

A Profile of a Chemically Dependent Deaf/Hard of Hearing Person in Recovery

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Individuals who are deaf or hard of hearing experience at least the same challenges of becoming sober from mood altering chemicals and maintaining sobriety as their hearing counterparts. This article describes certain characteristics of individuals who are deaf or hard of hearing that may shed some light into their struggles with maintaining sobriety, and offers insight into possible ways for providers, sponsors, and significant others to assist the individual in overcoming such struggles. This article is not based on formal research, but rather, a compilation of readings, experience, and dialogues with other providers, and other trends. This article is also a work in progress as the writer continues to receive feedback and ideas that are directly related to the article's clarity and depth.

For the purposes of this article, a person in recovery is someone who has made a commitment to maintain abstinence from using mood altering chemicals including alcohol. Additionally, this person presents with a commitment or desire to change unhealthy behaviors, relationships, and activities that, if not addressed, may result in return to use of chemicals. This individual may also be involved in chemical dependency treatment or in self-help meetings such as Alcoholics Anonymous or Narcotics Anonymous. Additionally, the writer utilizes the term "chemical dependency" throughout the article to refer to the disease of addiction that afflicts the individuals being discussed.

Chemical dependency definition

One of the key areas in this article relates to "Characteristics of a Well Adjusted Deaf Adult", created by Dr. Allen Sussman at Gallaudet University. As this article looks at parallels or differences between individuals who are deaf/hard of hearing and their hearing counterparts,

it is necessary to identify characteristics of individuals in general who are “well adjusted”. Additionally, the term “deaf and hard of hearing” will be replaced with “deaf” for brevity.

While there are no formal criteria for identifying individuals as “well adjusted”, the following characteristics come to mind in describing such a person. A “well adjusted” person most likely has good coping skills, healthy decision making and problem solving skills, is responsible, respectful, and assertive. This person also is able to see humor in appropriate situations and most likely has a positive self concept and healthy self esteem. This individual most likely takes good care of him/herself in terms of hygiene, appearance, nutrition and exercise.

The following characteristics are specific to individuals who are deaf or hard of hearing (Dr. Allen E. Sussman). This list is intended to assist professionals in looking at positive attributes of individuals who are deaf as opposed to focusing on what is wrong with these individuals. Explanations of many characteristics will be brief in order to keep this article at a reasonable length.

Deaf individuals who are considered “well adjusted” typically have a positive self concept and self esteem. Individuals who have these characteristics typically feel good about themselves and do not allow negative feedback or comments to change their feelings about themselves.

These individuals also have a positive psychological acceptance of deafness. They view hearing loss or “being deaf” as part of life rather than a terrible problem they possess. They do not dwell on wishing they could hear or try to behave like someone who is hearing.

By possessing psychological acceptance, they are able to compensate for their deafness. Typically this entails utilizing creative tools or methods to get along in life, such as utilizing pen and paper to order their food at restaurants or to ask questions at the electronics store. Utilizing today’s technological devices are other ways to compensate – using two way pagers, videophone technology, TTYs, and computer technology are popular avenues for maintaining equal footing in this day and age with hearing peers.

Individuals who are deaf or hard of hearing deal with negative and devaluative attitudes by hearing peers on a regular basis. The ability to cope with such is a critical component of being a well-adjusted deaf person. This individual is able to be tolerant and understanding of these attitudes and can provide education about appropriate perspectives.

Assertiveness is also a beneficial quality in getting the needs of deaf individuals met and to ensure equal access to services and to compete in this highly competitive world. This individual does not rely on others to speak FOR him/her.

With the world placing heavy emphasis on verbal communications, the ability to place speech ability in perspective is a valuable characteristic – knowing and accepting that speech ability is not what makes a person who they are, but utilizing alternative modes to get their message across efficiently is a positive attribute.

Additionally, not all deaf individuals utilize sign language, therefore having a positive attitude towards sign language is indicative of accepting and respecting all modes of communication and the people who utilize such.

Having healthy interpersonal relationships with individuals who are also deaf or hard of hearing as well as those who are hearing is a positive trait of individuals who are well-adjusted. They rarely place themselves in environments where they cannot communicate because they are making conscious choices about where they prefer to be.

These individuals also exhibit traits of self-reliance – they are gainfully employed, and not reliant on government funds. They are productive members of society and are not dependent on hearing people.

Additionally, these individuals have an ability to ask for help when necessary. They recognize their limitations and will ask individuals to make a phone call for them if absolutely necessary and if the technology is not available for them.

Most deaf or hard of hearing individuals have parents who are hearing. These parents, when they find out their child has a hearing loss, tend to turn to their family doctors for advice. Most medical doctors view hearing loss as a medical problem, and advise parents of options geared towards “repairing” the problem – attempting to make the child as normal as possible. The result is years of speech therapy, fixation on hearing aids, avoidance of sign language and the like. Ability for deaf

individuals to survive the misguidance their parents received is a healthy response to something they had no control over at the time.

Another healthy response to situations such as these is to have an unhostile and philosophical sense of humor. Laughing at misfortunes such as accidentally knocking eyeglasses off their heads while attempting to sign the word “for”, having cute responses to questions like “do deaf people drive”, and responding with “can you write?” to written questions like “can you read?”.

The last characteristic identified in this list is “Gemeinschaftsgefühl” – a concept attributed to Alfred Adler that relates to having a good attitude about life and going with the flow. Having this characteristic enables individuals to not take certain situations or circumstances overly serious and not to lose sight of the big picture.

The next section addresses characteristics of individuals who are in recovery from chemical dependency.

While hearing individuals in recovery experience various challenges, a few stand out as seemingly significant. Fourteen percent of these individuals are unemployed. The preferred chemical used by these individuals is alcohol with cocaine as the second choice. Possession of knowledge/understanding of terminology and issues pertaining to chemical dependency/abuse and recovery issues is readily available. Opportunities for early intervention by family, peers, education or legal system are available. Having a certain neurochemistry makeup which is different from non-addicts is common. Issues of dealing with urges to use again while attempting to live a lifestyle of abstinence in an environment of abusers, dealing with burned bridges due to past behaviors, possessing poor decision-making skills/poor impulse control, and a need for validation as well as feelings of inadequacy are common.

In looking at similar characteristics for those who are deaf or hard of hearing, there are some similarities, and more differences. For example, employment rates contrast sharply – sixty nine percent of deaf or hard of hearing individuals in recovery are unemployed. Alcohol is usually the drug of choice with marijuana next in line. Their level of comprehension of recovery “lingo” and concepts pertaining to sobriety as well as knowledge of issues related to recovery is limited. Well documented research shows that many deaf and hard of hearing individuals read at the 3rd or 4th grade level, and they do not obtain information around them via hearing as do their counterparts.

Accessibility to services or self-help meetings is a major barrier, preventing these individuals from utilizing available resources to achieve and maintain sobriety. Additionally, many barriers prevent early intervention, including, but not limited to overprotective families, schools attempting to maintain positive images, funding issues, and general ignorance of the needs of this population by service providers, law enforcement agencies and employers. Trust issues may be more evident in this group due to growing up in families or environments where they are not included in decision making or conversations. This is in addition to typical trust issues that occur between individuals who are chemically dependent and their families or key individuals in their lives. Challenges with family dynamics and recovery may occur due to lack of communication because many family members are not fluent in sign language. To discuss issues related to deafness and addiction – cravings, things that are bothering the individual, family dynamics, etc. would be much more challenging for deaf users. Having access to individuals that can communicate in the same language is an ideal situation. Positive role models, such as other deaf individuals who are in recovery, are in short supply mainly because they do not have support themselves, and some prefer not to function as roles models or mentors due to the need to take care of themselves instead of sponsoring other deaf individuals.

Like many individuals in recovery, deaf people have poor coping and problem solving skills. Once they learn how to ask for help, they do not have resources available to them hearing people have.

Additionally, because a large number of deaf individuals in recovery grow up in families with poor communication and/or dysfunction, their ability to learn and incorporate appropriate social behaviors is limited. An example of a crucial social behavior is an ability to show empathy. Without this ability, deaf individuals, or any individual for that matter, will have difficulty connecting with other individuals in recovery in the sense of sharing and providing support to one another. This results in poor attendance in self help meetings. Such lack of empathy may be connected to poor insight into their own issues or needs. Insight is also a learned behavior resulting from observation, interaction with others, and clear communication.

Individuals who are deaf experience the same stressors their hearing counterparts encounter in life as recovering individuals but

have added burdens that come with being deaf or hard of hearing. Discrimination from employers or potential employers, isolation from the deaf community due to the stigma of having a social problem, the community's lack of understanding/knowledge about recovery, continuing to possess poor coping skills, and lack of accessible resources make staying sober a challenging proposition for this group.

To fully comprehend the differences between the deaf individuals and their hearing counterparts in attempting to maintain sobriety, one must understand what is necessary for that to occur. Having a complete sense and understanding of the nuances and lingo pertaining to sobriety as well as access to resources and support is a basic necessity for people in recovery. If any of these components are eliminated or reduced, the ability to maintain sobriety or fully experience a healthy and low-stress life becomes much more difficult.

In working with deaf individuals who are in recovery, it is necessary to utilize creative approaches in provision of services. Using drawing and role play to express feelings and understanding of concepts has been successful in getting individuals to benefit from the treatment experience. Providing education about the concepts and issues regarding chemical dependency, treatment, and recovery in a clear and concrete manner that encourages application to day to day activities is helpful in bridging gaps due to lack of knowledge or comprehension. Additionally, working with these individuals on making decisions regarding changing people, places, and things that are not conducive to sobriety is a major challenge. Deaf individuals, like their hearing counterparts, prefer to interact with other deaf individuals due to communication and cultural preferences. Often these "lifelong friends" also use chemicals, leaving the recovering individual with no recourse but to rely on "will power" and "white-knuckling" to stay clean while hanging out with their peers. Other alternatives are to physically relocate to another location, to make efforts to meet new people who are either in recovery or do not use chemicals (increasing the anxiety they had been using chemicals in order to eliminate in the first place!), or to switch to another addiction (shopping, working, sex, food, etc). While not trying to minimize the challenges of hearing individuals trying to maintain sobriety, it is evident their options for making changes in their social interactions are less limited and more accessible than for deaf individuals.

Profile

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