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## DEAF COLLEGE STUDENTS' PREFERENCES REGARDING THE HEARING STATUS OF COUNSELORS<sup>1</sup>

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ALBERT ROSEN

The preferences of potential and actual clients concerning the characteristics of their counselors may determine whether or not they seek counseling, length of counseling, various aspects of client-counselor interaction, their subsequent evaluation of the experience, and other measures of the effectiveness of counseling. A review of the literature has indicated that there is little knowledge of such relationships, and no study of the preferences of a disability group (Rosen, 1967a).

The purpose of the present study was to obtain information concerning the preferences of deaf college students on the following questions: (a) What are their predilections about seeing a deaf or hearing counselor; (b) What background variables are related to such preferences; (c) How do such attitudes influence the seeking of counseling?

### METHOD

In the spring of 1963, all available members of the preparatory class at Gallaudet College<sup>2</sup> (approximately 90 percent of the total group, with  $N = 107$ ) were asked to fill out an Information Form as part of a testing program that consisted primarily of achievement tests. The Information Form contained a face sheet eliciting background information, and consisted of multiple-choice questions about the college's counseling center. The question with which this study is most concerned was phrased as follows: "Suppose you were going to see a counselor, which statement do you accept most strongly? a. You would rather confide in a hearing counselor. b. You would rather confide in a deaf counselor. c. Whether the counselor was hearing or deaf would not be especially important. d. You

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would rather confide in a deaf counselor only if you couldn't see a hearing counselor who was a good signer." The term "signer" refers to a user of the manually expressed language of the deaf.

Although subjects were not asked to indicate their names, it was possible to identify them from information given on the face sheet, when it was later decided to relate their preferences to such variables as scores on tests of verbal ability and measures of hearing acuity. The Form was administered by staff members of the counseling center, some of whom were identifiable as such by many students.<sup>3</sup>

The data were analyzed according to the following procedure. The students were divided into four groups, according to their response to the basic question. The relationships of selected variables to membership in these four response categories were analyzed by chi-square or analysis of variance. The subgroupings which seemed most relevant were: age, sex, severity of deafness, previous special education, signing ability, verbal ability, age of onset of deafness, and attendance at the counseling center.

## RESULTS

*Overall preferences.* Of the 107 subjects, 9 did not respond to the question concerning preferred hearing status of counselor. The first row of Table 1 summarizes the responses of the remaining 98 students to the 4 choices in the questionnaire. Thus, 1 in 5 made a clear choice for a deaf counselor. The remaining 80 percent preferred a hearing counselor, or a deaf counselor if necessary for adequate communication, or were impartial.

*Severity of deafness.* In the second section of Table 1 are the data on preferences of students according to the severity of their measured deafness. In order to have expected frequencies of sufficient size to calculate chi-square, obtained frequencies were combined for those in groups 1 and 2 (better hearing,  $N = 34$ ), and groups 3, 4, and 5 ( $N = 61$ ). This seems to be the most meaningful cutting point, for only those in the first 2 groups have some degree of word discrimination. Since the overall  $X^2 = 9.14$  was significant, tests for differences between pairs of proportions were computed. Two were statistically significant. A higher proportion of better hearing students preferred hearing counselors, and a lower proportion of better hearing students said they would prefer a deaf counselor only if a hearing one could not communicate adequately.

*Self-evaluated signing ability.* Almost every student who preferred a deaf counselor considered himself to be a good signer, namely 18 of the 19 responding (third section of Table 1). Since

TABLE 1  
DEAF COLLEGE STUDENTS' PREFERENCES REGARDING HEARING STATUS OF COUNSELORS

<i>Student Variable</i>	STUDENT PREFERENCES <sup>1</sup>										<i>X</i> <sup>2</sup>	<i>p</i>
	<i>Hearing</i>		<i>Deaf Only if Communication Problem</i>		<i>Doesn't Matter</i>		<i>Deaf</i>		<i>Total</i>			
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>		
Total Students	21	21.4	18	18.4	39	39.8	20	20.4	98	100.0		
Hearing Rating 1, 2	11	32.4	2	5.9	16	47.1	5	14.7	34	100.1	9.14	.05
Hearing Rating 3, 4, 5	9	14.8	15	24.6	22	36.1	15	24.6	61	100.1		
<i>P</i>		.05		.05		.30		.30				
Good Signer	8	11.8	13	19.1	29	42.6	18	26.5	68	100.0	14.67	.01
Fair-Poor Signer	12	42.9	5	17.9	10	35.7	1	3.6	28	100.1		
<i>P</i>		.001		.90		.70		.02				
Sought Counseling	10	31.2	6	18.8	10	31.2	6	18.8	32	100.0	3.07	.50
Did Not Seek Counseling	11	16.7	12	18.2	29	43.9	14	21.2	66	100.0		

<sup>1</sup>The questionnaire item presented the 4 preferences regarding hearing status of counselors in the following order: hearing, deaf, either (doesn't matter), deaf counselor only if communication is a problem. This order is varied in the table to approximate a progression from least to greatest preference for deaf counselors.

only 5 of the 98 students labeled themselves as poor signers (2 of whom did not state counselor preferences), fair and poor signers were combined for further analysis. Overall,  $X^2 = 14.67$  ( $p = .01$ ); thus, the 2 groups were reliably different. This difference was produced mainly by 2 preference groups. Among those perceiving themselves to be fair or poor signers, almost 43 percent preferred a hearing counselor, as compared to only 12 percent of the good signers ( $X^2 = 11.65$ ;  $p = .001$ ). Among those choosing deaf counselors, 26 percent evaluated themselves as good manual communicators, as compared to fewer than 4 percent of the less adequate signers ( $X^2 = 6.55$ ;  $p = .02$ ). Although the correlation between perceived and actual signing ability is not known, it is probably high.

*Attendance at the college counseling center.* Of 98 preparatory students for whom information was available regarding preferences, 32 came to the center for counseling over approximately a 2-year period. The fourth section of Table 1 shows the preferences for this group as compared to the 66 who did not come to the center during this time. Since the center was staffed almost entirely by hearing counselors, it was of interest to determine if any difference between the 2 groups might involve a preference for hearing counselors, or a lesser preference for deaf counselors by the group which sought help. Thus, 31 percent of the attenders versus 17 percent of the nonattenders preferred hearing counselors; however, the overall  $X^2 = 3.07$ , which was not statistically significant ( $p = .50$ ).

*Nonsignificant relationships to preference.* Several variables were not significantly related to preference ( $p = .05$ ). They are listed here for reference purposes, with descriptive statistics and significance test results for the entire sample. They were age ( $M = 19.79$  years,  $SD = 1.62$ ;  $F < 1.0$ ); sex (55 males, 43 females,  $X^2 = 4.13$ ,  $p = .30$ ); vocabulary level (Inglis Vocabulary Test,  $M = 37.01$ ,  $SD = 12.12$ ,  $F = 1.01$ ) knowledge of idioms (unpublished test,  $X^2 = 3.11$ ,  $p = .50$ ); attendance or nonattendance at a school for the deaf (84 attenders, 12 nonattenders,  $X^2 = 3.60$ ,  $df = 1$ ,  $p = .10$ )<sup>4</sup>; number of years of special education among the 84 who had attended state or private residential or public day schools for the deaf ( $M = 11.24$ ,  $SD = 4.13$ ,  $F = 2.71$ ,  $p = .10$ ); and age of onset of deafness ( $< 3$  years of age,  $N = 62$ ,  $\geq 3$  years of age,  $N = 16$ ,  $X^2 = 1.00$ ,  $df = 1$ ,  $p = .50$ )<sup>4</sup>.

## DISCUSSION

Several conflicting considerations and speculations seem relevant in attempting to account retrospectively for the specific results of

this study. We would expect that many deaf persons would want a deaf counselor who might be counted upon to be understanding and accepting regarding their experiences, limitations, and methods of coping with problems. But there is also the tendency among members of minority groups to identify with and wish to come into contact with persons in the majority group because of its greater influence and resources. Reinforcing this tendency is the complaint of some deaf persons that the gossipiness of the small, closed, deaf world makes them feel uncomfortable about divulging intimate personal matters to a deaf person who knows many people of their acquaintance and who might be coming into contact with them frequently. But in the world of the deaf where the problem of communication is crucial, one might expect preferences to be strongly influenced by severity of deafness, age of onset of deafness, communication and verbal ability. These tend to be highly intercorrelated—severity of deafness negatively and age of onset positively with language ability and achievement. Thus, the more severely handicapped might prefer deaf counselors in order to engage in free flowing conversation. Another factor may be that deaf, well-trained counselors are rare, so that most of the deaf students had no image of a preferred deaf counselor. We must consider the possibility that some students were influenced in the direction of recording a preference for hearing counselors because some of these counselors were administering the questionnaire. Finally, some students may have misunderstood the fourth alternative which states, "You would rather confide in a deaf counselor only if you couldn't see a hearing counselor who was a good signer." Subsequent experience with administering a variety of instruments, and data on reading level and knowledge of idioms among deaf students, suggest this possibility (Rosen, 1967b).

The hypothesis concerning the minority group psychology of the deaf is probably most important, and therefore worthy of detailed development.<sup>5</sup> Those deaf from birth or at an early age often seem to fit well Berelson and Steiner's (1964, p. 494) definition of a minority group, and certainly more closely than does any other disability group: (a) Group membership is defined early in life, (b) such membership is irreversible, (c) the group has a common language (in this case the language of signs), (d) they are different in a fundamental, obvious, and socially reinforced way, (e) they are objects of prejudice and discrimination, and (f) their social life, especially as adults, is mutually shared and essentially exclusive.

Since approximately 95 percent of the college students in this sample suffered their hearing impairment before the age of 5 years, they

could become aware of their distinguishing characteristics early. Approximately 75 percent were born to normally hearing parents who were generally ignorant of the educational, psychological, and social potentialities and limitations of the deaf. Typically the parents were uncertain how to deal with their deaf child. There is, for example, an intensely emotional controversy among educators and others working with the deaf concerning the effects of language development of early training in manual communication (Kenny, 1962; Sharoff, 1959). Parents are sometimes caught in the middle of this conflict. They are likely to accept the traditional view that manual communication of any sort impedes the learning of languages even though the evidence is not cogent. The strictures against manual communication do coincide, however, with parental desires to believe that their deaf child can learn to live among the hearing, and with middle-class taboos against conspicuous communication involving large hand movements and grimacing (Rosen, 1962).

Unless the parents are unusually motivated and knowledgeable about tutoring techniques, the deaf child learns relatively little before schooling begins, and even after, his educational progress is seriously retarded. For example, those admitted to the preparatory class of Gallaudet College at a mean age of approximately 19 years are, on the average, below eighth-grade-level norms for the hearing on reading and vocabulary. Stereotyped negative attitudes concerning this strange, seemingly defective group with inadequate comprehension, speech, and other responses and curious manual communication are compounded as the deaf fall behind educationally and socially, and eventually, perhaps, vocationally and economically (Lunde & Bigman, 1959). Socialization with persons in the hearing world is difficult. This is most clearly brought out in marital statistics. Three studies have suggested that among married deaf persons, 90-95 percent have hearing-impaired spouses (Lunde & Bigman, 1959, p. 15; Rainer, Altshuler & Kallman, 1963, p. 20; Rosenstein & Lerman, 1963, p. 35).

These background experiences may lead to common minority group behaviors such as aspiration to be accepted by, and imitation of, the majority, and taking over of their prejudices against minorities, including their own deaf group (Berelson & Steiner, p. 520). Thus, the low order of clear preferences for deaf counselors may result.

The finding that a greater percentage of the better hearing students preferred hearing counselors than did the poorer hearing ones is not subject to the conflicting types of interpretations mentioned

above. The better hearing students find it easier to communicate with hearing people. Some have come from public schools for normal hearing pupils and have had little contact with the deaf. Thus, they are not so likely to seek out the deaf for reasons of socialization or communication. In fact, many want a hearing counselor who can speak intelligibly and fluently and who has knowledge of the dominant culture.

Extension of the research on client preferences to other disability and minority groups may contribute to our knowledge of cultural influences on behavior. Especially timely would be the investigation of preferences of recipients of services of antipoverty programs with respect to nonprofessional helpers of similar background (Reiff & Riessman, 1955).<sup>6</sup>

#### FOOTNOTES

<sup>1</sup>A version of this paper was presented at the Washington, D.C., meeting of the American Personnel and Guidance Association, April 1966.

<sup>2</sup>Since full high school curricula are not readily available for deaf students, about 80 percent of students coming to Gallaudet College, the world's only college for the deaf, are required to take courses during a preparatory year before starting the regular, 4-year, Liberal Arts curriculum.

<sup>3</sup>The staff of the college's Counseling Center for the Deaf consisted of 2 clinical and 3 counseling psychologists, a placement counselor, and 1 full-time trainee who was a graduate student in counseling psychology at a nearby university. One psychologist was hard-of-hearing and wore a hearing aid; the trainee, who was functionally deaf, also wore a hearing aid (in order to capitalize on a slight hearing residual for improving his lipreading). All members of the staff had had training and experience in manual communication.

<sup>4</sup>Preference for a deaf counselor was compared with the other 3 choices combined in order to have sufficiently large theoretical frequencies.

<sup>5</sup>Barker's (1948) discussion of the minority status of disability groups is helpful in this context.

<sup>6</sup>This suggestion was made by Frederick L. Klein.

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