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Marriage Counseling with Deaf Adults

Holly Elliot
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MARRIAGE COUNSELING WITH DEAF CLIENTS

HOLLY ELLIOTT, M.S.

Family therapy with deaf clients is a recent development, starting with the Mental Health Project for the Deaf in New York in 1955 (Rainer, Altshuler and Kallmann, 1969). A study was initiated at that time for the purposes of identifying the total New York State population of literate deaf persons over twelve years of age and to analyze adjustment data important for an understanding of behavior patterns that might lead to poor, fair, or adequate levels of life performance. Special studies were made at both ends of the distribution of deafness-specific adjustment patterns, with some attention focussed on the frequency of broken homes. For the purposes of their study (and this paper) deafness was defined as a "stress-producing hearing loss, from birth or early childhood, rendering a person incapable of effecting meaningful and substantial auditory contact with the environment" (p. xiv).

Data from the New York study indicates that in the 1960 sampling of 3,818 deaf males age 25 and over, 64.5 percent were married, as compared to 78.8 percent of the general population (figures taken from the 1950 census). Of the 3,285 deaf females age 25 and over, 69.6 percent were married, slightly less than the 70.4 percent in the general population. Four percent of the deaf males and 7.3 percent of the deaf females were widowed, whereas the percentages were 5.6 and 15.2 in the general population. Divorce was somewhat higher in the deaf population: 3.7 percent of the deaf males and 4.9 percent of the deaf females were classified as "divorced," against 1.2 percent male and 1.8 percent female in the general population.

Current statistics on the marital status of the deaf population in the entire country must await the final analysis of the data gathered by the National Census of the Deaf Population, currently being undertaken (Schein and Delk, 1973). The United States Bureau of Census discon-

tinued counting deaf people in 1930 and gave as the reason the fact that it could not do the job accurately. The present census is being supported, in part, by grants from the Social and Rehabilitation Service of the U.S. Department of Health, Education and Welfare. The New York study, however, indicates reliable trends.

Who then, is addressing the problem of marriage counseling with the deaf? It is doubtful that many deaf couples benefit from the marriage counseling services available to their hearing counterparts; the communication barrier is formidable, and many of the counselors may be subject to what Schlesinger and Meadow (1972) have called the "shock-withdrawal-paralysis" that appears to frighten the uninitiated on their first exposure to deafness. "Professionals competent in dealing with other problems and handicaps frequently lose their competencies when they deal with deaf clients" (p. 213). Undoubtedly many unreported cases are being seen by pastors of churches with deaf congregations. Marriage counseling represents approximately .024 percent of the reported clinical cases treated at the New York Mental Health Services for the Deaf. The figure may be somewhat higher at Mental Health Services for the Deaf in San Francisco, but services to deaf couples are limited by the fact that operational funding relates to problems in specific areas such as school-age children, vocational rehabilitation clients, etc.

The New York study further states that:

> Although facilities for psychiatric treatment are badly needed, even more urgent are mental hygiene problems such as sex education and preparation for marriage for young deaf persons in high school or college. This would benefit not only those deaf persons but their families-to-be. No group is more entitled to counseling in marriage, parenthood and genetics than the deaf. But since counseling in these highly important areas is itself a form of psychotherapy, it can best be given by persons trained in psychiatric methods used with the deaf, as well as in the biology of deafness (page 215).

In discussing a developmental model applied to the problems of deafness, Schlesinger and Meadow (1972) suggest that when the young deaf adult is separated from the rather protective setting of most school situations, he may find the world quite different.

> The more stressful requirements of the world intensify their styles of defending against stress (which may result in) an intensification of impulsiveness, an increase in dependence, or an automatonlike conformity. . . . For those who are successful, love and work can become the satisfying and exhilarating companions of young adulthood. For those who have not

> reached the required level of maturity, love and work will retain infantile characteristics. Intimacy will be replaced by isolation, or by frantic, superficial relationships (page 24-25).

Despite the need, there is a virtual void of information in the literature about marriage counseling with deaf clients.

In his paper on value issues in marital counseling, Hudson (1969) quotes Walter R. Stokes, psychiatrist and marriage counselor:

> It so happens that marriage is the chief proving-ground of emotional maturity, as well as the arena in which the parent-child relationship so critically affects the emotional development of the human being. . . . Therefore it is in marriage that the symptoms of emotional immaturity and neurosis most strikingly appear. Thus I see the marriage counselor of the future primarily a student of the life cycle, with emphasis upon its emotional aspects (page 63).

It may be important for the counselor with deaf clients to see (or at least be cognizant of) deaf individuals in all developmental stages in order to understand better what happens in the marital relationship. To borrow from the Eriksonian perspective, "each critical developmental phase can be described as a biologically motivated process of maturation which requires psychological adaptation to achieve a new level of development" (Schlesinger, 1973). There is an increasing body of evidence (Schlesinger and Meadow, 1972) indicating that auditory deficit may interfere with the successful resolution of the "critical moments" described by Erikson (1963), particularly in the early years. Thus, because of deficits in early meaningful communication, some deaf adults come to the marriage relationship biologically mature, but sexually naive as well as emotionally and experientially deprived.

Virginia Satir (1967) calls an individual dysfunctional when he has not learned to communicate properly.

> Since he does not manifest a means of perceiving and interpreting himself accurately, or interpreting messages from the outside, the assumptions on which he bases his actions will be faulty and his efforts to adapt to reality will be confused and inappropriate (page 92).

On a superficial level it would appear that deaf adults bring many similarities to the marital union: their communication mode is idiosyncratic; they probably had hearing parents and hearing siblings; chances are they both attended a residential school, have similar academic levels, and the social life of both has probably been restricted to the deaf

community. Yet on a psychic level there may be problems adjusting to the differentness of the spouse if each has not achieved independent selfhood (Satir, 1967). This may be difficult if they (and their parents) did not fully resolve the differentness implicit in the early environment. In their studies comparing deaf children of deaf parents with deaf children of hearing parents, Brill (1960) and Meadow (1967) found that in general, deaf children of deaf parents were better adjusted, although both also found that deaf children with deaf parents and deaf sibs have more ratings in both extremes.

Goodwin and Mudd (1969) tell us that the average married couple will fall toward the middle of a continuum from a mutual capacity for caring and concern for each other to the other end of the scale where there is self-centeredness and inability to relate to another person or his needs. Some of our deaf clients seem to fall into the lower end of the continuum in what Bowen (1969) calls the narcississtic use of "I". "I want–I am hurt–I want my rights." Mutuality is a difficult concept for these clients. In this context, mutuality may be defined as the recognition by each of the separateness as well as the unity of the partner, and that he or she has responsibilities, wants and needs of his own which coexist with those of the marriage (Goodwin and Mudd, 1969). This lack of mutuality may be a function of the impact of deafness on autonomy in early childhood.

> In early power struggles with parents, many deaf children experience an intensity of negativism that interferes with normal maturation. The capacity to resist external influences and to develop feelings of separateness and independence. But when an obstacle occurs in the way of this maturational process, when the child habitually loses in the struggle for autonomy, then the resistant feelings take on a hostile quality (Schlesinger and Meadow, 1972, page 15).

In one of our cases, conjoint sessions with a deaf couple involved the repetitious "accuse the other–excuse self (Bowen, 1969)." This couple did not appear to have the capacity to stop the cycle and look at the pattern. When asked by the therapist to define the word "love," each felt that love meant "the duty of the other to please me." Perhaps in this case, conjoint therapy became the means for further separating the spouses instead of bringing them together. "A joint conference can provide an ideal opportunity for both parties to say things to punish and hurt each other which neither will forget because of the presence of a third party." (Ard, 1969, p. 215)

Our patients come to us from a wide geographical area and are referred by many different agencies. The majority of cases seen in family therapy are hearing parents with deaf children, and while marital problems

can be (and sometimes are) a factor in these cases, they are not a concern of this paper.

The therapeutic approach of the marriage counselor to the deaf client is of necessity eclectic. In some cases the therapist can successfully help the couple acquire the ability to verbalize thoughts and communicate feelings to each other with the therapist facilitating the process.

> Mrs. A. was self-referred because she could not choose between her husband and her boyfriend (both also deaf); she loved them both and was torn with indecision. At intake she was living alone and seeing them both. The therapist suggested that she bring her boyfriend with her the next week; then the following week bring her husband; then after a month, come in alone again. The therapist saw each individually, then conjointly, helping each express his feelings first to the therapist, then to each other. At the end of the month, Mrs. A. returned, telling of her "new life" with her husband.

The whole framework of early rejection and non-acceptance by others—and thus by self—can have an adverse effect on marriage. Difficulty in communication is closely liked to an individual's self concept (Satir, 1967). When self-acceptance is the primary issue, more intensive therapy is called for.

> Mrs. B. was referred by a friend who told her: "Go see Mrs. E. She will tell you that you have to love yourself before you can love someone else." Poignantly (and in sign language) Mrs. B. said: "Teach me to love myself." The therapist assued her that while she could not "teach" her this, she would like very much to help her do it herself. This young woman was having problems with her second marriage in her desperate search for love. Therapy involved taking her back into her childhood to help her understand the origins of her impulsiveness: her overprotective mother, her stern father, and her inability to communicate with either; her misconceptions about sex.

Deaf-hearing marriages pose particular problems and we sometimes see what Rutledge (1969) calls the "parentified marriage." For example, a hearing wife needing to be an adult by "parenting" another adult, marries a deaf man who needs to preserve his role as child (or vice versa).

> Mrs. C. is hearing and Mr. C. is deaf. Their marriage appeared to be successful until the first child was born. Mr. C. began showing symptoms of acute anxiety and other problems, primarily sexual, began coming to the surface. Long term

therapy helped them redefine their roles as husband and wife and parents of a child.

Occasionally a deaf-hearing marriage is the the type described as "neurotic-complementarity." One person, feeling inadequate and incomplete, find another who can complement or complete the syndrome of personality needs (Rutledge, 1969). The differentness of the other person, promising to meet unfulfilled personality needs, may be what attracted the couple in the first place.

Middle-age divorce is an increasing phenomenon (Mudd, Mitchell and Taubin, 1965) and is particularly poignant when the couple is deaf. Many deaf marriages produce hearing children and when these children leave the home, the parents lose a vital link with the hearing environment and additional stresses are added to the marriage. Joanne Greenberg portrays this beautifully in her novel *In This Sign:*

> "When Hearing have a child (said Abel) and she grows up to be a woman and is married, father–mother–the parents cry at the wedding because she is leaving them and they know they will be lonely for her. When Deaf have such a child, a Hearing child, she grows up in the Hearing world, and when he is married, mother and father do not cry. When the Hearing child leaves the house of the Deaf, their mouths also are taken away from them and their ears are taken away and the child also, whom they love. For this, tears are not enough. So they sit in the darkness . . . ." (Greenberg, 1970, page 176)

When middle aged couples separate it is frequently after many years of conflict and habit patterns are often too deeply engrained to change.

> Mr. D. was referred to us because of suicide threats. His wife of twenty-two years had left him (there had been many prior separations and reconciliations) and this was an intolerable threat to his self-esteem. There was a brief reconciliation during the course of therapy, but it became quickly apparent that each spouse invested in the therapist "god-given" powers to change the other to his or her satisfaction–and in the shortest possible time. Their only mutuality seemed to be their willingness to come together for therapy, which simply afforded them a new arena for their battles. The therapist shared the feeling of impasse with the clients and offered to see them on an individual basis to help them work on their individual problems. But they did not keep their appointments and the therapist subsequently learned that Mrs. D. had filed for divorce.

In a preventive sense, it is extremely important that the schools and colleges for the deaf give more attention to family life education. Rainer et al (1969) speak of an "unfortunate vacuum in this area." Meadow's findings (Schlesinger and Meadow, 1972) suggest that programs of sex education should be considered essential in any residential school for deaf students.

> These schools serve in place of parents in conveying sexual information and indicating standards of sexual morality, as well as in many other areas. However, in the area of sexual practices, schools often do not have the freedom to fulfill their roles as stand-in parents. The help of mental health consultants in this sensitive area of human behavior should be of unusual benefit (p. 148).

Sex education programs should also be made available to deaf adults. "Such a program should include, with its physiological presentation, an understanding of the male and female psychological and emotional needs. It goes without saying that a lot of visual aids are needed in such a program. Fluent manual communication skills are also important in any conseling situation (Brick, 1973)."

Divorce rates are rising and it may be that divorce rates among the deaf continue to be proportionately higher. Yet there are few therapists trained for marriage counseling with this special population. Increased attention to the preventive aspects, and the training of more counselors in this field are a critical necessity.

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