Counseling Deaf College Students: The Case of Shea

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This case study describes developmental and psychosocial challenges experienced by a Deaf college student. A counseling intervention that combines person-centered and cognitive behavior approaches with psychoeducational strategies designed to educate the client about Deaf identity development and Deaf culture is presented.

Individuals who are Deaf, like members of other cultural minorities, compose a distinct cultural community that shares “a common language (i.e., a natural sign language), history, arts, beliefs, mores, behavior patterns, and social institutions” (Smith & Rush, 2007, p. 232). (*Note.* In the literature, the capitalized term *Deaf* is commonly used to refer to individuals who belong to the Deaf culture/community, whereas the lowercase term *deaf* is used to refer to the audiological condition [Cripps, 2000; Smith & Rush, 2007]. In the current article, however, we have decided not to make this distinction. Instead, we use the capitalized form of *Deaf* throughout “to indicate that Deaf culture is the birthright of every Deaf individual by virtue of their having been born Deaf or having become Deaf in childhood, whether or not they have been exposed to Deaf culture” [Cripps, 2000, p. vi].) There are more than 28 million Deaf people in the United States (Brick, 2003), and these individuals are attending colleges and universities at rapidly increasing rates. Historically, most Deaf students attended Deaf universities such as Gallaudet University or the National Technical Institute for the Deaf at Rochester Institute of Technology. Recently, however, improvements in technology and advances in federal law requiring institutions to provide interpreter and technical services have increased Deaf students’ access to hearing colleges and universities. According to Barbett (1999), there were 24,000 Deaf college students attending approximately 2,500 different colleges and universities throughout the United States.

Like all college students, Deaf students confront a number of developmental and psychosocial challenges when adjusting to college life, including breaking away from supportive relationships at home, establishing new relationships and identities at college, and managing higher academic demands. Deaf students, however, also tend to experience additional, unique challenges when transitioning to college. For example, Deaf students who attend hearing universities often require the use of an American Sign Language (ASL) interpreter to manage communication differences with the hearing majority on campus. For many Deaf students, attempting to establish close relationships with faculty, staff, and peers when interpreters are not available is an additional challenge. There are also a number of salient cultural differences that exist between the hearing and Deaf cultures, including differences in language, social relations, stories/literature, and cultural identity (Brauer, Braden, Pollard, & Hardy-Braz, 1998).

Even Deaf students who attend a Deaf college or university can face developmental challenges that are not experienced by hearing students who attend hearing colleges. For example, many Deaf students are mainstreamed with hearing students in their

K–12 education, and the majority (90%) are from families in which all the other members are hearing (Buckingham, 2007). These students may be unfamiliar with Deaf culture and, in some cases, lack knowledge of and proficiency in ASL, both of which can add significant stress when attempting to adjust to the culture of a Deaf university or a university with both Deaf and hearing students. Additionally, Deaf students who are from hearing home communities often have experienced aloneness and isolation resulting from the inability of their family members and peers to communicate effectively with them. Communication problems at home and school can contribute to poor self-esteem and a high external locus of control, as well as hinder the identity development process (Fusick, 2008). Many Deaf students also struggle with reading and writing in American English because it is their second language and because they often receive inadequate academic preparation (Fusick, 2008). In fact, it is estimated that only 8% of Deaf students enrolled in higher education read at the eighth-grade level or higher (Allen, 1994). Problems with reading comprehension and writing can significantly contribute to academic struggles in college.

One key to the success of Deaf college students at both Deaf and hearing institutions is to provide student support services that are geared to the developmental needs of Deaf students (Smith & Rush, 2007). College counselors, in particular, are well positioned to assist Deaf college students in addressing the myriad of developmental and psychosocial challenges they may experience during their transitions to college. Unfortunately, we believe that relatively few college counselors are familiar with Deaf culture. Specifically, we believe that many counselors lack the training needed to conceptualize Deaf students’ most commonly presented issues using theories and interventions that are grounded in an understanding of Deaf individuals’ unique developmental needs. In this article, we present the case of a Deaf student attending a Deaf college within a hearing university setting. The purposes of this article are to inform college counselors about some of the issues confronting Deaf college students and to provide suggestions regarding appropriate assessment procedures and intervention strategies when assisting this campus population. Although we present a case illustration that details the experiences of a Deaf student who is working with a Deaf counselor, we believe that the information offered about client developmental concerns and intervention strategies will also be useful to hearing counselors working with Deaf students at hearing universities.

Counselor Introduction: Audra

The mental health counselor (who is referred to by the pseudonym Audra) is a service provider in a college counseling center at a private technical university campus comprising both hearing and Deaf students. Deaf students enrolled at the college participate in classes with other Deaf students and/or in classes that require a sign language interpreter. Audra provides mental health counseling services for Deaf, Deaf-blind, and hard-of-hearing students with diverse communication preferences. The counselor is Deaf, is knowledgeable and competent regarding Deaf culture and the Deaf community (with its subsets), and is fluent in ASL. She is the only Deaf counselor in the center.

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Audra received her master of arts degree in mental health counseling from the only graduate training program in the world specializing in the preparation of mental health counselors for clinical or community counseling work with Deaf and hard-of-hearing people. She is working toward a doctorate in counseling, is a national certified counselor, and is pursuing licensure in her state. She has 6 years of experience in various settings providing counseling for Deaf people. She is a member of various organizations related to mental health counseling and Deaf people, including the American Counseling Association and the American Deafness and Rehabilitation Association.

Audra's theoretical orientation is founded in humanistic, cognitive behavior, and family systems perspectives. She also relies heavily on psychoeducational interventions that educate Deaf clients about multicultural issues, Deaf culture, and Deaf identity developmental processes. In her counseling relationship with Deaf clients, Audra intentionally matches her communication style to client preferences, such as ASL; pidgin English signs (a simplified form of signing that Deaf people can use when attempting to communicate with others who are not proficient in ASL); and, rarely, voice. She also promotes herself as a Deaf role model to Deaf students, many of whom have never had a previous life encounter or experience with a professional Deaf person.

Client Introduction: Shea

The client (who is referred to by the pseudonym Shea) is a 21-year-old Caucasian man who identified himself on the center's written intake materials as hard of hearing. He is in his 2nd and final year of a 2-year associate's-degree program in computer-aided drafting technology; however, he is considering dropping out of school as a result of relationship problems with some of his peers and health problems that have caused him to fall behind in his studies. Shea's communication preference is ASL, although he uses some home signs that he grew up with and a mixture of some pidgin English signs. On his intake form, he indicated problems with anxiety, low self-esteem, depression, interpersonal conflicts and social withdrawal, and physical ailments that included vertigo. His sudden and frequent episodes of vertigo had caused him to be medically hospitalized several times; however, extensive diagnostic testing had revealed no medical cause for the episodes. He was referred to counseling by the Student Health Center for treatment for his anxiety and vertigo.

During counseling, Shea described several family concerns, primarily regarding communication challenges with his parents and younger brother. His parents and brother have never known sign language, and they have always communicated with him using voice, a few home signs, and gestures. During counseling, he expressed deep pain regarding his relationship with his father, whom he described as often being critical, condescending, and domineering. Shea said he felt that he had to work at trying to impress his father or prove to his father that he was "good enough in spite of not being a hearing person." He reported growing up with the belief that he could not succeed and was not very competent, although he presented in counseling interviews as both intellectually and socially capable.

Shea attended a hearing high school with very few Deaf peers. He reported that in most of his high school classes, his only friend was the classroom interpreter, even

though he sometimes experienced frustration understanding her signs. Shea talked about experiences of social isolation and described never having had meaningful social experiences or interactions in school prior to college. He also said that prior to starting college, he had a negative perception about Deaf people. In fact, he said that he had never considered himself Deaf, preferring instead to think of himself as hard of hearing, which he felt was a descriptive "label" that was easier for his family to accept.

Shea explained that he was "very excited" to attend college because he knew that this would be his first opportunity to establish friendships with "people like me." Indeed, upon arriving at college, he connected with several peers through the summer orientation program. Through these relationships, his understanding of ASL and Deaf culture rapidly increased. Nevertheless, he described two especially difficult experiences during his 1st college year that had caused him substantial social anxiety. The first was a situation in which his unfamiliarity with Deaf culture was exposed in front of a number of peers. During a classroom discourse with Shea, a Deaf peer used the phrase *train-go-sorry*, which is an ASL idiom meaning "missing the boat." This phrase is used often in Deaf culture to describe the miscommunications that often occur between Deaf and hearing people (Cohen, 1995). Shea was forced to admit in front of his peers that he did not understand this reference, and from then on, he said he felt embarrassed and "delayed" compared with all the other Deaf students. After this interaction, he said he became much more hesitant and insecure among other Deaf students.

The second negative experience occurred with several male students with whom he had established friendships and developed trust. By his report, during a college party, he defended a friend who was being "picked on" by some other friends and, in turn, found himself in his first-ever physical fistfight. As a result of the fight, he lost his friendships with several men who were in his social friendship group and who were pursuing the same degree he was and, thus, attending most of his classes. Shea perceived this social loss as continuing to "plague" him throughout his 2nd year of college.

In light of these types of events, one of Shea's primary concerns during the counseling relationship was uncertainty as to whether he should, and how he could learn to, make lasting friendships. For example, he reported that whenever he tried to initiate a friendship, he now experienced panic and anxiety and, therefore, preferred to withdraw and isolate himself instead. Shea's experience of rejection from his friends was especially difficult because the Deaf community is small and close-knit, and, on a college campus, it is even smaller. Shea believed that rumors about him being ignorant about Deaf culture and aggressive toward other Deaf students had "spread like wildfire" and that he would never be able to "clean up his reputation" and make friends. He said, "Once tarnished, always tarnished." Furthermore, as a result of these experiences, he developed a belief that spreading rumors and gossip was a part of Deaf culture.

Diagnostic Impressions/Assessment

Deficit models tend to conceptualize being Deaf as a disability that needs to be cured rather than a distinct, meaningful culture. This pervasive view of being Deaf

as a disability, combined with the inability of most hearing people to communicate effectively with Deaf people, has led to frequent misdiagnosis regarding the mental health of Deaf clients (Smith & Rush, 2007). By comparison, Audra carefully used a thorough, culturally appropriate assessment of Shea's experiences and needs.

She began by attempting to gain a clearer assessment of Shea's symptoms of depression using the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). Audra was aware, however, that the BDI-II, like the majority of extant psychological assessment tools, is not normed for Deaf populations, and, therefore, the measure may tend to potentially overestimate a Deaf person's depressive symptoms. For example, several BDI-II items assessing depression may describe common experiences for Deaf people who live as members of a minority culture among a majority hearing culture and, in turn, tend to experience isolation, discrimination, and oppression (Connolly, Rose, & Austen, 2006). She attempted to obtain a modified version of the BDI-II that had been developed for a U.S., college-level, Deaf population but was unable to retrieve it in time for this session.

In the absence of the more appropriate depression screening tool, Audra initiated several steps to allow a more culturally appropriate use of the standard BDI-II. These steps included reviewing the inventory together with Shea and signing each of the questions as they together read and completed it. Shea's score on the BDI-II was a 42, which, according to the BDI-II user manual (Beck et al., 1996), indicated he was in the middle range for severe depression; however, Audra's careful cultural critique of some of the questions suggested that Shea's score would not have been that high had he been hearing. Just to be safe, Audra followed up with a brief suicide assessment using Collins and Collins's (2005) developmental-ecological framework, and the results indicated that Shea did not pose an immediate threat of harm to himself. Audra concluded from this assessment, however, that her intervention should address his depressive symptoms.

Next in the assessment process, Audra used Glickman's (1996) theory of Deaf identity development to better understand the client's developmental level. The theory comprises four stages of Deaf identity development: (a) culturally hearing, (b) culturally marginal, (c) immersion in the Deaf world, and (d) bicultural. One important distinction between Glickman's (1996) model and other ethnic identity models is that Glickman's model has "three Stage 1s, depending on the age of onset of hearing loss and the context in which the Deaf person is raised" (p. 133). Glickman hypothesized that unlike other ethnic/cultural minority people, who often begin their identity development process identifying with the dominant culture, individuals who are born Deaf and raised in hearing families (like Shea) generally begin their process of identity development in Stage 2, the culturally marginal stage. Deaf people who begin the process of identity development in the culturally marginal stage often experience a state of identity confusion and cultural marginality at the start of their identity development process, which can contribute to marginalized self-esteem early in life.

According to Glickman's (1996) model, Shea's experiences at the Deaf college have allowed him to enter Stage 3 (immersion in the Deaf world) of Deaf identity development. This stage is partly defined by gaining an awareness of

the inequity of *audism*, which is "the notion that one is superior based on one's ability to hear or behave in the manner of one who hears" (Humphries, n.d., ¶ 3). Like other members of minority populations who, for example, are realizing the effects of racism for the first time, people in this stage can begin to feel very strong anger and, sometimes, shame associated with one's self-perceived role in allowing these biases to be proliferated. Also according to the model, these emotions may potentially motivate an individual to engage in advocacy for increased cross-cultural sensitivity and societal change and catalyze the individual's progress into the final stage of the identity development process: the bicultural stage. Glickman's model provided Audra with a culturally accurate, more holistic assessment strategy that allowed her to design developmentally appropriate intervention strategies.

Intervention

Audra's prior life experience as a Deaf person and a counselor to Deaf college students provided her with the advantage of a solid knowledge base for assisting Deaf college students with problematic identity issues. Audra and Shea began their counseling work with a psychoeducational approach designed to help Shea to better recognize and understand the social forces that have contributed to his concept of himself. During their work together, Audra first described the dinner-table syndrome, which is a sociocultural concept used to depict the isolation and missed-out communications and interactions that Deaf students from hearing families experience as their parents and siblings talk during dinner (Adler, 2005; Drolsbaugh, n.d.). Dinner-table talks often include exchanges about experiences at work or school, relationships, conflicts, and so on—important everyday social interactions—and Deaf children often miss out on these communications. When the Deaf child asks someone in the family what another family member had just said, he or she may be given a one-sentence summary for a 20-minute conversation or be told, "I'll tell you later" or, even worse, "It wasn't important." As Buckingham (2007) has pointed out, it can be especially frustrating to Deaf people when hearing family members take the liberty of deciding what is and is not of importance to them regarding dinner-table talk.

Shea indicated that this was a common experience for him at home. He reported feeling comforted and validated learning that he was not alone and that there were many other Deaf children who had been raised in hearing households with similar experiences. Audra then encouraged him to sign freely about his feelings regarding these experiences at home. Relying on a person-centered approach, Audra demonstrated empathy, congruence, and unconditional positive regard as she encouraged Shea to more fully explore his feelings of sadness and anger toward his family for excluding him from these conversations.

As their work together continued, Audra used additional psychoeducation to help Shea better understand the central role of identity development during the college experience. In this context, she described the unique identity development processes experienced by Deaf students immersed in hearing environments. Audra also shared a metaphoric story with Shea that she had

found particularly helpful with other Deaf clients who were struggling with Deaf identity development issues. The story involves Procrustes, a Greek mythical character who invited travelers to rest at his home, and illustrates the problems with contemporary ideas about the need for Deaf people to fit within the hearing-dominant society (Rundle & Dunn, 1999). According to the legend, Procrustes had special accommodations for his guests that fit everyone, regardless of his or her size. If the guest was shorter than the bed he had, Procrustes would stretch the guest's body to fit, and if the guest was longer than the bed, Procrustes would chop off the guest's legs. Audra explained to Shea that Deaf people are often stretched or cut short to assimilate with the majority culture. In other words, Deaf people struggle against a procrustean system of hearing and speech and continually experience discrimination. Audra then asked Shea to identify experiences in which he had felt forced to fit into his hearing-dominant world.

This psychoeducational approach provided a springboard for Shea to continue exploring his anger, frustration, and sadness regarding societal views of Deaf people. Audra listened empathically in an effort to understand and validate his anger. This process allowed Shea to better recognize the ways in which these types of negative views of Deaf people had affected his perception of himself, particularly his low self-esteem. Correspondingly, the process allowed him to explore his potential to participate more effectively in interpersonal relationships, not only with Deaf peers and hearing family members but also with other hearing people whom he occasionally encounters at college. Audra then asked Shea to estimate his location on the Deaf Identity Development Scale (Fischer & McWhirter, 2001; Glickman, 1993; Glickman & Carey, 1993) and to describe his rationale for locating himself within a particular stage. Shea responded that being at the Deaf institution had allowed him to enter the immersion in the Deaf world stage and that counseling was assisting him in understanding his experiences within this stage much better. He also said that he looked forward to transitioning to the bicultural stage of Deaf identity development.

Next in their work, Audra asked Shea to talk more about his perception that gossip and rumor spreading was a dominant feature of the Deaf community. Audra provided information about patterns of communication that tend to be prominent in smaller communities, including the Deaf community. She also provided him with literature describing strategies for successfully navigating within small communities. Shea seemed relieved to discover that this type of communication pattern was not unique to Deaf communities but instead was a feature typical of small communities in general. On the basis of this normalizing experience, he reported feeling more understanding of his prior peer encounters and hopeful about reestablishing himself as an active member of the community.

The psychoeducational and person-centered approaches used by Audra and Shea to this point had been effective in helping Shea gain self-confidence and insight. During the next phase in the counseling relationship, Audra identified a need to integrate elements of cognitive behavioral therapy (Beck, 1991; Ellis, 1996) into the therapeutic process to more fully address Shea's anxiety and

low self-esteem. Shea agreed to participate in this aspect of counseling. Using cognitive behavioral therapy techniques, Audra asked for Shea's participation in writing down negative thoughts he had about himself and then encouraged Shea to dispute this negative thinking. Both agreed that this process of refuting self-statements now came much easier for Shea since he had been engaging in counseling. Audra also offered Shea systematic desensitization techniques as a means for calming himself down before and after uncomfortable social interactions. Within two sessions, Shea became quite proficient in these techniques and, as a result, said he felt much more confident when extending himself in social situations.

In his final session with Audra, Shea reported that he had reinitiated relationships with some of his former friends and that he had begun forming several new relationships with peers. He expressed self-pride regarding these accomplishments. He also reported an extended period without any vertigo episodes, and he reported significant improvements in his academic performance. He expressed new enthusiasm about completing his associate's degree and reported that he was now looking into pursuing a bachelor's degree to continue his higher education. Along with these gains, Shea reported that to him, the most important change associated with his counseling experience was that he now felt comfortable with, and was beginning to feel proud about, identifying himself as Deaf, as opposed to referring to himself as hard of hearing. At the same time, Shea was aware that he still occasionally experienced nervousness in social situations but now believed that he had the tools to continue to improve. He also recognized that he still had substantial progress to make with regard to his father and other family members, including his feelings toward them, his relationships with them, and his reactions to their perceptions of Deaf people. Still, Shea reported feeling a newly developed sense of confidence in his ability to express feelings to his family members and assert his need to become a more involved member of the family.

At this point, Shea reported that he had achieved his primary goals for seeking counseling and volunteered that he no longer felt the need to continue the counseling relationship. Audra and Shea agreed to terminate counseling; however, they established a plan to meet again briefly near the end of the school year to focus on strategies Shea could use to manage his feelings about living at home for the summer and to engage in more assertive self-advocacy with his family members while at home.

Summary and Conclusion

As this case illustrates, Deaf students face a number of psychosocial challenges at college, even when attending predominantly Deaf institutions. Counselors who understand the experiences of Deaf students, especially the detrimental effects of audism and the unique elements of the Deaf identity development process, will be better prepared to assist Deaf students as they negotiate these challenges and progress through the identity development process.

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