILDREN

CHAPTER 4

Sound Foundations for Mental Health: the Importance of Total Communication for Pre-School Deaf Children

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Introduction

The desirability of a feasible, early method of intervention in the personality development of deaf children seems obvious to anyone familiar with the massive problems in this area encountered by most profoundly deaf children brought up along oralist lines. The problem first presented itself academically when surveying background reading for a project in the social skills training of deaf adolescents (Phoenix 1983). It was clear from the facts presented by Alex Mullan (1983) that the deaf population were handicapped by more than their auditory disability. It seemed equally obvious that emotionally disturbed adults do not suddenly become "cases" at the age of official school leaving. Many relevant research studies repeatedly suggest mismanagement and imposition of inappropriate communication systems upon not only deaf children but also their family groups (Basilier 1964, Denmark 1972, Montgomery 1978, Phoenix, 1982, 1983). A typical finding was that of Montgomery in Edinburgh who saw the origins of neurotic and disturbed behaviour as "embedded in the early experience of the deaf child".

Very early in the application of social skills training it became apparent that, useful as it was, such an approach at adolescence was salvage work. The idea of early prevention of emotional disturbance rather than late modification became increasingly attractive. By great good fortune the opportunity to set up such an early intervention programme was made possible by a voluntary body, the Kinghan Mission for the Deaf, Belfast. The rest of this chapter attempts to describe and record our experience of this pre-school Total Communication playgroup which pioneered the application of

an early therapeutic community approach to the personal and social development of deaf children in Northern Ireland.

The playgroup was set up within the premises of Jordanstown special school for the deaf. It was designed to provide an enriched and stimulating environment for deaf and hearing pre-school children. The two female staff members were both fluent communicators, one being a profoundly deaf native signer, the other, the present writer, a psychology graduate with normal hearing.

The children were two profoundly deaf two-year old girls (one of whom has deaf parents) and two normally hearing two-year old boys (both of whom have deaf parents). The emphasis was on broadening of experience through socially interactive situations utilising optimal language input. Results looked for were in the cognitive, linguistic and social skills areas. Input was *multi* rather than *bi* modal. Sign language and speech were used simultaneously, often accompanied by mime, written, finger-spelled or pictorial word presentation. Maximum use of residual hearing was encouraged at all times.

The Playgroup in Action

As a direct result of earlier work with profoundly deaf teenagers it seemed essential to encourage better inter-family communication with the next generation of deaf children. Within the 12-20 age group frustration, behaviour problems and the inability to use cognitive reasoning occurred in many daily situations. It was firmly intended that the two little girls in the newly established playgroup would not grow up similarly impoverished.

Therefore, with a strong hint of the Piagetian, stimulating play situations were designed to provide experience for cooperative play, sharing, turntaking and problem solving, all of which necessitated a rich language input. The linguistic environment was particularly enriched by my profoundly deaf colleague, Agnes Carberry's contribution in the first year.

We used "sign supporting English" at all times within the playgroup. For the first 18 months I did not use the grammatical markers of full signed English. However, towards the end of the final term (as a result of advice from a Speech Therapist) I encouraged the families to begin indicating possession by the use of apostrophes. As the playgroup developed so did our experience in the use of English-based Total Communication, resulting in a steady improvement in communication fluency with this age group: I was particularly conscious of the ability of hearing children to "eavesdrop" on their parents' and teachers' conversations so that their language could be "caught not taught". Therefore, the first year, with Agnes' help was a truly Total Communication Environment. This was because all conversations, even with non communicating visitors, were of neces-

sity interpreted for Agnes and indirectly for the children. Incidental or even "accidental" learning can only take place if an appropriate communication mode is utilised.

Using the pre-conception that the two little girls were not learning solely "by accident" Agnes and I ensured that all new vocabulary integrated within each new experience was presented in as many different forms as possible. We wanted to make sure that the message was conveyed to all possible communication channels. Incidentally we also discovered that the girls had an exceptional ability to assimilate information from a broad area of peripheral vision at these times when we were certain that we did not have their full attention. As each new object presented we endeavoured to use the spoken word accompanied by the sign, fingerspelling, a printed flash card and usually a mime sequence to illustrate use.

Positive social reinforcement was used at all times. Eye contact was encouraged and attending behaviour was a rule for all group work. Bad behaviour, aggression or non compliance in the early weeks was discussed by everyone in the group accompanied by appropriate facial expression and body language. This proved to be very effective and severe scolding was rarely necessary after the 3rd month. Thus less time was wasted on behavioural control and more learning time was effortlessly gained.

The focal point of each day was "orange time" (mid morning break) which became increasingly extended by the children themselves as they learned the value of such social interaction.

By the end of the first year the two hearing boys had also improved their language skills and were ready for a hearing nursery group. We therefore recommended their transfer. At this time Agnes volunteered to share her very rich language with the special school for the deaf next door, whilst they underwent a transition to Total Communication in their teaching.

Therefore, in the second year I had the girls' undivided attention when it came to more formal teaching situations. Indeed they were very good at reminding each other to "watch Mrs Phoenix".

Results

Table I gives the receptive communication age for both deaf girls at three age levels. The expressive communication is indicated by the following examples in childrenese. Expression in more formally correct English sentences would be expected at a later stage subsequent to our adoption of full British Signed English.

Example 1: Our enthusiastic input of language was rewarded very quickly when just 3 weeks after starting the playgroup Sara (2 yrs 11 mths) signed "You must share" to Pam (2 yrs 6 mths) who replied by assuring me that they were "My green glasses". The

Table 1. Results of Reynell Test of "Receptive Communication" given by Signs Supporting English.

	March 1984	August 1984	May 1985
<i>Sara</i> (with hearing parents)			
Chronological age	3 yrs 4 mths	3 yrs 9 mths	4 yrs 6 mths
Receptive comprehension score	2 yrs 7 mths	*2 yrs 8 mths	3 yrs 10 mths
<i>Pam</i> (with deaf parents)			
Chronological age	2 yrs 11 mths	3 yrs 4 mths	4 yrs 1 mths
Receptive comprehension score	2 yrs 7 mths	*3 yrs 0 mths	4 yrs 6 mths

NB: * These results were obtained by educational psychologists and Agnes without an interpreter to give Agnes clear instructions.

situational comprehension was obvious. By December of that first year the girls were sufficiently confident to be able to console the hearing boys by signing.

Example 2: Sara (3 yrs 1 mth) "B (Billy) Sit down Father Christmas come". Pam (2 yrs 8 mths) "No cry A (Adam) Father Christmas lovely". Thus their ability for abstract thought had prepared them for the excitement of Father Christmas, probably because of our "orange time" chats in a very normal way. It was also noticeable that the girls were more mature and able to direct the more "babyish" hearing boys in a motherly fashion. There is no doubt that the girls have a strong foundation for comprehension of future speech and language. At this point the question of finger-spelling must be mentioned. I was advised not to bother with fingerspelling until school age, but I feel it is essential as an integral part of communication.

Example 3: At the age of 3 yrs 6 mths after only 18 months of Total Communication Sara signed: "This J-A-M where butter?" a fluent sentence with fingerspelled JAM in the middle.

The children's speech was encouraged simultaneously with their language development. A willing speech therapist and borrowed C-speech machine proved invaluable assistance. We also monitored the girls' language development regularly together.

One area that gave particular pleasure to the parents was the girls' ability to discuss emotions and feelings. When a four year old profoundly deaf child can tell her mum "I love you mummy, you love your daughter?" it makes for a very special bonding.

This leads in to the question of parent guidance and counselling. Both families appreciated our availability in the playgroup as "on-line" counsellors. We discussed their fears, problems and joys

openly and reassuringly during what was a very worrying time because of the uncertainty of final educational placement. Obviously the content of counselling varied according to whether parents were deaf or hearing. The deaf parents were well informed as to the background conditions of deafness but were still in need of guidance about the way in which total communication is used in the modern classroom.

Video feedback was a useful tool for parent guidance. They were able to see how their children behaved with and without family interaction. It is quite possible that inappropriate behaviours exhibited by a child are not always a direct result of deafness, faulty communication, immaturity or problems at home, but perhaps as a direct consequence of the teachers' treatment or subconscious reinforcement. I tried to analyse my own interactions with the children by the use of video and found it helpful even though acutely aware that to be both subject and researcher was much less than a methodologically pure experimental design.

Future Recommendations

A multidisciplinary team approach would have been very welcome. However, there was little overt professional interest until the final weeks of the playgroup. Sad to report, scorn and criticism were poured upon us from professional and lay person alike and families were not referred to us even for informational purposes: were it not for the unwavering support of the Northern Ireland Workshop with the Deaf we could have been excused wondering if we did not qualify for funding from LEPR.

Yet our work clearly showed the feasibility and desirability of an official pre-school unit developed along similar lines with well trained staff including profoundly deaf adults. Provision for parent counselling by committed, sympathetic counsellors with time to give the parents over many months is essential. Utilising a closed circuit television and/or one way screens for self monitoring would be an invaluable aid to parent and professional guidance combined with the pre-school unit. Most importantly, longitudinal research by a team of committed people who can communicate with all ages of deaf people is needed to develop and evaluate many more similar projects. If we want to safeguard the psychological, intellectual, emotional and social well being of profoundly deaf children and their families we cannot afford to do less.

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