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AN ATTEMPT OF SCHOOL COUNSELING PRACTICE AT AN ORAL SCHOOL FOR THE DEAF IN JAPAN: FROM A SOCIO-CULTURAL POINT OF VIEW

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Abstract

In Japan, the aural-oral approach has long been the dominant educational method in the schools for the deaf. The author worked in an aural-oral school for the deaf for 5 years. This paper examines the psychological problems experienced by deaf children in that oral situation and the role of the counselor from a socio-cultural point of view. Two cases, in which both clients were high school level students who were integrated into the local primary and middle schools and then returned to the school for the deaf at the high school level will be discussed. During their integrated periods both clients seemed to have little experience of deep communication with 'language' which would help them develop social skills and to be self-reflective. The failure in developing this 'language' seemed to have resulted in producing some psychological problems. Through examining the counseling processes, this paper discusses the roles of counselors in such an oral situation for deaf clients.

In Japan, most of the schools for the deaf have been using the aural-oral method, and have had a negative attitude toward the use of the signed language in the classroom, though recently some deaf schools began to implement some sort of signing from the preschool level. The typical situation in those aural-oral schools is as follows. The deaf children are trained orally at the preschool level, and then, many of them are integrated or mainstreamed into the local primary schools, or into the hard-of-hearing classes attached to those schools. The rest of the deaf children enter the primary programs of the schools for the deaf. Generally speaking, at younger ages the aural-oral method tends to be applied more strictly, so the teachers of preschool and primary school levels are reluctant to use signing for communication and instruction. At the middle and high school levels some teachers are using some sort of signing (Torigoe, 2004).

Sign language survived a period of oppression in the schools for the deaf. Deaf children learned sign language from other older children or the children from deaf families, and continued to use it in their everyday's lives; for example, in the dormitories, at the playground, and in the classroom when their teachers were absent. After their graduation, they kept contact with each other, and subsequently established and maintained the deaf

community (Lane, 1984, Van Cleve & Crouch, 1989). The deaf community is not just a group of disabled people, but rather a linguistic minority society, where their own language and culture have been transferred from generation to generation. Of course, deaf people live also in the larger community of hearing people, so it can be said that the deaf community is a bilingual/bicultural society, as are other linguistic minority societies. Baker and Cokely (1980) named this perspective on deaf people and children as a 'socio-cultural' one, in contrast with a 'pathological' view of deafness which has prevailed in deaf education, where the mono-lingual/mono-cultural principle is forced (Lane, 1984). Evidence from anthropological and ethnographical research on deafness has shown that the former, socio-cultural point of view is needed to understand deeply the lives of deaf children and deaf people, and deaf education in general (Higgins, 1980; Schein, 1989).

The deaf and hard-of-hearing children in this study who were integrated or mainstreamed into the local hearing schools were not fully supported for communication and academic activities. Therefore, a great numbers of those children were reported to be academically delayed. Some of the children had psychological problems before their return to the school for the deaf at the middle or high school level (Torigo, 2001).

In Japan, the school counselors have been employed by the government in the public middle schools since 1995, though this employment has not been applied to the special schools for the disabled. The pioneering work of this author as a school counselor at the school for the deaf is important to investigate the need for supporting deaf children psychologically.

Method

School

The school for the deaf in this study was a typical middle-sized public deaf school, made up of a preschool program, primary, middle, and high school level programs, and a post secondary program. The total number of children enrolled was around 70, more than half of which were in the preschool and high school level programs. About half of the pupils enrolled in the high school level program had experienced enrollment in the local primary and/or middle schools. The education policy of the local primary and middle school was to educate deaf children by the aural-oral method,

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though some teachers at the high school level and post secondary programs
used some sort of signing sporadically for communication and instruction.

Procedures

The author visited this school once or twice a month, except during the long vacations, for 5 years. The main role as a counselor was the same as the school counselors in general: to do counseling with children and their parents, to do consultation with teachers, and in addition, to sometimes give lectures to teachers or parents groups. The counseling office was located in the school nurse's room, where children with some problems often came and there was easy contact with those children. The school nurse and the classroom teachers made suggestions to children with problems and to their parents to make contact with the school counselor.

Results

Activities as a school counselor

The number of the days in visits to this school amounted to 43 days. The counseling and consultation sessions amounted to 104, of which 26 were counseling with children. 16 sessions were counseling with parents, and 62 sessions were consulting with teachers. The average number of sessions for each child counseled or consulted was 2.4 (the range is one to 13). As for the age of the children involved, 83 were high school level, 16 were primary school level, 3 were preschool, and 2 were middle school level. It should be noted here that most of the high school level students who got involved in counseling or consultation had experienced integration into the local hearing schools. Below are narratives of two such cases which were typical of deaf high school students in Japan.

The descriptions of typical counseling cases

Case A

A female high school student in the third level, named A, came to the nurse's room one day near her graduation. She said that she could not sleep well when she was thinking about her work after graduation. She had just received a letter of employment from a company where she would like to work after graduation. She was sometimes overcome by uneasiness that she could not succeed in that company. One of the reasons, she said, was that she could not answer the oral examination of the company well without the

aid of interpreter, though she succeeded in that examination. She knew that she would become the only deaf person in that company. At last she said "I am afraid of hearing people." She always used speech only, because she believed she could express her feelings very well with speech, though she could also sign. Speech with signing was used for counseling.

She discussed her anxiety and her feeling toward hearing people and her experiences with hearing people. She was the only deaf person in her family. When she was detected to be deaf, she was enrolled in the preschool program of this school. She trained and trained orally in the program and, after school, trained once again at home by her mother. Then she enrolled in the local hearing primary school, where she learned some subjects, such as gymnastics, music, social science, in the mainstreamed class, and other subjects, such as language and mathematics, in the self-contained hard-of-hearing class. There was no special support, such as note-taking or sign language interpretation, while in the mainstreamed class. She always did her best to keep up with the classmates and the classroom activities.

She then entered a local middle school, where she was bullied very often by hearing peers. As a result, she came back to the school for the deaf at the high school level. When bullied, she was not supported by parents and teachers, who always told her just to "do your best". She seemed to have left behind or suppressed the feelings which she experienced when bullied. She was encouraged to talk about those experiences and feelings as concretely as possible, but could not do so sufficiently. She had some difficulty in facing and translating her feelings with 'language'. 'Language' which is not just the vocabulary and grammar of the given language, but it is the use of language to evaluate and understand problems socially and psychologically. She could not express her feelings while bullied, just saying that she 'did her best' as the teachers and parents always told her. When she talked about her feelings when working in the future company, she just said that she would 'do her best.'

She could speak well orally, but her speech seemed to be just for unidirectional communication, not enough for bidirectional communication or for thinking deeply or reflecting on herself with 'language'. This seemed to be the result of her little experience of deep and vital bidirectional communication until returning to the deaf school. As for her signed language, she told me that she was very excited when she met other deaf peers and

that she had begun to learn the signed language. Her communication skills seemed to have developed greatly during the three years at the deaf school, but was still not sufficient to understand her experiences with 'language'. She continued her counseling until her graduation, and was given information concerning deaf adult groups, and the deaf community for contact and support.

Case B

B was a male high school first level student. The female teacher came to the nurse's room to ask for a consultation with her student. B often abruptly lost his temper in the classroom, and subsequently directed his anger to the teacher, peers, and/or objects. For example, he rushed close to and glared fiercely at the teacher, and threw away a chair or a desk. Sometimes he locked himself in an empty room for an hour or so. He looked very violent and rough. However, it should be noted that he had not injured others thus far. The teacher was often afraid of his actions, but always tried to understand him. When he was calm, he told her that he could not control his anger and behavior when he lost his temper.

His mother also came to the nurse's room for counseling. She stated that she could not believe that her son often lost his temper and seriously misbehaved in the classroom. She said that he was very calm at home and that she had not seen those kinds of behaviors there. She felt that the problem was not in him but in the school. He used speech well at home and no one in the family used sign language, though they knew that B used the sign language with his peers at school. Mother said that she could communicate fully with him without sign language.

After he was found to be deaf, B enrolled in the preschool program in which he was trained orally and his mother also devoted herself to training her son at home. At the local primary school, he did not get any support for learning and communication in the mainstreamed classroom, and, in the end, he could not keep up with his hearing peers academically, though he got some support individually in the self-contained classroom. In addition, he often got bullied by hearing peers. Consequently he came back to the deaf school because he failed in the entrance examination of the mainstreamed high school.

At the integrated period at the primary and middle schools he did not experience deep communication with others. At the self-contained

classroom, there were no classmates, but only his teacher. At the mainstreamed classroom, there was no support for him to communicate with classmates. After entering the deaf school, his communication environment was drastically changed, having many class-mates who were fluent in sign language. Not all but some teachers were also good at signing.

It would be possible that the current trouble occurred because deep communication began to take place between him and his classmates. The communication contents may have become too complex for him to manage, and he tried to manage this situation by losing his temper or by escaping to an empty room.

At home, there was no rich environment for communication between him and other family members. According to his mother, he could speak and made himself understood with speech at home, but the contents were very simple and that their communication was very superficial. Even the decision to enter the deaf high school was made by his parents, not B, because his mother said it was difficult to discuss it with him.

Consultation was given to support the classroom teacher and to encourage the teacher to continue to talk with B as deliberately as possible. In the classroom, B began to express his feelings by using 'language' little by little. In connecting with language, the incidents of losing his temper also decreased gradually.

Discussion

As school counseling is still a relatively new profession in Japan, this paper describes the attempt of school counseling activities in an oral school for the deaf from the socio-cultural point of view. In particular, the focus is on two cases of high school level students who had the experience of integration into hearing primary and middle schools. Both were suffering from psychological troubles. In one case, symptoms appeared on the body, that is, she felt uneasiness and could not sleep well, and in the other case symptoms appeared in the behaviors, that is, he lost his temper and expressed outrageous behaviors.

Those symptoms seemed to have been caused by miscommunication, and developmentally by the lack of experience of deep communication with others. In these two cases, the students had been trained orally and could

Torigoe: An Attempt of School Counseling Practice at an Oral School for the deaf. They communicate somehow with others through speech, but their communication had usually been unidirectional, and superficial. Therefore, they seemed to have not developed fully 'a language' with which they interacted deeply with others and with which they were able to reflect on themselves (Vygotsky, 1929; Okamoto, 1985; Torigoe, 2001). In order to support them psychologically, they need to experience deep and vital interaction with others.

The school counselor would play an additional role in this school for the deaf. As described above, the mono-lingual/mono-cultural point of view had spread over the classroom and school system, despite the fact that deaf people really live in the bilingual/bicultural situation and deaf children would develop more fully under that situation. From a mono-lingual/mono-cultural point of view, the teachers of oral deaf schools are reluctant to use signing, even signing with speech. However, for counselors the most valued activity at school is, above all, to communicate fully with the clients, sometimes with only speech, sometimes signing with speech, and sometimes signing without speech. This set the counseling approach to the students different from the teachers' approach. Thus a model of different values in the classroom and in the school at large might facilitate a change in the situation and create a more flexible and adaptable environment for the students. This activity, or modeling, as a counselor at the school for the deaf was the first one in Japan and pioneering in nature. There is a need for further practice of this kind to draw more general conclusions.

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