

7-1968

## The Challenge of Serving Deaf Adults— A Candid View

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### Recommended Citation

Fisher, G. H. (1968). The Challenge of Serving Deaf Adults— A Candid View. *JADARA*, 2(2). Retrieved from <https://repository.wcsu.edu/jadara/vol2/iss2/7>

## THE CHALLENGE OF SERVING DEAF ADULTS— A CANDID VIEW

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GERALD H. FISHER

Although it would be an honor for anyone to be asked to keynote this conference, I must confess that I suffer considerable anxiety in doing so. It could even be said that it is presumptuous of me to give this address, for I know very little about working with people who are deaf, compared to you who have given your professional lives to this specialty. I suspect that the invitation may have come not because of my knowledge in the field, but because some of you know I feel strongly that many of the rehabilitation needs of deaf adults are not being fully met. The only way to rectify such a situation is to face the problem in a candid, open and forthright manner. This I will try to do.

It may be that your program committee felt that if I did not inspire or stimulate you, that at least as a novice I would probably agitate you! As specialists, you may strongly disagree with some of the observations I submit to you. This does not disturb me: I believe that in general we all know very little about the various helping relationships in the total field of rehabilitation, and that only by analysis, dialogue and exchange of our various views in both formal and informal communication can we ever hope to improve substantially on the knowledge we now have. The organized body of knowledge concerning work with the deaf adult is certainly small.

I will address my remarks from the point of view of a person who has spent nearly fifteen years in a state rehabilitation agency. Some of my ideas may surprise you, and I hope indeed that they do. If not, I will have brought you nothing except that which you already know or what you already believe. I certainly have no startling facts to impart to you which are unknown to you at present. Rather, I would like for us to try to think together about what might be done

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through cooperative efforts to improve total services to deaf adults.

When I identified myself with state agency rehabilitation a moment ago, I knew that I was taking a certain amount of risk with some of this audience. I am aware that many of you are not satisfied with the services deaf people have received from some state agencies. Your dissatisfaction has often been well grounded, and I will deal in detail with this later. To dwell on what has gone on before, however, is a complete waste of time except as history helps us to understand where we are now. All of the rehabilitation field is in a period of critical transition, and change is most acute in the public agencies. You may still not be satisfied with state agency services which will be offered in five years, but it is certain that they will change from what they are now.

State rehabilitation agencies are in the painful process of developing programs beyond what has been largely, of necessity, a "services" orientation to a more clinical focus. It is just that simple, and just that complicated. If the public agencies are accused of doing superficial work in the past, it must in fairness be pointed out that we have been superficially financed. Only very recently has there been any real evidence that we will receive resources somewhat commensurate with the responsibilities society wants us to assume. We are an emerging, even a groping profession, but I believe we are assuming these new and deeper responsibilities as quickly as can be expected. Please keep in mind, also, that we are being required to perform work now which no profession is fully equipped to do.

For example, we are being pushed more and more to work with a total clientele whose basic rehabilitation problem is a lack of ability to relate to, understand, and live and work in present-day society. One does not rehabilitate a public offender by furnishing him only vocational training. The unmotivated paraplegic is not helped by further medical treatment bare of psychological and social services. The mentally disturbed client may be physically strong and have a Ph.D. in a professional field and still be completely unproductive because he cannot adjust to the world he must live in. These are very elementary examples, but they point dramatically and unmistakably to a type of work which state agencies must learn to do in the future—the structuring and changing of client behavior.

When deaf clients were admitted in rather large numbers to our center in Arkansas for the first time, I must confess that I did not know what the real rehabilitation problems were in this unique disability. I found that these clients needed far more training in communication skills, interpersonal relationships, and patterns of work and

personal behavior than in actual vocational skills. I also found that many had good vocational skills which were useless because they did not have an acceptable level of proficiency in social behavior patterns.

I shall never forget my shock and upset to learn that many of our deaf students were not familiar with income tax and social security deductions from their pay checks, with what an employer expected of them in terms of communication and behavior, and a thousand other subtleties which must be taught in a formal fashion to the deaf, but which the hearing learn quite unconsciously and automatically as they grow up. I had no idea their educational achievement as a group would be so low.

I realized for the first time how severe the handicap can be; indeed deafness is well classified as unique. Since it greatly limits a person's ability to understand and communicate with the world in which he lives, the deaf fall into the broad definition of "behavioral" clientele as far as rehabilitation is concerned. Their communication skills, their interpersonal relationships and their total *behavior*, if you will, are often not that which society accepts as "normal" and as a result, these deaf persons cannot live successfully in society without special adjustment assistance.

One's immediate reaction is apt to be that this is not fair; that the public offender, the mental patient and the alcoholic cannot be considered in the same vein as the deaf person who has never really had a chance to relate to society in general. Fair or not, in practical rehabilitation terms they must be considered in the same general frame of reference if rehabilitation services have full impact. The world at large is very often unaccepting of the person who is "different" in any sense, whether he is in a wheel chair, has a facial disfigurement or has social and communication skills different from those considered to be acceptable. Changes in the acceptance of these differences occur quite slowly, even though there is more enlightenment today than ever before. However, we cannot depend on general public enlightenment for immediate rehabilitation gains. To be of imminently practical service to our rehabilitation clientele, here and now, we must give them the tools with which to relate—even to manipulate—any environment which may be rejecting them.

Think with me about the dilemma caused by this dramatic necessity to change the focus of the public rehabilitation agency work. For many years we have supplied training, physical restoration and other traditional services to the handicapped; usually with commendable success. The underlying assumption—conscious or otherwise—

was that clients accepted for services were unemployable because they lacked a training program, a surgical procedure or some other service. Once this needed item was supplied, it was assumed and expected that the client could and would work. These services, until relatively recently, were given apart from complicated considerations of behavioral patterns, although there has always been an attempt to offer counseling services.

As society began to insist that public agencies work with the mentally disturbed, the retarded and other behavioral cases which had not been considered potential clientele, we began to find that services must be offered in conjunction with complex psychological and emotional considerations; otherwise they might have no value whatever. Since it now is quite plain that the rehabilitation clientele of the future will largely be the catastrophically disabled, the behavioral problem and the socio-culturally-educationally deprived, public agencies know well that their basic approach to their work must change. The "easy" or uncomplicated case is rapidly passing on to others who have relatively recently entered the training and physical restoration field.

The change of approach is quite simple, but it has far reaching implications. We now know that many of our clientele must learn and adapt to the behavior society demands before they can make use of the other rehabilitation services we offer. Unless this clientele can adapt to an acceptable behavior, society will not give him a job nor accept him as a member in good standing, regardless of whatever else we do for him.

There are no alternatives; there are no decisions to make. Agencies must alter the pattern of services on which past success has been achieved to a more clinical approach which builds a rehabilitation program on all the individual psychological forces and environmental conditions which have an effect on the client. This means the acquisition of new staff, different techniques and a completely new justification for individual rehabilitation programs. Inevitably, it also means learning to turn out a different product. Needless to say, many individual agencies are having a difficult time making this change, but it is generally agreed that discussion of what "may happen" is now academic: future trends for rehabilitation responsibilities are frighteningly clear.

What does all this have to do with rehabilitation of deaf persons? Everything, I think, when we consider rehabilitation services and programs for the deaf. In the frame of references set out above, I believe we can now understand why you have often felt that the adult

deaf were "shortchanged" in public rehabilitation services. Let us examine a theoretical rehabilitation case of an adult deaf person as it might have been handled in the past.

Let us imagine a deaf child born to hearing parents. We will assume their acceptance of him is fairly good but we will also keep in mind the terrifying problem he presents to them, even if they have access to special help and support. The most significant event for both him and his parents will occur, perhaps, when he is old enough to enter a school which, in most instances, will be a residential facility for deaf children. The parents will be greatly relieved, for they have felt deeply that they were not equipped to really help and guide him, and they have great hope he will now get specialized and practical assistance, as well as education. This he will get and he will also be in a setting for the first time where he is with his own kind; where he is not considered "different."

But, the seeds of future trouble have been sown, also. As he learns to relate to the institution and to the other deaf children there, he is already relating away from the hearing world in which he will probably be expected to live and perform one day. He may even regress psychologically and educationally during vacations when he is at home full time with his family in this hearing world, and both they and he will probably be relieved when the time comes for vacations to end and for him to return to those with whom he really relates and communicates.

My point is not to criticize residential schools. They and the other institutions and organizations which care for and educate deaf children do all that can possibly be done with the present level of expertise. Rather, the disturbing consideration is that the only techniques we have available now to structure and educate deaf children may in many respects work against their eventual total adjustment to society. This, I am told by my friends engaged in education of the deaf, is all too often true.

When some 12 or 13 years have passed, the deaf child becomes a young adult. Compared to his hearing counterparts the same age, he is poorly equipped educationally and socially, and he may know very little about the hearing world into which he will now be pushed. If he has the ability to pursue higher or professional education, his adjustment process may not be quite so traumatic.

But, let us assume that our imaginary deaf person is average academically. Although he has received the best education possible under the circumstances, and may have even received a good vocational preparation in some area, he is probably not ready yet for substan-

tial or permanent employment or for the responsibilities expected of him if he is to perform adequately in what is a predominantly hearing society. How often at this point he has been referred to some poor state agency rehabilitation counselor who has not been remotely equipped to work with him, and may not have been able to communicate with him in an effective fashion.

In the Arkansas Rehabilitation Research and Training Center we are learning the importance of positive interpersonal relationships between rehabilitation clients and those in a helping relationship. Unless there are high levels of empathy, non-possessive warmth and genuineness present, it may not be possible to effectively assist a person in an adjustment or behavioral change. If rehabilitation personnel do not have the tools to understand any client and his needs; if they cannot communicate with him; they may well have a negative rather than a positive effect.

Therefore, if a counselor feels insecure working with our deaf friend, if he does not know that more is needed than some additional speech instruction and vocational training, then his client is probably in for serious rehabilitation trouble. The rehabilitation problem is that the client is unable to grapple with the problems of living in a world which he does not really understand and which certainly does not understand him. Unless priority is given to helping him overcome this basic problem and unless the rehabilitation agency to which he has been referred has the staff and the resources to give him real help in this respect, he may be doomed to spotty and unsubstantial employment and poor personal adjustment, regardless of his vocational skills or previous preparation.

I think we need not be surprised at this unsatisfactory outcome if it occurs. If a so-called "normal" child is prepared for adult life apart from the conditions under which he will live, adjustment problems are inevitable. Unfortunately, it is often necessary for us to do this with the child who is deaf in order to give him a basic education, and when we add the unique and complicated problems of communication presented by his deafness, one wonders that things turn out as well as they do. Unfortunately, at this point he is referred for rehabilitation services, often the persons who have the responsibility to bridge the gap for him from the cloistered world of the residential school to community living and working are unable to give him any practical help. Not only do they not have the techniques to attack his problem, they often lack the training which would give insight of what his real problems are.

A fellow human being under those circumstances may not be given

the services which mean the difference between a meaningful, productive life and one which is unsuccessful vocationally and personally. No one would ever mean for this to happen; it is just that often in the past we have not had the staff, the organization nor the tools to do the job.

The general approach we have taken to our work in the past has enabled us to publish a high "success" rate. This has been good in part but has also had a tendency to cause the counselor to avoid any severely involved case. He has had more cases than he could effectively work with and it has been natural for him to concentrate on those who demanded less of his time. But, as a result, we have developed little tolerance for failure. We will have great difficulty in the future working with a general type of clientele where the "success" rate will be substantially or even dramatically lower. To put it more succinctly, our past volume of cases and shortage of specialists have precluded us working as deeply as we would have liked with the individual personal problems of our clients. Rehabilitation in the future will demand that this be done.

Contrast now what might have happened to our imaginary deaf friend had he been referred to a rehabilitation agency geared to do this level of work. Such an agency would have the staff, the facilities and the understanding of his problem which would enable them to help him make the tremendous adjustment he faces. I believe we live and work in an exciting time when our society wants every person to have the opportunity to develop to his highest potential, and we are beginning to develop rehabilitation services which will insure this.

I believe that the public is sold on the rehabilitation process; that it will finance our work at any level necessary to do the job that we must do. The limitations we face in the future will not be imposed on us by others; they will only be within *us*. We will be limited only by the depth of our commitment to a rehabilitation process which takes into account the total person; that is based on and dedicated to individual worth. Our greatest hindrances will be found in our own attitudes toward our work and the degree of our willingness to invest personally, as well as professionally, in those who need us. Rehabilitation is not accomplished with money and services alone; it also requires human involvement.

It is not easy to take a candid look at ourselves in any part of the rehabilitation field at present, because we find so many areas in which we are weak. These can largely be excused now because we have not known how to do the job of complicated rehabilitation, and we are only really beginning to learn. This excuse, however, will not be al-



lowed by an enlightened public to become a permanent one. They expect us—you, the specialist, and me, the public vocational rehabilitation staff member—to work together to bring full and effective services to deaf adults. This is as it should be.

If we pool our resources, if we give up our vested, selfish interests; and if we truly are more concerned about clients who are deaf than we are about ourselves; we can learn together to do this work at the level it should be done. We must admit what we do not know. We must do research—real research—in the ways we may more practically serve the deaf. I fervently hope and pray that the time required to accomplish this is not too long. It is tragic to let one deaf person suffer from lack of services which we should be able to furnish him in a society as affluent as ours. You have not been satisfied with rehabilitation services for deaf adults, but neither have the public agencies. It will require our best cooperative efforts to make them what they should be.

You and I have been given a frightening responsibility: to help others who need us. However, let us never forget when we do our work satisfactorily the rewards are bountiful beyond the responsibility required.