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Preferred Methods of Communication of Four Deaf-Blind Adults: A Field Report of Four Selected Case Studies

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PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

Gary Dean Yarnall, Ed.D.

Introduction

Numerous publications are available that deal with incidence and prevalence data, behavior and sensory characteristics, and education and vocational programs for individuals who are either visually or auditorily impaired. Most persons in rehabilitation, general education, and the lay public can relate some information that they have heard or read about blind or deaf people.

Recent events have resulted in increased focus of attention on the deaf-blind in the United States. Some of these major events were the 1963-1965 rubella epidemic, the enactment of Public Law 91-230 and the accompanying Title VI-C federal funding, the establishment of regional and state centers for services to deaf-blind children and youth, and the subsequent proliferation of state and local programs for children who have concomitant vision and hearing problems. Consequently, it seems reasonable to surmise that vocational rehabilitation counselors, special educators, and the lay public have become somewhat more aware of the special problems, characteristics, and programs for these "deaf-blind" youngsters.

A fourth sub-segment of our population, that is directly related to each of these above three, is the adult senior citizens who have both hearing and seeing handicaps. Increased concern and attention need to be given to the personal and social problems of the adult deaf-

blind.

Various professional, paraprofessional, and lay public individuals, who have contact with or are responsible for young blind or deaf children, should be aware of the strong possibility that many of their young clients may suffer losses to their other major sensory capacity as they grow older and live the latter portion of their lives as older deaf-blind adults. And, of course, people working with deaf-blind youngsters should realize that their pupils are destined to become members of the deaf-blind senior citizens group. As simple as these statements may appear, it is surprising how many parents and workers behave as though they had not really recognized or considered these possibilities.

The older deaf-blind adults are faced with many personal and social concerns: general health, financial security, mobility, social interaction, leisure time, and daily living activities. Many of these concerns become serious problems and are accentuated due to lack of contact with others through *limited* communication.

Problems. Consider these two problems at this time:

- 1) How many different methods or ways have been developed to enable older deaf-blind adults to communicate with relatives, friends, or workers in their surroundings?
- 2) Of the various methods of communication that have been developed, which ones are actually pre-

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PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

ferred by various members of this population?

Purposes. The major purposes of this project were:

1) to search the literature and to identify the major methods of communication used by adult deaf-blind individuals; and 2) to obtain the reactions of four local adult deaf-blind persons to each of the identified major methods.

Nineteen Methods. Nineteen methods of communication were identified in the literature as being used by deaf-blind adults. (A brief description of each of the 19 methods is given in the Appendix.) For more detailed discussions and illustrations of the methods, the reader is referred to articles by Dinsmore (1959), and Salmon and Rusalem (1969).

The investigation for these case studies was conducted using an interview approach. The results comprise the reactions of the four deaf-blind adults to each of the 19 methods of communication. The data were analyzed through categorical analysis.

The following list gives the sequence order which was followed throughout this investigation in presenting the methods to the adult deaf-blind senior citizens.

Method Number	Method Name
1	The American One-Hand Manual Alphabet
2	The British Manual Alphabet
3	The Lorm Alphabet
4	The American Two-Hand Alphabet
5	The International Morse Code
6	Braille Hand Speech
7	Sign Language for the Deaf
8	The Alphabet Plate
9	The Alphabet Glove
10	The Talking Disc
11	The Braille Alphabet Card
12	Cut-Out Letters
13	The Tadoma Method

- 14 Braille
- 15 Typing and Script Writing
- 16 The Tellatouch Machine
- 17 The Tactaphone
- 18 Oral Speech
- 19 The International Standard Manual Alphabet, or Printing in the Palm of the Hand.

Participants

The four persons selected for these case studies were residents at the Ohio Home for the Aged and Infirm Deaf. Following are very brief descriptions of the background and characteristics of each of the participants.

Subject # 1: Willie Mae; Birthdate: October 30, 1904. According to Willie Mae, she was deaf from birth and always had very weak vision. She learned to use sign language at the Ohio State School for the Deaf when she was a young pupil there. She has been a resident of the Ohio Home for the Aged and Infirm since 1968. (She learned Braille from participant #2, Kenneth, during her stay at the home.)

Subject #2: Kenneth; Birthdate: May 27, 1908. Kenneth reported that he was deaf at birth and lost his vision in November, 1966, after having had two operations on his eyes. He attended an oral school for the deaf in Cincinnati, Ohio, for 8 years. Then, at age 16, he went to the Ohio State School for the Deaf (OSSD) in Columbus, Ohio. He learned the Manual Method at OSSD. After graduation he became a correspondence student with the Hadley School for the Blind in Illinois. Kenneth also trained at the National Center for Deaf and Blind Youth and Adults in Hyde Park, New York. He has been a resident of the home since 1944. He signs, fingerspells, and reads Braille.

Subject #3: Harold; Birthdate: June 29, 1906. According to Harold, he lost

**PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND
ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES**

Table 1

General Data on Four Participants

Participant No.:	Name:	Age:	No. of Years Blind:	No. of Years Deaf:	No. of Years in Home:
1	Willie Mae	72	20+	72	8
2	Kenneth	68	10	68	32
3	Harold	69	7	66	2
4	William	96	74	90+	63
Total		305	111+	296+	105
Averages		76¼	28	74	26¼

his hearing when he was three years old due to the whooping cough and high fever. He lost his vision at the age of 62. Harold has been a resident of the home since 1974. He fingerspells, signs and has understandable speech.

Subject #4: William; Birthdate: October 15, 1879. According to the home records, William has been deaf since childhood; he lost his vision at age 22. He has been at the home since 1913 and has been confined to bed for more than 10 years. He fingerspells and reads Braille, but does not use a Brailier.

Table 1 provides general data on the four participants involved in this study.

Since the investigator was not personally acquainted with all the deaf-blind residents at the home before the project began, it became necessary to rely on the director, the head secretary, and an interpreter of the deaf to identify potential participants.

Because three of the participants indicated an ability to read Braille, the 19 identified methods were Brailled and given to these three persons to read and study for a period of one week before they were questioned. Since the fourth participant did not read Braille, the 19 methods were presented to him through finger-spelling.

Due to the age of the oldest participant, William, the difficulty in communicating with

him, the fact that he became fatigued easily, and the inability of the investigators to spend a great deal of time with him, he was questioned regarding only 10 of the 19 methods during the first interview. Harold also was unable to react to all 19 methods during the first interview. (He responded to only 9 methods the first session.) Two additional interview trips were scheduled and the remaining methods were fingerspelled to these two participants and their responses were recorded. Willie Mae had her reactions written out and Kenneth had his answers typed before the first scheduled interview.

Each participant was asked to respond to the following four questions after they were presented with a brief description of each of the 19 methods:

- 1) Do you know the method?
- 2) Do you like the method?
- 3) What do you like about the method?
- 4) What don't you like about the method?

The reactions from each of the four participants to the 19 methods are given in the Results section below. Question 1 was asked first. Questions 2, 3, and 4 were pursued only if the participant was familiar with that particular method of communication and gave an affirmative answer to Question 1.

Results

The responses of the participants are

PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

reported as they were given to the investigator. Keep in mind that participants #1 (Willie Mae), #2 (Kenneth), and #4 (William) had read and studied the Braille descriptions of each method. Willie Mae had written her answers in pencil. Kenneth typed his responses. William answered *yes* and *no* questions about each

method.

Table 2 gives an overview of the reactions of the four participants to the 19 methods of communication; it designates the various methods that each subject uses (U), knows (K), had heard about (H), or is not familiar with at all (N).

Table 2

Code:

- N = Not Familiar With Method**
- H = Has Heard of Method**
- K = Knows Method (Learned at One Time)**
- U = Uses Method Frequently**

19 Methods of Communication:	Subject #1	Subject #2	Subject #3	Subject #4
1. American One-Hand Manual Alphabet	U	U	U	U
2. British Manual Alphabet	N	H	N	N
3. Lorm Alphabet	N	N	N	N
4. American Two-Hand Alphabet	*?	H	K	H
5. International Morse Code	N	K	K	K
6. Braille Hand Speech	N	N	N	K
7. Sign Language	U	U	U	U
8. Alphabet Plate	N	N	N	K
9. Alphabet Glove	N	N	H	K
10. Talking Disc	N	N	N	N
11. Braille Alphabet Card	N	N	N	N
12. Cut-Out Letters	N	N	K	N
13. Tadoma Speech	N	H	N	N
14. Braille	U	U	H	U
15. Typing and Script	U	U	U	H
16. Tellatouch Machine	K	U	H	N
17. Tactaphone	N	K	N	N
18. Oral Speech	H	U	U	N
19. Printing in the Palm	U	U	U	U

*#1's written response was not clear.

PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

Discussion

The use of only four participants in this investigation clearly limits the amount of generalization that may be made regarding the results. Nevertheless, as a result of this very interesting case study type project, the writer is able to make the following major conclusions.

Conclusions

1. These deaf-blind adults knew and used more than one method as a means of communicating with others.

2. Each of these four deaf-blind adults had preferred methods of communicating.

3. The methods most preferred by the four participants in this study were the American One-Hand Manual Alphabet (fingerspelling), Sign Language for the Deaf, and Printing in the Palm of the Hand (The International Standard Manual Alphabet). All four participants in this investigation used these three methods in communicating.

4. These selected deaf-blind adults were not familiar with all 19 methods of communication that could be available to them; they had heard of some of the methods, but did not know many methods well enough to use in communication; they were totally unfamiliar with some methods.

5. As Table 2 indicates, all four participants knew and used only three of the 19 methods: *Method #1*—American One-Hand Manual Alphabet (fingerspelling), *Method #7*—Sign Language of the Deaf, and *Method #9*—

Printing in the Palm (The International Standard Manual Alphabet).

6. None of the other 16 methods presented to these four participants during this investigation had been heard of or learned by all four participants.

7. However, the four participants were in agreement regarding the fact that none of them had ever heard of three of the methods: *Method #3*—the Lorm Alphabet, *Method #10*—the Talking Disc, and *Method #11*—the Braille Alphabet Card.

8. Three of the four participants were totally unfamiliar with six methods: *Method #2*—the British Manual Alphabet, *Method #6*—Braille Hand Speech, *Method #8*—the Alphabet Plate, *Method #12*—Cut-Out Letters, *Method #13*—Tadoma Speech, and *Method #17*—the Tactaphone.

9. Seven of the 19 methods of communication had been heard about, learned, or used by three of the four participants: *Method #4*—the American Two-Hand Manual Alphabet, *Method #15*—Typing and Script, *Method #16*—the Tellatouch Machine, and *Method #18*—Oral Speech.

Table 3 summarizes Table 2 and the above conclusions.

Summary

The following four points summarize this paper.

1. Some normally hearing and seeing individuals experience compound sensory losses

Table 3

Summary Table

Statement:	Method Nos.
1. Each participant knew and used <i>three</i> methods of communication.	1, 7, 19
2. None of the participants had heard about or knew <i>three</i> methods.	3, 10, 11
3. Three of the four participants were totally unfamiliar with <i>six</i> methods.	2, 6, 8, 12, 13, 17
4. Three of the four participants have heard about, learned, or used <i>seven</i> methods.	4, 5, 9, 14, 15, 16, 18

PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

during their lifetime and become deaf-blind senior citizens.

2. Many blind people lose their hearing and become deaf-blind senior citizens.

3. Many deaf people lose their vision and become deaf-blind senior citizens.

4. Rehabilitation counselors, social workers, and teachers-in-training who work with deaf-blind individuals need to be aware of preferred methods of communication as ex-

pressed by adult deaf-blind persons. Such workers should develop the specific skills necessary to use these identified modes of communication correctly and comfortably. Such knowledge and skills will provide counselors, social workers, and teachers with additional techniques and better methods to use as they help prepare their deaf-blind clients or pupils for a richer, fuller, more social life-style during their later years.

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- Salmon, P. J. & Rusalem, H. The deaf-blind person: A review of the literature. *AAWB Annual Blindness*, 1966, 15-87.

APPENDIX

Review of the 19 Identified Methods

Following a brief review of the literature (Dinsmore, 1959; and Salmon & Rusalem, 1969), 19 methods of communication were identified that have been developed for and used by the adult deaf-blind population. The following list includes the 19 methods with a brief description of each as gleaned from the literature.

1. *The American One-Hand Manual Alphabet* (fingerspelling): The individual uses one hand to form one manual sign for each letter of the alphabet. The approach is widely used by deaf and deaf-blind individuals throughout the United States. It is most commonly referred to as *fingerspelling*.

2. *The British Manual Alphabet*: The approach is similar to the American One-Hand Manual Method in that it uses one sign for each letter of the alphabet. However, in this method, both the sender and the receiver use one hand jointly and simultaneously in forming individual letters. It is used more often in English-speaking countries other than the United States.

3. *The Lorm Alphabet*. The Lorm Alphabet was developed in Europe around

1881. In this approach, the sender uses dots and arrows applied to the fingers, palm, or back of the hand of the receiver. Various movements and contact points represent different letters of the alphabet. It is used most frequently in European countries.

4. *The American Two-Hand Manual Alphabet*: This approach is not widely used throughout the United States since it requires the use of both hands of both the sender and the receiver. It is also comparatively slow and awkward.

5. *The International Morse Code*: The standard dot-dash is used to represent each letter of the alphabet; a tap represents a dot, and a stroke represents a dash. The Morse Code may be communicated by touch and can be done with speed and effectiveness. One distinct advantage of the code is that it may be transmitted to any part of the receiver's body, leaving the hands and arms free for other activities.

6. *Braille Hand Speech*: The Braille Hand Speech method is based on an imaginary Braille cell in the receiver's palm. The sender reproduces the equivalent of Braille dots representing letters, contractions, or whole words.

PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

Obviously, this method is limited to persons already familiar with Braille.

7. *Sign Language for the Deaf:* The various styles of sign language supplement fingerspelling. This method is frequently used by deaf individuals who became visually impaired later in life. The speaker takes the hands of the deaf-blind person in his and moves them in accordance with the motoric configurations of standard sign language symbols.

8. *The Alphabet Plate:* With this method, the receiver carries around and uses a metal plate which is embossed with the regular English alphabet. As the sender communicates, he or she guides the index finger of the deaf-blind person from letter to letter on the plate, spelling out the words in the message.

9. *The Alphabet Glove:* The Alphabet Glove is a white glove which has the letters of the alphabet imprinted on the outstretched fingers. The glove is worn by the deaf-blind person. The sender uses the index finger to touch each designated spot to indicate the desired letters of the message. Numbers are printed on the back side of the glove.

10. *The Talking Disc:* The Talking Disc consists of a wheel embossed with Braille and old style Moon type alphabet symbols that correspond to separate letters of the alphabet. By rotating the disc, the sender brings to the finger of the deaf-blind person the Braille or Moon type symbol desired.

11. *Braille Alphabet Card:* The Braille Alphabet Card is similar to the Alphabet Plate but, instead of embossed letters of the regular English alphabet, the card uses Braille symbols to represent each inkprint letter. The deaf-blind person's index finger is moved to the appropriate Braille sign. Both communicators must know Grade 1 Braille.

12. *Cut-Out Letters:* Each letter of the regular English alphabet is represented in a separate cut-out form. To communicate, each of the letters is handed to a deaf-blind person in proper sequence to spell out the message. Although the method is slow and cumbersome, it is sometimes used with elderly individuals who have recently become multi-impaired.

13. *The Tadoma Method:* This method (first used with a boy named Tad and a girl

named Oma) has been used to teach deaf-blind persons to speak and to understand the oral speech of others. This method does require a great deal of training and skill on the part of both the speaker and the listener. The deaf-blind person places his hand on the face of the speaker, with his thumb resting against the lips, the index finger touching the side of the nose, and the little finger contacting the throat area.

14. *Braille:* Formal Braille is used for writing and reading messages. It is used most often by older people who were congenitally or accidentally blinded early in life and who are already familiar with the six-dot code system. Because of its relative difficulty, it is not usually learned and used by individuals who lose their vision after reaching middle or late adulthood.

15. *Typing and Script Writing:* This method involves standard print correspondence using a typewriter or writing table. Some deaf-blind individuals are fully capable of sending messages through these customary channels. This method is more commonly used by deaf-blind people who learned these skills as deaf persons before also becoming visually impaired.

16. *The Tellatouch Machine:* The Tellatouch Machine is an apparatus resembling a typewriter. It was designed specifically for deaf-blind individuals. When using this approach, the sender depresses a key on the typewriter keyboard which in turn elevates the appropriate dots of the corresponding Braille sign. The deaf-blind receiver uses the index finger to read the message being sent in Braille.

17. *The Tactaphone:* This method employs the regular telephone network and uses the standard Morse Code as the message agent. After reaching the telephone number of the deaf-blind person, the sender employs Morse Code and dials number one for the dot and number four for the dash. The telephone receiver has a vibrating disc attached to the reverse side of the phone handle. By placing one finger on this vibrating disc, the deaf-blind person can decode the short and long Morse Code vibrations and can interpret the message. The sender is not limited in space; messages

PREFERRED METHODS OF COMMUNICATION OF FOUR DEAF-BLIND ADULTS: A FIELD REPORT OF FOUR SELECTED CASE STUDIES

can be sent and received anywhere telephones are installed.

18. *Oral Speech:* Many deaf-blind adults have understandable oral speech. Usually, the deaf-blind person who does have intelligible speech is in a more favorable social position. Adult deaf-blind individuals should be encouraged to use this prized ability as frequently as possible. Most deaf-blind adults who have understandable oral speech acquired such skills through their abilities to hear regular conversation before they lost their hearing.

19. *The International Standard Manual*

Alphabet (Printing in the Palm of the Hand):

This method is one of the most basic, simplest methods for senders and receivers to learn and use. It involves printing the capital letters of the English (or foreign) alphabet in the palm of the deaf-blind receiver's hand. It was recommended to be the universal method of communication with deaf-blind by the Committee on Services for Deaf-Blind, World Council for the Welfare of the Blind. Although it was named as the International Standard Manual Alphabet, it is commonly referred to as Printing in the Palm of the Hand.