

MENTAL HEALTH CONSIDERATIONS FOR PEOPLE WHO ARE LATE-DEAFENED

I. Description of the Population of Persons Who Are Late-Deafened

A. The Late-Deafened Experience

Persons who are late-deafened were not born deaf. Rather, they became deaf post-lingually, after they had developed spoken language skills. Because of their acquired deafness, they can no longer understand speech without visual clues. Of necessity, persons who are late-deafened must depend upon some visual mode of receptive communication, such as cued speech, speechreading, sign language, or text reading. Their deafness may have been the result of heredity, accident, illness, drugs, noise exposure, surgery, or “causes unknown.” Their hearing loss may have occurred suddenly, or it may have deteriorated over a period of years. Most important, however, regardless of the cause or rapidity of their hearing loss, all late-deafened persons share the common and personally painful experience of having “become” deaf.

B. Age of Onset and Late-Deafness

Knowing the age of onset for late-deafened clients/patients is important because the amount of time which has passed since the age of onset is the primary determinant of the degree and relative success of their:

1. Identity transformation from that of a hearing person to that of a deaf person
2. Development of useful coping skills
3. Development of alternative communication skills

C. Communication and Persons Who Are Late-Deafened

The hearing mental health professional will generally have no problem with the expressive communication skills of late-deafened clients/patients, as they usually simply talk. Rather, it is the receptive communication mode of late-deafened persons to which special attention must be given. The vast majority of persons who are late-deafened do not understand sign language, and therefore would not benefit from the services of a sign language interpreter. Of those that do develop signing skills, it must be remembered that most of them do not use American Sign Language, but rather use some system of Manually Coded English (or whatever language is the native language spoken in their home environment). In addition, speechreading is a skill which often takes years to develop, and most persons who are late-deafened never master the art of speechreading. This means that for effective receptive communication, the vast majority of late-deafened persons must be provided with information using a text-based system. At all times when the mental health professional is interacting with late-deafened clients/patients, they must be prepared to either write or keyboard themselves, or to provide Computer Assisted Notetaking (CAN) or Computer Assisted Real-Time Transcription (CART) services.

D. Deaf Culture and Persons Who Are Late-Deafened

Very few late-deafened persons ever identify with or become accepted as members of Deaf culture. Rather, they grew up as hearing persons, but now find themselves between two worlds. Because of their inability to understand speech they no longer fit in the world of hearing people, and because of their lack of American Sign Language skills they most likely never will fit with the Deaf community.

E. Primary Problem of Late-Deafness

The primary problem of persons who are late-deafened is their receptive communication deficit. As a result of their inability to communicate easily and effectively with persons in the hearing world as they once did, numerous personal, familial, social, job related, and economic problems generally develop.

II. Possible Mental Health Effects of Late-Deafness on the Client/Patient

- A. Isolation/Loneliness
- B. Loss of Self-Esteem
- C. Depression
- D. Paranoia
- E. Loss of Control
- F. Anger
- G. Fear
- H. Denial/Bluffing
- I. Withdrawal
- J. Escape/Avoidance
- K. Mood Shifts
- L. Frustration
- M. Constant Feelings of Being “Left Out”
- N. Alcohol/Substance Abuse

III. Possible Mental Health Effects of Late-Deafness on the Family

- A. High divorce rate
- B. Role ambiguity/change (spouse now in control)
- C. Communication problems
- D. Inability of children to share personal experiences with late-deafened parent
- E. Inability of late-deafened parent to understand/enjoy some of the important parts of their children's' lives
- F. Loss of old family friends/relationships
- G. Change of activities (probably no more movies, concerts, plays, opera, cocktail parties, etc.; more television, reading, and home videos instead)
- H. Increased stress from possible job difficulties or loss of job

IV. Mental Health Needs of Late-Deafened Persons

- A. Assertiveness Training
- B. Coping Skills
- C. Managing Relationships (spouse/family/other)
- D. Identity Transformation
- E. Ego Strengthening

V. Organizational Sources of Support/Information

- A. Association of Late-Deafened Adults (ALDA)
- B. National Association of the Deaf (NAD)
- C. Self-Help for Hard of Hearing People (SHHH)
- D. Alexander Graham Bell Association for the Deaf (AGBAD)
- E. Cochlear Implant Club International (CICI)
- F. Deaf Women United (DWU)
- G. National Black Deaf Advocates (NBDA)
- H. National Hispanic Deaf Council
- I. Hearing Loss Link
- J. National Center for Information on Deafness (NCID)

Written by Roy E. Miller, Ph.D.