

# Self-Image and Social Adjustment Change in Deaf Adolescents Participating in a Social Living Class

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The life experience of a deaf child is typically one of social and experiential isolation. In an attempt to decrease social isolation and increase positive feelings of self-image, this study utilized the psychodramatically based social living concept. The Social Living Class is an action-oriented role-play approach to resolve issues and conflicts. The 12-week project was initiated with first year high school students at a large residential school for the deaf. The experimental group received the sociodrama class once a week for 50 minutes in place of their regular class. The control group continued its regular class schedule. Using the Meadow/Kendall Social Emotional Assessment Inventory, the experimental group showed significant increases on the Self-Image and Social Adjustment Scales to the .05 level. The control group showed no change.

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Adolescence is a time full of growth and conflict, a pivotal period in the lives of most individuals. The stresses and strains felt by the normal adolescent are compounded for the deaf adolescent by virtue of the handicap of deafness. The deaf adolescent is a child whose developmental years have typically been characterized by social and experiential isolation. The profound impact of this life experience has been noted by experts in the area of deafness (Schlesinger & Meadow, 1972; Myklebust, 1964; Mindel & Vernon, 1971) citing children who have low self-image and are unable to interact spontaneously with the larger hearing society in a successful manner. The purpose of this study was to utilize the Social Living Class model in an attempt to decrease social isolation and increase self-image.

“Nature’s plan seems to have been to provide one distance sense which functions uninterruptedly, keeping the organism in contact with

its environment at all times'' (Myklebust, 1964, p. 46). Hearing constantly scans the environment and feeds information to the brain, which then evaluates the stability of the environment. As a warning system, it aids in mediation between inner needs and environmental conditions. As Myklebust (1964) suggests, "deafness alters experience, it causes imposition on monitoring and forces attachment and isolation" (p. 118).

This environmental isolation becomes further traumatizing with the addition of the human factor, particularly the mother's response and role in relationship to the child. The mother often notices by age six months that there is something amiss in the child's behavior (Mindel & Vernon, 1971). She may become anxious and lack the ability to interact with a child who is different, or, she may ignore and deny any signs of abnormal behavior (Mindel & Vernon, 1971). Whatever occurs, these feelings are transmitted to the child. These parental feelings, in combination with the lack of total communication ability with the child, often result in a child who reacts instead of interacts with those in the social environment (Edelin, 1972). This reaction most often takes the form of temper tantrums (Edelin, 1972; Altshuler, 1974) that give rise to a vicious cycle; the more the child displays socially unacceptable behavior, the more he/she is rejected; the more he/she is rejected, the more the tantrums occur. This reciprocal role relationship culminates in a behavior that further alienates the child from the family.

As the preschool years approach, it is the task of the child to undertake mental games by assuming the roles of parents and other adults in the make-believe world of play. Through individual and group play, the child learns and begins to understand the rules, roles, and nature of the social group. Group play with peers and siblings serves to develop social skills and seems related to the development of self-image (Coopersmith, 1967). For the deaf child, deafness often excludes the child from these learning activities. "Interpersonal development outside the home is often impeded. As the child grows older, deafness tends to limit the range of activities in which they can share, engage in, and feel gratified" (Mindel & Vernon, 1971, p. 45). The deaf child, therefore, is one who is often found playing alone, not by choice, but because of the increasingly complex task of communication. How does this isolation affect the young child's self-image? Coopersmith (1967) lists three potential bases for the development of low self-image: not being valued or sought out by others, the preference to be alone, and the environmental provision of limited opportunities for social interaction.

Schlesinger and Meadow (1972) note that "During the years of elementary schooling and approaching adolescence, a child is involved in

mastery of relationships beyond the ultimate confines of the family. Output of energies is aimed toward success in channeling capacities both intellectual and emotional” (p. 181). Now society at large, and not the family, becomes the major influencer of self-image. Attendance in school may also be the first time a deaf child can compare him/herself with peers. For the deaf child who attends public schools, the message is clear: You are different; you are inadequate. The deaf child, like any child, is susceptible to “internalizing the ideas and attitudes (of the society), adopting them, and expressing them as his own” (Coopersmith, 1967, p. 31). The larger society, then, extends and reinforces the message of the family. What occurs in the schools is a continuation of the negative feedback the deaf child was exposed to in the family; the child becomes further isolated and convinced of his/her inferior status.

“Adolescence is the period during which the individual experiences conflict between identity and role-confusion” (Erikson, 1963, p. 101). “This crisis for the deaf adolescent may be intensified because of his minority status as a deaf person and also because the variety and/or scope of available roles may be limited by deafness and lack of experience” (Bond, 1980, p. 5). Schlesinger and Meadow (1972) describe deafness and adolescence and the effects of the interaction between the psychological and physiological forces. They state, “Those who have not achieved internalized controls for behavior nor internalized motivations for exercise of skill tend to have a traumatic period in young adulthood. In this traumatic relocation, they frequently take refuge in previously abandoned stances of dependence” (p. 25). That is, the deaf child tends to rely on old behavior and roles that are even less likely to succeed than they had in the past.

### **The Effects of Group Psychotherapy with Deaf Adolescents**

Little has been documented about the effects of group psychotherapy with deaf adolescents although it is not a new strategy in helping deaf adolescents confront issues. Sarlin and Altshuler (1968) have reported this technique as successful in assisting the deaf adolescent in decreasing feelings of isolation through the development of peer group mutuality and concern. Altshuler and Rainer (1970) have also reported the positive effects of preventative group therapy with deaf adolescents. Bonham, Armstrong, and Bonham (1981), in a case presentation study, found that subsequent to a 12-week psychotherapy group, the parents of deaf adolescents reported “an increase in family discussions at home, feelings shared at home, the increase of spontaneity of feelings

and noted that their children were generally making better adjustments” (p. 808). The school staff reported “decreased interpersonal conflicts and increased alliances in both social and academic arenas” (p. 808).

Moreno postulated that the self is developed through the roles we take in life. The more expansive one’s role repertoire, the more capable he/she is in spontaneously interacting with the world in a creative and successful manner. That is, it is through interpersonal actions that roles are developed and the self is created. For the deaf child whose range of social interactions has been limited, an impoverished self develops. That is, the child has limited roles from which to draw in order to interact successfully with the world. Clayton and Robinson (1971), Stein (1979), and Swink (1979, 1983) report success in the use of psychodramatic techniques with the deaf, citing its applicability to the deaf population because its action-oriented emphasis combines in a natural way with American Sign Language, the language of the deaf community.

The Social Living Class, a model to be used in the schools, is based on psychodrama and was developed by the Psychodrama Section at Saint Elizabeths Hospital in Washington, DC. The Social Living Class uses psychodramatic theory and techniques as a way to “aid in the development of children’s ability to spontaneously explore new and rewarding methods of social interaction” (Balsham, 1974, p. 8). Social Living Classes conducted with hearing children (Balsham, 1974; Meerbaum, 1977; Picon, 1975; Swink & Buchanan, 1984) have been effective and have, in at least two cases (Balsham, 1974; Picon, 1975), resulted in positive self-image change and assumption of greater responsibility for actions. This method seems particularly suited to the needs of the deaf adolescent whose social interactions have hindered the development of an expansive and functional role repertoire. The Social Living Class has, in fact, been used with deaf adolescents (Bond, 1980). Bond states that the model is appropriate and can aid in helping deaf children develop alternative roles for dealing with the larger hearing society. Through the sociodrama class, the deaf adolescent is given the opportunity to increase spontaneity and to expand his/her repertoire by engaging and dealing with other class members around the issues of import. “It also attempts to improve each child’s ability to relate to social living situations in a flexible, positive way” (Altschuler & Picon, 1980, p. 6).

The purpose of this study was to analyze the effects of the Social Living Class model with high-school-aged deaf students. The study looked at two variables. First, it evaluated the effects of the class on social isolation. The premise was that the use of the class would increase group mutuality and cohesiveness, thereby decreasing social isolation.

A second variable was the effect of the class on self-image, for, as social isolation decreased and roles were expanded, feelings of positive self-image should increase.

It was hypothesized that there will be a significant difference between the mean change on the Social Adjustment and Self-Image Scales of the Meadow/Kendall Social Emotional Assessment Inventory (SEAI) of the experimental group. The control group will show no significant mean change on either of the scales.

## Method

### *Sample*

Thirty-five deaf students who entered a large residential school for the deaf as freshmen in the fall of 1983 participated in the study. The experimental group consisted of 19 students, and the control group consisted of 16 students. The age range of the students was from 14 to 17 years of age. The experimental and control groups were selected on the basis of teacher interest and willingness to relinquish two class periods a week to conduct the project. Two social studies teachers were interested, and the administration felt that the Social Living Class concept would fit in well with their curriculum. Students from each class were randomly assigned to either the experimental or control group.

### *Instrument*

The Meadow/Kendall Social Emotional Assessment Inventory (SEAI) was used to measure change in social adjustment and self-image. The SEAI is a teacher report inventory, containing 59 items aimed at measuring observable behaviors on three subscales: social adjustment, self-image, and emotional adjustment.

Norms are available based on a sample of 2,400 deaf boys and girls ranging in age from 7 to 21 years old. It is based on a nationwide sample, normed on deaf children enrolled in 10 different schools and programs for the deaf around the United States. The Meadow/Kendall Scale was selected because of its normed sample on a deaf population. It was felt that use of a scale normed on a hearing school-aged population would produce data that could not easily be generalized to the deaf child.

The research design was a traditional two group pretest/posttest arrangement. The experimental group received 12 weeks of the socio-drama class for 50 minutes once a week in place of their regularly scheduled social studies class. The control group continued with their regular class schedule.

The Social Living Class was directed by this psychodrama resident who



## Discussion

It is suggested that the results support the positive effects of the socio-drama class when utilized with deaf adolescents in terms of increasing positive feelings of self-image.

In reviewing the results, the reader should be aware of a limitation of the study. That is, author was aware of the behaviors as measured by the Meadow/Kendall Inventory and was also responsible for directing the Social Living Class. The possibility, then, of teaching the test should be noted. It should also be noted, however, that the Meadow/Kendall asks for ratings of specific classroom behaviors when the content of the Social Living Class consisted of enacting scenes both in and out of the context of the classroom.

Another factor, which could have contributed to the results, may have been the residential school environment itself. Because of the nature of a young deaf child's home environment where complete interactive communication does not occur, the deaf child often only experiences total social involvement in the day school program where significant others (teachers, other deaf children) use sign language as the primary mode of communication. The child, therefore, misses out on many opportunities outside of the school environment where social learning occurs. For many of the students who enter high school residential programs for the deaf, it is often the first time where all persons in the child's world express themselves through sign. The child is able to experience and participate in many interactions from which he/she was restricted in the past. In this context, it seems predictable that the child's abilities and skills in dealing with the social world would be challenged and expanded.

The Social Living Class, it appears, gave the adolescent an additional arena in the form of a structured, action-oriented environment to look at new learnings and roles that were developing, re-enact them, and change, modify, or add to the role as desired. As the student was, in a sense, being bombarded with new stimuli from and about the environment, the Social Living Class gave the child the chance to take a "time-out" and manipulate the roles he/she was being asked to play in a way that felt powerful and satisfying. In addition, other class members gave feedback, suggestions, and took reciprocal roles in the action to facilitate resolutions to role confusions and role conflicts.

Through the use of psychodramatic techniques such as role reversal, doubling, and mirroring, students were able to view their behaviors and interactions from a variety of perspectives. For example, in the role reversal, the students experienced the effect of their behavior in the role

of a significant other. The double technique of asking one student to verbalize the feelings of another helped develop a feeling of connectedness with other group members. Finally, the mirror gave the opportunity for a student to choose someone to play him/herself, step out of the scene, and observe it from an outsider's perspective.

In summary, the Social Living Class structure and techniques not only provided the students an environment where they could feel powerful in creating roles, but also, through group participation in role plays, developed a sense of commonality of past and present life experiences and concerns among members. Psychodramatic techniques and the Social Living Class, then, aided the children in preparing for more successful and satisfying interactions with the world by offering the opportunity, through psychodrama, to create and manipulate the world as they experienced it.

### Future Projections

Further research needs to be pursued in utilizing psychodramatic techniques in work with deaf children and their families. In addition, a replication study directed towards deaf children in the public schools could give much needed information about self-image and social adjustment in deaf children who attend school with their hearing peers.

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