The Social and Sexual Development of the Deaf Child

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THE SOCIAL AND SEXUAL DEVELOPMENT
OF THE DEAF CHILD

by

Marie H. Kelliher

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University in Partial Fulfillment of
the Requirements for the Degree of
Master of Arts

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CHAPTER I
INTRODUCTION

STATEMENT OF THE PROBLEM

Helmer Myklebust's basic assumption is that, "the sensory deprivation of deafness, results in an alteration of learning processes which is fundamental and which serves as a basis of behavior." This statement is supported by educators of the deaf, psychologists, religious workers, vocational guidance officers and by the deaf themselves.

The counterpart of deafness is hearing and it is the latter that is one of those values in human experience that is little realized. Hearing is the one sense that operates twenty-four hours of the day, but few people are aware of this. Concerning the relative value of such stimuli, the words of Helen Keller are frequently quoted, "it brings language, sets thoughts astir and keeps us in the intellectual company of man."  

Society is becoming more aware of the deaf population within it, and making some provisions for these individuals. Special education is now available for most of those who need it; the government provides captioned films for use in schools and with deaf adult groups; the recent moon walk and news

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reports on some channels are captioned for deaf television viewers; a half-hour children's T.V. program in total communication is presently being aired four times weekly; some political campaign speeches are manually and orally interpreted; a number of banks provide personnel skilled in communicating with deaf clients; and radio warnings about tornado watches are now frequently prefaced by remarks such as, if you have a deaf neighbor make him aware of . . . .

In attempting to comprehend why the deaf person is so apart and so isolated in our society one has to understand what a deaf individual would require to be socially mature. Edna Simon Levine, one of the nation's foremost psychologists in deafness and also a teacher of the deaf lists these requirements:

a) A prerequisite body of information about social customs, habits, and usage.

b) Ample experience in putting such information into practice.

c) Sufficient opportunities to enjoy a variety of social and interpersonal relationships.

d) Attitudes that impel him to seek much experience.

e) A healthy psychic structure that provides
wholesome, well-balanced motivation.\(^3\)

These same factors, interestingly enough, affect the social adjustment of hearing individuals in the same way that they affect the deaf. However, the auditory disability of the deaf usually makes them more vulnerable to adverse influences and the seeds of the latter are usually germinated by early childhood experiences.

To understand the deaf and their handicap one must realize that deafness means more than not hearing, for the principal handicap is one of communication which is brought about by the lack of language. A profound hearing loss at birth or acquired shortly after limits the world of experience and the normal acquisition of language. Language leads to mental growth, social maturity, emotional stability and autonomy. The problem of learning all aspects of language as well as the social implications, through senses other than hearing, presents great difficulties.

The average deaf child is deprived, no matter how early he begins, in his conceptual feel for language, because through vision and touch he cannot accomplish what the hearing child does through verbal language. Thus, many avenues will be left unexplored by him. However, without detailed informational

knowledge in many subject areas, the deaf can still live full and happy lives as long as they learn to understand themselves, to develop the ability to communicate with others, and to fit into society.

Educators, aware of the problems the deaf experience with interpersonal relationships and human sexuality have formulated several sex programs. Two such programs have been designed and published in light of Bonnie R. Wolfram's definition of sex education. The "Growing Up" Program at Clarke School in Northampton, Massachusetts was designed in the summer of 1968 and traces 'growing up' through to adulthood, but does not touch on marriage. Another program was produced through funding by the Federal Government and came out of Ball State University, Indiana, in 1965. This two volume work is quite comprehensive. One volume contains factual information relating to sex and sexual relationships, and the other deals with personal and social relationships. However, users of this program could

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4 Bonnie R. Wolfram, "Health Education: Evolution or Revolution?" The Volta Review, LXX, No. 6 (1968), 505-506. (Definition stated in Chapter I, page 12).

quite easily teach one section and omit the other.\textsuperscript{6,7}

Thus there is still a need for a comprehensive and meaningful sex education program for the deaf. Such a program could prepare the deaf individual for a more satisfying life in the 'hearing' world. This could be accomplished by introducing the proper aspects of human sexuality and interpersonal relationships, at the critical maturation levels. This thesis then, will attempt to outline these levels and provide a foundation on which such a program may be constructed.

**PURPOSE OF THE STUDY**

The reason this research was undertaken was:

To describe the similarities and differences in the psychosocial development of the deaf child and the hearing child, and to provide background information about the deaf which could act as a foundation for an oral sex education program for them.


HYPOTHESIS

The following hypothesis was formulated to be tested in the study.

It is hypothesized that there is no evidence that the deaf have sufficient sex information or education which would facilitate ease in interpersonal relationships.

METHOD OF PROCEDURE AND OVERVIEW

Chapter II contains a review of the literature on the problems of deafness, which encompass communication, language, reading, concept formation, social maturity. This provides a thorough knowledge of the deaf, and of their limitations. The literature pertaining to the sexual patterns of the deaf follows. However, since the research material available is so sparse, interviews with several psychologists (both deaf and hearing), ministers, and social and vocational workers were conducted. The observations of six experienced teachers of the deaf, all still working in the field, were noted also.

In Chapter III Erik Erikson's developmental theory of the healthy personality is used to compare and contrast the ways hearing and deaf children handle the developmental tasks of childhood. In conjunction with Erikson's theory, Daniel Brown

and David Lynn's three components and concepts of human sexual development are also considered.  

Chapter IV consists of a case study of a married deaf couple, and was undertaken with the following in mind:

a) to apply the first three stages of Erikson's theory, to two specific people, and to see how, when, and if, they had reached a successful or unsuccessful resolution of each of these three stages;

b) to look at the dating patterns of the two individuals and see how they compared with those of hearing persons, as the literature shows a marked difference in the dating patterns of deaf persons;  

c) to find out the sources and extent of their knowledge of human sexuality.

Chapter V describes a pilot study, a survey of sex education and resulting social adjustment of deaf adults. This was carried  

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out in the Chicago area. The specific information sought was a) sources of sex education, b) adequacy of the information received for life and marriage, c) dating patterns, d) marital status, and success rating of marriage, e) interpersonal relationships.

Chapter VI is a brief summary and describes the conclusions drawn from the study.

DEFINITION OF TERMS

(Deafness is a broad and inclusive condition which encompasses a wide variety of problems. However, for the purpose of this thesis when the deaf or deafness is referred to the following definition will apply:)

Deafness: A profound hearing loss that was present at birth or acquired shortly after birth. In other words a physical handicap of such severity that it precluded the normal acquisition of language.

Sex Information: Knowledge pertaining to the physical and biological functions of the body.

Sex Education: "Instruction to develop understanding of the physical, mental, emotional, social, economic and psychological phases of human relations as they are

11Appendix C, pp. 128-129.
a) There are two main methods of communication--oral and manual. With oral communication the lip movements and the length of time the deaf person has known the speaker he is communicating with, will be determinants of how well he lip reads. With manual communication the old American sign language, the manual alphabet, or a combination of these two may be employed. A third method of communication now being used is 'total communication' which employs both oralism and manualism. Thus, for accurate and good communication with a deaf person considerable skills are required by both the deaf speaker and the person he is communicating with.

b) The deaf have limited language, and this necessitates that all communication be basic. Hence, instruments used with subjects in this study have limited language, in so far that vocabulary and sentence patterns are restricted, and in some questions grammatical structure has been sacrificed.

12Wolfram, op. cit., pp. 505-506.
for clarity of meaning.\textsuperscript{13}

c) Because of the difficulties in communicating and due to general lack of knowledge about their problems, the deaf are hesitant to participate in research. Their feelings of privacy are even more intensified when the research pertains to sexual patterns and family relationships. Therefore, in research such as this few deaf people are eager or even willing to contribute.

d) The geographical location is another limiting factor, as the deaf are distributed throughout the general population on the usual socio-economic basis, and are difficult to locate.

\textbf{THE SIGNIFICANCE OF THE STUDY}

Parents first suspect deafness, doctors diagnose it, and teachers, skilled or unskilled, are frequently left to cope with the problems a deaf child 'brings'. Hearing parents of deaf children need help as soon as deafness is diagnosed, in the form of direct or indirect counseling, in order to deal with their own adjustment to the handicap. They also need educational advice on how to best 'handle' their child in order to compensate for the malfunctioning auditory sense.

Teachers of the deaf need to understand the growth and

\textsuperscript{13}Appendix B and C, pp. 118-129.
development of the hearing child and to comprehend the handicap of deafness thoroughly. This will enable them to 'translate' this knowledge, and apply it to the growth and development of the hearing impaired child. This is especially important because parents bring their problems to, place their trust in, and frequently get their only guidance from teachers. Today the teacher deals with the deaf child as soon as deafness is diagnosed, and not only later when the child enters school.

Parents of children now in school report that few teachers were able to supply them with good guidance pertaining to the psychosocial development of their deaf children, when they most needed it.\textsuperscript{14} It is hoped that this thesis will provide some information which will be useful as a guide in this direction.

Lester Kirkendall terms sex a phase or aspect of personality, which has direct relationship to physical development and emotional adjustment. He maintains that sex can never be fully understood by just concentrating on the physiological process. According to Kirkendall:

\begin{quote}
The true significance of sex can be understood only by relating it to the total adjustment of the individual and to the social setting in which he lives.\textsuperscript{15}
\end{quote}

\textsuperscript{14}Information gained by teachers during home visits, which were made annually to their students' homes.

If sex is such an important aspect of personality, that it affects both physical and emotional adjustment, and by implication social adjustment in the hearing child, then it is certainly just as important where the hearing impaired child is concerned.

In surveying administrators in ten schools for the deaf in the Chicago area six said they were teaching sex education. However, when sex education was defined as:

Instruction to develop understanding of the physical, mental, emotional, social, economic and psychological phases of human relations as they are affected by male and female, and sex information as the physical and biological functions of the body, only the administrator in one school still maintained that they were providing sex education according to the definition.

It would seem that since sex education has become an integrated part of the curriculum for the hearing child, it should assume importance in the education of the deaf child. Therefore, the situation warrants investigation, and the problems of the deaf, their sex education, and resulting social adjustment need to be considered.

16Wolfram, op. cit., pp. 505-506.
CHAPTER II

REVIEW OF RELATED LITERATURE

The tremendous handicap of deafness is little realized, except by those afflicted. It does not make the pathetic appeal to our sympathies that blindness does. Helen Keller in comparing her two handicaps said,

I have found deafness to be a much greater handicap than blindness. Actually, blindness does not mean very much to me. I know the beauty of flowers by their smell, and the loveliness of their textures and shape through my hands.

In other ways, I have found that acuteness in other senses and the kindness of people have richly compensated me for blindness.

With deafness it is different. In advancing years, I have grown closer to the deaf because I have come to regard hearing as the key sense. That is the door that opens most readily on knowledge, because it is largely by listening to their parents that children learn.

Deafness, by fetting the powers of utterance, cheats many of their birthright to knowledge. A child born deaf cannot learn easily because he can hear nothing to imitate.

It took me twenty-five years to learn to speak as I speak now, and few people fully understand me without Polly's help.

How can people pick up words and weigh their value if they lack the foundation on which knowledge is built?

It is infinitely harder for the deaf than for the blind to grasp concrete facts, much less ponder on the abstract.

It is possible to supply the blind with the means to replacing nearly everything. With the deaf, it is ever so much harder to find a substitute.
That is why, if I could live again, I'd work more than I have for the deaf, and encourage the utmost endeavor to break the silence in which they live.

THE PROBLEMS OF DEAFNESS

Deafness does not present the disciplinary problems of delinquency. It lacks the dangerous menace of contagious diseases, and the unpleasant aspects of physical deformities. Yet deafness, when once established, is, for the most part, incurable.

The uneducated deaf person lives in a world apart. Objects in his surroundings cannot have more than elementary meaning. Denied ready communication with people through speech, reading and writing, he is limited to his own barren mental life. As soon as this isolation barrier is broken down and as soon as the deaf child can communicate freely with his associates, his mental development can make its first great strides toward reaching its full capacity.

It is not difficult to form an opinion about how slowly we would learn if we were allowed to speak to no one, and if no one were allowed to speak to us, and if all books were kept from us. This is the situation in which the untrained deaf child finds himself. The inability to hear sound in itself is

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not the major handicap to the person who is deaf. The major handicap is essentially a by-product, difficulty in communication. The problems of the latter for a deaf person are exceedingly practical problems, continuing problems, and problems that affect his social life, vocational life, recreation, education, psychological and emotional adjustment and his understanding of the world about him.3

COMMUNICATION

Communication is a general term and broadly speaking there are two types of communication for the deaf--expressive and receptive. Expressive communication, or the outgoing idea takes various forms--speaking, writing, using manual finger spelling and manual signs, natural gestures, pantomime, drawing of pictures, etc. Receptive communication or an incoming idea is listening to someone else speak, reading, lipreading, reading signs and finger spelling, and receiving ideas from pantomime, pictures, etc. Most of these receptive and expressive forms of communication are based on our most common symbol system--the English language. The basic problem of communication is the reason for special schools for the deaf.4 The typical deaf


child who lacks ability to communicate and enters school at an early age with no concept of language, is faced with a problem of learning many forms of communication and then using these forms as the tools for obtaining an education.

**LANGUAGE**

The hearing person has a native language because from the day of his birth he is continually bombarded with this language. The typical deaf child has received none of this and his knowledge of his native English is no greater than most Americans' knowledge of Chinese, Russian or Turkish when they have never heard any of these languages at any time during their lives. The hearing child at birth enters a world filled with sound. He spends most of his first two years 'taking in' or receiving language, mainly through hearing, before he develops the capacity to express himself in words.

In comparison, the young deaf child enters a silent world with no auditory stimuli. All he takes in is what he can perceive through vision and touch, and having accomplished this he has no satisfactory way of expressing himself that is readily understandable by others.

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5 Brill, *op. cit.*, p. 3.

The ways in which the hearing child's early learning is acquired explains his rapid growth:

a) it begins at a very early age;

b) it requires no appointed time set aside for it;

c) it does not interfere with other activities;

d) it is a year-round activity, literally a full scale operation of unconscious eavesdropping on everyone and everything in a child's world; and

e) it is uninhibited and imaginative because there is no need for it to be supervised. It is the acquisition of this incidental learning and the ability to interpret and use oral language that provides normal hearing children with the readiness skills needed to begin school.7

The absence of this incidental learning and the resultant lack of readiness skills places the deaf child at a great disadvantage in relation to his hearing peers. For example in considering these latter five points in relation to the deaf child one sees a completely different picture.

a) Learning may not begin early for frequently deafness is not discovered until the child is several years old.

7Hazel S. Smullen, "Beginning Functional Language," The Volta Review, LXX, No. 6 (1968), 497-98.
b) Because a sensory deprivation limits the world of experience, time must be taken to give the deaf child experiences which he has missed.

c) This 'incidental' learning does require special time and if done dutifully, frequently interferes with other activities.

d) To achieve success this learning must be a year-round activity. However, because of the age of the child, the attention span, and fatigue factor, it can only be done for short periods of time, and even then, the parent too, has to be able and willing to spend the time giving the child instruction.

e) Unlike the hearing child, the deaf child's learning has to be supervised. It can still allow for some imagination, though structure tends to inhibit this.

Thus, as young as possible, the deaf have to be structurally taught the information which the hearing child learns incidentally. The problems involved in teaching language to the deaf child who has never had any 'worth-while', usable hearing are probably best described through examples. The long task starts with teaching concrete nouns--boy, mother, ball, doll, etc., and adjectives of size, color, and number. The latter are not

8Myklebust, op. cit., p. 1.
too difficult when taught as labels but the process is time consuming and progress is very slow. However, when combining them in syntax, the order in which they have to be placed causes great difficulties. It is correct to say, **four red cars**, but incorrect to say, **red four cars**, **cars four red**, or **red cars four**. Hearing children use correct word order without even being aware that there are such things as rules to cover this.

Prepositions such as **in**, **on**, and **under**, would appear easy to illustrate and thus easy to teach, however, there are difficulties here too. It is correct to say, "I got **on** the bus.", or "I got **in** the bus." But when the noun 'car' is substituted for 'bus', we say, "I got **in** the car.", but not, "I got **on** the car."

Multiple meaning of common words causes great difficulty also. For example:

Mary **runs** quickly.

Who will **run** against Nixon?

I have a **run** in my hose.

Her nose is **running**.

**Run** after John.

The Cubs made four **runs**.

The river **runs** swiftly during a flood.

Meaning comes with language, above all with verbal language, and verbal language for the deaf comes through the long, slow process of special education. To learn language the way a child
born deaf must learn it, is "as taxing an achievement as is known to man." The deaf child must learn to master the complex skill of language in order to become acquainted with a complex society in which he can take little part. In other words, "... he must master one unknown in order to gain access to the other." Learning language is not a matter of accumulating vocabulary, oral expressions, manual expression, grammatical principles, spelling, or even facts. It is a matter of learning all of these to become "... one of the company of mankind." Language performs this service for a deaf pupil only when he is trained to it at every maturational level. Unfortunately, however, few deaf people attain language levels that are close to the average hearing person's level and this in turn affects their reading ability and reduces the knowledge they gain from the printed word.

**READING**

Many noteworthy studies of reading and general educational achievement of deaf children have been made in the last few years.

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10 Ibid.

11 Ibid., p. 39.

12 Ibid.
The most commonly used tests have been the standardized achievement tests. However, while these tests have been of value, most deaf educators question their face validity when used with deaf children. The assumption is, that if a child can choose the correct response (word of phrase) he comprehends meaning. While this may be valid with hearing children who have a rich language background, for the deaf child these assumptions usually do not hold, and the validity of test scores must be reappraised. The typical deaf child does not respond to total sentence or paragraph meaning, but rather picks out words he recognizes and matches these to the answer that most closely resembles it. The resulting score may be high or low depending on his luck, but is not an indication of his true reading comprehension.

In general, there has been agreement among studies covering a period of years that children, deaf from early life, are retarded at least three years in educational achievement. These findings have again been corroborated by the investigations


15 Myklebust, op. cit., p. 276.
Cognitive functioning of a relatively high order can take place without the mediation of language. Research related to cognition in deaf children centers largely on concept formation, with Furth's and Rosenstein's (1959, 1961, & 1963) research making by far the greatest contribution. Furth concluded that language is not a necessary ability in order to form concepts, although certain concepts are facilitated by language. Rosenstein similarly concluded that deaf children can function cognitively at a level equal to hearing children when the level of language used in a task is within their limits.


Hughes tested deaf and hearing children on perceptual and conceptual tasks and found deaf children to be inferior to hearing children on verbal conceptual problems. Similarly, Oberon found deaf students to be inferior to hearing students in conceptualization. He attributed this inferiority to the retarded development of the deaf child, rather than to basic incapacity. More research is required, but at present it must be concluded that when a task requiring conceptualization necessitates the use of language, the deaf child proves inferior, and the differences that appear are most likely a function of language inadequacies.

Numerous investigations have compared various aspects of language of deaf and hearing children, (Heider and Heider, 1940; Myklebust, 1960; Calvert, 1962; Simmons, 1962). The results of these investigations show that deaf children, without exception, have a generalized language deficit. Thus it can be assumed that this language lag is bound to affect the development, maturation, and social adjustment of deaf children.


23 Stockless and Birch, op. cit., p. 455.
SOCIAL MATURITY

Social maturity is that aspect of human behavior which refers to the attainment of independence. Much less research has been done on the psychosocial development of deaf children, than on their language development, mainly because of the testing problems posed by their lack of language. Heider (1948) found deaf children to be socially dominated by hearing children. Gesell (1956) found the deaf preschool child to be underdeveloped in his social and emotional development. Levine (1957) found adolescent deaf girls delayed in emotional maturity, rigid and egocentric. However, Schlesinger and Meadow (1972) contended that research findings and independent observations which characterized deaf individuals as 'immature' are not a necessary consequence of auditory deprivation. Their research showed different levels of maturity in deaf children from varying environmental conditions. The application of a developmental theory to the impact of deafness at varying stages of the life cycle, pointed to the reversible nature of this characterization. However, this assumption needs to be validated further.

24 Myklebust, op. cit., p. 204.

25 Stockless and Birch, op. cit., p. 455.

26 Hilde S. Schlesinger and Kathryn P. Meadow, "Development of Maturity in Deaf Children," Exceptional Children, XXXIII (February, 1972), 466.
by other researchers.

From the research done by Bradway, Streng and Kirk, Avery, and Myklebust and Burchard, it can be concluded that children, deaf from early life, are inferior in social maturity to the extent of ten per cent up to age fifteen. This increases to about fifteen to twenty per cent at age twenty-one. \textsuperscript{27,28,29,30} The different studies show that the deaf attain the first two stages of social competence, self help, and self direction, but have difficulty in attaining the third. When one considers what this third stage includes—assuming responsibilities, assisting in the care of others, and providing for the future, it is understandable why it presents greater problems than the other two stages. As one would suspect, there is a relationship between intelligence and social maturity, and between social...


maturity and educational achievement in deaf children.31

**SEXUAL PATTERNS AND FAMILY RELATIONSHIPS**

The deaf lack much factual information in many areas, and the literature available shows this deficit of information in the area of sex and sexuality as well. However, even more important, they lack knowledge regarding interpersonal relationships—how to get along with peer group members of the same and of the opposite sex; how to relate to parents, siblings, and other family members, as well as to those in authority and business.

Few studies have been done on sexual patterns and family relationships in deaf populations, principally because of the difficulties encountered in gathering information. Considerations of privacy are intensified in the sexual area in the general population. This also holds true, but to an even greater degree in the deaf population.

Religious leaders state that frequently the deaf bring their questions concerning their changing bodies and emotions to their pastor, because their parents are unwilling or unable to give them the information they need.32 Most of the pastoral problems of ministers serving the deaf, deal with the family.

31 Levine, (The Psychology of Deafness), op. cit., p. 216.

The deaf have great difficulties with marriage—marital problems being extremely common, and this accounts for the high divorce rate in the deaf population (no statistics available). Hewitt writes:

Friction develops because of background differences, problems of sexual understanding and adjustment, different educational levels, and misunderstanding caused by lack of communication.33

Rev. Daniel H. Pokorney states that frequently many schools for the deaf do not go adequately into the subject of marriage, family, and sex.34 This is probably a fairly valid criticism as many schools have no sex education program, and preparation for life and marriage really begins in childhood. However, while universal aspects of growth and development with 'black' and 'white' concepts can be taught with ease, they are not the only essentials in the preparation of the deaf 'citizens of tomorrow'. The real need is to help them develop good interpersonal relationships, which will lead to ease with sexuality, as well as to help them internalize a value system which will fit in with their own philosophy of life.

It has long been known to those working in the field that early deafness creates unique adjustment problems such as those


34 Ibid.
which will be dealt with in Chapter III. It will be emphasized that most problems of the deaf stem from lack of information and understanding, because of sensory deprivation and reduction in language. Thus the area of sexual patterns and family relationships is extremely important and in this area it is difficult to find research.

One survey has been undertaken by Kenneth Altshuler, and the results published. Information was gained through detailed interviews of deaf individuals and their families, on a deaf population in New York State. Altshuler's findings show a marked difference in the sexual patterns of deaf and hearing people. This researcher found that the largest percentages of males (sixty-two per cent) and females (forty-eight per cent) picked up their sex information from friends. Of those who did not, females were more likely to learn about sex at home, while males did so at school or through reading books. Of the girls interviewed none admitted having sexual experience during school years. Large numbers of men also disclaimed sexual experience during this time. This lends weight to the fact that the deaf differ from their hearing peers with respect to prevalence and nature of sexual experimentation and activity in adolescence.


36 Ibid., pp. 92-93.
However, of those who admitted sexual experience, homosexual activity was more common than heterosexual activity in adolescence—in fact, almost twice as common. It must also be noted that many who were interviewed by Altshuler refused to answer these questions.37

Dating information was consistent with sex experience during school years, but shows a marked difference from the patterns of hearing peers, dating and friendships.38,39 Less than twenty per cent had the experience of dating, other than in group situations—usually supervised school functions or parties. More than fifty per cent had no experience that could be described as dating. Ten per cent had no friendly relationship at all with the opposite sex, and almost half of this group had no friends among their own sex, throughout school years.40

In unmarried deaf persons sixteen years or older, less than one-quarter admitted having any sexual experience, and once

37 Ibid., p. 94.

38 James S. Wittman, Jr., "Dating Patterns of Rural and Urban Teenagers" (paper presented at the Family Section at the annual meeting of the Southern Sociological Society, Atlanta, Georgia, April, 1970), pp. 15-20.


40 Rainer, Altshuler, and Kallman, op. cit., p. 94.
again there was a remarkable similarity between the answers of males and females. It is even more striking that forty per cent of men (or sixty-two per cent of those who answered the question) reported that they had no sexual activity at all before marriage. An explanation for this finding is that the deaf are limited in their opportunities for heterosexual activity and that there is probably unreported homosexual activity. Also, many of the deaf may be over-protected by their parents, even in adulthood. Of those who married, seventy per cent had a special girl or boy friend other than their spouse. Fourteen per cent of responding married persons had no dates other than with their own mates.

The research also showed that there was a significant difference between the marital status of congenitally deaf males and that of males who acquired deafness. Two-thirds of the acquired deaf married while only one-third of the congenitally deaf did. The only significant factor here was that many of the congenitally deaf were only children and lacked friends at school; eighty per cent of the deaf court for more than one year before marriage, and approximately one-third court for periods greater than three years; and excellent communicators and poor communicators are more likely to report poor marital adjustment (including separation and divorce) than those rated midway on

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41 Ibid.
the communication scale. 42

SUMMARY

Deafness is a unique handicap. It is physical in origin and nature but the real handicap is intellectual. The basic problem of the deaf child is communication. This is associated with his lack of language, as he has to be structurally taught much of what the hearing child learns incidentally. Reading, concept formation, social growth, and family relationships are other areas which present difficulty for the deaf individual. To further understand the social development of the deaf child it is necessary to compare him with his hearing counterpart and consider the tasks which confront them both in their development. This will be done in Chapter III.

42 Ibid., pp. 95-96.
CHAPTER III

DEVELOPMENTAL TASKS OF THE HEARING AND DEAF CHILD
COMPARISON AND CONTRAST

To understand fully the psychosocial development of the deaf child it is necessary to compare and contrast him with his hearing counterpart, and to consider the tasks that confront them both in their development. Erik H. Erikson (1959, 1963, 1968) put forward a developmental theory of personality. He states that the whole life cycle, the eight stages of man, can be seen as an integrated psychosocial development in a sequence of critical phases. Erikson states:

Each successive step . . . is a potential crisis . . . used in a developmental sense to connote . . . a turning point, a crucial period of increased vulnerability and heightened potential . . .

These developmental crises can be described in terms of successful or unsuccessful solutions: basic trust versus basic mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus indentity diffusion, intimacy versus isolation, generativity versus stagnation, integrity versus despair. The successful solution of any crisis depends on its difficulty and the individual, parental, and societal resources, that are immediately available.

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Erikson's first five stages will now be examined, and the growth and maturation of the hearing child and deaf child, compared and contrasted.

Daniel G. Brown and David B. Lynn (1966) put forward an analysis of human sexual development in terms of three related but independent components—1) a person's sexual structures and functions (male or female); 2) his sex role identification and behavior (masculine or feminine); and 3) his genital arousal and behavior relative to source, direction, aim, and object of gratification (heterosexual, homosexual, or other). These three components will be investigated, in conjunction with Erikson's framework, to differentiate and clarify existing concepts and terms in the psychosexual area.

**BASIC TRUST VERSUS BASIC MISTRUST**

Erik Erikson divides the growth and development of the healthy personality into three stages in the preschool child. The first stage from birth to about the end of the first year he designates as basic trust versus basic mistrust. He describes basic trust as "an attitude toward oneself and the

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world, derived from experiences in the first year of life.  

This is the vital stage where the first relationship, that between child and parents, is formed and the base from which all other relationships stem.

The cries of the hearing baby will give him two physical experiences, that of muscle movement and that of sound, whereas the deaf baby will only experience the muscle movement. Thus from the very beginning of life retardation begins for the deaf baby. The time factor in the mother's response to the cries will also be different. The hearing baby will hear the approach of his mother and her soothing words. The deaf baby will not gain comfort for a longer period since he must first see or touch his mother.

When both babies' needs have been attended to and they are replaced in their cribs, the hearing baby still derives comfort from his mother, even when touch is withdrawn for he can hear her voice and movements as she moves out of his vision range. The deaf baby loses all knowledge of his mother's presence the moment she is beyond touch and sight, and it is an abrupt, total withdrawal which may cause him alarm. These differences in the experiences of both babies have their effects upon the kind of social attitude that each is forming and the seeds of mistrust may easily be sown in some individuals at this early stage.

\[4\] Ibid., pp. 55-56.
The crisis of this first stage in development comes in the second part of the first year. It is characterized by a more violent drive in the child to appropriate, incorporate and observe more actively. In this, once again, the deaf child will be limited. His vision and touch will keep pace with that of the hearing child. However, if he is looking in the wrong direction, visual experiences related to sound will bypass him. The hearing child will learn unconsciously to understand from the intonation of his mother's voice something of the meaning of words. By about the ninth month he will probably respond and look up at the sound of his own name, which will give pleasure to his parents. Only gestures will be comprehensible to the deaf baby.

At this point the parent-child relationship has grave adjustment implications for the mother. It is a well-established fact that parents play an important role in the emotional and social adjustment of their children. Deaf children in particular, are almost a 'mirror' of their parents' adjustment. For deaf parents the raising of a deaf child does not present the problems that it does for hearing parents in the same situation. Thus the young deaf child from the deaf home is usually emotionally quite well adjusted. Frequently the deaf child from the hearing home is not. This is quite significant as the majority

of deaf children are raised in hearing families. The hearing parents are faced with many problems and understandably their own emotional stability is in jeopardy. The root of the problem is that they do not plan or want to have a deaf baby. They are often very unhappy with the child's deafness, particularly during the early years when communication is minimal and their knowledge of the handicap scant.

Dr. Rosslyn Gain Suchman sums up hearing parents' problem in five points:

First the implacable necessity to love your child. This point ties in well with the developmental task of the deaf baby. Parents may be unaware that their baby is deaf and interpret his lack of interest at their approach, and his lack of alertness when suddenly they come into his vision ready to pick him up, as a rebuff to their love for him. On the other hand, if they are aware of his handicap, hearing parents of a deaf child may try harder, but "forced attempts at love often result in conscious, or unconscious rejection of the child, who by his presence reminds the

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parents of their continuing failure to be loving. This is the point where poor interpersonal relationships begin, and if this initial relationship is unsuccessful it follows that there will be more difficulties in this area for the child later in life.

Secondly, hearing parents feel guilt in producing a deaf child.

Thirdly, they have to cope with the aesthetic disavowal of others towards their offspring, over and over again.

Fourthly, restrictions are imposed on the parents' hopes and dreams for the future of their child, and

Fifthly, there is lack of societal support for the parents, for only those with a similar problem can fully appreciate what they are experiencing.

Unless parents can find a way of coping with these five problem areas, the affectual environment provided for the deaf child will be less than optimal for a child's affectual, social and, probably, intellectual development.9

The preschool child's second crisis in Stage I is his awareness of himself as a distinct person. Lack of auditory stimuli should make this characteristic even more noticeable in

8Ibid., p. 45.

9Ibid., p. 47.
the hearing-impaired child, for as soon as touch is withdrawn
and there is no one in his range of vision, he must feel alone
and separated. Because the deaf child relies so much on touch
he will probably be more aware than the hearing child of the
facial features and contours of his mother and of those who tend
his needs.

At this time also children first discover and indulge in
genital play. Masturbation usually takes place in most normal
babies at approximately one year of age and seems to have a
soothing effect.10 One might expect the deaf baby to engage in
more genital play than his hearing peer. However, this too,
may be in some way controlled by the mother-child relationship.
Spitz found that there was a higher incidence of genital play
where mother-child relationships were good, and that genital
play was characteristic of the normal child in contact with an
accepting mother.11

Erikson's final part of the Trust versus Mistrust Stage is
the mother's turning away from the child as she begins to resume
her normal life following pregnancy and postnatal care. This
probably also diminishes, to a much greater degree in the deaf
child than the hearing child, his most valuable source of

10 Joseph L. Stone and Joseph Church, *Childhood and

11 John H. Gagnon, "Sexuality and Sexual Learning in the
stimulation in his personal-social relationships. The seeds of confidence or mistrust are sown here and these have far reaching affects on the potential adult being created. As Erikson states:

In adults the impairment of basic trust is expressed in a basic mistrust. It characterizes individuals who withdraw into themselves in particular ways when at odds with themselves and others.\(^1^2\)

This statement typifies the behavior of many adult deaf people.

When relating this first stage of Erikson's developmental tasks to Brown and Lynn's outline of components and concepts in human sexual development, the first component, that of sexual structure would be established at birth. The second component, sex-role identification and behavior, also would be well established in the first year both consciously and unconsciously by the parents' treatment of the child as male or female, and by the parents' feelings about sex-roles.\(^1^3\)

AUTONOMY VERSUS SHAME AND DOUBT

Erikson's discussion of autonomy versus shame and doubt, reveals that the second developmental stage faced by children, during the period from approximately twelve months to three years, involves the utilization of language. Language not only leads to autonomy but is also influential in dispelling shame

\(^{12}\)Erikson, "The Healthy Personality," op. cit., p. 56.

\(^{13}\)Daniel G. Brown and David B. Lynn, op. cit., pp. 156-58.
and doubt. Thus, in this stage, the hearing child is building up more and more credits towards autonomy when compared with the deaf child. It is the stage where the child learns 'mine' and 'yours'. The ordinary child learns these concepts with concrete objects supported by language, but the deaf child has to learn meaning without benefit of language and is apt to be quite confused.

Autonomy also comes from bowel control and first ideas of 'dirty' parts of the body are also transmitted to the child at this time. Parents find that their deaf child is a little wet after urinating, more frequently than is their hearing peer. The cause is usually the lack of the hearing sense, which results in dependence on feeling rather than combined hearing and feeling. If parents and/or teachers (deaf children are usually in school as soon as they are toilet trained) draw attention to this 'wetness' it may cause the young deaf child embarrassment, shame and/or guilt. If guilt and shame become part of a child's personality in his early life, these characteristics can sometimes be removed by discussing the problems. However, if language is non-existent or limited he builds up a guilt-ridden personality and becomes very unsure of himself. His world consists of just 'no's' and 'yes's'; 'black's' and 'white's' without any shades of 'gray', for in giving reasons

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for actions and behaviors, language is the explanatory tool we use.

A gender role is not established at birth but Money's and the Hampsons' work shows that it is gradually built up through casual and unplanned learning, through explicit instruction and through the child's observations, and that it is usually set a little after two years of age. Deaf children quickly learn that, for them, the easiest way to fit in with the demands of society is to match behavior—to imitate. Thus at this early stage they begin their matching techniques. They soon observe that hearing people do not use their sense of touch in many situations, and so, in matching this behavior, they once again limit one of their avenues of learning.

The sex-role component or the individual's identification of himself with one particular sex, either male or female, is well established in this stage of development. This learning is also reinforced by his parents' example and the importance they place on sex-role.

Identification, or the unconscious development of feelings and attitudes similar to those of peers, especially of the same sex, must be closely examined with relation to the deaf.

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Audition must play a significant role in the total development of feelings of identification. When the latter is restricted it is reflected, especially in ego development, but also in other ways as shown by the research of Bowlby, Spitz, Goldfarb, and Ribble. These researchers have all emphasized the importance of early infancy in personality development and structure. They stress that preverbal experience is consequential to later emotional well being. Their work shows that lack of stimulation and interaction between the infant and his parents might have a disintegrative effect on the child's emotional growth. Thus, for the deaf child whose first years are nonverbal, the implications contained in the latter are striking. He must first identify and learn about society's demands and expectations. He must then make the adjustment between his environmental circumstances and his inner needs with gestures instead of language.


Hearing provides an individual with information about external happenings, as well as providing a way for him to monitor his feelings and thoughts. Donald Hebb in experiments with artificial sensory deprivation, has stressed the importance of this. When a normal person is isolated, denied sensory stimulation and removed from other people he becomes disturbed and hallucinated. He can no longer monitor his own feelings and ideas, or compare the latter with the feelings and ideas of others, which is necessary for maintaining one's emotional stability.\textsuperscript{21} When deafness is present it would quite naturally follow, that, the monitoring of feelings, attitudes, and ideas would be much more difficult.

Studies have shown that for good sex-role identity, the presence of a male and female who interact with the child for the first five years of life, is essential.\textsuperscript{22} In 1969 a survey of the parents of deaf children attending a special elementary school in Australia showed that forty-eight per cent of the children came from homes where only one parent was present. In almost all cases the father was absent, and had left either soon


\textsuperscript{22}Mavis E. Hetherington, "Effects of Parental Absence on Sex Type Behaviors," Journal of Psychology and Social Psychology, IV, No. 1 (1966), 81-91.
after the birth of the handicapped child, or in the first three years after the birth. It was impossible to determine whether the birth of the deaf child caused the homes to break up, or if the child placed such a strain on the marriage relationship that it became intolerable. However, for Australia, this percentage of broken homes was extremely high, and for the male children involved it may have presented some difficulty with sex-role identification.

Once the sex of a baby is known a set of attitudes, which have the sanction of the society and that fit the specific sex of the child, immediately come to the fore. Kagan (1962) and his co-workers reported that upper-middle class American mothers, at least, treat infant boys and girls differently, particularly in responding with more vocalizing to baby girls' vocalizing. This is an interesting point as there are more males in the deaf population than females, and the repeated plea of those involved with deaf babies is "talk, talk, talk."

Another study in which children's sex and language tied in


24 Best, op. cit., p. 135.

25 Mrs. Spencer Tracy, "What can a Mother do for her Deaf Child?" Reprint from If You Have A Deaf Child (Chicago, Illinois: University of Illinois Press, Distributed as a public service by the Hearing Aid Division, Zenith Corporation. N.D.), p. 10.
with parents' behavior might also be considered here. This study involved mothers of hearing preschool children with delayed language. It was found that the language problem caused the mother to experience anxiety and guilt and led to excessive closeness of the mother-child tie, but not the father-child relationship. This is significant as all but one of the children in the study were males. Paul Weiner, who conducted the study points out that the net effect may be an inhibition of the child's language beyond that attributed to the basic etiology of the problem. This clearly relates to data put forward by Sheets and Faber (1968), Hutt and Gibby (1965), and Wolfensberger (1967) concerning other handicaps.

Towards the end of the Autonomy versus Shame and Doubt Stage the hearing child drops the use of gestures and relies on words to make himself understood. He can talk freely and understand much of what is said by others. At this stage the deaf child's need to communicate becomes even more urgent than previously. Often his gestures are accompanied by cries, shouts, or temper tantrums, the result of the frustration of not being understood. This whole stage becomes a battle for autonomy.


and one that is very difficult for the deaf child to win, particularly if he has not been successful in the previous stage—basic trust, and if his parents do not understand and compensate in the correct ways for his handicap.

**INITIATIVE VERSUS GUILT**

Erikson's third stage Initiative versus Guilt in the preschool child's development, covers the period from three years to six years. 28 This is the time, at which the child, having found a firm solution to his problem of autonomy, reaches a more advanced kind of identification. However, while the hearing child may be able "to hitch his wagon to nothing less than a star," 29 the deaf child does not have the same self concept of himself. Deaf children show delayed resolutions of the crisis of autonomy, in not only verbal skills, but also toilet training and feeding. This prevents them taking the same giant steps forward as their hearing peers, in this third stage. 30

The crisis for the child here is to find out what kind of person he will be. The hearing child moves around more freely as he now has much experience behind him, whereas the deaf child with his limited experience and knowledge, is more restricted.

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29 Ibid., p. 74.

30 Schlesinger and Meadow, op. cit., p. 465.
The hearing child has a good sense and command of language but the deaf child has not, and because of this he lags behind and is very hesitant in anything that is unfamiliar. The hearing child's language is punctuated by innumerable questions, the answers to which, give him much information about his environment and those about him, whereas the deaf child at this stage is still 'labeling' only. Thus for him, the many questions so distinctive of the period, are unasked and thus unanswered.

The stage is also characterized by ambition for independence and there is a curiosity about everything including genitals. The third component of Brown and Lynn's, Human Sexual Development, occurs here in genital-sex object preference. This is another area where it appears that the deaf may differ from their hearing counterparts, at least the limited statistics available show more homosexuality than one would expect. However, the deaf population does contain autosexual, homosexual and heterosexual individuals, but in a distribution pattern that differs from the normal population's preferences.

This is also the stage of infantile sexual curiosity, genital excitability, and over concern with matters of sex. Sex

31 Brown and Lynn, op. cit., p. 160.

32 Rainer, Altshuler and Kallmann, op. cit., p. 92.

33 Ibid., p. 93 and 158.
play occurs and much of the preoccupation is a reaction against prohibitions imposed by parents. Sexual investigations and playful sexual acts take place and this is the one area where the deaf child's language is no handicap to his physical activity and physical pleasure.

Conscience is also firmly established during this period. John Whiting puts forward the idea that the father develops this concept, for he introduces the child to the outside world. He believes the male conscience to be more strict than that of the female and therefore the child who acquires his conscience primarily through identification with a male, finding it difficult to forgive himself will have more guilt feelings. If the father is absent, the conscience developed by the child will not be as strict as if the father were present. It is difficult to interpret the extent to which this idea might hold true for the deaf child because fathers usually have difficulty in communicating with their deaf offspring due to lack of time exposure, and frequently their communication is channeled through the mother, who, if Whiting's view is true, would be more forgiving.

**INDUSTRY VERSUS INFERIORITY**

The school years from six years to eleven years, mark the child's entry into the Industry versus Inferiority period, that

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may be summed up as, 'I am what I learn.' In both hearing and deaf children many problems at this stage would be solved through play. Children develop a sense of industry, with an accompanying feeling of competency, and produce a great many things, but play and work need to be alternated.

According to Freud the school age child enters the latency period when intellectual curiosity causes sexual curiosity to be repressed, though many experts dispute this. Socially this is a very important time because industry requires the child to work beside and with others. The deaf child in a deaf class can make social contact with and work with other deaf children. However, when he is placed amongst hearing children he has great difficulty with social relationships and his lack of language must give him a feeling of inferiority. A successful resolution of this critical period depends, to a large extent, on his success in the previous crises; his interaction with family and society, within a learning environment that expects success from a particular child, in that particular period of development, in his particular way. For the hearing child this period is a 'difficult assignment'; for the deaf child, whom

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35 Erikson, ("The Healthy Personality"), op. cit., pp. 82-88.

society labels as 'different', and whose development is slower, the crisis resolution usually shows he has lagged even further behind his hearing peer.

IDENTITY VERSUS IDENTITY DIFFUSION

If the developing child has met with success in his previous tasks Identity versus Identity Diffusion is the stage where, with a good established relationship with the world, childhood ends and youth begins. 37 A student evaluation of a high school sex program in the Anaheim School System in 1967 revealed that physical and emotional changes, self understanding, and interpersonal relationships were the most common problems for hearing adolescents, not sex problems. 38

At this point the deaf youth's physical growth has far outstripped his social and emotional growth, and the hearing adolescent's problems will be of a far greater magnitude in the deaf youth. Since his language is retarded he is unlikely to have the vocabulary necessary to communicate with those who could help him, in the problems he is confronted with, at this stage in his sexual development. His language also prevents him from making all the social contacts he may desire. He is

37Erikson, ("The Healthy Personality"), op. cit., pp. 88-94.

self-conscious and shy because of his handicap, and his lack of social experience. His world of contact is restricted because frequently he is limited to deaf people. He frequently does not know or understand how to have a successful relationship with deaf peers of the same sex, thus relationships with the opposite sex are even further beyond him. If he cannot relate to the deaf who understand his handicap, his chances of interpersonal relationships with hearing people are diminished still further.

The integration taking place in the form of ego identity, during this period, is more than the sum of childhood identifications. Erikson comments as follows:

The sense of ego, is the accrued confidence that one's ability to maintain inner sameness and continuity is matched by the sameness and continuity of one's meaning to others. Thus self esteem, confirmed at the end of each major crisis grows to be a conviction that one is learning effective steps toward a tangible future, that one is developing a defined personality within a social reality which one understands.39

Neither the hearing nor deaf youth can be fooled by empty praise and condescending encouragement, when attempts at bolstering their self-esteem are made. A lasting identity cannot begin to exist without the trust of the first oral stage; it cannot be completed without a promise of fulfillment in adulthood, and the latter is created by accumulating a sense of ego strength

39Erikson, ("The Healthy Personality"), op. cit., p. 89.
at each successive step. If identity diffusion becomes the solution of the stage, life becomes just as Biff puts it in Arthur Miller's, Death of a Salesman, "I just can't take hold, Mom, I can't take hold of some kind of life." 40

At this stage in development, childhood tasks culminate in this sense of identity and by this time hearing and deaf adolescents, with rare exceptions, have drawn a long way apart in their psychosocial development. Thus, with such a record of delayed or unsuccessful resolutions of the stages of childhood and youth, the deaf enter adult society where they are expected to act at a level beyond their development and maturity.

To illustrate more graphically the substance of this chapter, a summary in table form follows. Erikson's first five stages are used as major divisions in comparing and contrasting the development of the hearing child and the deaf child. Also, incorporated within the major divisions of the table are the similarities and differences of both children, when analyzed in terms of Brown's and Lynn's three components of human sexuality.

40 Arthur Miller, Death of a Salesman (New York: The Viking Press, 1949), I. i. 54.
### TABLE 1

**COMPARISON OF THE HEARING AND THE DEAF CHILD'S HANDLING OF ERIKSON'S FIRST FIVE STAGES OF DEVELOPMENT**

<table>
<thead>
<tr>
<th>Developmental Stages</th>
<th>Hearing Child</th>
<th>Deaf Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic trust versus basic mistrust</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth to 12 to 18 months</td>
<td>Sexual structures established at birth.</td>
<td>Sexual structures established at birth.</td>
</tr>
<tr>
<td>&quot;I am what I am given.&quot;</td>
<td>Trusts physical environment and the people that inhabit it.</td>
<td>Often mistrusts physical environment and the people that inhabit it because:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- handicap is inadequately compensated for;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- parents often are unaware of handicap and misinterpret child's responses;</td>
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<tr>
<td></td>
<td></td>
<td>- mother/child relationship is hindered by guilt, sorrow, mourning, and/or anger.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex role identification established by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- parents treatment of the child as male or female;</td>
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<tr>
<td></td>
<td></td>
<td>- parents own feelings about sex roles.</td>
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<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>- parents own feelings about sex roles.</td>
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</tbody>
</table>
## TABLE 1 (Continued)

<table>
<thead>
<tr>
<th>Developmental Stages</th>
<th>Hearing Child</th>
<th>Deaf Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autonomy versus shame and doubt</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months to 3 years</td>
<td>Power struggles between child and parent. Growth and utilization of language; talks freely; understands much of what is said. Drops use of gestures. Masters bowel control and feeding. Sex role identification and behavior well established by this stage.</td>
<td>Power struggles between child and parent. Limited growth, use, and understanding of language. Increases use of gestures in an effort to communicate. Does not master bowel control and feeding till later. Sex role identification and behavior well established by this stage.</td>
</tr>
<tr>
<td>&quot;I am what I will.&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Initiative versus guilt</strong> | | |
| 3 years to 6 years | Moves into the larger society with marked verbal and motor exuberance. | Lacks autonomy to move into the larger society; verbal exuberance further inhibited by handicap; motor exuberance potentially doubled in an effort to express feelings, but inhibited by |</p>
<table>
<thead>
<tr>
<th>Developmental Stages</th>
<th>Hearing Child</th>
<th>Deaf Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infantile sexuality and aggressiveness.</td>
<td>Safety limits placed on child.</td>
</tr>
<tr>
<td></td>
<td>Curiosity marked by unceasing number of questions.</td>
<td>Infantile sexuality and aggressiveness.</td>
</tr>
<tr>
<td></td>
<td>Genital-sex object preference established.</td>
<td>Curiosity retarded by verbal inability.</td>
</tr>
<tr>
<td>Industry versus inferiority</td>
<td>Becomes relatively autonomous; feels he can be, what he imagines he can be.</td>
<td>Often still struggling for autonomy.</td>
</tr>
<tr>
<td>6 years to 11 years</td>
<td>Interacts with family, society, and learning environment.</td>
<td>Interacts with family to degree his development allows; takes little or no part in the larger society; interacts in a 'specialized' learning environment, with similarly handicapped peers.</td>
</tr>
<tr>
<td>&quot;I am what I learn.&quot;</td>
<td>Solves many problems through play.</td>
<td>Solves some problems through play.</td>
</tr>
<tr>
<td>Developmental Stages</td>
<td>Hearing Child</td>
<td>Deaf Child</td>
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<td><strong>Identity versus identity diffusion</strong></td>
<td><strong>Identity versus identity diffusion</strong></td>
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<tr>
<td>11 years to 17 years</td>
<td><strong>Identity versus identity diffusion</strong></td>
<td><strong>Identity versus identity diffusion</strong></td>
</tr>
<tr>
<td>&quot;I am who I am.&quot;*</td>
<td>Childhood ends and youth begins.</td>
<td>Childhood continues due to unsuccessful resolutions of previous stages.</td>
</tr>
<tr>
<td></td>
<td>Physical, genital, and emotional maturity.</td>
<td>Physical and genital maturity, but emotional immaturity still persists.</td>
</tr>
<tr>
<td></td>
<td>New self understanding and interpersonal relationships.</td>
<td>Lack of self understanding and interpersonal relationships, due to language deficit and lack of experiences.</td>
</tr>
<tr>
<td></td>
<td>Self esteem and ego identity born.</td>
<td>Lack of self esteem; ego identity is frequently displaced by ego diffusion as a result of unsuccessful resolutions of preceding stages.</td>
</tr>
</tbody>
</table>

*Author's quote.
CONCLUSION

The deaf child lags behind his hearing counterpart at each maturation level, and this characterizes him as 'immature'. In an effort to establish if this immaturity is the result of varying environmental conditions, the auditory deprivation, or a combination of the two, a case study involving two deaf people will be used to further explore this problem in the next chapter.
CHAPTER IV
CASE STUDY

Previous research indicates that family and school settings are important in the development of the mature deaf adult. It would now be appropriate to investigate this relationship more specifically. To accomplish this, an in-depth interview of a deaf couple and their mothers was conducted.

INTRODUCTION

The rationale for subject selection will be discussed first. This will be followed by brief notes on the interviewer and method. The instruments used, the purpose of each, and the conditions under which the case study was conducted will follow. A full case history of each subject will comprise the next part of the chapter. This will be followed by analysis and discussion. The chapter will end with a brief summary and the conclusions drawn from the data.

SUBJECTS

1. The subjects, a deaf married couple, Paul and Helen, were willing to participate in the study.
2. They both met the criterion—a profound hearing loss which was present at birth or soon after and necessitated special schooling. In other words their hearing loss precluded the natural acquisition of language.
3. The mothers of both subjects were hearing people, who
agreed to be interviewed and provide the developmental history of their respective children, which was an important aspect of this case study.

4. This deaf married couple now have their own family, and thus this allowed for a comprehensive, overall view of a complete developmental history from birth to adulthood. It showed their growth and development as children, in their respective families; their adjustment and socialization at home and in school; their sex education and preparation for marriage; their capabilities in coping with two children; and their present social adjustment as a result of all this.

**INTERVIEWER**

The interviewer was the writer of this thesis, and an experienced teacher of profoundly deaf children.

**METHOD**

The case study/interview method was employed.¹,²

**INSTRUMENTS**

Two instruments were designed—one for the subjects' mothers


and the second for the two subjects.

**Instruments A** - for the mothers of the subjects

This contained two parts.

- **Part I** Identifying information and the general history of the family.
- **Part II** Prenatal, birth and developmental history of the deaf subject.

This instrument contained forty-one general questions, each with a number of relevant points which the interviewer wished to cover. The instrument was not shown to the mother, but simply provided a guide and outline for the interviewer, so that all pertinent information would be covered. Key words, rather than direct questions, were used to illicit responses from the mothers.

**Instruments B** - for deaf subjects

This contained questions about developmental history, knowledge of human sexuality and interpersonal relationships.

This instrument consisted of sixty questions with multiple choice answers. In addition, the subjects were encouraged to write in information or answers. The reason for using this written instrument, with the deaf subjects, was for ease in

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3 Appendix A., pp. 107-117.

4 Appendix B., pp. 118-127.
communication. It was also a compromise, as Helen's chief means of communication is oral, while Paul communicates manually. The questions were written in direct, 'straight' language and a limited number of sentence patterns were used. Vocabulary was also kept to a minimum and, where necessary to clarify meaning, colloquial terms were included in parentheses. Helen and Paul were given similar instruments except for pages four and five, on adolescence, where information pertained to the respective sex of the subject.

PURPOSE

The purpose of this case study was:

1. To investigate the degree to which solutions have been reached, and the process through which Paul and Helen have developed in the following stages of Erikson's developmental theory.
   a) Basic Trust versus Basic Mistrust
   b) Autonomy versus Shame and Doubt
   c) Initiative versus Guilt

Instrument A: For each of these three stages questions were designed to obtain information as follows:

a) Basic trust versus basic mistrust; questions 1(b), 1(d), 2(d), 4, 5, 6, 7, 8, 11, 12, 13, 18, 19, and 21.

b) Autonomy versus shame and doubt; questions
3(b), 3(c), 13, 15, 17, and 21.

c) Initiative versus guilt; questions 13, 22, 24, 25, 26, and 27.

Instrument B: Questions 1, 2, 3, 4, 5, and 6 provided a cross-check on the information supplied by the mothers, regarding developmental history and interpersonal relationships.

2. To examine the dating patterns of the deaf subjects and compare them with those of hearing individuals:


   Instrument B: Questions 7, 8, 48, 49, and 50.

3. To determine the subjects' knowledge of human sexuality and sources of information:


   Instrument B: Questions 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, and 50.

CONDITIONS UNDER WHICH THE CASE STUDY WAS CONDUCTED

1. All subjects were interviewed separately.

2. The interviews were conducted on the same day, to eliminate opportunity (as far as possible) for discussion among those taking part.

3. The interviewer asked questions only when she and the person being interviewed were alone.
4. All participants were interviewed in their respective homes. This proved particularly informative in relation to the subjects' mothers, as both had other children present at the time and their interaction with them could be observed.

5. Paul was absent at the scheduled interview time. The written interview was left for him. It was apparently completed that night and mailed, as it was returned to the interviewer a day later.

6. After Helen completed the written questions, the interviewer reviewed them with her so that they were understood. At this time she also volunteered additional information.

CASE STUDY - PAUL

Paul was twenty-five years old at the time of the study. He was the second child in a family of eight children. His parents were both American-born and no history of deafness was known in either family.

The mother's attitude towards this pregnancy was good, though she was frightened, because of the difficulties she experienced in giving birth to her first child. The father adjusted well to the realization of another child. The pregnancy and birth were normal. The father was more pleased than the mother about the male sex of the child.

Paul cried a great deal in the first months after birth, and it was difficult to pacify him. Later, when he gained more strength, he began pounding his head. He slept in a crib in his parents' room and though he was at times restless at night, this behavior was not unlike that of other children in the family. His mother always tended to his needs, both day and night.
Paul received bottle feeding till his third year, and weaning took a long time, but no specific age could be recalled. However, a bottle pacified him and was often used for this purpose. He was a 'picky' eater and refused any new foods that had an unfamiliar smell. To avoid feeding problems, his mother gave him only the foods he liked, and admitted spoiling him in this way.

The social smile, babbling, sitting, walking and dentition seemed normal, though Paul's mother had difficulty remembering any specific age at which these 'developmental milestones' occurred.

Paul's father was absent from the home for a period of about six months when he was between one and two years of age. A period of readjustment to a male figure in the home, took place on the father's return.

When Paul was about eighteen months old his grandfather drew attention to the fact that he had no specific words, though he was still emitting sounds. Gross sounds were then made behind Paul on frequent occasions, and his parents soon realized he did not respond to sound. Deafness was not confirmed until Paul was over two years old. At this diagnosis both parents felt 'the end of the world had come', shock and pity—even though they were unaware of the ramifications of profound deafness. Paul's parents received no counseling or educational help at this stage, although they did get some information from the John Tracy Clinic in Los Angeles.

Toilet training took place between eighteen months and two years and he had no history of bed wetting.

Paul was forced to do a great deal for himself when small because his mother had two children in the two and a half years following his birth. Paul's mother stated that from early infancy, he would rock back and forth. This behavior persisted until almost adulthood.

His mother reported that he seemed a very normal child in the home and had good interpersonal relationships with her and the rest of the family. He was particularly fond of his elder brother—a friendship that still continues. No noticeable signs of frustration at not being able to communicate, were recalled. (Communications between Paul and his family was by means of simple, natural, signs and gestures.) His mother said that he was frequently 'left out' or unaware of what was going on within the family.
Paul's information regarding interpersonal relationships and frustration, was in direct contrast to that supplied by his mother, about his early years. He stated that he felt very angry because he could not communicate like his siblings and felt neither his mother nor his father really understood or talked to him when he was small, though he communicated more with his mother than any other family member. He also reported playing with his elder brother before going to school and also a friendship with another deaf boy in his preschool days.

Paul learned mainly by observing rather than experimenting and would imitate the behavior of his elder brother. His mother could not recall any genital play, just the rolling back and forth on the bed or floor.

He began school when he was three years eleven months, at a day class for the deaf in Wisconsin, some distance from his home in Illinois. This necessitated his mother taking him to the school each Monday and picking him up there on Friday. On week nights he lived with a family in the town where the school was located and was transported from this house to the school by the special bus provided. His mother's evaluation of this situation was not good, as she was not happy about the home in which he was placed. He took school, however, in his stride, and made friends with both girls and boys.

Paul's family moved to Wisconsin when he was six years old, where he was able to live at home and attend another day class for the deaf. He was in this situation for two years before the family moved again back to Illinois. A day class for the deaf had by this time been established in the area, and Paul entered it and was taught by the oral/aural procedure, which had been used in his previous two schools.

When he was twelve his family decided to send him to Jacksonville Residential School for the deaf. (No reason was given for this course of action.) His parents were advised by the school that he should enter the manual department, as his communication was extremely limited and he needed to build up work skills as quickly as possible. He enjoyed this school and responded well to manual communication. He had no problems with relationships here with either sex, dated early, and participated in many activities.

Paul's mother said that neither she nor her husband gave their son any sex information, because they did not know how to handle it, but that some information was given to him in the residential school on this subject. Paul verified the latter statement, but reported that he gained most of his information pertaining to sex, from a deaf friend at school. He also
stated that he never asked or talked about sex with his parents, but did talk to his elder brother, who too, gave him some information.

He masturbated during his adolescent years, and though his mother was unaware of it did 'explore' girls, while home from school on vacation. He had no homosexual experience, at home or school, at any time.

Paul began work as an assembler, at nineteen years of age, with the same firm that employed his father. He lived at home and dated both hearing and deaf girls. At this age he also had intercourse for the first time, but used no birth control measures then, or at any time prior to marriage.

He began dating Helen in September, when he was twenty-one years old. In November she told him she was one month pregnant. He decided to marry her. His mother stated that she thought it 'was nice', when she found out he was getting married, but his father would have preferred that he had waited longer, before taking on the responsibilities of marriage. Paul married Helen in February and he was not aware at that time that their children would be deaf.

Paul has an excellent work history and still holds his original job. He and his wife bought an old house a year after their marriage and are now in the process of finding a new home to purchase. Together, they go with a real estate agent in the district, to view homes.

Paul has adjusted very well to marriage, according to his mother, and other testimony in this case study supports this. He, himself, considers his marriage 'very happy', and now has two deaf children--Mark, a four year old, and Paul Jr., who is two years old. Since marriage, Paul and Helen, have made new friends--mainly deaf people, in the area where they live.

**CASE STUDY - HELEN**

Helen was twenty-two years old at the time of the study. She was the second child in a family of six children. Her parents were Polish and Catholic, and she was born in an American displaced persons' camp in Germany. There was no known history of deafness in either parent's family. Her mother had been married previously and had one son from that marriage. Helen's father legally adopted this child.
Both parents' attitude towards this pregnancy was good. The father had no sex preference but the mother wanted a girl. The pregnancy and birth were normal and Helen was a 'fat', healthy, alert baby. After birth she was taken to the camp accommodation where she lived for six months. Her uncle and aunt also had a girl, Mary, who was twelve days younger than Helen. They, too, shared the camp living quarters with Helen's family, so that both children were reared together for six months.

Helen was a happy, normal baby and slept soundly on a bed. Her mother frequently slept beside her when her husband was at work. She was breast fed for seven months and her mother also breast fed Mary, (Helen's cousin) during their stay in the camp. Bottle feeding followed and she was not completely weaned until she was over two years old. Helen's mother gave her a pacifier at this stage and she used it until she was well over three years, when her mother put pepper and salt on it, to break her away from it. She ate well and was not fussy about her foods.

Helen played a great deal by herself and she would cry if someone walked by. By six months her mother realized that her child was quite sensitive to light, while Mary was more sensitive to sound, however, she attributed this to normal differences between children.

At six months of age Helen was brought from Germany to America, where her family lived with her mother's aunt for a period of six months, before moving into a place of their own.

Helen was given a crib to sleep in, on her arrival in America and after some initial adjustment, she soon was happy with her new sleeping arrangements.

She gave a social smile at approximately two months, babbled early, sat alone at seven months, walked before she was a year old, and her dentition followed the normal pattern of most children. Her mother talked to her a great deal in Polish and she imitated a few words.

Helen's mother gave birth to another girl, Irene, fifteen months after Helen was born. As Irene grew up she advanced much more quickly than Helen had and the two became very good friends. Helen explored by herself, but also followed what her younger sister did. She played with toys, mumbled a great deal, attempted to talk and used many natural gestures to communicate.

At age three Helen ran onto the road and did not respond to her mother's loud calls or the shouts of neighbors. Friends
made arrangements for Helen's mother to take her to a university speech and hearing clinic to be tested for deafness. Here the mother was advised by Dr. X. that her child had a profound hearing loss; that she was too young for school and that the family should learn English, as a bilingual home was too confusing for a deaf child. Dr. X. told her to talk to her child, give her experiences, and teach and allow her to be self-sufficient and independent in the home.

The mother stated that she followed this advice and had little difficulty in the following years in communicating and teaching Helen. No other counseling was received and the mother reported that neither she nor her husband suffered any great trauma at the deafness diagnosis. They had no guilt feeling and felt after what they had been through, and with their faith, they could cope with this new burden—though at this stage they knew little about deafness. (Suffering is valued in Poland, and Poles characteristically tend to prove their own worth by their suffering.)

Toilet training did not take place till Helen was well over three years old and was achieved by observing her younger sister who was trained just before she reached age two. Helen, after training, had no history of bed wetting.

Periodically Helen was taken to a G.P. for check-ups. He suggested to Helen's mother that she consider letting her child be adopted by him and his wife, as he felt they did not have the money or background to give a deaf child all the educational help that would be needed. Helen's mother's reaction to this was not hostile, but she told the doctor, "no one could give her love or understanding like I could."

There was no school or class for the deaf in the area where they lived and the local school would not accept Helen at age five or six. After Irene, Helen's younger sister died at age five, following a tonsillectomy, her mother approached a local minister to find a school placement for her deaf child. She was advised to contact a church social service department which sponsored an oral/aural program. Because Helen was seven years old and had never been in school, the director was somewhat reluctant to accept her, as she would have to be placed with a group of three, four and five year olds or with children her own age, who had already been in school three and four years.

Helen began school at age seven and started in the class

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with the younger children, and though she was not at first enthusiastic, she soon adjusted to the situation. Her mother took her back and forth to school daily. She made exceptional progress in school, for a 'late starter', and soon moved in with her peer group. She made friends with girls rather than boys and her close relationship with her mother continued.

Her mother explained menstruation to her and continued to teach and help her at home, by letting her observe and then experience new situations. She was able to lip read quite well and communicate fairly normally with her siblings. Her parents were pleased with her progress in school and when she entered high school, her mother drove her to another deaf child's home where the school bus picked her up and transported her back and forth to this location.

Helen was allowed to go on outings with a deaf girl friend when in high school, but frequently she was taken and brought home by her parents.

Helen reported that her mother understood her as a small child and is still the person she confides in, and turns to, for advice. She stated that her relationship with her father was not very close, and she did not see a great deal of him, as he held down two and sometimes three jobs. She liked and always got on well with her brothers and sisters.

No formal sex education program was taught in school, but Helen, on occasions asked her teacher questions, which were answered. Her mother was the person who gave her the most sex information and she also gained some knowledge from a deaf girl friend. There was no sexual activity between the boys and girls, to Helen's knowledge, when she was in school.

She dated for the first time when she was sixteen years old, and dated a deaf boy alone. She later went to a tournament with a deaf girl friend and met Paul. She dated him for two months and then missed a menstrual period. She immediately told her mother, that she must be pregnant. Her mother took her to a physician who confirmed the pregnancy.

Helen wanted to marry Paul, but was given a number of options by her family, who, though they were upset, gradually adjusted and made the best of the circumstances. The school was informed and Helen continued on at school until Christmas vacation, when she left. During this period her mother continually explained the responsibilities of marriage to her, and Helen at no stage wished to change her mind about marriage with Paul.
Helen and Paul were married in February, when she was seventeen years old. Her mother stated that when people asked about her daughter's marriage at this time she stated the truth, that her daughter was pregnant, loved Paul, and wanted to marry him.

Mark was born in June, and before his birth, Helen was unaware that he would be deaf. She also stated there was much about sex and marriage she should have known prior to being married. She did not use any form of birth control before or immediately after marriage, and a second child born two years after the first, was unplanned.

She has not worked since her marriage, but has been happy with her husband and two deaf children, the oldest of whom has now started school. She and her husband communicate well, make joint decisions, manage their own affairs, and have made new deaf friends together. Helen still keeps very close contact with her family and also with her deaf school friends.

ANALYSIS AND DISCUSSION

It should be noted by the reader, that the hypotheses made in the analysis, discussion, summary, are based on the author's own knowledge and study of the deaf; experience in teaching and 'handling' both hearing and deaf children, in school and at home; and on Erik Erikson's developmental theory of personality--the whole life cycle--the eight stages of man.

Erikson's stages are like building blocks that fit one on another, but at the same time are interrelated. Each stage is characterized by a crisis which must be met--the outcome of which, is a successful or unsuccessful solution. Thus, the foundation for the solution is prepared in previous stages

6Erikson., The Healthy Personality, op. cit., pp. 50-100.
and worked out further in subsequent stages.

Paul and Helen when evaluated on the first three stages of Erikson's developmental theory, present a striking contrast. This is particularly interesting as they were similar on a number of variables.

a) Both were diagnosed as deaf, relatively late.
b) Both came from the same social class— but perhaps different levels of that class.
c) Both were from large families.
d) Both were in the same ordinal position in their respective families.
e) Both had siblings three years older and siblings younger, born within eighteen months of themselves.
f) Both subjects had a younger sibling who was also deaf, and the same sex as themselves.

In the respective developmental history, of Paul and Helen, home and school were important, but quite different determinants, in their ultimate adjustment.

BASIC TRUST VERSUS BASIC MISTRUST:

The main task of infancy, the period from birth to twelve to eighteen months, is establishing a sense of trust. This depends chiefly on the accomplishment of a good mother/child relationship and for the infant this is a time when he is seeking trustworthy, dependable people and a predictable environment where his needs are met.
This was a difficult period, according to the case study data, for Paul and his mother, and the solution of the crisis in this period would appear to be basic mistrust. He was bottle fed and it is hypothesized that the bottle was frequently 'propped', as his mother became pregnant six months after his birth, and this necessitated her turning away from the child earlier than would be expected. As a baby he cried a great deal and this would no doubt have caused anxiety and tension in the home, as did his 'fussy' eating habits. His head pounding, must have been distressing to his mother, and may have been an indication that he was seeking stimulation or showing first signs of withdrawal. His mother, unaware that he was deaf, made no special effort to talk to him, so that he could observe her lip movements. There is also no evidence in the data that she got any family support in her motherhood role.

When interviewed, Paul's mother was somewhat defensive. During the course of the interview her casual interaction was observed with several of her other children. An incident with her five year old deaf son, probably is indicative of the way Paul was frequently handled. John burnt his finger while experimenting with matches and entered the house screaming. His mother got ice for the burn but could not manage to get John to

trust her to deal with the injury, and rather than force the issue she allowed him to cry and run to another room, where he rolled on the floor in pain.

Helen, on the other hand, had many experiences in the first year of life which would have developed a good mother/child relationship and established a firm basic trust according to Erikson's criteria. She was breast fed and slept frequently in the same bed as her mother, necessitating much bodily contact. She shared a 'twin-like' relationship with her cousin, Mary, and was frequently given attention by a number of adults in the camp in Germany, and later in the extended family in America. She was spoken to a great deal, so she was probably able to observe lip movements directed directly towards her on many, if not all occasions. Her mother received familial and cultural support and also could share her prenatal and postnatal experiences with Mary's mother, in the same camp quarters.

When interviewed Helen's mother was warm, frank, and expressive, and in observing her interaction with four of her children, the interviewer was impressed by the mutual respect and loving-relationship that existed between mother and children.

**AUTONOMY VERSUS SHAME AND DOUBT:**

The basic task of the period from eighteen months to three years is to develop the sense of being a separate human entity, who has control over his body and can influence the environment. Bitter power struggles are characteristic of this stage.
Paul's case study shows that deafness was diagnosed in this period. His mother was extremely busy with his two younger siblings. She was also emotionally upset by the knowledge that she had a deaf child. She had not established a good basic relationship with Paul, and now in her sympathy and pity for him, found it easier to give in to his demands.

Feeding caused a battle because he would eat only the foods he was familiar with and bottle feeding continued well into his third year to pacify him. However, even though Paul apparently won a victory here, it may have been self-destructive in terms of development of autonomy.

No effort was made to compensate for the verbal skills which he should have been acquiring and which could lead him towards autonomy. He was, however, exposed to the communication and verbal play of two younger siblings. Since basic trust does not seem to have been the solution of the previous stage, his siblings may have only added to his doubts about himself.

Toilet training was accomplished by two years, which would have given Paul a measure of autonomy, but no doubt this was a necessity in this family as the two younger children would also have been in diapers.

Schlesinger and Meadow report that deaf children show delayed resolutions of the crisis of autonomy in many areas.  

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8 Schlesinger and Meadow, op. cit., p. 465.
Thus Paul's history during this stage is not particularly unusual for a hearing impaired child.

Helen, during this stage, did make some positive steps towards development of autonomy. However her case adds further support to Schlesinger's and Meadow's report in that her complete resolution of this period came much later than age three.

Helen built up some autonomy through her feeding, as she was completely weaned by two years and was not a fussy eater. She also fed herself early. Her verbal skills were few, though she did continue babbling and imitated a few words. This indicates that she must have been spoken to a great deal by her mother and probably by her younger sister also.

Toilet training was late in being accomplished—she was well over three years, so while Helen gained some autonomy through feeding in this period, lack of verbal skills and bowel control delayed the complete resolution of the period until a subsequent stage.

**INITIATIVE VERSUS GUILT:**

The task of childhood, in this period from three to six years, is to develop a sense of initiative with a feeling of purposefulness of life and of one's own self. For Paul this was a very difficult period because he had no verbal language and a

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9Ibid.
few natural gestures and signs served as his only means of communication. Language is also a tool in dispelling guilt, but one that was not available to him. The numerous questions, so typical of this age, were all unasked and thus unanswered.

His mother was not aware of any infantile sexuality during this period. Paul's first memory of 'exploring' girls was at age nine. If this information is accurate, it shows a departure from the normal pattern, as the ages from three through six are characterized by infantile sexual curiosity, genital excitability, and over concern with matters pertaining to sex. Paul's initiative in this area may have well been delayed to a subsequent stage.

His motor exuberance, so characteristic of the period, would no doubt have been curtailed by the safety limits placed upon him because of his handicap. Also, he entered school before his fourth birthday, which again would have restricted his mobility, as children of this age and younger, are expected to sit still for long periods in order to observe the teacher attentively.

Entering school required him to live week days in an unfamiliar home. This must have been very traumatic for him, as it is doubtful that he understood the reason for this action. This experience could easily have instilled guilt feelings in him.

Helen had no notable verbal language during this period. However, she was able to understand many of her mother's actions.
She was also able to communicate to a degree, by natural gestures and mumbling, since a good mother/child relationship had already been established. Since deafness was not diagnosed until after she was three years old, she was also free up to this time to explore and move about at will. Running out on the road showed that she had some freedom and also indicated some development of initiative, as her mother felt that she was running across the road to a house the family had moved from just a few days prior to the incident.

When deafness was diagnosed, during this stage, Helen's mother was given some sound advice, which was obviously followed and contributed greatly to her daughter's development.

a) She was not sent to school, where only English was spoken, but rather she was at home where the language change was made in the environment she knew.

b) Her mother gave her more and more experiences, and continued talking to her like a normal child, but always so that Helen could observe her lips.

c) Her mother made a point of making Helen self-sufficient.

In accomplishing the latter Helen's mother had great support in Irene, Helen's younger sister, as the children were able to explore and learn things together. Also Helen was able to observe much of Irene's initiative. The interviewer feels that Helen learned much and discovered a great deal for herself, as
she seemed uninhibited by guilt or fear of unreasonable punishment.

**Dating Patterns:**

Although the old pattern of avoidance may still be a potent factor in many groups, new dating patterns are emerging which promise to revolutionize boy-girl relationships, and the age at which relationships begin. Carlfred Broderick and Stanley Fowler found that new patterns of cross-sex interaction of preadolescent children between ages ten and thirteen were developing. However, they did not find the old pattern of hostility and withdrawal dead, but reported that new behaviors were based on greater understanding and sharing of values.

Research done by Kenneth Altshuler in a deaf population in New York State, revealed that only forty per cent of deaf people have dating experience, either alone or in groups, while in school. One must note here that many of the deaf are in school till at least twenty years of age, so perhaps they might be included in one of the specific groups that Broderick and Fowler refer to as still avoiding early dating.

In comparing the case subjects, Paul and Helen, with the

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11 Ibid., p. 30.
results of this dating research, on hearing children, Paul would fit in with the Broderick-Fowler findings, as he dated early (about twelve years), and showed interest in the opposite sex early in life, while Helen, who did not date till sixteen years of age, and had all girl friends till this age, is closer to the more typical, average deaf person, whose dating does not begin till he is older.¹²

**KNOWLEDGE OF SEXUALITY AND SOURCES OF INFORMATION:**

The evidence in the case study shows that Paul received no sex education in his home, and asked his parents no questions concerning sex. He was given some information by his older brother and later acquired more in the residential school for the deaf. Reproduction and venereal disease were dealt with in the latter institution. It is difficult though, to ascertain without a tool designed specifically to test knowledge, (which is comprehendable by the deaf) how much detail was given, and how well it was understood. However, the person who gave Paul the most knowledge about human sexuality was a deaf boy friend at school. The limited knowledge test given him showed that he did not have an understanding of birth control, nor of Mendel recessive genes prior to marriage.

Helen was introduced to sex education in her home, just

¹²Rainer, Altshuler and Kallmann, *op. cit.*, p. 94.
before her first menstrual cycle, when her mother explained the procedure, but not the full process to her. Her mother continued to give her some sex education, and was the person Helen designated as giving her the most information about human sexuality, though she did gain additional knowledge from a deaf girl friend and from her teacher. No formal sex education was given in the school that Helen attended. She did not learn about birth control, venereal disease or Mendel recessive genes till after marriage, and it is hypothesized that there is still much she does not know about sexuality.

**SUMMARY**

It is hypothesized that Paul did not establish a basic trust relationship in his first year of life, and has never learned to communicate with, or fully trust his family. This hindered the time his development took in the successive stages of Erikson's epigenetic stages. On the other hand, Helen achieved an excellent basic trust relationship with her mother in her first year and was able to progress with far more ease and confidence through the succeeding stages.

It is further hypothesized that school played a much more vital part in Paul's development, than Helen's. Firstly, Paul was still looking for a trust relationship when he was finally placed in the residential school. Here he was taught to communicate manually, which for him was very comfortable. Here he made his first 'real' contact with people. Secondly, he found
that he made friends easily in this situation, and this must have been very important to him at the onset of adolescence. Thirdly, he was removed from his home, which must have been a constant source of anxiety to him, because he was unintentionally excluded, and could not communicate there. He entered for the first time an environment where he could clearly distinguish the 'boundary lines'. Fourthly, he found a new, uninhibited freedom among those who understood his handicap or shared a similar handicap.

Autonomy was established late in both Paul and Helen, which as previously stated, is not unusual where deafness is present. However, it is postulated that Paul's placement in the residential school, may have been occasioned by his continuing power struggle, and failure to achieve autonomy, even as late as age twelve. The supporting evidence for this assumption is that the school switched him to manual communication, due to his inability to communicate verbally, and autonomy comes with mastery of language--communication.

Initiative seems to have been delayed and also curtailed by restrictions imposed on Paul, because of his handicap. Helen, had far more freedom and displayed more initiative than Paul, when compared with him at this third stage. However, it is doubtful that she could compare with an average hearing child at this stage. It would seem likely that Paul who was sent away to school before age four, developed some guilt, as a result of
being taken back and forth from a week-day home to a week-end home, especially since he did not fully understand it all.

The dating patterns of these two subjects provide little data, by which they could be compared and contrasted with any large sample of hearing subjects. However, a study with a large sample of deaf subjects, may point to valuable findings, and may show a change in the only dating pattern of deaf people, at present available. Both subjects received insufficient sex education, but it is interesting to note once again, that most of Paul's knowledge was gained from a friend or teacher at school, while Helen's information was supplied mainly by her home. The unconscious or deliberate denial of any infantile or childhood sexuality, and lack of any sexual education or discussion in Paul's home, may have led to guilt. However, if this did occur, it was later remedied by education and communication at school, as Paul, today, seems to have a healthy attitude towards sex. The fact that Helen was able to approach her mother when she missed her first menstrual period, shows her trust relationship once again, and initiative rather than guilt.

CONCLUSIONS

1. The home and school play vital parts in the psychosocial development of deaf children, and if the roles these institutions play, could complement each other, they would do much to overcome many consequences of auditory deprivation.
2. Good sex education which should be provided by both the home and school is not only a necessity for hearing children but it is particularly essential in the case of handicapped children.
CHAPTER V
PILOT STUDY

A case study, like that described in Chapter IV, does provide valuable information about the specific individual, and is a useful tool for the practical application of the theoretical principles outlined in Chapter III. However, from the knowledge gained in such a case study, it would be both unwise and dangerous to make broad generalizations applicable to all or to other deaf people. Therefore, while the case study serves as part of the base for the assumption that the deaf are lacking in knowledge pertaining to sexuality and interpersonal relationships, it can only be used as partial evidence for this supposition.

Interviews with six teachers, a psychologist, two ministers, a vocational guidance officer and a social worker all gave positive support to the original hypothesis, that there is no evidence that the deaf have sufficient sex information or education, either to facilitate ease in interpersonal relationships, or to contribute in any positive way to good social adjustment.

To validate further this postulation and to find out specifically what areas caused the adult deaf population the most concern in matters covered by the term 'sexuality', in its broadest sense, a small pilot study was conducted.
Deaf adults in the Chicago Area.

INSTRUMENT

A tool called, "A Survey of Sex Education and Resulting Social Adjustment of Deaf Adults," was designed. It consisted of twenty-four questions with multiple choice answers, seeking information about the following:

a) sources of sex education
b) adequacy of the information received, for life and marriage
c) dating patterns
d) marital status—success rating of marriage—reasons
e) interpersonal relationships

The questions were formulated by the author of this thesis and then reviewed by a teacher of the deaf, an educator in sex education, and a social worker. Comments and suggestions were noted and appropriate changes made. A two page limit was decided upon, as it was felt that there was more likelihood of a short questionnaire being completed and returned. Also, completion of such an instrument would not be too time consuming or place the subject under undue stress.

'Straight' language, a limited number of sentence patterns

1 Appendix C., pp. 128-129.
and restricted vocabulary were all taken into consideration, in formulating the questions. A stamped addressed envelope and a covering letter explaining the survey, and giving a deadline date for return, were enclosed with each questionnaire.

**DISTRIBUTION**

The surveys were distributed to a cross-section of deaf adults by personnel in these institutions:

a) a university, in contact with deaf people
b) a church, which has special services for the deaf
c) a vocational agency, which serves deaf adolescents and adults

After initial contact, soliciting cooperation, the surveys were mailed to the above places. Sixty-eight copies of the instrument were distributed.

**ANALYSIS OF DATA AND COMMENTS**

There was a twenty-nine per cent return of questionnaires by the date specified. However, only fifty per cent of the surveys returned were completed by adults who fitted the criterion of deafness specified in Chapter I.\(^2\) Hence, the following data represents information supplied by ten profoundly deaf people only, (six males and four females) and these ten subjects make up the one hundred per cent base used in the following findings.

\(^2\)Chapter I., p. 8.
Table 2 shows that the main source of sex information, for this group of deaf people was friends.

Table 3 indicates that ninety per cent of subjects received no sex information from their parents. Here it should be noted that all subjects who participated in the survey had hearing parents.
TABLE 4
School as a Source of Sex Information

<table>
<thead>
<tr>
<th>School as Source</th>
<th>Per cent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received some information in school</td>
<td>30</td>
</tr>
<tr>
<td>Received no information in school</td>
<td>70</td>
</tr>
</tbody>
</table>

Table 4 shows that seventy per cent of those who completed the survey had no sex education in school, and of those who did, all felt it was not adequate. However, it must be noted here that the average age of those taking part in the survey was forty-four years, and these people would have finished school before the 'big push' for sex education in schools began.

TABLE 5
Recommended Source of Sex Education

<table>
<thead>
<tr>
<th>Source</th>
<th>Per cent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>The home</td>
<td>10</td>
</tr>
<tr>
<td>The school</td>
<td>20</td>
</tr>
<tr>
<td>The home and the school</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 5 indicates that most of these deaf adults feel sex education is the responsibility of the home and the school combined. There was one hundred per cent agreement among these
who participated, however, that good sex education was a necessity for deaf children.

**TABLE 6**

Time of Establishing Heterosexual Friendships

<table>
<thead>
<tr>
<th>Time</th>
<th>Per cent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Took longer than hearing people to make friendships with the opposite sex</td>
<td>90</td>
</tr>
<tr>
<td>Did not take longer than hearing people to make friendships with the opposite sex</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 6 data indicates that it took ninety per cent of those in the survey longer than hearing people to make friendships with the opposite sex. The main reasons being self-consciousness (forty per cent), and inability to communicate their feelings to another person (thirty per cent).

**TABLE 7**

Age of First Date

<table>
<thead>
<tr>
<th>Age</th>
<th>Per cent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 years</td>
<td>10</td>
</tr>
<tr>
<td>18 years</td>
<td>60</td>
</tr>
<tr>
<td>17 years</td>
<td>10</td>
</tr>
<tr>
<td>16 years</td>
<td>20</td>
</tr>
</tbody>
</table>
Table 7 shows that all subjects had dated, and the average beginning dating age was seventeen years and six months, with seventy per cent being over eighteen years before their first dating experience. However, since the type of date was not clearly defined in the questionnaire, different interpretations may have been given to this—though it is assumed that the ages specified probably represent dating alone.

TABLE 8
Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Per cent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>30</td>
</tr>
<tr>
<td>Married once</td>
<td>50</td>
</tr>
<tr>
<td>Divorced</td>
<td>10</td>
</tr>
<tr>
<td>Married twice</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 8 indicates that of the seventy per cent of married subjects only twenty per cent were divorced, and of this twenty per cent, only ten per cent had remarried. This does not support the statement that there is a high incidence of divorce among deaf persons. However, the fact that sixty per cent of those who participated in the survey were Roman Catholics, could have some bearing on this.

---

3Hewitt, op. cit., p. 902.
Table 9 indicates that of the seventy per cent of married participants, thirty per cent rated their marriage as 'all right', thirty per cent as 'unhappy', and ten per cent as 'happy'. (The latter figure represents the data of only one subject, with five years schooling, who had difficulty comprehending other questions on the survey.) This information lends even more weight to the hypothesis that the deaf have great difficulty with interpersonal relationships--particularly marriage relationships. The principal difficulties found in marriage were attributed to lack of ability to communicate with partners about personal feelings and lack of information about sexuality and marriage.

CONCLUSIONS

Though only a small group of subjects supplied the survey information they do add credence to the original hypothesis:
1. There is no evidence that the deaf have good factual information about sex or sexuality, since subjects who contributed to the survey were dissatisfied with the sex information they received. Experts had not provided them with this information, and, as a result, much of it was inaccurate. All supported good sex education, as a necessity, for deaf children.

2. There was also no evidence that indicated that the interpersonal relationships of the deaf were satisfactory or contributed to good social adjustment. In fact, the survey indicated that the problems experienced in this area were of greater magnitude than originally hypothesized, and all focused back to the inability to communicate, due to their physical handicap, and lack of information about human sexuality.
CHAPTER VI
SUMMARY AND CONCLUSIONS

The purpose of this study as stated in Chapter I was two fold:

1. To describe the similarities and differences in the psychosocial development of the deaf child and the hearing child.

2. To provide background information about the deaf which would act as a foundation for a sex education program to be developed for an oral deaf program.

SUMMARY

It has been stated in previous chapters that the physical handicap of deafness requires an adjustment for the deaf person, in varying degrees, emotionally, educationally, vocationally and socially. It was pointed out also that the deaf child's success in achieving a satisfactory adjustment is determined primarily by the quality of the parent/child relationship. If this is positive it gives the child the feeling of being loved and secure. It also provides approval and opportunities for social and emotional growth in a happy home environment. However, in many cases this 'ideal' parent/child relationship is never achieved. Also, though home and school should complement each other, sometimes the school has to play more than a complementary
role, in order to foster some degree of basic trust and understanding in the deaf child.

The degree of successful adaptation of the handicapped child is dependent, not upon the severity of the deafness handicap, but rather upon the immediate security gained from the good relationship that exists with the parents. A second important factor in successful adjustment is the opportunity for appropriate educational and social participation and for successful achievement, however modest, in his experiences inside and outside the family group.

The child's physical and emotional adjustment to his handicap starts with the parents' acceptance of him as one who needs to be loved and wanted for what he is. He must be accepted not as a handicapped child but, as a child with normal feelings, desires, and ambitions, who is also handicapped.

The deaf were defined in Chapter I as those whose physical handicap was present at birth, or acquired shortly afterwards, and was so severe that it prevented the natural acquisition of language. The literature showed that to be blind is a severe physical handicap, but to be deaf is an intellectual handicap—a shutting out of verbal communication, either oral or written, between man and man.¹ The handicap imposed by deafness can be

¹Groht, op. cit., p. 6.
overcome, but not without the acquisition of language.

Language alone, is not the full answer but it is the deaf child's greatest emancipator from mental bondage.\textsuperscript{2} Literature on social maturity, showed that the deaf are immature, as a result of their physical handicap, and of the restrictions it places upon them. Sexual patterns and family relationships in a deaf population were reviewed, and indicated a marked difference from these patterns and relationships in the general population.

Erik Erikson's developmental theory of the healthy personality was used as a base for comparing and contrasting how the deaf child and hearing child handle the tasks that confront them in their psychosocial development. Here, too, it was concluded that because of the malfunctioning auditory sense, and frequently less than optimal home environment, the average deaf child lags well behind his hearing counterpart. Brown and Lynn's three components of human sexual development were also used as a base for comparing and contrasting the hearing and the deaf child. The only difference found was in the third component, genital-sex preference, with the deaf child's preference being homosexual more frequently, than his hearing counterpart.

A case study of the psychosocial development of a deaf

\begin{footnote}{Levine, (Youth in a Soundless World), op. cit., p. 9.}\end{footnote}
married couple was used to illustrate the first three stages of Erikson's developmental theory and also to show the importance of the home and school in the development of deaf children. The case study provided an interesting view of two deaf individuals' interpersonal relationships in their respective homes as children; in their schools; and now together in their marriage partnership. It also revealed their sources of knowledge and extent of information, about human sexuality.

To gain more information regarding the extent and source of deaf peoples' sex education, interpersonal relationships, and social adjustment, a pilot study of deaf adults was conducted. A discussion of this appears in Chapter V. Results supported the opinions of psychologists, clergy, vocational and social workers, and teachers, who were initially consulted. It was subsequently concluded that the deaf lack adequate sex information from reliable sources, such as the home and the school, and that interpersonal relationships, at all levels, are very difficult and frequently most unsatisfactory for them.

The following hypothesis was tested in the study.

It is hypothesized that there is no evidence that the deaf have sufficient sex information or education which would facilitate ease in interpersonal relationships.

From the data presented in Chapters II, III, IV, and V, which are briefly summarized above, it is concluded that the hypothesis may be accepted.
CONCLUSIONS

The general conclusions are drawn from the following sources: (a) the available literature on the problems of the deaf handicapped and the sexual patterns and family relationships of the specific group; (b) knowledge of psychologists, ministers, vocational and social workers, and teachers working in their respective fields; (c) the study of the way in which the deaf child's handicap influences his mastery of normal developmental tasks; (d) personal experience and observations as a teacher of the profoundly deaf. The conclusions are as follows:

1. A profound hearing loss at birth, or acquired shortly after, limits the world of experience and the normal acquisition of language. Language leads to mental growth, social maturity, emotional stability and autonomy. The task of learning all aspects of language and its social implications, through senses other than hearing, presents great difficulties. For a deaf person to keep informed on just daily occurrences even within his own family is so difficult and time consuming that rarely is he thoroughly informed of all that is happening.

2. The average deaf child is deprived, no matter how early he begins, in his conceptual feel for language. Through vision and touch, he cannot accomplish what the hearing child does through verbal language. Thus, many avenues will be left unexplored by him. However, without detailed informational knowledge in many
subject areas, the deaf can still live full and happy lives as long as they learn to understand themselves, develop the ability to communicate with others, and recognize how they fit into society.

3. It is unlikely that the average deaf child will be a scientist or an engineer, thus he has no need for the specific information which expertise in these fields demands. He will though, grow to adulthood, and in so doing, will experience many of the emotions and problems which are common to individuals in our society. In preparation for his adult life and during the process of 'growing up' he should be prepared and taught to understand thoroughly, his own body and its sexual functioning. He should also be given the language he needs to communicate about this. However, 'sexuality' involves more than reproduction, or knowing about the biological changes of the body, even for adults. In the context of pleasure and loving it means a 'loving relationship'; in the context of everyday life it means understanding and getting along with other people. This, too, involves human relating and interrelations.

4. Interpersonal relationships seem to be the most vital area that the deaf miss out on. This is unfortunate for 'relating' is really the 'heart' of living. Relationships with parents, relationships with family, relationships with friends, relationships with the opposite sex, marriage relationships, etc., can be either successful or unsuccessful, satisfying or unsatisfying.
Every experience the deaf have in life, can and must contribute towards the growth of a 'healthy personality', and also must be directed towards building up good interpersonal relationships, not shattering them. For this to be accomplished the language and concepts of sexuality together with the knowledge and understanding of interpersonal relationships needs to become a more important part of the whole core of deaf education, in the family, in the school, and in the community.
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D. UNPUBLISHED MATERIALS


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<td>B. Questionnaire for deaf subjects</td>
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<tr>
<td>(Covering letter sent with Appendix C)</td>
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<tr>
<td>C. Survey of sex education and resulting social adjustment of deaf adults</td>
<td>128</td>
</tr>
</tbody>
</table>
Identifying Information and General History - Mother

1. Name: Mother of ________
   Age:
   Race:
   Religion:
   Nationality Background:

   Where mother was in terms of siblings:

   Work History:
   Nature and length of employment before marriage

2. Marital History:
   Number of marriages:
   Age when first married:
   Husband's age when first married:
   Husband's nationality
   Husband's occupation

   Children
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Whereabouts</th>
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Age when remarried:

Husband's age when married:

Husband's nationality:

Husband's occupation:

Children:

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Whereabouts</th>
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</tbody>
</table>

Present marital status:

Present employment:

Husband's present employment:

History of deafness:

Mother's family:
Husband's family:

Interpersonal Relationships:

Husband/wife:

Mother/family/deaf subject:

Father/family/deaf subject:

Siblings/deaf subject:

Social Relationships:
Prenatal, Birth, and Developmental History

1. Attitude towards pregnancy:
   Sex preference:
   Husband's attitude:
   Sex Preference:

2. Physical condition during pregnancy:

   Suspicion of deafness?

3. Circumstances of delivery:
   instrument
   injuries
   premature
   child's condition after delivery

4. Attitude towards birth experience:

5. Attitude towards new baby's sex:
   Mother
   Father

6. Behavior of child in first months:
   placid
   irritable

7. Indications of deafness:
8. Sleep in first months:
   Child
   Child/mother
   Child/father

9. Sleeping arrangements:
   where
   with whom
   how long
   night terrors, dreams, etc.

10. Developmental Milestones:
    social smile
    babbling
    sitting alone
    walking
    dentition
    talking/any words

11. Toilet Training:
    soiling, age
    wetting, age
    methods used to train child
    child's reaction
    any recurrence of bed wetting
12. Feeding History:

- type
- duration breast/bottle
- age & circumstances of weaning
- kind of food
- regularity of meals
- methods used to overcome difficulties
- child's reaction

13. Deafness:

- Suspicions
- Age
- Knowledge of handicap at that time
- Deafness confirmed
- by whom
- where
- mother's reaction
- father's reaction
- family reaction
- counseling
- educational help

14. Child's reaction to frustration of non-communication:
15. Child's relationship with Mother:
   baby
   preschool
   school
   adolescent
   adult

16. Child's relationship with Father:
   baby
   preschool
   school
   adolescent
   adult

17. Child's relationship with siblings:

18. How did child explore?
   play with toys
   genital play

19. How did socialization occur first?
   dressed always as girl/boy
   fonder of mother/father
   affection for . . . . .
20. Did child adjust well to role of boy/girl?

21. First friend:
   boy/girl
   hearing/deaf

22. School:
   Age when started
   day/residential
   how he/she travelled to school
   class composition
   success in school
   attitude towards school
   friends
   years in school

23. When was child conscious of differences in girls and boys?

   asked about babies - age
   menstruation - age
   erection - age

   How did you handle this?
24. Were you aware of any sexual discussion when your child was in school?
   Age
   Sex play
   Age

25. Was sex education given in school?
   how much?

26. Sex education at home:
   what was given
   when
   where
   by whom

27. Tell me what information your child had about:
   masturbation
   intercourse
   conception & birth
   birth control
   V. D.
   How did you do it?
28. Dating:

first date group or alone
age
were you nervous, anxious
age of first date alone
dated seriously - age

29. Work History:

30. Tell me about your son's/daughter's marriage?
age
your reaction
partner's reaction
advice
options

31. Evaluate the marriage:

32. What areas do they need assistance in?
33. Do they seek your help?
    when
    why

34. How frequently do you see them?

35. Have they social contacts apart from family and relatives?

36. Have they made new friends since their marriage?

37. What was your daughter's/son's interests before marriage?
    has it continued?

38. What groups do they belong to?
APPENDIX B
Developmental History, Knowledge of Sexuality, and Interpersonal Relationships

1. Who did you communicate with most, before you went to school?
   ___ father ___ mother ___ brother ___ sister

2. Were you angry because you could not communicate when you were small?
   ___ yes ___ no

3. Did you kick and scream when people did not understand you?
   ___ yes ___ no

4. Did your mother really understand you when you were little?
   ___ yes ___ no

5. Did your father really understand you when you were little?
   ___ yes ___ no

6. Did you play with your brother or sister before you went to school?
   ___ yes ___ no

7. Did you have a friend (not your family) before you went to school?
   ___ yes ___ no

8. If yes, was he/she:-
   ___ a hearing boy ___ a deaf boy ___ a hearing girl
   ___ a deaf girl
9. Did you like school when you went first?
   ___ yes   ___ no

10. Did you like high school?
   ___ yes   ___ no

11. Was your first friend at school:
   ___ a boy   ___ a girl

12. How many years were you in school?
   ___ years

13. When you saw that boys and girls bodies were different, how old were you?
   ___ years

14. Did you have sex education in school?
   ___ yes   ___ no

15. If yes, was it enough?
   ___ yes   ___ no

16. Who was the person who gave you the most sex information?

17. When you first learnt about sex did you think it was:
   ___ good   ___ bad

18. Do you still think this?
   ___ yes   ___ no
19. Did your parents give you sex information?
   ___ yes  ___ no

20. If yes, was it enough?
   ___ yes  ___ no

21. Who else told you about sex?
   ___________________________________________________________________

22. Did the children at school talk about sex?
   ___ yes  ___ no

23. Did you see boys with no clothes on, when you were small?
   ___ yes  ___ no

24. Did you see girls with no clothes on, when you were small?
   ___ yes  ___ no

25. Did you see your father with no clothes?
   ___ yes  ___ no

26. Did you see your mother with no clothes?
   ___ yes  ___ no

27. Did you play 'doctor' with someone, when you were small?
   ___ yes  ___ no

28. If yes, was it with:
   ___ a boy  ___ a girl  ___ both
29. How old were you when you saw your body changing, and you were becoming a man/woman?

____ years

30. Were you afraid?

____ yes   ____ no

31. Were you told your body would change when you were about 12?

____ yes   ____ no

32. If yes, who told you?

_________________________________________________________________

33. Who told you about menstruation?

(blood)

_________________________________________________________________

34. How old were you the first time you menstruated? (Blood)

____ years

35. Did you talk about menstruation with:

____ girl friends   ____ boy friends   ____ girl and boy friends

36. Did you let the boys at school play or look at your body?

____ yes   ____ no

37. Did your girl friends at school look or play with them, without clothes?

____ yes   ____ no
38. Did you understand that when you menstruated, you were old enough to have a baby?
   ___ yes    ___ no

39. Did you have intercourse with boys before you got married? (make love)
   ___ yes    ___ no

40. If yes, how old were you the first time you had intercourse? (make love)
   ___ years

41. Did you use birth control (protection) before you got married?
   ___ yes    ___ no

42. Who told you about birth control?

43. Who told you how babies were made?

44. How old were you?
   ___ years

45. Did you learn a lot about sex when you left school, that you should have been told before?
   ___ yes    ___ no

46. Did you know about venereal disease (V.D.) before you left school?
   ___ yes    ___ no
29. How old were you when you saw your body changing, and you were becoming a man/woman?

___ years

30. Were you afraid?

___ yes ___ no

31. Were you told your body would change when you were about twelve?

___ yes ___ no

32. If yes, who told you?

________________________________________

33. Did you 'play' with yourself ('jack off') at this time?

___ yes ___ no

34. Did you 'play' ('jack off') with other boys?

___ yes ___ no

35. If yes, where?

___ at school ___ at home ___ another place

36. Did you 'play with girls' bodies? (breasts, vagina)

___ yes ___ no

37. If yes, where?

___ at school ___ at home ___ another place
38. Did you 'play' with boys when you finished school? ('jack off')
   __ yes  __ no

39. Did you have intercourse with girls before you got married? (make love)
   __ yes  __ no

40. If yes, how old were you the first time you had intercourse? (make love)
   __ yes  __ no

41. Did you use a condom (birth control) before you were married?
   __ yes  __ no

42. Who told you about birth control?

43. Who told you how babies were made?

44. How old were you?
   ____ years

45. Did you learn a lot about sex when you left school, that you should have been told before?
   __ yes  __ no

46. Did you know about venereal disease (V.D.) before you left school?
   __ yes  __ no
47. Did you know, before you were married that you might have deaf babies?
   ___ yes   ___ no

48. How old were you when you first dated?
   ___ years

49. Did you date:
   ___ alone   ___ with other people

50. How many people did you date before you got married?

51. How long have you been married?
   ___ years

52. Would you say your marriage is:
   ___ very happy   ___ happy   ___ all right
   ___ unhappy   ___ very unhappy

53. If you have difficulties in your marriage would you say it is because you:
   ___ lack the ability to communicate with your partner about yourself
   ___ lack information about sexuality and marriage
   ___ lack opportunities to associate with other married couples
   ___ none of these   ___ does not apply

54. Did you learn a lot about marriage after you got married, that you should have been told before?
   ___ yes   ___ no
55. When you have marriage problems who helps you?

56. Did you plan to have your **second** baby?
   ___ yes   ___ no

57. Do you want to have more children?
   ___ yes   ___ no

58. Do you think it took you longer than hearing people to make friendships with the opposite sex?
   ___ yes   ___ no

59. If yes, was it because:-
   ___ you felt self conscious
   ___ you were restricted to deaf people
   ___ you felt shy of all people of the opposite sex
   ___ you felt unable to communicate your feelings to another person

60. Since you have been married have you made:-
   ___ new deaf friends
   ___ new hearing friends
   ___ new hearing and deaf friends
April 6, 1972

Dear Sir/Madam,

I am doing a research paper on sex education and the affect of this on the social adjustment of deaf children.

When you were a child language and communication probably made it very difficult for you to learn all that hearing children learn from books, parents, teachers, friends, etc., and maybe through your help and experience it may be possible to give other deaf children better information about this important area.

Would you tell me how you learned to develop friendships with the opposite sex and about your sex education; what you were taught and what you were not taught; where you got your information and how we could improve the sex education of deaf children?

If you will help I would like you to complete the enclosed questions and return them in the stamped addressed envelope before April 18th. Do not sign your name and do not be afraid to give truthful answers.

I will be very grateful for your help.

Marie Kelliher
(Graduate student at Loyola University and teacher of the deaf)
APPENDIX C

Survey of Sex Education and Resulting Social Adjustment of Deaf Adults

1. How old are you?

2. What is your sex?

   __ male   __ female

3. What is your religion?

   __ Protestant
   __ Roman Catholic
   __ Jewish
   __ None   __ Other

4. How long have you been deaf?

   __ since birth
   __ years

5. Did you go to a school for the deaf?

   __ yes   __ no

6. How many years were you in school?

   __ years

7. Were your parents:

   __ both deaf
   __ both hearing
   __ mother deaf
   __ father deaf

8. Who was the person who gave you the most information about sex?

9. When you first learnt about sex did you think it was:

   __ good   __ bad

10. Do you still think this?

    __ yes   __ no

11. Did your parents give you sex information?

    __ yes   __ no

12. If yes, did they tell you enough?

    __ yes   __ no

13. Did you receive sex education in school?

    __ yes   __ no

14. If yes, was it enough?

    __ yes   __ no

15. Who else told you about sex?

16. Who do you think should give deaf children sex education?
17. Did you learn a lot about sex when you left school that you should have been taught before?

___ yes  ___ no

18. Did you think it took you longer than hearing people to make friendships with the opposite sex?

___ yes  ___ no

19. If yes, was it because:-

___ you felt self conscious  ___ you were restricted to deaf people

___ you felt shy of all people of the opposite sex  ___ you felt unable to communicate your feelings to another person

20. When did you first start dating?

___ years  ___ have never dated

21. Are you married?

___ yes  ___ no

22. How many times have you been married?

________

23. Would you say your marriage is:-

___ very happy  ___ happy  ___ all right

___ unhappy  ___ very unhappy

24. If you have difficulties in your marriage would you say it is because you:-

___ lack the ability to communicate with your partner about yourself  ___ lack information about sexuality and marriage

___ lack opportunities to associate with other married couples  ___ does not apply

___ none of these  ___
APPROVAL SHEET

This thesis submitted by Marie H. Kelliher has been read and approved by members of the Department of Foundations, School of Education.

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

[Signature]

January 9, 1973

Date

Signature of Adviser