

DEAFNESS AND ALCOHOLISM

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My name is Richard Hetherington. I am a certified alcoholism counselor, employed full time at the National Council on Alcoholism—Greater Flint Area, and have been on the staff for five consecutive years. It is a great honor for me to have been chosen to participate in this program. In my following statements, I hope to bring new insight to this group about the disease of alcoholism among the deaf population.

When I first became involved with the deaf alcoholic, it reminded me of the great confusion about the disease of alcoholism fifteen years ago. It seemed as though we were starting all over again when the confusion and the belief about the deaf alcoholic became apparent. One of the outstanding features with the deaf alcoholic was that they had been bounced from agency to agency and given all kinds of "help" for everything but their alcoholism because it was difficult to get a professional to assume this responsibility. Due to this fact, we had no expertise to rely on to start this venture. We must therefore recognize that there is a tremendous amount of peer pressure among the deaf community. Apply the pressure and stigma of the disease of alcoholism and we start with a two-fold problem.

The deaf alcoholic is not only isolated from society because of his alcoholism, but the deaf community is normally an isolated group of people and there is the painful awareness of isolation for a person who is not only deaf but also ill with the disease of alcoholism. I feel the deaf alcoholic has long been suffering from this two-fold problem. As we recognize in the

disease of alcoholism this automatically becomes a defense mechanism that the alcoholic, not only deaf but the hearing, uses in his excuses for turning to booze for relief of the emotional discomfort and his inability to communicate like the majority of the population around him. The limited ability for the deaf alcoholic to communicate makes his social functioning always on a limited basis. I find in Flint and Genesee County, Michigan the Society for the Deaf offers meager social activity for the deaf. I have made some statements that have appeared in our local paper about the fact drinking is the primary social function for the deaf group. Being offered no alternatives to social life. Certainly the deaf community has been critical of these statements, but this is understandable, because no one cares to assume the responsibility.

My agency, in the fall of 1976, was not left with a choice of being responsible or not responsible for the deaf alcoholic. Mr. David Benjamin, President of UAW Local #659 in Flint, Michigan appeared in my office with a deaf alcoholic and stated that the only way this man would stand a chance of being reinstated for employment in one of the local General Motors plants, he would have to become totally involved in a treatment program for the disease of alcoholism. In this first interview with this deaf man, we became aware that he had been involved in various programs over the past ten years, none of which was successful in helping to establish sobriety and recover from his illness. At one point in his search for help, he became involved in a program in

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which his wife served as his interpreter. Needless to say, because of her own emotional involvement, this program was unable to furnish any beneficial help. Before this initial interview was over, out of necessity, many people became involved. I had people from the United Way Office in the city of Flint, I had our agency director, John Crane and others trying to figure out a way to implement a program of recovery that would be beneficial to this deaf alcoholic in his endeavors to seek help.

It was decided that there must be a program developed that consisted of a design to especially fit the needs of the deaf alcoholic. I was given the responsibility by the director of our agency to implement such a program. It reminded me, in those early days, of the old saying it was "the blind leading the blind". One of my first road blocks was the availability of money to be designated and earmarked for this special program. Again, my superior came to the rescue and allocated a small budget with which to start this program.

Not being able to use sign language myself, my first task was to find an interpreter that would fit into my budget. In my search, I found that in Genesee County, there were only 3 licensed interpreters. My first client was aware of one of those 3 interpreters and preferred to work through Bonnie Grossbauer. I, therefore, hired her to become the interpreter for the entire following program. On hiring this interpreter, I commenced individual counseling sessions with my first deaf alcoholic.

The word spread rapidly that we were working and attempting to put a program together for this special group. Within one month, the caseload built to 3 clients. The cost of this specially designed counseling session began to show that the high expense of the interpreter on a one to one basis would be too costly for the budget, the fee being \$7.50 per hour with a two-hour minimum.

Consequently on December 2, 1976, we found it necessary to re-evaluate this expenditure. From this evaluation, we became aware that for the total benefit of these people and for cost reasons, it would be wise to go in the direction of group work rather than individual counseling requiring the interpreter. At this

point, we had very little information to base our group work on, so we began with the concepts of experimentation and in the following months, we allowed ourselves to make errors without considering the errors to be failures. We began to meet three hours every Thursday night and from these three hours, we began to continue to discover the many different needs that a deaf alcoholic group would encounter.

Our first experiment was based on the belief that for this particular type alcoholic, it was necessary that the group meeting be of a highly structured nature rather than the usual discussion groups, the loosely knit group therapy or of Alcoholics Anonymous. As different as it is to work with this particular group, it was necessary for therapy to be direct rather than the usual procedure of waiting for feedback. We also found it necessary to designate one hour totally to the emotional aspects contributing to the disease of alcoholism and modification of that behavior so as to achieve the understanding of why the drinking took place. This portion of the program on many occasions overlaps due to the fact of the emotional sensitivity of the group.

It is my belief that treating the disease of alcoholism successfully, the philosophy of Alcoholics Anonymous must be enacted within the treatment. At this point we use the second hour totally for the understanding of the objectives and the goals of Alcoholics Anonymous. In the early stages, we ran into difficulties and we have had to make some changes for the following reasons. We began by taking the group and the interpreter to A.A. meetings in various parts of the city with the A.A. groups' approval.

We observed that the group did receive many benefits from this experience, however, we found that these benefits were not necessarily the ones we were looking for. Number one, the group did find that they could be and were accepted by a body of people outside of their own community. They were not able to understand what was really taking place within the A.A. meetings. We were not able to understand why this took place and it was during the third hour of the meetings, which is open discussion, that we

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found that there were many words being used in the Twelve Steps of A.A. that were not translatable into the sign language used by these people. Knowing the necessity of using the philosophy of A.A. in this group, it was necessary to meet with the interpreter and work out the rewording of the Twelve Steps of A.A. without changing the meaning behind the words. This was done so that the Twelve Steps were easily interpreted into the sign language. Now the group has their own A.A. program. I understand that this particular change could bring some criticism from other hearing A.A. members, however we continue, knowing full well this aspect and realizing the deaf alcoholic needed a program to follow. The following Twelve Steps are now being used in the second hour of our structured program:

1. We admitted we couldn't control our drinking and we couldn't control our lives.
2. Started to believe a power greater than ourselves could give us good mental health again.
3. We decided to give our lives to God as we know and understand Him.
4. Looked at the way we did things in our past when we were drinking and the way we do things now. Looking at both our good habits and the bad. We keep on with good habits and work on correcting our bad habits working toward a better sober life.
5. Admitted to God, to ourself, and another person the things we have done wrong in the past.
6. We are truly ready for God to help us remove our bad habits of the past.
7. We are truly ready for God to help us remove our bad habits we had in the past.
8. Make a list of all the people we have hurt in the past and truly want to change our bad ways of the past.
9. Try to make things right to the people we did bad things to in the past. But not if that would hurt that person or other people.
10. Keep on looking at the way we do things and when we are wrong, admit that we are wrong.
11. Sought through prayer and meditation

to improve our conscious contact with God as we know and understand Him, praying only for His will for us and the power to do it.

12. Having had a spiritual awakening because of these 12 steps we try to give this message to other alcoholics, and to practice these rules in our daily lives.

The past 15 months have been an exciting and rewarding experience for myself as the therapist and coordinator of the deaf program of NCA-GFA, INC. I have not been relieved of carrying a caseload of hearing alcoholics, but have been given permission from my superiors to put whatever amount of time that is needed into the deaf alcoholic program. I feel that I have received a great deal of new-found experience and have had many rewarding experiences by working with this group. At the present time, we are carrying on the average of 10 deaf alcoholics in the group. I wish I could tell you that we have had 100% success, but we have not. In no way do I feel that we in Flint have all of the answers for the deaf alcoholic, but I do believe we are at a point that we are now able to evaluate this group and comfortably say we have some of the answers. On the completion of the last evaluation, we were very surprised to find that we were running approximately a 75% recovery rate which shows a great contrast to a 40% recovery rate with hearing alcoholics. I believe the success of this group comes from the pressure, the emotional depth and sincerity found in the deaf community. Those who fall in the 25%, meaning those who do not obtain complete sobriety, I firmly believe they have had an educational experience that will change some of their drinking habits even without total sobriety.

After being successful in helping the deaf alcoholic achieve sobriety, I found it necessary to commence working with the spouse of the alcoholic in order to establish a supportive community for the alcoholic to live in. I took one session a month and designated this session to work with these people as couples. Amazingly, this turned out much better than my expectations. The spouse readily began to achieve the feeling of being part of this recovery program

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which served as a severance to her feelings of isolation.

In closing, on January 1, 1977, my agency discontinued working and operating out of grant monies and went under the umbrella of third party payment. Flint, Michigan being the industrial community of General Motors finds that the majority of alcoholics going into treatment are covered by one type of health in-

surance or another. The deaf program of NCA-GFA, INC. is now totally self supportive.

It has been a pleasure for me to share my experiences in working with this particular group with you and if I have raised any questions or can be of any assistance to anyone in the audience, I will happily try to answer you. Thank you.