How to Work with Deaf Clients from an Adlerian Framework

A Master’s Project

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

the Degree of Master in Arts in

Adlerian Counseling and Psychotherapy

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September 2015
Abstract

There is comparatively little research available to Adlerian therapists in regards to understanding the unique characteristics of the Deaf community and working sensitively and effectively with this population. This paper will identify and dispel common societal misconceptions about deaf adults and re-define this population as a distinct subculture in order to equip Adlerian clinicians with the skills to accurately diagnose and treat these individuals. This study will include a review of relevant literature, a discussion of the nature of the Deaf community as a subculture, a case study analysis utilizing several core Adlerian concepts and their application, and conclude a questionnaire to use when working with deaf people.
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Acknowledgement

I would like to express my deepest appreciation to my family and friends who motivated me to finish this paper, especially right before my husband and I had our first child. I would like to start out by thanking my family for their encouragement and support. I would like to thank my parents for their continuous support, kind words, encouragement, and for their continuous belief in me. I would like to thank my good friend Daryl Esterday, a colleague in the Deaf community for his consistent feedback and support on this project and for loaning books to me for my research. I would especially like to thank my husband for encouraging me, watching our newborn baby when I needed to work long hours on this project, and for his continuous support and feedback. I am also appreciative of the teachers at Adler Graduate school who have taught me what it means to be an Adlerian therapist. They gave me the tools that I need to succeed in private practice and working with a specialized population and they have helped foster confidence in my future endeavors in this field. I would like to express my gratitude for all the people who helped contribute their thoughts and ideas assisting me in accomplishing this research project.
How to Work with Deaf Clients from an Adlerian Framework

There is little to no research on Adlerian theory applied specifically within the deaf population. In addition to this, there is only one graduate educational program in the United States on how to work with deaf individuals in the mental health field. As a result, there are a lot of misconceptions and assumptions that therapists encounter when working with a deaf person.

The intent of this research project is to educate therapists on these common misconceptions and false assumptions for the purpose of equipping therapists with practical Adlerian tools and resources to be able to confidently work with deaf individuals. When referring to a deaf individual within this project, they will be referred to as deaf adults, users of American Sign Language (ASL).

Alfred Adler was an advocate for misfits, those with disabilities or “differences,”. He promoted the idea that things could be better for those who would identify with those labels (Farrugia, 1986). This project will be addressing the key concepts of Adlerian theory and how it applies to understanding the Deaf community. Like many other minority groups, deaf individuals are an under-served population within the mental health field. With education, however, therapists can learn to accurately assess, diagnose, and understand deaf individuals.

An Adlerian application of a case study and a questionnaire were provided to demonstrate how to work from an Adlerian framework within the deaf population. The intent was to provide a foundation of Adlerian concepts when applied to deaf individuals and to lay the ground-work for additional research for Adlerian therapists and the Deaf community. The Adlerian concepts that will be discussed are organ inferiority, the need to belong, the need to feel significant, safeguarding, and teleology. In addition, four life tasks will be explored and a
discussion in relation to how they can be applied when working with the deaf population, followed by recommendations for treatment.

**Definition of Terms**

The following terminology was used throughout this research project and is commonly used in society. These definitions demonstrate how the terms were defined and are included for the reader’s understanding.

**Deaf**

Individuals who see themselves as part of a community united by using sign language.

**deaf**

Used in a medical sense, deaf refers only to a lack of hearing. These individuals typically do not refer to themselves as *Deaf*. The term deaf could refer to individuals who lose their hearing later in life or who were born with little hearing loss, but are able to function in most areas of life without the use of sign language or without feeling a need to be a part of the Deaf community. There is a wide spectrum of hearing loss ranging from hard of hearing to profoundly deaf.

**Hearing People**

This is a term used in the Deaf community to refer to individuals who can fully hear. They may or may not choose to be part of the Deaf community.

**Hard of Hearing**

In this research project, *hard of hearing* will refer to individuals who use sign language daily and as a primary way of communicating but may be able to speak comfortably in certain environments. These individuals can often struggle with identifying as either *hearing* (an individual with no hearing loss) or *Deaf* (more profound hearing loss) and often feel stuck
between two worlds or may identify as bicultural. Hearing people typically assume that these individuals can hear because they may be able to speak comfortably and appear to not have “much hearing loss”; however, the *Hard of Hearing* individual may seem themselves as *Deaf* preferring to use sign language as their primary language.

**Sign Language-American Sign Language**

Any language that depends on use of the hands and facial expressions to communicate grammatically through visual-spatial means. Sign language is not universal. American Sign Language (ASL) is used by the American Deaf people and for the context of this paper, only ASL will be discussed.

**Deaf Culture (Community)**

A minority group united through hearing loss that ranges from a lot of residual hearing to profound deafness. This culture is closely knit by common values, language, history, challenges, setbacks, and successes. They are a community with their own social structure, literature, art, organizations, and attitudes.

**Culture**

The Deaf community is a unique, multicultural subgroup that has its own ways of belonging, its own language, history, traditions, and milestones like all other minority subcultures (Cripps, n.d.). Understanding what defines the Deaf community is only the first step in becoming a culturally competent therapist when working with Deaf clients. This project explored the specific factors of what defines the Deaf community in order to show therapists the intricacies and uniqueness of their culture in order to prevent misdiagnosing and approaching therapy with an Adlerian framework. It is important to note that there are sub groups within this culture, similar to other minority cultures, which will be further defined within this paper.
Research stated

In the United States, an estimated 22 million people have some degree of hearing loss (Schirmer, 2001, p. 643). Of this number, it is estimated that between 200,000 and 500,000 deaf people share American Sign Language as a primary language and are part of a culturally distinct community (as cited by Williams & Abeles, 2004, p. 643).

According to Peters (2007), there are individuals within Deaf culture who have a wide range of hearing loss, from moderate to severe, but the commonality is that they use ASL as their primary mode of communication. There are a wide variety of sub groups within the Deaf community. There are children whose parents are deaf, but they themselves are hearing and consider themselves part of the Deaf community. They are referred to in the Deaf community as a Children of Deaf Adult’s (CODA). There are individuals who were born deaf or those who became deaf later in life. There are individuals who are deaf and know sign language, yet there are those who are deaf and do not know sign language. There are also individuals who use hearing assisted devices such as cochlear implants forming another subgroup (Peters, 2007).

An individual who has hearing loss and uses sign language as their primary mode of communication, and identifies with the Deaf community, might refer to themselves as “Deaf” with a capital “D” (Peters, 2007). This typically means that the individual feels a sense of belonging in the Deaf community, as they identify with the language and cultural norms (Mcllroy & Storbeck, 2011). These individuals often attended Deaf schools, where all of the students were Deaf, and all or most of the staff were Deaf or fluent in sign language. They were either submersed in the culture, or they attended a mainstream public school which provided
opportunities for these students to use sign language, have an interpreter in the classroom, and connect with other deaf students (Orne-Adams, 2012).

An individual who is deaf with a lowercase “d” views themselves as being no different than a person who can hear but only by medical standards has “hearing loss” (Peters, 2007). This individual may or may not know sign language, and they may or may not have any knowledge of Deaf culture. This typically happens when a person is born with hearing ability yet loses their hearing later in life. This also could refer to a person who has lost their hearing due to injury, disease, the onset of a medical disorder, or the aging process. An individual with hearing loss makes their own choice whether they view their deafness as a form of identity, and people cannot make assumptions about how an individual with hearing loss identifies themselves, unless the individual has shared that with them (Peters, 2007).

There is a third group of individuals with hearing loss, often known as hard of hearing, where the population has partial, but not total, hearing loss. They are more likely to be more comfortable with using speech and may appear to have a minor hearing impairment. A hard of hearing person's hearing varies in terms of what volumes, frequencies, and types of sounds they can hear, though usually these abilities would still not be considered at all comparable to that of a person with a total hearing loss. The National Association of the Deaf (NAD) also adds that a hard of hearing person may or may not solely use sign language and may struggle finding their place as a bicultural individual (NAD, n.d). They may find themselves struggle to belong in two different cultures, the deaf culture or the hearing culture.

A hard of hearing individual who uses sign language might feel they are not “deaf enough” due to being able to speak well and assimilate well with the hearing community compared to a deaf person who chooses not to use speech and only use ASL. The hearing
community may also look down negatively on a person who is hard of hearing due to believing that individual has a *disability, not hearing enough, or talks funny.* A hard of hearing individual may identify as bicultural and attempt to manage the complexities of two cultures. In addition, the individual may actually identify as Deaf and primarily use sign language (Leigh, Marcus, Dobosh, & Allen, 1998).

With the different groupings of individuals with hearing loss already discussed, it is important to address the concept of *identity.* The identity of a person with hearing loss does not solely depend on how well they function in society with their hearing impairment. It is an intentional, conscious decision made by that person as to whether they relate to, and identify with, the hearing community or the Deaf community. In some ways, it is a similar choice to that made by members of other minority cultural subgroups: whether to assimilate with the larger society and its language, customs, and values, or instead to identify with their subgroup by adopting that subgroup’s own set of language, customs, and values (Hardin, Blanchard, Kemmery, Appenzeller, & Parker, 2014).

The next step in this project is to discuss the role that language played in the life of a person with hearing loss. According to the NAD website, sign language is defined as an entirely visual language where communication is used through gestures, signs, facial expressions, and other visual cues. It is similar to audible languages in many ways. One way is that sign language has changed and evolved over time, similar to how audible languages develop new words, change the meaning of existing words, or abandon other words. Sign language, like other languages, is not universal and has its own variations. As many regions or countries have their own language, each region or country has its own sign language. These different sign languages have their own signs, syntax, sentence structure, and grammar rules, in the same way that these
linguistic traits differ between audible languages. Sign languages can even have their “dialects,” where there are regional, racial, ethnic or class differences within the sign language itself, similar to how certain English words are used differently than in other regions of America. Also, sign languages can differ by how closely the sign language translates directly to its region's or country's language. An example of this would be the difference between ASL and sign language where there is a direct translation from the English word to the sign that is used, similar to how certain words or phrases do not directly translate between two audible languages. ASL is primarily used in the United States and in Canada (NAD, n.d.).

The Deaf community is a culture that has a common pride and a communal identity. The Deaf community brightens their culture through traditions, films, poetry, story-telling, clubs, theaters, organizations, and residential Deaf schools. Language and culture are the core factors that create this community. Deaf culture is a positive term for those who identify as part of the Deaf community. There are five sociological criteria for defining a culture: language, values, traditions, norms, and identity (Cripps, n.d.). Communication is not seen as a barrier within the Deaf Community. Their deafness is not seen as a handicap or a problem because of deaf people’s ability to communicate effectively in sign language (Cripps, n.d.).

The Deaf community, considered an ethnic linguistic minority, also has a spectrum of sub-groups that is defined by how much they are involved in the community. For example, there is a term “Deaf Pride” meaning they are proud of being Deaf, have found belonging within this community, and because of the history of oppression, similar to other minorities and underserved populations, they have a sense of pride in their heritage including successes and overcoming setbacks. A strong sense of pride within the community is also seen within full Deaf families and multi-generational Deaf families (McIlroy & Storbeck, 2011).
The technology that has developed in the last 20 years has allowed deaf people to be able to communicate in real-time. They are now able to text message, use the Internet to communicate, use mobile phones, which allows people to see face-to-face, and use multiple avenues with technology to communicate (Maiorana-Basas & Pagliaro, 2014). Additionally, video phones have been specifically created for, and used by deaf people to make phone calls using live certified sign language interpreters (Sinclair, 2013).

The American with Disabilities Act (ADA), which was signed into law in 1990, required deaf people to have equal access to communication and services, including mental health services, and the law requires a qualified interpreter to facilitate communication (Vernon & College, 2006). A qualified interpreter is someone who has received extensive education in sign language and have passed a state or national exam for interpreting. This means that the interpreter is also in good standing with Registry of Interpreters for the Deaf (RID) and complies with their ethical code of conduct. Organizations from RID, and National Association of the Deaf (NAD) have developed systems in place to foresee that interpreters are well qualified and live up to the expectations of the Deaf community. It is stated in the RID Code of Professional Conduct, “the American Deaf Community represents a linguistic group having the inalienable right to full and equal communication and participation in all aspects of society” (RID, n.d. para. 5).

Gallaudet University in Washington D.C, the only University that provides undergraduate and graduate education completely in a Deaf culturally supportive environment with the primarily use of ASL, has a Law Center for the Deaf which played a major role in passing other laws and advocacy groups demanding equal rights. Even though these laws have been passed and the impact has been beneficial, there is still a lot of improvement needed when it comes to
equal rights and quality mental health services provided to the Deaf community (Vernon, 2006). Gallaudet University provides programs taught in sign language and trains deaf individuals in mental health counseling and social work graduate programs to fill in the need for competent mental health professionals (Gallaudet University, n.d).

Not only has technology improved the lives of the Deaf community, but the medical field has come a long way with assisted hearing devices. The cochlear implant has assisted deaf people in improving their ability to hear sounds. The medical world had thought at one point they had found a “cure” for deaf people, yet this issue has been a controversial issue for decades and many deaf people in the community have reacted negatively stating they didn’t want to be seen as people with a “disability” but as a minority cultural group (Sparrow, 2005). There have been misunderstandings that cochlear implants can make a “deaf” person become hearing. A deaf person may be judged negatively and may get disowned by the community for wanting to become “hearing.” The hearing community assumes that that deaf person should want a cochlear implant because they can improve hearing and assumes that the deaf individual will have a better quality of life. The best intervention for a deaf individual, research states, is to be exposed to language as young as possible which means for the parents to begin teaching sign language to their young deaf children (Mounty, Pucci, & Harmon, 2014).

The Deaf community has common values that strengthen the culture, and they have their own cultural norms, their own history, organizations, clubs, and ASL poems. They have a history of storytelling that has been passed down generation to generation and has always been a central value in the community. In addition, waving, long hellos and goodbyes, eye contact, and the shutting off and on of lights to get other people’s attention is considered normal in American Deaf culture. The language is what creates the Deaf community and throughout history, deaf
individuals have been looked down on for using ASL within their families and schools. Deaf people have not had good role models within their homes due to hearing parents having little to no experience with deafness and being unable or unwilling to expose their non-hearing child to ASL (Williams & Abeles, 2004).

A majority of deaf individuals are raised by parents who are hearing. Ninety percent of deaf children have hearing parents, and it is rare for hearing parents to learn sign language themselves (Scheetz, 2001 as cited in Williams & Abeles, 2004). Being the only deaf person creates feelings of inferiority and low self-esteem (Williams & Abeles, 2004. Until recently, the majority of hearing parents dropped their deaf children off at Deaf residential schools for the full school year. The deaf children would live in dorms and visit parents on weekends, holidays, or summers. The children would be submerged in Deaf culture, be around those who were deaf like them, and ASL would be primarily used (Lane, 2005). In recent years, the increasing choice for deaf individuals has been choosing mainstream public schools with interpreters and schools have begun to have deaf and hard of hearing programs to best fit the needs of their deaf students (Richardson, Marschark, Sarchet & Sapere, 2010).

**History of Deaf People and Mental Health**

Individuals with hearing loss have continually lacked access to appropriate mental health treatment. Deaf and hard of hearing individuals have often been misdiagnosed and misunderstood by mental health professionals. The majority of mental health professionals have been hearing, and because of this deaf people have been classified as having a disability. Due to this stigma, historically deaf people have had a negative view of the mental health system and have found it difficult to trust therapists (Peters, 2007).
Misdiagnosis

There were incidents in the 1950s when deaf clients were diagnosed with schizophrenia due to mental health professionals believing deaf people were psychotic largely because of the way deaf people communicated through hand gestures and sounds (Peters, 2007). Deaf patients were given heavy psychotic medications that had negative side effects (Peters, 2007). Peters (2007) stated, “A common misdiagnosis, as Alshuler & Abdullah stated, was “psychosis with mental deficiency” (p.185). Historically, mental health professionals have misdiagnosed deaf people as being psychotic, mentally retarded, or low functioning due to the inability to communicate effectively (Peters, 2007).

A common problem that led to misdiagnosis was the counselor’s assumptions that deaf people can’t dig deep into their own lives and explore the reasons behind their own behaviors (Peters, 2007). Therapists did not challenge deaf clients due to the assumption that they did not have the ability to self-reflect and that they had low IQs. This resulted in ineffective therapy and deaf people began to feel that they could not trust mental health professionals (Peters, 2007).

Therapists have failed to study the Deaf community and their experiences that have been similar to other minorities such as oppression, use of substance abuse, unemployment, segregation from others, and distrust of members of the mainstream society (Williams & Abeles, 2004).

Misunderstood

The barrier to communication has always been the greatest factor for misunderstandings in the Deaf community.

Historically, deaf individuals seeking mental health services have been misdiagnosed or not diagnosed at all due to miscommunication. Du Feu and Fergusson explained that
mental health workers’ lack of understanding deafness and the associated culture has led to patient institutionalization as a result of poor writing skills or/and lack of communication. They reported the prevalence of mental health disorders within the deaf community can be attributed to the “delays in access to [mental health] service...increase[s] the duration of mental health problems. (Pettis, 2014, p. 3)

The mental health profession has misunderstood deaf people by not understanding that they need to be treated with a multi-cultural approach. Without this multi-cultural approach, therapists who were supposed to be providing treatment and helping deaf people with their problems have only furthered the feeling of alienation and affirmed deaf people’s feelings of inferiority in a hearing society. Deaf people who have had to work with hearing therapists who had little exposure to the deaf community, and no knowledge of ASL had one more unique day-to-day anxiety that they had to face. Research has stated that because of this, it has resulted in more mental health issues for this cultural group than hearing individuals (Peters, 2007).

The mental health system has misunderstood common stressors that a deaf person experiences. The language barrier creates isolation from the majority of society including their friends and family (Williams & Abeles, 2004). The stigma of having a deafness greatly effects deaf people’s interpersonal relationships and research has stated that deaf individuals with hearing parents are more likely to suffer from depressive symptoms (Pettis, 2014). Deaf individuals have been unable to express themselves and share their experiences effectively. Kaufman (1996) explained, “Both the process and ultimate effectiveness of psychotherapeutic intervention are directly dependent upon language, the bridge between experiential worlds” (p. 261). With the inability to effectively communicate with a Deaf person and with little to no
understanding of their own lifestyle through a cultural lens the mental health system has misdiagnosed deaf people and have provided inaccurate treatments (Williams & Abeles, 2004).

The mental health profession has mistakenly followed the medical model that deafness is a deficit rather than Deaf people being part of a “linguistic and cultural minority status” (Glickman, 1996, p. 644). Deaf children have had experiences of being forced to use speech or not use sign language based on their parents’ belief that deafness is a deficit and their child must learn how to use speech and fit in with the majority of society. Deaf people may have been taught to allow others to make their decisions for them because “others know best.” In the past, it had been thought that if deaf people were to sign in their classrooms, it would limit the deaf child’s ability to learn English and they were forbidden to sign (Sutton-Spence, 2010).

An historic area of misunderstanding for the mental health system was when they encountered deaf individuals who had minimal or no language skills. Reasons for this could be that they came from another country and were never exposed to sign language. It was also possible that the country itself may have been underdeveloped and did not identify sign language as a real language, sign language was not taught, or that they lived in an area where there were no other deaf people who used sign language. There are other situations in which a deaf person may never have learn sign language. Glickman (2007) stated, “A deaf person may have never learned sign language due to a brain injury or a mental illness,” (p. 325) and Glickman and Pillard (2013) stated, “It has been noted in the literature that Deaf individuals who are poor language users are often overrepresented in mental health services and correctional settings (p. 325; as cited in Wilson & Schild, 2014).
Additional Concerns

There are multiple mental health concerns that are prevalent with deaf people which are often overlooked by mental health professionals. Deaf people are a minority in a hearing society and although there are those who are well educated, have good jobs, and function well in society, authors Anderson and Pezzarossi (2013) stated, “Owing to a number of factors, individuals with hearing loss are more likely to be poorer, less educated, and unemployed” (p. 411). These authors did a study on deaf women and those who experienced violence in their relationships and found that violence occurs more often in Deaf-Deaf relationships compared with hearing relationships partly because of couples dealing with these social stressors (Anderson & Pezzarossi, 2013).

Studies had been implemented in a deaf inpatient unit in the United States to try to understand the unique needs that need to be met with chronically mentally ill deaf people. Researchers found that 75% of those deaf people who were chronically mentally ill were not fluent in ASL. Their findings included the most common diagnosis to be post-traumatic stress disorder (Black & Glickman, 2006). Also, Black & Glickman (2006) stated, “Deaf patients presented significantly higher risks than hearing patients in areas of self-harm and risk of sexual offending” (p. 303).

There was research published that studied deaf psychiatric patients and their duration of seclusion and restraint in hospitals in comparison to hearing patients. The findings that were stated from their research paper were, “Whereas only 12% of the hearing non-intellectual disability (ID) group experienced a seclusion or restraint, 43% of the deaf group experienced a seclusion or restraint during hospitalization” (Diaz & Landsberger, 2010 p. 304). The research found that some of the factors that may contribute to seclusion and restraint to a deaf person may
be because of behavioral problems such as aggression towards others or themselves (Diaz & Landsberger, 2010).

There were multiple mental health problems that deaf children and adolescents experience that influences their mental health. Research stated that one-third of deaf children have other disabilities other than deafness and this can contribute to a greater negative impact on their emotions and behaviors. Because there is a higher risk of abuse and trauma in the deaf population, these children and adolescents are at high risk for emotional and behavioral disorders. Landsberger, Diaz, Spring, Sheward, and Sculley (2013) stated they are more than twice as likely than their hearing peers to experience emotional abuse and neglect. Similarly, the prevalence rates of physical abuse are also higher in deaf children than in hearing children and the rates of sexual abuse in deaf children have been reported to be as a high as 50%. (p. 43)

The research supported that although this is a problem, if children become members of the Deaf community, they find a sense of belonging and identify positively with their deafness and they themselves have better mental health (Landsberger et al., 2013). How the deaf child or adolescent perceives their deafness whether negatively or positively, will affect his or her self-esteem and may impact the severity of the individual’s mental health (Gent, Goedhart, & Treffers, 2011).

**Adlerian Psychology**

Alfred Adler focused on a wellness model that emphasized that one is not “sick” but discouraged. Alfred Adler believed that if he could understand how the individuals see themselves in the world, understood how they obtain their goals in life, and had an understanding of their childhood experiences, positive and negative, one could get to the root of one’s problems
and begin their journey towards healing. Alfred Adler saw each person as striving in life to get their needs met. He believed that everyone had the need to belong and a goal of feeling significant (Farrugia, 1986).

Adler gave special focus to those who had disabilities, those who did not follow the norms of society, and described those struggling in life or having a mental illness as being highly discouraged. Alfred Adler worked with individuals who had disabilities due to his own physical health problems (Farrugia, 1986). Individual psychology and the concepts that it represents, give a greater understanding to how deaf people pursue the basic life tasks such as finding happiness within themselves, thriving in relationships, community, careers, and obtaining their goals in their lives. They do this while continually navigating the basic human needs for belonging and finding significance (Farrugia, 1986).

Alfred Adler was an advocate for avoiding labels and diagnosing (Farrugia, 1986). When this theory is applied to the mental health system, the therapist further assists their deaf clients in a holistic way seeing the deaf individual through a cultural lens, avoiding making judgments on their style of life due to their deafness. Alfred Adler refused to see deafness as a “handicap” and instead focused on exploring the deaf person’s issues through concepts such as the life style, the family constellation, and how deaf people function in their life tasks. Adler began therapy by studying how a deaf person found a place to belong in his or her life as a child. A deaf child begins by feeling inferior in a world that is hearing. Adler believed that everyone had a sense of feeling inferior to some degree and focused on how that individual strived to feel like they belong (Farrugia, 1986).

He had strong interests in medicine, as he was a physician, curing people with sicknesses and diseases, and later as a psychologist with interests in psychological health. He believed the
two were interrelated and believed strongly in prevention of psychological issues and physical issues (Ansbacher, 1992). Adler believed that children with a handicap were most likely to become discouraged and exhibit feelings of inferiority. They may have struggled with interpersonal relationships and felt hopeless (Ansbacher, 1992).

Adler believed that because a child was born with a handicap, the child sought ways to overcompensate or to overcome in certain areas of his life. The child may have responded to ridicule with feelings of humiliation for what is perceived a handicap. On the other hand, deaf children may have been pampered with over protective parents and given extra attention leading them to feelings of superiority (Farrugia, 1986). Research reveals how hearing parents react negatively to having a deaf child which may influence the deaf child negatively. Farrugia (1986) stated

The importance of the family on the personality development of the deaf individual has been long recognized in terms of linear effects on the deaf child. Mindel and Vernon (1971), in their classic book *They Grow in Silence*, have discussed such topics as parent expectations and disappointments in their child, family grieving over the discovery of the deaf child, and social isolation during childhood development. Implication is made that these dynamics profoundly influence the deaf child. The Adlerian concept of cooperation explains why these dynamics are indeed profound. Cooperation is the basis of social interest and social interest is the basis for healthy direction in personality. (p. 202)

Research also showed that deaf people with deaf parents were more psychologically healthy than those with hearing parents (Farrugia, 1986). According to Altshuler and Rainer (1969)
Dreikus (1964) stated: Since the development of a life-style can be influenced by the implications of deafness, there may be a greater tendency for deaf children to choose a position from which Dreikurs (1964) has called the discouraged side of life. These attributes are often reflected through the following problems discussed by writers in the field of deafness: poor decision making skills (DiFranceska, 1974), dependency on others (Roy, 1962), immaturity (McHugh, 1975), and rigidity (p. 204).

It is important to note that deafness, when handled well and encountered in a positive way, may be positively influenced. Factors such as early exposure to sign language, deaf parents or deaf siblings, or hearing family members that sign, and Deaf cultural identity impact a positive self-esteem, self-identity, and interpersonal relationships. Rachel Sutton-Spence (2010) quoted a small child:

> When I was small I thought the world was full of deaf people. Yes, we were great!
> Because when I was small my parents were Deaf. At school I didn’t know if my teachers were Deaf or hearing because they signed and to my mind they were automatically Deaf. The other children I mixed with signed. I signed with Deaf people at home. So everyone was Deaf and that was fine. I knew my grandmother was a problem because she was different. She spoke so she was different and I avoided her. We didn’t have much of a relationship. One day my mum and I were on the bus going shopping and there were people all around us. I said to my mum “Those people are like grandmother—speaking,” and Mum said, “Yes, they’re hearing.” So I picked up on the sign HEARING and asked what it was. She said, “Oh, hearing people can hear sound.” “Am I hearing?” I asked. “No, you’re Deaf.” “Oh, right.” I looked at all the people on the bus, all of them speaking, and asked how many hearing people there are and she said that the world is full
of hearing people. I asked her, “So these people on the bus are all hearing? All the people in those houses, hearing? In those cars, hearing?” Mum said, “Yes.” “So you and me are few?” “Yes.” I cried my eyes out. I’d thought the world was full of Deaf people and it wasn’t. (p. 271)

**The Four Life Tasks**

Some contemporary Adlerian therapists recognize four life tasks that a therapist could examine to determine how the individual is functioning. These four life tasks are relationship with self, community, work, and love. The four life tasks that have been identified in this project, including the five Adlerian concepts, help therapists understand how their deaf client relate to others and the world. The therapist would explore how the deaf person functions in each of these life tasks and gather insight to how he or she ascribes meaning in their world. How deaf people function in these four life tasks, gives the therapist a blueprint of how one moves through life (Adler, 2011). The four life tasks reveal a deaf person’s perceptions and meaning they give to themselves, others, and the world. Deaf people either adapt behaviors that are useful or useless in their lifestyle (Adler, 2011).

The questionnaire included in this project offers Adlerian therapists a form of open-ended questions to ask a deaf person (Appendix A). By interviewing a client by means of these questions, the therapist is able to obtain a more holistic understanding of the deaf client. It is important to remember that deaf people have the same issues as hearing people do and that there is no one way to provide therapy to a deaf person. If the therapist fails to recognize the cultural implications, they may likely do harm to the deaf client.
Organ Inferiority

Alfred Adler’s concept on organ inferiority stems from the belief that all humans strive to feel superior (Adler, 2011). Adler stated that those who are born with a disability or an “organ inferiority” tend to overcompensate in other areas of their life in order to meet their needs (Adler, 2011). Research has found that those with unseen disabilities have personalities that cooperate well with the norms of society compared to those individuals who have disabilities that are obvious and different compared to the norms of society. Those who had obvious disabilities visually seen in society had a higher risk of anxiety, depression, poor self-image, or other mental health issues (Coleman & Croake, 1987).

Historically, deafness has been seen as a medical defect that labeled Deaf people as mute, dumb, mentally ill, incapable, low intelligence, and other labels that are perceived as derogatory. Due to the inability for hearing people to be able to communicate with deaf people, deaf people have developed the resilience to fight for their own language, preserve their own culture, and find their own identity. Deaf people find their own ways of overcompensating for their deafness. Deaf individuals may overcompensate by attempting to hide their disability and even their actual abilities due to the social stigma of being deaf. An example of this is deaf people being taken advantage of and often feeling like they are the last one to know when it comes to relevant information. Deaf people may overcompensate by always wanting to be the first to know. In addition, deaf people may find themselves having to overcompensate in performance to make for up their deafness (Coleman & Croake, 1987). This may lead a deaf person to always feel like they need to over achieve or try to aim for perfection in their life.

The therapist attempts not to assume that if the deaf person has hearing loss, they struggle in their tasks of life. Rather the therapist seeks to understand the client’s view of life specifically
as a culturally Deaf person, if that is what they culturally identify as, and gather the client’s view of their problems. For instance, say a therapist is working with a culturally Deaf person. In the work task, the Deaf client might work with other Deaf co-workers who use sign language, and he or she might love their job because they feel a sense of belonging and feel significant. He or she might love that they are around others who are culturally Deaf; however, the Deaf client might also work with other Deaf co-workers and yet hate their job due to the long hours they have to work or because it is boring. They may not get along with their deaf co-workers for multiple reasons. The therapist needs to attempt to understand his or her problems from the client’s perspective in order to provide appropriate treatment. The client’s problems may not relate to deafness, but it is important that the therapist understands how his or her day-to-day life is influenced by deafness and how they perceive their deafness.

The organ inferiority concept is an important concept to understand for any person who has a disability. A therapist needs to know if the deaf person identifies as either Deaf, deaf, hard of hearing, or hearing, and how they perceive themselves in society. Do they see themselves as an equal in society? Do they see themselves as less than others because of their deafness? Do they have additional disabilities other than deafness that influences how they perceive themselves in society? Do they identify with a community and feel as if they belong?

The Adlerian therapist examines the four life tasks in light of a deaf person’s organ deafness, if they identify their deafness as an organ inferiority. The relationship with self life task examines how the deaf person values their worth as a person with deafness. It is important to explore how the deaf person ascribes meaning to their life as a person with deafness. If their deafness is seen as a positive part of their identity, the deaf person will find them creating positive healthy movement in life, being useful. If the deaf person views their deafness as a
negative part of who they are, they will find themselves on the uselessness side of life. The community life task gathers information for they fit in with a community, whether it is the deaf community or another community. A culturally Deaf person may have the attitude of “Deaf Pride” as discussed earlier in this project, meaning they participate in Deaf events, Deaf functions, and take pride in Deaf rituals, storytelling, and traditions. In the work life task, this could be described as a culturally Deaf person functioning well in their careers by assimilating into the hearing culture. The Deaf person may have received a degree in their field of interest and have learned the self-advocacy skills needed to function in a hearing world on a professional and intellectual level. In the love work task, a therapist can explore the kinds of relationships the Deaf person finds themselves in as a cultural Deaf person. For example, is the Deaf person more comfortable having a partner that is hearing or Deaf? The therapist could explore how the Deaf client’s deafness influences his or her love relationships.

Belonging

Alfred Adler created the concept of belonging stating that individuals have the fundamental need to belong (Ansbacher & Ansbacher, 1956). This is evident in the Deaf community whereas a deaf person’s lifestyle turns a positive direction when they first encounter others that use sign language or find others who are also deaf and have shared experiences (Sutton-Spence, 2010). Studies have shown that deaf individuals have better mental health in light of being able to feel that they belong (Landsberger, Diaz, Spring, Sheward, & Sculey, 2013). The need to belong is a human instinct with which humans are born. Deaf individuals are often born to families that don’t know sign language and therefore deaf individuals may feel they don’t belong.
The Deaf community is always seeking ways to be accepted socially. Individuals feel secure when they have a place of belonging. The Deaf community is a place for belonging and for individuals to develop their identity, which all stems from having a common language. In the Deaf community, there is no more language barrier or major differences and this eliminates the feeling of being inferior.

Adler believed that rejection diminishes the need to belong, and each human being needs the chance to feel that they are equal and valued in society. This is where Adler’s concept of social interest and belonging are intertwined. An important piece of feeling the need to belong is belonging in society and feeling the satisfaction of contributing to others (Ferguson, 2010).

In the life task relationship with self, the therapist could explore how the Deaf person views him- or herself in other relationships. The therapist could explore if he or she is on the useful side of life developing a positive self-identity within his or her community, or is he or she demonstrating behaviors on the useless side of life. The useless side may mean having a negative perception of oneself or be in constant comparison to others and feeling inferior. The community life task explores whether the deaf person has found belonging within a community. The therapist can explore how the deaf person fits in with his or her community and what this meaning represents to the deaf person. The useless side of this work task may mean not knowing how to resolve conflict with others and may lack basic interpersonal skills to effectively be socially embedded within the community. The work task includes assessing how the deaf person functions on a daily basis in their job. The therapist can explore if the deaf person shows up to work, whether he or she likes his work, and how he or she feels about his or her career path. The Love task explores the relationship dynamics of the Deaf person and their partner and whether he or she feels they should be in this relationship.
The Need for Significance

Every person has the need to feel significant (Ansbacher & Ansbacher, 1956). It is important to note as a therapist the avenue in which an individual takes in order to fulfill the need to feel significant. A deaf person may have grown up feeling left out of their hearing family due to the language barrier, which may leave one to feel neglected and insignificant. Many deaf people have shared experiences about feeling isolated at family functions, eating around the table with their family, or attending functions without an interpreter.

Healthy ways of meeting one’s need to feel significant might be contributing to the Deaf community by helping others learn the language or by involving oneself in deaf organizations where one feels they have a sense of belonging. Their strengths need to be explored because as an Adlerian therapist, one is looking at the whole person. Adler believed that in order to be significant, one has to understand one’s sense of worth. An Adlerian therapist would want to navigate and explore all the abilities in which the deaf person could feel significant.

The Relationship with self life task explores avenues in which a deaf person strives for feeling significant. Individuals may find themselves striving to feel superior because of the basic human need to want to feel significant. A deaf person may have a self-perceived inferiority to others due to feeling isolated and the therapist can explore how the Deaf person finds value and significance in him or her life. The community life task examines how the Deaf person finds significance within a community. Useful behaviors might be social interest or otherwise defined by Adler, as cooperation. The work life task addresses how they are feeling significant within their careers. The love task addresses how the deaf person finds significance within their relationships with their partners. When individuals are feeling insignificant, they are feeling
inferior and discouraged (Adler, 2011). It is important for the therapist to recognize the goals of the client because Adler believed that every behavior was goal-driven (Adler, 2011).

**Safe Guarding**

Adler defines *safeguarding* as tendencies individuals have in their thinking that proposed they may be in danger or assume impending threat. Individuals use this to protect their ego (Griffith & Powers, 2007). Safe guarding tendencies in a deaf person would look similar to a hearing person in how they might react when feeling threatened. Behaviors might be hesitation, anxiety, acting superior, or purposely not trying at a task due to fear of failure. This happens because of feeling discouraged and trying to avoid feeling inferior (Griffith & Powers, 2007).

The therapist may explore how the deaf person copes with his or her problems and identify safeguarding tendencies that are either useful or useless when applied to his or her own life, the *relationship with self* life task. The *community* task refers to ways a deaf person manages conflicts or any kind of problem with others on a regular basis. The therapist could explore what interpersonal tools a deaf person might use to resolve conflict or problems with others. It would be important for the therapist to identify what obstacles are getting in the way of the deaf person’s goals. Information about the deaf person’s *work* life task can be assessed by seeking out unhealthy patterns of coping by identifying negative behaviors that relate to the deaf person’s work. An example of this might be avoiding work. One example could be deaf people may choose not to work even though they are capable of working. They may use their disability as an excuse to stay home and remain unemployed. Examples of these safeguarding behaviors may be deaf person experiencing panic attacks or anxiety, which are safe guarding behaviors (Ansbacher & Ansbacher, 1956). Deaf people may have a fear of being viewed negatively as a deaf person, in a work environment where nobody knows sign language. In the *Love* work task,
the therapist attempts to identify any safeguarding or coping behaviors that are unhelpful to the deaf person. These could be any unhealthy behaviors that continue to create a barrier for the deaf person to function well in his or her love relationships.

**Teleology**

Teleology is a future oriented perspective that helps examine what the individual is striving for and identifies their future goals. It does not focus in the past nor does it deny childhood influences. It does not make an individual a victim of their past but rather re-directs the individual to strive for new and helpful goals. This concept is important after recognizing the deaf individual’s mistaken beliefs and then to adapt more helpful beliefs that are assisting the individual in living a whole and happy life (Griffith & Powers, 2007).

A therapist can help the deaf client identify positive beliefs and attitudes about him or herself that allow the deaf person to explore the kind of person they want to become, the *relationship with self* life task.

In similar ways the therapist can explore the other three life tasks; community, work, and love. The therapist can challenge the deaf person in these three life tasks to create a new positive line of movement and strive for meaning and purpose in their lives, knowing that they can create positive change and that their life can be better (Ansbacher & Ansbacher, 1956).

**Fictional Case Study Demonstration**

Wade is a 53 year old deaf male and came into counseling wanting to learn how to handle his anger, and decrease anxiety and depression. Wade stated he has had anger issues since he was a child and it is now affecting his life and his marriage. Wade stated he is sad every day and feels intense anger and that it gets out of control. Wade stated his behaviors include physical abuse such as punching and hitting people, breaking windows, and speeding in his car. Wade
stated he is currently angry due to “family conflict” with his five hearing children. Wade stated he has been taking care of his elderly dad in his own home as a personal care attendant (PCA), but his children went behind his back and signed paper work to send his dad off to a nursing home. Wade is extremely upset about it, and stated he is struggling with sleep. Wade stated he thinks they are taking advantage of him because he is deaf. Wade wonders if he should cut off all relationships with his children and his dad.

Wade stated that his depression has become worse and that in the last few years he has been unemployed. Wade has lost motivation to want to work or find any hobbies. Wade stated he has no friends but in the past he was well known in the Deaf community and was popular. Wade stated he does not like going into the Deaf community anymore. Wade stated he used to be involved on the board of several Deaf organizations. Wade stated he used to attend a Deaf church but quit going a few years ago because of all the back stabbing that happened. He stated he used to be a Christian but now feels there is no point in religion. Wade is currently married to his fourth wife, also deaf, and is also experiencing marital difficulties. His wife has threatened to leave him if he doesn't get counseling and work on his anger issues. Wade stated he is the youngest of seven children and he is the only Deaf person in his family and that his brothers and sisters, and parents do not know sign language and that he feels very disconnected from his family.

Wade states that as a child his parents sent him to a state Deaf school for each school year and he attended the residential school until he graduated from high school. He stated he remembers acting out in school, starting fights, stealing from other kids at school, and felt like he had a reputation of being the “tough guy.” He feels like life has been consistently difficult for him because he is deaf. He insisted that his life would be completely perfect if he was hearing.
Wade believes he would have no anxiety or depression, and would have been more popular if he had been hearing. Wade stated he has a hard time letting go of the past due to having many regrets. Wade stated he feels like his life is going nowhere.

Wade stated he feels disconnected from his children as well as his own brothers, sisters, and dad. He stated he often feels misunderstood, lonely, and taken advantage of. Wade stated he likes to go for walks, fishing, and camping.

**Adlerian Application**

Adlerian therapists would identify this person as discouraged. He appeared to be struggling with all four life tasks. Wade had lost hope, had been isolating himself, avoiding issues, and was feeling inferior in many ways. Adler taught that social interest meant caring and giving to a community and that by doing this, it was evidence of a healthy psychological state of being (Kopp, 1986). In this case study, Wade had been moving away from a psychologically healthy state and moving into a psychologically unhealthy state of mind. The behaviors included isolation, lost interest in previously enjoyed activities, anger, and a sense of deep sadness.

An Adlerian therapist would first seek to understand Wade’s lifestyle. The key would be building rapport through gathering information on his lifestyle. It would be important to apply the knowledge previously gained in this study by using a multi-cultural approach. Wade shared experiences similar to those of other Deaf people. He sensed a feeling of isolation and neglected from his family members that do not sign. He feels taken advantage of and misunderstood. Even though Wade stated that life is difficult because of his deafness, the therapist should not assume that Wade’s problems are all caused because of his deafness. The therapist needs to continue to analyze how the client views his problems. Wade appeared to feel inferior in all five of his life tasks.
To begin properly treating this client from an Adlerian perspective, a therapist can ask themselves these following questions:

- How did Wade view his deafness?
- Where did he find his identity? Deaf, deaf, hard of hearing, deaf-blind, hearing, or other?
- How did he view his problems?
- Where did he feel he belongs?
- How did he find significance?
- In what ways had he tried to resolve these issues on his own before coming to see the therapist?
- What kind of life did Wade want to have? What kind of relationship with his wife did he want to have? What kind of relationship with his family members did he want to have? How much involvement did he want to have in the Deaf Community? How much involvement did he want to have at the Deaf church if he could?

Through the gathering of the lifestyle and building rapport with this client, the therapist will begin to identify his mistaken beliefs. A mistaken belief that was identified within this case study is “everything in my life would be perfect if I was hearing”. Exploring this mistaken belief with the client will assist the therapist in understanding the client’s view of what it means to be deaf and not hearing. The therapist then begins to challenge the client on this belief by asking the client, “How would your life be better if you were hearing?”

An Adlerian therapist would explore Wade’s early childhood. In the Deaf community it is common for deaf children to have attended Deaf boarding schools. Deaf students typically live at the boarding school for the year and visit home on weekends and summers. An Adlerian therapist would have to understand the cultural meaning of this. Attending a Deaf school
exposed Wade, as a child, to the social norms of what it means to be Deaf. Education is taught in sign language. Wade was taught Deaf values, rituals, traditions, and was exposed to the attitudes of other Deaf people. Asking important questions to gain a better understanding of his early childhood experiences will help with treatment, especially because Wade remembers this as the onset of his anger issues. How did Wade feel about attending a Deaf school? Did he like it or not like it? What was it that he liked or didn’t like? Why does he think that he has had anger problems since childhood? Attending a Deaf school means most likely that Wade was living in a dorm during the school year and visiting his own family on holidays, weekends, or summers. Wade may have lacked exposure of having his own family teach him critical interpersonal skills such as conflict resolution. It is possible that he had teachers, staff, or parents that enabled his poor development by doing everything for him which resulted in a sense of helplessness and lack of self-motivation. It is likely that in his private logic, he does not believe he knows how to determine what is best for himself. It could also be that Wade has had no one there to help him when he has needed it and only knows how to get attention through physical aggression or trying to maintain control by cutting people out of his life. Asking open ended questions instead of making assumptions will help the therapist maintain rapport with Wade.

Wade appeared to be coping through isolation. He debated cutting off all ties with his children because he was angry. These are issues that the therapist will want to explore further in depth. The Adlerian therapist would be curious to know how his issues resolved in childhood. How would he solve problems? How did his family solve problems? When was the last time Wade felt understood?

Further exploration needs to take place to identify additional mistaken beliefs. With the language barrier and the isolation that it brings, deaf children are more likely than their hearing
peers to suffer from isolation, insecurities, and depression (Peters, 2007). Deaf individuals may be looked down upon for not living up to the expectations of the hearing society including their family and friends. They may have accepted the mistaken beliefs that they are inferior, sick, or different.

The four Adlerian life tasks previously discussed in this project will help the therapist begin to understand the life style of a deaf person. These questions will prevent misunderstandings which will also assist in accurate diagnoses. The first concept applied to Wade’s case study was organ inferiority. In this case study, Wade identified with being Deaf, capital D. Even though he had isolated himself, he had identified with being involved in the Deaf community. Wade may have had disabilities other than his deafness. He may have had learning disabilities or other physical or mental disabilities.

The second Adlerian concept is belonging. Wade had isolated himself from the community and had expressed concerns with his marriage and his children. When was the last time Wade felt like he belonged and what was happening in his life at that time? It appeared that Wade felt like he did not belong anywhere. What skills or resources did Wade need to be able to begin resolving his current issues? What barriers were preventing him from communicating his thoughts, feelings, and wants, with his family in regards to the situation with his father?

The third Adlerian concept is the need for significance. It appeared pretty clear that Wade felt insignificant in the eyes of his family. Wade appeared to be attempting to feel significant through physical aggression and trying to maintain some form of control with his family by considering cutting all ties. In the past Wade had found significance through being involved in the Deaf community and Deaf church. Wade was involved in the Deaf church until
the “back stabbing” happened and then he quit. It appeared that when he began to feel inferior, Wade initiated a pattern of avoidance.

The fourth Adlerian concept is safeguarding. Wade coped through life by avoiding, controlling, isolating, and physical aggression. These are behaviors that he used to protect himself. The therapist will begin to search for patterns for ways Wade has dealt with conflict and how he attempted to resolve his problems. In reality, Wade has made no attempt in resolution but has only avoided conflict.

The fifth Adlerian concept is teleology. This is referring to the future and allows Wade to be a foster of change and use his own creative mind to foresee what he wants to do with his life. Wade hasn’t been demonstrating healthy behaviors that would benefit himself or others. Adler believed that positive change and movement is essential. Once Wade begins identifying mistaken beliefs, adapts healthy beliefs, and then realizes he has the courage to change his behavior, he will be able to find the motivation to change and create a healthy style of life. The therapist can help Wade identify his fictional goals through several sessions of therapy in order to begin making movement and change. Henry Stein stated, “A fictional final goal is what is unique to each person and pretty much guides and dictates most of the individual’s actions” (Mitchell, n.d., para. 30).

**Treatment Planning**

Treatment planning with an Adlerian framework does not focus on a specific diagnosis. Adlerian therapists avoid diagnosing if at all possible, thus avoiding a pathological stance and instead embracing a wellness model, or a more holistic framework. The wellness perspective encourages therapists to look at a client as a discouraged client instead of a sick client. This
perspective assumes that the client is the expert of their problems and the therapist’s role is to help the client find solutions, and a new healthy way of coping with life’s problems.

- The basic steps that an Adlerian therapist can follow for treatment for this case study are *Supporting* and building rapport through empathy and gathering as much information as possible. This could include gathering the life style, early recollections, and identifying how Wade is functioning in each of the life tasks. A therapist would gather the client’s view of the problem. The therapist would consider the multi-cultural dynamic approach when working with a deaf person and ask appropriate questions for treatment. The therapist would aim to have a strong rapport, gain trust between the client and the therapist, and have a good understanding of Wade’s lifestyle.

- *Encouragement* includes clarification about Wade’s thoughts, feelings, and what he is wanting in his life. A therapist would clarify by using socratic questioning and identify and challenge mistaken beliefs about himself and how he sees himself in the world. The therapist would be careful not to have cultural assumptions but instead clarify any information that may be vague and lead to misunderstandings to avoid a misdiagnosis.

- *Insight* which involves interpretation and recognition. This process would allow Wade to recognize his own mistaken believes and be motivated to change. The therapist can assist the Wade in understanding his issues by interpreting dreams, gathering early recollections, identify possible reasons for avoiding situations or people in his life, and better understand feelings of inferiority which would influence positive change in his style of life.

- *Change* would be the therapist attempting to help Wade see negative patterns throughout life and assist Wade in setting new positive attitudes to foster new behaviors and begin
doing life differently. The therapist would reinforce, affirm, and encourage the positive new behaviors that Wade would embrace and evaluate progress. New healthy patterns would be implemented and there would be significant improvement in the functioning of Wade’s life tasks.

- **Challenging** the client could redirect Wade. The therapist could redirect Wade with positive goals that align with his values and his new positive identity. The therapist could challenge Wade to use the new tools and insight he has learned in therapy to continue implementing the new positive attitudes and ways of coping with his problems. Together Wade and the therapist could identify positive ways that Wade could resolve conflict with his family. Wade could learn positive ways to communicate his thoughts and feelings. He can create new goals and begin to grow with additional support and resources. The therapist can encourage him to be creative and seek ways to find belonging, significance, and purpose in life.

- **Meta-therapist** is a part of the teleology concept which is future oriented and addresses what happens after therapy is complete. This part of the process discusses the meaning and purpose of life and addresses how to daily find strength and courage. The therapist can approach issues of spirituality, finding significance in a healthy manner, and identify Wade’s strengths (Stein, 1997).

The six steps listed for treatment planning is a standard Adlerian treatment plan that can be used in treating deaf individuals. Therapy is a creative process, and a therapist must be able to create a therapeutic treatment plan uniquely fit best for their client. This treatment plan covers strategies for a cognitive, affective, and behavioral approach. A therapist must consider what
treatment plan is best fit for their client and consider the multi-cultural dynamic, age, and the client’s preference of length of therapy.

When creating treatment plans with culturally Deaf people, it is important to create rapport. If using a sign language interpreter in session, the therapist needs to be aware of the importance of building a rapport with the client through cultural norms such as eye contact, knowing when and when not to talk to the interpreter in the session, and how to contact a Deaf person outside of therapy if needed by using appropriate technology. As a therapist the most important multi-cultural tool you can use in the sessions is the attitude of having an open mind and willingness to learn as much as you can about their culture.

An important piece to the treatment plan is encouragement and optimism. America has improved greatly in the last few decades on creating laws that require deaf people to have equal access to communication. Technology allows deaf people to communicate in ways that are new and more convenient. Deaf people have made strides in the social media by educating the hearing world about the Deaf community and have overcome great obstacles throughout history. However, deaf people are a minority that continually struggle against discrimination in work places, communicating with their own families and relationships, and with the law. Deaf people have to fight for equal communication access in schools, public places and have the challenges of getting an interpreter. Because of these unique challenges, encouragement and optimism is an attitude that needs to be modeled when working with this minority group.

In Wade’s case study it would be beneficial to consider relational therapy or marital therapy in addition to individual therapy. There appears to be miscommunication and conflict that needs to be resolved with his family. Often times a therapist might have to play a dual role as a therapist and an educator. If the hearing family has little exposure to sign language and
Deaf culture, therapists may find themselves playing the role of an educator. The family may not know the cultural norms of a Deaf person and may need to be informed to help understand Wade’s behavior. For instance, a common value in the Deaf Community is *knowledge* because deaf people often feel they are the last to know. If Wade is angry because he thinks his kids are planning to place his dad in a nursing him without his knowledge, the children need to understand the importance of communicating with their Deaf father. This entails including him on all family communication and informing him of their plans.

**Other Considerations for Treatment with a Deaf Person**

Often times the therapist might find themselves in a *social advocate* role. Common issues that deaf people experience as stressors in daily life is feeling isolated due to the communication barrier and not obtaining adequate information. A deaf person may miss out on important functions, get fired unexpectedly, and have miscommunication with the law because of not having a sign language interpreter present. The therapist might find oneself educating the deaf person on the importance of advocating for themselves by requesting an interpreter.

Adlerian therapists providing treatment also examine the individual within a social context and within a family systems framework (Carich & Willingham, 1987). An Adlerian therapist will examine if there are other members that may be influencing the deaf client’s issues and encourage possibly relational or family therapy for treatment (Carich & Willingham, 1987). A therapist working with deaf people may find themselves play dual roles as a therapist and as an educator bridging the gap between cultures.

Neil Glickman is a Deaf psychologist who has done a great amount of research with inpatient deaf people. He has found that there are different levels of mental health functioning within any cultural group. Within the deaf population there are individuals that are low
functioning, meaning the deaf individuals are uneducated, financially unstable, may have poor communication skills, and may have severe mental health issues. These individuals may benefit from a modified version of Cognitive Behavior Therapy (CBT) that Glickman created. The purpose for treatment with the deaf person, when using CBT, is learning to develop psychosocial skills. Deaf people who are higher functioning, Glickman says, can benefit from standard psychotherapy (Glickman & Harvey, 2008). In order to accurately provide treatment, the therapist needs to be able to determine if the Deaf person needs a modified version of therapy or can benefit from standard psychotherapy.

Specific Techniques to Consider

There are specific Adlerian techniques that would be helpful when working with deaf persons from an Adlerian framework. The therapist could use Adler’s technique called The Question. This would be a good way to identify how Wade perceives his problems and how he imagines his life should be. The therapist would ask Wade, “Imagine you go to sleep tonight. In the middle of the night, all of your problems magically disappear. When you wake up the next morning, how would you know your problems disappeared? How would you be thinking and feeling? As you get up and go through out your day, what would be different? What would your family notice? Your friends notice?” The responses to these questions would be information that would be used to gather the client’s perspective of his problems (Carson & Slavik, 1997).

Spitting in the Client’s soup is another technique that therapists could use to confront the negative behavior or attitude that is not helping the client. This allows the client to have better awareness of their own behaviors (Oberst & Stewart, 2003).

Acting as if is a technique used to challenge Wade’s worldview and encourage him to see new ways in which he can view himself and others. Wade stated he was unhappy in his marriage.
A therapist might challenge him to act as if he was happy in his marriage. If he was happy in his marriage, how would he behave differently? How would he be treating his wife? Another way to use this technique is with his family. Wade could as if his family was communicating with him and act as if he knew how to advocate for himself with his family to communicate clearly his thoughts, feelings, and wants (Carlson & Slavik, 1997). Wade could choose a few positive behaviors and actively begin acting as if outside of session.

Identifying strengths and values is another technique that therapist can use to foster strength and courage within the client. Identifying strengths and values allows the client to explore deep with oneself and remember the strengths they have inside of them. This fosters positive change and the therapist can encourage the client to use their strengths to foster positive attitudes about oneself that involves their values. This can be used as a homework assignment or as a technique used within session with the therapist (Carlson & Slavik, 1997).

Role playing is helpful when a client is struggling with another person outside of the therapy room and the therapist wants to help the client practice this specific skill in approaching the person using positive communication skills which may include resolving conflict. This allows the client to practice new behaviors (Carlson & Slavik, 1997).

Teleological questions are questions designed to clarify the line of positive moment that a client could take. The questions are purposeful and allows the client to consider other behaviors other than the unhelpful behaviors they have been using to cope with their problems. A therapist could ask, “Where do you see yourself in five years? What do you want to be doing in the Deaf Community in the next five years? How close would you like your family to be within the next five years?” These open-ended questions allow the client to explore how life could be, and to see that life could be different (Carlson & Slavik, 1997).
Early Recollections are important to record since they are used to gather early childhood memories. This will give the therapist insight into how the client perceives him- or herself in the world and helps to identify mistaken beliefs. From these early recollections the therapist can begin to recognize the client’s private logic and begin to help the client recognize their negative patterns in order to begin changing in a positive direction (Carlson & Slavik, 1997).

Encouragement is also Adlerian technique that may be used when providing services to multicultural clients. The Deaf community is a minority multicultural subgroup within the hearing society and need to feel empowered and encouraged. They need to know that life can get better (Carlson & Slavik, 1997). The Deaf community is similar to other minorities such as immigrants living in America. Both cultures have a language barrier, both are underserved, both feel discouraged, and both have the same universal needs regarding the life tasks (Watts & Pietrzak, 2000).

Other Therapeutic Modalities to Consider

There are other therapies that blend well with Adlerian therapy and have a history of being used with deaf people. CBT and Dialectical Behavioral Therapy (DBT) have been two primary therapies that have been used when working with deaf people. Neil Glickman, a Deaf Psychologist, wrote a book titled, “Cognitive-Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges” and approaches CBT from a framework of working with deaf people. CBT and DBT both focus on learning specific skills. It would be helpful to use a solution focused approach. Glickman also suggests using a strength-based approach to therapy with this specific population because it emphasizes a wellness model and not a pathology-based model (Peters, 2007). Another therapy that may work well with Deaf people is narrative
therapy. Story telling is a central value within the community and research has shown that story
telling has been identified as a culturally sensitive intervention (Munro, Knox, & Lowe, 2008).

**Ethics**

Marriage and family therapists are called to act with professional competence. Woody
and Woody (2001) stated, “the welfare of clients depends heavily on professional competence
and integrity (p. 15). Due to the mistreatment of the mental health system and the lack of
research and knowledge of the Deaf community, Adlerian therapists have an ethical obligation to
make a competent decision when deciding to provide treatment to a deaf person by knowing
when to refer (Woody & Woody, 2001). The professional code of ethics may not provide clear
direction for what to do in every case; however, a decision making process should be
implemented. A therapist should seek consultation if they feel it may be helpful in making a
decision (Gutman, 2005).

**Use of Sign Language Interpreters and Referrals**

Therapists have to decide if they can provide competent counseling to a deaf person.
Writing back and forth on paper or assuming deaf people can read lips is not an ethical option.
In order to provide competent counseling to deaf people, the therapist had to be fluent in ASL,
have knowledge of their culture, or use an ASL interpreter. In order to provide counseling
without an interpreter, the therapist must be fluent in the language, have knowledge of Deaf
culture, and exposure to the Deaf community to be considered “culturally competent.” The
therapist would be required to commit to learning the language, expose him or herself to the
Deaf community, and spend years submersing himself or herself in their culture. A therapist can
begin by taking ASL classes to begin learning the language and attending Deaf events and
functions. The question is: If the therapist is not fluent in ASL and has a deaf client, how does
the therapist make an ethical decision whether or not to work with them from an ethical standpoint?

The first factor to consider is the therapist’s competence of Deaf culture, the language, and the issues that are being presented. If a deaf person requests services, the therapist needs to examine oneself and determine if he or she can competently treat their issues. The therapist needs to find a list of deaf therapists or hearing therapists who specialize in working with deaf or hard of hearing people in the area so that he or she can make the appropriate referral if necessary.

The second factor to consider is hiring an ASL interpreter. The therapist will want to make sure that the interpreter is certified through RID. There are specific certifications and requirements that ASL interpreters must follow to remain a qualified interpreter. It is important to note that not all interpreters who are certified have mental health experience. In the interpreting field, there is a large spectrum of areas of expertise in which interpreters are categorized. There is educational interpreting, social services interpreting, law interpreting, medical interpreting, and then there is mental health interpreting. Interpreting mental health is an entire entity of its own. The therapist will want to find a certified ASL interpreter who has experience interpreting in mental health settings. An ideal ASL interpreter would be one who not only has experience in mental health settings but one who has taken mental health workshops in order to get current, up to date trainings on interpreting in the mental health field.

**Concerns in Providing Mental Health Services**

There is a lack of mental health therapists who are fluent in ASL in America today, and because of this there are deaf people who may never get appropriate mental health services. It is always best when the therapist and client can communicate directly through the same language; however, when the therapist is not fluent in ASL, they will need to provide an ASL interpreter
for the sessions. There is also a lack of research that shows if evidence based treatments are just as effective when using a sign language interpreter in the room (Munro, Knox, & Lowe, 2008). These factors are all important to consider when making the decision to either use an interpreter or make an appropriate referral. The therapist is responsible for doing the research and having a list of all of the mental health services in their local area who provide services to deaf and hard of hearing people.

Another concern that therapists might encounter in working with deaf persons is if the therapist is working in rural areas. In rural areas, there is a shortage of certified sign language interpreters. If the therapist is fluent in ASL, he or she will have to explore how to use technology in this case to provide services with a video phone if the deaf person lives out in a rural area themselves. Video phones have been used in recent decades as another way to provide services to deaf people in remote rural areas. The other option would be for the therapist to refer their deaf client to the closest therapist or mental health center that specializes with deaf and hard of hearing people allowing them to provide services using their technology.

**Conclusion**

There is a lack of Adlerian literature about how to effectively provide therapy with members of the Deaf community. As a result, there is a lack of competent Adlerian therapists to provide counseling. Now that this study has discussed the basic cultural norms of the Deaf community, has demonstrated where the mental health field has lacks in providing mental health services to deaf people, and has given a framework to counsel deaf persons from an Adlerian perspective, therapists are encouraged to explore their own biases and misconceptions. Therapists need to learn where to access a qualified sign language interpreter with mental health interpreting experience if needed, and learn what deaf and hard of hearing resources for mental
health are available in their local geographic areas in order to accurately refer to a deaf therapist or a hearing therapist who specializes in working with deaf people. If therapists want to work with deaf people, they are encouraged to learn all they can about multi-cultural counseling, learn the culture by attending deaf and hard of hearing events, socialize with deaf and hard of hearing people, and take ASL classes to learn the language.

If Adlerian therapists examine their own cultural biases and misconceptions about Deaf culture, understand the history of deafness in the mental health system, and understand the behaviors of deaf people, this will help foster growth as a competent Adlerian therapist and create a strong alliance between the deaf client and themselves. Now with a basic understanding of Deaf culture, a deeper understanding of the uniqueness of this minority subculture can be applied to individual therapists’ practices. With the resources available in this study, counselors should be able to develop confidence in guiding and treating deaf and hard of hearing clients or knowing when it is appropriate to refer deaf and hard of hearing clients to someone who specializes in treating this specific population.
References


Ferguson, E. D. (2010). Adler’s innovative contributions regarding the need to belong. Journal
of Individual Psychology, 66(1), 1-7.


APPENDICES
Appendix

Questionnaire
Appendix

Note: These questions are offered solely for the purposes of illustration and should not be used with clients as they have not been tested for validity or reliability.

Organ Inferiority

- **Relationship with self**- How do you view your deafness?
- **Community**- Are you actively involved in the Deaf community? If so, what does your involvement meant to you? If not, what does that mean to you?
- **Work**- What does it feel like to be a deaf person on the job?
- **Love**- What’s it like to be a deaf person in love?

Belonging

- **Relationship with self**- How do you see yourself in relationships with other people?
- **Community**- What kind of people do you fit in with best?
- **Work**- If someone saw you at work, how would they describe you?
- **Love**- Are you seeing someone now, and if so, how is it going?

The Need for Significance

- **Relationship with self**- Where do you find your sense of worth?
- **Community**- What makes you feel important?
- **Work**- Is it important for you to feel valued at work? If so, how?
- **Love**- If you have a lover and they asked you how to make you feel important, what would you say?

Safeguarding

- **Relationship with self**- What is something about yourself you work hard to hide?
- **Community**- When faced with conflict in your community, how do you respond?
• **Work**- When faced with conflicts at work, how do you typically handle conflicts at work?

• **Love**- When faced with problems or conflict within your relationship, how do you respond?

**Teleology**

• **Relationship with self**- Who do you want to become?

• **Community**- What community do you want to be part of?

• **Work**- What work for you think you are meant to do?

• **Love**- What kind of relationship do you want to have?