

AN APPLICABLE MODEL FOR COUNSELING WITH THE DEAF

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Stewart (1971) postulated that the nature and principles of counseling with deaf people were no different from those that characterize counseling with other people. The difference that exists lies in their implementation. In agreement with Stewart, this writer has found the following counseling model, with some variation in implementation, to be an applicable one for counseling with deaf people.

Effective communication is, of course, of paramount importance in counseling with the deaf and this, in turn, is contingent upon both the counselor's and the client's ability to express himself and the degree to which each is understood by the other. This counseling model stresses the importance of effective communication.

The counseling model discussed here was presented by George M. Gazda in his text *Human Relations Development: A Manual for Educators*. Gazda does, however, give credit for the model in its present form to Robert Carkhuff, and Carkhuff, in turn, based his counseling model on a foundation set forth by Carl Rogers in his client-centered theory of counseling.

Model Structure and Process

The counseling model has three goals which are attainable by passing through two phases which embody eight counseling dimensions. As outlined by Carkhuff (1971) the three goals of counseling are the facilitation

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of (a) client self-exploration, (b) client understanding, and (c) client action. The two phases as identified by Gazda (1973) are the facilitation and initiative phases, and the eight counseling dimensions identified by Carkhuff and Berenson (1967) are empathy, respect, warmth, concreteness, genuineness, self-disclosure, confrontation, and immediacy.

The counseling process goals are based on beliefs that the counselor's full comprehension of the client's problem is a prerequisite to his ability to assist the client with it, and, likewise, the client's understanding of his problem and its ramifications is a prerequisite to his participation in its solution. Further, when the client is assisted in the exploration of his problem in depth, he is likely to understand it and himself better. Lastly, the most difficult phase of problem-solving, the counselor and the client together can produce a plan of action which will lead to the resolution of the problem.

The two phases of the counseling model encompass initially establishing a relationship with the client (facilitation phase) and then planning action toward problem resolution (initiative phase). The establishment of a relationship may be accomplished through verbal or nonverbal expression, direct physical action, or a combination of these modes depending upon the client's level of functioning. The counselor suspends acting on his judgments about the client and earns the right to risk conditionality during the initial phase. The action phase involves making difficult decisions and doing hard work. It is the test of whether the counselor is actually able to assist the client by believing in both his own and his client's ability to devise a plan of action and follow through with it. This plan of action must lead to the successful resolution of the client's problem as well as provide him with a tool for solving future problems. It is doubtful that the counselor can be of much assistance to the client if he, himself, has not resolved the specific issue presented by his client.

The counseling dimensions of importance in initially establishing a relationship are empathy, respect, and warmth. Empathy may be defined as in-depth understanding; respect may be defined as belief in; and warmth may be defined as caring. Empathy appears to be the most essential dimension in the counseling process according to Carkhuff (1969a). The counselor will not be able to help his client if he does not first understand the client and his problem. Likewise, the counselor can not help his client if he has no belief in the client's ability to solve his own problems. Respect develops as the counselor learns more about the client's uniqueness and abilities. Closely related to empathy and respect is warmth. Caring is the consequence of knowing or understanding and having faith in or respecting others. It is doubtful that a counselor will be able to help a client if he does not care for the client. The counselor is significantly involved in the counseling process. Warmth is communicated primarily nonverbally. Responding with empathy, respect, and warmth leads to increased client self-exploration.

When the client appears to have reached a plateau in his self-exploration, new dimensions are implemented to encourage the client to risk greater self-exploration. The dimensions of concreteness, genuineness, and self-disclosure are then added. The implementation of these dimensions introduces some degree of threat to the client. When the counselor presses for more specificity on the part of the client, when he models genuineness for the client, or when he self-discloses encouraging greater intimacy in the relationship, he increases the threat-level for the client. These dimensions are both facilitative by encouraging greater exploration and action-oriented by promoting problem-solving or planning.

Concreteness may be defined as the client's ability to specify or accurately label his feelings and experiences. The counselor models concreteness by initially being as specific as the client is and then by being more specific than the client. If the counselor's timing is correct, the client will achieve greater understanding.

Genuineness may be defined as the ability of the counselor to be real or honest with the client. His verbalizations are congruent with his inner feelings. Whether the counselor's genuineness is useful to the client will often depend on the counselor's ability to time his level of honesty so as to lead to greater trust and understanding. Timing is important and caution should be exercised in implementing this counseling dimension.

Self-disclosure by the counselor can lead to greater closeness between the client and the counselor if what is disclosed is appropriate or relevant to the client's concern.

The last two counseling dimensions of confrontation and immediacy are primarily action dimensions. Confrontation or emphasizing action can not be done until the relationship has been established, that is, until the counselor earns the right to confront. Confrontation is an important action dimension, and it can be very useful when the client knows from previous interaction with the counselor that the counselor is concerned about his welfare and cares enough to risk the relationship by being honest with him. Confrontation repeatedly is concerned with a discrepancy between what the client has been saying about himself and, in reality, what he has been doing. The immediacy dimension is often related to confrontation. Immediacy refers to what is actually taking place between the counselor and the client. It deals with the reality of the situation in the here and now. When the counselor appropriately uses the immediacy dimension, the client can gain greater understanding of himself and of how he affects others. Timing is important in the implementation of this counseling dimension to assure productive use by the client.

Many and varied are the courses of action that may be devised for the client to assist him in achieving his goals or to provide him with some direction. The client's intellectual, physical, or emotional aspects or a combination of these may be encompassed in such a plan of action.

Discussion

The three counseling goals of facilitating client self-exploration, client self-understanding, and client action are certainly achievable goals in counseling with deaf clients.

The establishment of a relationship between a hearing counselor and a deaf client in the first phase of the counseling model may require more time than it would if both the client and the counselor were hearing or deaf. Trusting a hearing counselor or risk-taking does not come easily to the deaf client. Communication of empathy and respect may be done through sign language and the communication of warmth is primarily nonverbal.

In the latter part of the first phase serious difficulties may arise when the three counseling dimensions of concreteness, genuineness, and self-disclosure are implemented if the relationship between the client and the counselor has not been firmly established, due to the degree of threat that the deaf client experiences. The fact that the counselor does model specific counseling dimensions creates a situation which is especially beneficial to a deaf client. Specificity, genuineness and self-disclosure all may be difficult tasks for a deaf client.

The action phase of the counseling model may be heavily weighted toward the counselor due to a lack of knowledge and/or experiences on the part of many deaf clients, but the responsibility for action may be appropriately placed on the deaf client. Confrontation should be cautiously utilized even though a deaf client may not find confrontation as threatening as a hearing client due to the frequency with which he is confronted in his daily endeavors. That is, he experiences and deals with many discrepancies which are situationally originated. The immediacy dimension may be the most difficult one for some deaf clients functioning on a more literal cognitive level to comprehend.

Because the counseling model is humanistic in its approach, it is applicable to deaf clients of normal intelligence regardless of their English verbal levels. The ability of the client to think abstractly is not a prerequisite to the utilization of this model as it is with many other counseling models.

The emphasis on discrimination skills (facilitation phase) and communication skills (action phase) by Carkhuff (1969 a,b) and, similarly, perceiving and responding skills by Gazda (1973) places responsibility on the counselor to "tune-in" to many deaf client's natural inclination to perceive and respond nonverbally.

The counseling model is didactic, experiential, and growth facilitating, which is a most effective way of assisting a deaf client in his personal/social development and adjustment.

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