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LIFE STYLE ANALYSIS: A METHOD FOR ASSESSING THE DEAF CLIENT

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Introduction

In reviewing the assessment methods presently used with the deaf client (including the theoretical models that are part of the assessment process), today's trend seems to be to use hearing norms, language levels, and assessment processes and then generate hypotheses from them for the deaf population. This procedure is used in the absence of adequate and thorough standardization. However, it is the position of this paper that there exists within Individual Psychology a theoretical paradigm that can be used, with minor modification, to assess the deaf individual. Individual Psychology is a theory of personality developed by Alfred Adler.

"Life style analysis", introduced by Alfred Adler and elaborated upon by other writers, is a technique not new to Individual Psychology; yet it is very adaptable to the deaf population. The position of our paper is to present data to suggest its uses and possibilities.

Definition of Deaf

Addressing the problem of assessing the deaf client is a complicated issue. First, we should define the term "deaf" for the purpose of this article. We will define deaf as "those in whom the sense of hearing is non-functional for ordinary purposes of life. The congenitally deaf: those who were born deaf. The adventitiously deaf: those born with normal hearing but for whom the sense of hearing became non-functional later through illness or accident" (Davis and Silverman, 1970 p. 306).

The problem in assessing the deaf individual is clearly one of heterogeneity of the population. For the purpose of this paper, deaf clients can be divided into five general categories summated as follows by Levine (1978). "Exceptional" are those deaf clients that can be classified with high level linguistic skills, intelligence, and accomplishments. They may or may not have oral skills; those who have succeeded in schooling are in this group. "Above average" are those with less linguistic ability and school accomplishments but average intelligence and adjustment to life. The group can have about a sixth to ninth grade reading level. "Average," are the deaf clients with a retarded school performance yet possess the mental capacity for a better performance. This group has a third or fourth grade reading level. "Below average," are those who, because of no schooling, a late school start, organic factors or psychosocial problems, exhibit a severe retarded level of achievement. Problems with reading, writing, and signing are often present. "Hard core deaf," are deaf clients who because of psychosocial deficits have not achieved in school, work, and society. This group commonly has individuals who often problem-solve by emotion or affect rather than reason.

In addition, psychological cognitive functioning assessment should take into account the following information for deaf individuals:

1. A deaf client is of at least average mental ability if history shows a true

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- reading achievement level of fourth grade.
2. A deaf client may be of at least average mental ability even if history shows a reading level below fourth grade.
 3. A deaf client is probably of above-average mental ability even if history shows an arithmetic achievement score of sixth grade no matter how low his reading level.
 4. A deaf client presents a good intellectual and adjustment picture if history shows good vocational, domestic, and social functioning regardless of test scores.
 5. Where history indicates a client's inability to speak or read the lips, he may nevertheless be of any intellectual or scholastic achievement level. Oral communicative inability is no reflection on mental ability or linguistic achievement.
 6. Where history indicates that a client's inability to speak or to read the lips is present in youth and adulthood, remediation in these areas will not result in significant gains.
 7. Where history indicates that the causes for long-term, stubborn learning negativisms and disabilities are to be found in such factors as brain damage, deeply rooted psychological disorders, or adverse and inappropriate school experiences, spectacular gains are not to be anticipated (Levine, 1978, p. 283).

Special Problems In Assessing The Deaf Client

In determining the intelligence, personality, or social levels of functioning, we traditionally have employed assessments based on hearing norms, higher language levels, and cultural factors. The question arises whether there is a deaf personality. It is fair to say that the following factors come into play when determining how the individual functions as a deaf person:

Additional clarifications that reflect different social experiences or different social adaptations for deaf people include: degree

of hearing loss, age at onset of deafness, etiology of hearing loss, hearing status of family members, type of schooling, preferred communication mode, and degree of identification with the deaf subculture (Meadow, 1977, pp. 67-68).

Further, there are certain traits by which mental illness may be evidenced in the deaf client. In a study by Altshuler, Deming, and Rainer (1978), some traits in pathology and success in treatment were identified: 1. Usually people married to a deaf spouse showed more improvement in treatment. 2. Psychomotor agitation rather than retardation was more common with depression. All psychotic depressives improved in the study. 3. Bizarre, impulsive, and aggressive behavior had no correlation to improvement. 4. Neurotic symptoms (anxiety and phobias) seen with non-schizophrenics indicated poor results in treatment. The neurotic symptoms were found in schizophrenic and non-schizophrenic groups. 5. Auditory hallucinations were proven to exist in 12 of 88 schizophrenics. Hallucinations, even fragmentary, resulted in poor indicators for progress in treatment. Most schizophrenics had delusions that were fragmentary.

Traditional assessment tools used to determine psychopathology became suspect to cultural bias. For example, the MMPI has a question which states, "While in trains, buses, etc. I often talk to strangers." The MMPI also has a reading level which exceeds that of many deaf clients (Levine, 1978). The Rorschach and other projectives rely on spontaneous communication. The American Sign Language by nature and practice simplifies the language for the deaf to visual-conceptual versus verbal-abstract structure. This factor inherent in the language could potentially produce high F and A responses. Since many deaf clients respond to the Rorschach cards with simplification in a wholistic, concrete way, detail is of the minimum (Baroff, 1969). In addition, sign language varies with each person in its style, dialect, language level, or structure — which further complicates assessment. Clearly, the weight of assessment depends on the examiner's skills even more so when working

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with the deaf client. Examiners should have good sign language skills, as well as an understanding of the deaf sub-culture and their mode of thinking.

Obviously, the aim of this article is not to prove or disprove a deaf personality but to take into account the above-mentioned factors in any assessment approach. Individual Psychology, with its focus on life analysis, is a supplementative model that can be used to assess the functioning of the deaf client.

Life Style Analysis

There are three major concepts which distinguish Individual Psychology from other theories of personality: 1) Self-determination; 2) Purposiveness of behavior or a teleological view of behavior; 3) Behavior not being the consequence of who the person is but resulting from who that person believes himself to be. The Adlerian view of behavior and personality development is that behavior is not the result of what the world thrusts upon a person but is how that person interprets events. A person's behavior rests heavily upon his/her expectations and often manifests itself in the manner of self-fulfilling prophecies.

One of Alfred Adler's most significant contributions was his unified, holistic notion of the individual's "life style." The term "life style" can be seen as referring to the totality of systems and principles which account for the consistency and directionality of an individual's life. The term "life style" can be equated with the self or ego, one's personality, individuality, style of facing problems, opinion about oneself, and the whole attitude toward life. Although each individual's own life style is unique, Harold Mosak (1959) has identified 14 different, commonly-observed life styles.

As therapists, when assessing a person's life style, we are essentially attempting to understand the individual's meaning of behavior, thoughts, and feelings; all in light of that person's phenomenological existence and history. Although a person's behavior may not make sense to us as we observe it,

it may make very good sense and be quite understandable in terms of that person's past and present view of himself, his life, and the people in it (Ansbacher and Ansbacher, 1964).

The technique of life style analysis has been described in great detail by several authors (Dreikurs, 1958; Eckstein, Baruth, Mahrer, 1975; Gushurst, 1971). However, no literature exists on the use of this technique with the hearing impaired population. It is the position of this paper that the "life style" statement of the deaf individual is unique and needs to be understood from the biased apperceptions of his unique life, fictive goals, physical impairments, and compensations.

In the case of the deaf client, the information provided by life style analysis can be useful in several ways. First, it not only helps the therapist to understand the client, but it also helps the client to feel understood and this facilitates rapport. Each of the above serves to initiate and solidify the therapeutic relationship. The use of life style analysis with the deaf client can also help to formulate the course of treatment, i.e., mistaken perceptions can be focused upon, tentative predictions of problem areas in treatment may be made, and it may offer suggestions about kinds of treatment available (group vs. individual). Finally, it can provide clues for vocational guidance by identifying major skills and areas of interest.

The client who is deaf, like the hearing client, never violates his life style. He will develop systematic behavior if contemporary situations put him in conflict with attaining his goals. By understanding an individual's life style, a therapist can understand why the particular stress represents a crisis for this person.

The procedure for assessing a person via Adlerian concepts is one of interpreting the significant response pattern that an individual gives on a family constellation questionnaire. One then obtains a brief picture of the person's nascent personality (Dreikurs, 1954; Shulman, 1962), the individual's current outlook on life, and compares his contemporary

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convictions with those which seem to be required by logic and social living.

For the purpose of this paper, assessment of the deaf client consists of two types of information; the individual's answers to a family constellation questionnaire (as modified by us from the standard questionnaires most Adlerians use) and the client's early recollections. Since the analytic procedures used with these types of information are quite different, we will discuss them separately. Following the discussion we will present a typical format-outline of the Life Style Analysis Questionnaire for the deaf client.

Family Constellation

The major aim of the analysis of family constellation and family atmosphere is to assess the significant influences which are commonly found in different types of families and the implication of different types of phenomena (Shulman 1962, Nikely and Verger, 1971).

The Life Style Analysis Questionnaire which is presented in the following section can provide a brief portrait of the individual's early social world, the influential forces to which he reacted, and the raw material he selected to create an apperceptive framework with which to progress through life. The questions are designed to elicit those factors which, according to Individual Psychology, are most frequently found to be important such as birth order, comparative sibling characteristics and interactions, parental characteristics and interactions (with each other and their children), adjustments to physical developments, schooling, peers, family values, socio-economic status, and so forth.

The therapist/interviewer can extract from the family constellation a few central features; a brief description of the individual's role within the family (i.e., either alone or in comparison with the roles played by other members of the family), his major areas of success and failure, the major influences which seem to have affected his

decision to adopt the role that he did, and, perhaps, an influential statement about his apparent major goals and/or conceptions of himself, others, or life in general.

Early Recollections

Early recollections are the second major source of information that we suggest can be used in assessing the deaf client. Early recollections are specific incidents which an individual remembers from early childhood. The recalled events are those which can be remembered clearly and in detail before the age of nine or ten years. The reporting should be as clear as possible in detail and as near as possible in recall, including one's thoughts and feelings at the time of the incident (Mosak, 1958; Gushurst, 1971; Nikely and Verger, 1971; and Mosak, 1965).

The main pattern of interpreting the early recollections is similar to that used in projective testing, e.g., T.A.T. or figure drawings. Early recollections should be viewed in their entirety and not be broken down into separate fragments. It should be stressed that the characters in early recollections are not treated in the interpretation as specific individuals but as prototypes, e.g., they can represent people in general or authority figures rather than specific individuals mentioned. In the early recollection analysis, a sequential analysis is used rather than the actual use of content.

Life Style Analysis Questionnaire

The following is a suggested form which we have used and found to be practical. Adequate sign language skills and knowledge of psychological aspects of deafness is a prerequisite for the administration of this questionnaire. We have presented the form the way in which it is given to a hearing individual and also the way it could be delivered to a deaf individual. The Life Style Analysis Questionnaire is presented as is or elaborated upon further and modified when necessary according to the client's communication skills.

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LIFE STYLE ANALYSIS QUESTIONNAIRE FOR THE DEAF CLIENT

Name: Date:
 Age: Sex: Education:
 Age At Onset of Deafness: Marital Status:
 Mode of Communication:
 Degree of loss dB:
 Any physical problems beyond hearing?

What physical or psychological problems exist in the family?

Mother's Health During Pregnancy:

Prenatal care
 Number of pregnancies
 Mother's age at patient's birth
 Birth Complications
 Age: sitting
 walking
 Signing.....
 Fingerspelling.....
 First word
 Drugs used now by patient:
 Description of patient's development by significant family members:
 Infancy to age 5:

Pre-Adolescence (5-12 yrs):

Adolescence (12-13 yrs):

Adulthood (18 yrs - present):

1. Diagram of Family Consellation (give brief description of each family member, including parents).

Family:
 Mother's name, age:
 Father's name, age:
 Brother's name, age:
 Sister's name, age:

Ask client if he understands the following list of words (read or signed). Question client's understanding of "always," "sometimes," and "never-zero" in sign. Take each family member and rate them on the adjectives: e.g., (sign) "You think brother happy always, sometimes, never."

	<i>Always</i>	<i>Some-times</i>	<i>Never-Zero</i>
1. happy	1	2	3
2. nice	1	2	3
3. mad	1	2	3
4. sad	1	2	3
5. nervous (scared)	1	2	3

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	<i>Always</i>	<i>Some- times</i>	<i>Never- Zero</i>
6. smart	1	2	3
7. calm (patient)	1	2	3
8. lonesome (alone)	1	2	3
9. argue	1	2	3
10. tease	1	2	3
11. complain	1	2	3
12. beautiful (nice looking)	1	2	3
13. fight	1	2	3
14. selfish	1	2	3
15. shy	1	2	3
16. worry	1	2	3
17. sick much	1	2	3
18. work	1	2	3
19. confused think	1	2	3
20. tired	1	2	3
21. proud	1	2	3
22. feel sorry for self	1	2	3
23. blame others	1	2	3
24. accept wrong	1	2	3
25. good school (work)	1	2	3
26. drink much	1	2	3
27. hates you	1	2	3
28. church much	1	2	3
29. act like baby	1	2	3
30. funny	1	2	3
31. cry much	1	2	3
32. picks on	1	2	3
33. follows rules	1	2	3
34. cooperates	1	2	3
2. a) Who in family is most like you? (e.g., sign) Family, sister, brother, etc., behavior, feelings same you?			
b) Who is most different from you? (e.g., sign) Family, brother, sister, etc., behavior, feelings different you?			

3. Describe physical and sexual development:
(e.g., sign) You strong child? You sick child? You boy, girlfriend like you? Many before you? etc.
4. Social Development:
(e.g., sign) Many friends you? etc.
5. School and Work Experiences:
(e.g., sign) School like you?
Classes finish you?
Work name what do?
6. Early Recollections:
How far back can you remember?
(Obtain recollections of *specific incidents* with as many details as possible, including the client's reaction at the time.
(e.g., sign) Before, before child you age nine, ten, remember you? Where you live? How old you? What do you? What happen you before?

Summary/Conclusions

In summary, this paper has discussed a number of issues involving the principles of Individual Psychology, psychosocial aspects of deafness, and its application to the life style analysis with the deaf client. A questionnaire is presented with major suggestions for the outline format to be followed when assessing and developing hypotheses for treatment. This paper calls for further study of utilizing Individual Psychology principles and combining this knowledge with the psychosocial aspect of deafness.

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