

Warning Signs in early Psychopathology in Deafness¹

It gives me a great pleasure to be here with you and to have the privilege of addressing you at this meeting. I would early to tell you my pleasure to be here with you in Argentina and I send you a friendly greeting for all people in France who work in the deaf world. I apologize to speak now in English but unfortunately I don't speak your language. I hope that it will not be a too big difficulty to understand together. I suppose that we are all together regular with communication difficulties and so I hope your indulgence. I would also to thank Marta Shorn to invite me in this first meeting in Argentina about deafness and mental health.

So my name is Benoît Virole, I am a psychologist and work in Paris with deaf people in a pediatric hospital and also in a mental health consultation specialized in psychological disorders of deaf children and their parents. In French Sign Language, my name is B.V., my first letters in my chin's dimple; so are the visual language's rules !

I would to speak you about my experience and also the experience from all people who work in our psychological team, about the early difficulties of the deaf child in his first year around the diagnosis of deafness. I would try to show that a lot of future psychological difficulties of deaf children and also their parents could be avoid with the use of sign language as soon as the deafness is known. Or several psychological disorders and psychiatric disorders takes origin in the early stages of the psychic life.

You know probably that there was since thirty years a big change in medical practice in deafness with the introducing of precocious diagnosis of deafness during the first year of life. Today, in Europe but I am sure it is the same thing in Argentina, a child with a congenitally deep deafness could have a diagnosis very early in his life thought sophisticated audiological investigations. This is really a great progress from a medical point of view but we can be, exactly we must be more circumspect from a psychological point of view. Indeed, the diagnosis of deafness generate for the parents a really psychic trauma. This trauma, who can resume by this sentence (my child don't hear my voice, my speech, in fact don't hear me) interfere negatively with the child's psychological development.

Several deaf children present during the months after the diagnosis some behaviors whose must be regarding as developmental disorders. These disorders are expressed through a series of specific clinical or alert signs. The most common are represented into two main clinical pictures :

On the first clinical picture, the child appears sad, hypotonic and listless. The glance is not direct but sidelong and the child gives the impression to avoid the glance exchange and to be unable to look someone in the eyes. Sometimes the child is always looking for the lights and presents a abnormal visual fixation on his / on her hand and fingers. In several cases, but the most severe, are observed rocking behaviors or stereotypy. Sleep and feeding disorders are also observed. Brief, the child presents a global withdraw of the external word and the human relationships with a manifest psychological pain.

On the second clinical picture, generally by older children, the child the appears very hypertonic and presents a really big excitation with many anger behaviors, and a lack of boundaries. The disorder of attention is clearly apparent. Sometimes, the anomalies of looking are also present. Parents can get obedience. The diagnosis of hyperactivity with attention deficit disorder could be suspected.

In fact, and adopting a psychoanalytic point of view, these two clinical picture are the two face of a single trouble, the depression of the child. Indeed the seek of excitation is contra measure to attenuate the pain of depression.

How can we understand these disorders?

First, we have to deal with the hypothesis that the hearing deficit provides defective abnormal behaviors. Several authors think that these disorders may be result from the lack of hearing sensations whose are reflected negatively on the psychological development. It is undeniable for the psychological functions whose need to growth some auditory input like orientation in the space and time. Also when the vestibular is damaged and equilibration's function is altered so it's clear that there will be probably a delay of walking acquisition. We can supposed too that the hearing deficit provides a misfit in the interactions between the child and his mother. And it's true that several congenitally deaf children presents very early in their life this problems before the deafness diagnosis ant it's true too that often hearing aids can help this children to have more normal development.

¹ Conference in Buenos Areas (August 1997)

Moreover speech is a basic tool in interpersonal relationships and a delay of his acquisition generates a deviation in the psychological growth.

After the prespeech stage from birth to three months, speech starts with the reflex stage. The birth cry is often considered the beginning of speech, but any true expression is doubtful. Shortly after birth, reflex crying appears in response to discomfort or fear. Cries often vary and become differentiated from other noises, such as gurgling, sucking, cooing and laughing. From 3 to 12 months, the babbling stage occurs. Basic changes in vocal expression are observed in the rapid increase in the number and varieties of sounds. As a child develops early awareness of vocalizations and moves into a period of vocal exploration, practice and repetition are hallmarks. A child at this stage begins to modify imitations and is aware that she/he is imitating oneself. In many cases, early imitations of others result from the parents repeating sounds that the child has produced. It would be a mistake to view speech development as an isolated process. It is integrally linked with physical, psychological and sociological progress. Disruptions or distortions in any of these areas may have serious repercussions, and it is particularly important that speech be developed during early childhood, since there is compelling evidence suggesting that lack of developmental opportunity may have serious and permanent effects on the psychological development.

But these points don't must hide the fact that a lot of children present this trouble after the diagnosis and not before. So we are in front of a very disconcerting fact. The precocious diagnosis of deafness provides often a negative effect in regard of psychological development. We won't accuse the precocious diagnosis because it is really inevitable but we must stress their consequence in terms of psychological relationship between the parents and his child.

You know probably too that the first year of life is the most important and crucial time for the psychological development. Many studies from childhood psychologist and psychoanalyst are according to distinguish several phases :

- during the first several weeks of life, the infant is concerned only with the satisfaction of needs, with tension reduction. Channels connecting the infant to the external world are not yet functional. In fact, this period stays unknown and many studies in cognitive science show that the infant has very early in his life many genetics competencies to extract knowledge about the external world.

- at the age of three to four weeks, a physiological maturational crisis occurs in which the infant shows increased sensitivity to external stimulation. The specific smiling response to the gestalt of the human face appears with the emergence of this phase. Many authors, and first the psychoanalyst Margaret Mahler use the term of "dual unity" which, from the observer's point of view, includes

both the child and the mother, or more generally the caretaker. We don't forget the father as important personage in family scene ! But from the infant's perspective, there is no differentiation between the two individuals comprising the symbiotic unit; he behaves as if he and mother are a unitary, omnipotent system. During this symbiotic phase the infant begins to organize experience. Experience is initially categorized as "good", equivalent to pleasurable, and "bad" equivalent to painful.

- after these two phases, from four or five months until ten months, the phase of separation-individuation. During this phase, the infant appears for the first time to be more or less permanently alert when awake. The infant begins to explore mother during this period, pulling at her hair, clothes, eye glasses. Somewhat later during the differentiation process the infant begins to search beyond the mother-child orbit, seeking out and responding to stimuli coming from a distance. There is a pattern of scanning the world outside and checking back to the mother, thus establishing the difference between "mother and other". In this process of separation-individuation the psychological state of the mother is primordial. She must be willing to allow and even to enjoy his increasing capacity to operate at a distance from her and his entrance into an expanding and exciting world. But it is very important to well understand that the mother's responsiveness must be tuned to the maturational and developmental pace of her particular child; she must respond to him rather than to her own preconceived ideas of what he should be like.

So the child's development results from the interaction between his specific behaviors and the mother's responses. As the child passes through the various phases, his needs change, including his need for different modes of relatedness with the mother. Respectively, the mother's capacity to move with the child is the most important determinant of character formation and pathological development.

Now to come back to what we were saying about the early diagnosis of deafness during the first months of development, this diagnosis provides a very large perturbation in the parents-children psychological relationship. The idea that their child cannot hearing their voice and the main sounds of the world block the natural movement of the parents in the direction of their child. We must be understand this effect regarding the stage of the psychological reactions after the diagnostic. These reactions are now well known. In general, are observed different stages:

- 1.The first stage is denial; This denial is more especially important as the deafness were undetected to the parents.
- 2.The second stage, anger;
- 3.The third stage, acceptance laced with anger and disappointment and sadness;

4. The fourth, final acceptance.

Naturally we cannot avoid these reactions and all the negative impact on the child development. The deafness of a child is always perceived as an existential drama for the parents. We cannot be able to avoid this pain for the parents and the only thing that we can do is to be with the parents, authentically but not intrusive. But we must also think, as a psychologist, on the child's needs and we must search the best solution to avoid some negative reactions.

Our clinical experience shows us that the early use of sign language just after the diagnosis can be a great help for the rehabilitation of natural ties between the child and his/her caretakers. We took the habit to say that the use of sign language now is really necessary because the child needs the greater as possible communication but we say also, and it's very important that this use of signs now doesn't mean that their child will never speak or will be never inside a speech educational program. We present to the parents the use of sign language as a communication exigency before we know best the real capacity and choice with the parents the educational orientations. So, early use of sign language cannot produce a miracle but it is able to help parents to get self-assurance in their real role of parents and also in their symbolic position. Indeed the complete transmission by the parents to the child of meaning about both internal and external world is the most important feature in this age. Children's psychoaffective development doesn't support any delay.

Naturally, some difficulties are staying open. Sign language is not the parents' language. And some parents cannot be comfortable with this language which is often perceived as strange. The use of sign language is also often linked with the social representation of the deaf as dumb, handicapped...

The body used to sign is also often rejected by the men more than women for cultural and gender roles in culture. In truth, there are very serious obstacles.

Also we are in front of a sort of double bind: On one hand, from the development child's point of view, it is really necessary that things of the world were symbolized by their parents with semiotic signs where there is a natural relation with their phenomenological perception, therefore in visual language. In another hand, signs and visual language is not the natural language of the parents and it is very difficult to transmit something about their mental and affective life through a language perceived as stranger.

But fortunately deaf children are not aliens, and the clinical experience shows that the natural communication's requirement and will is generally more strength and many parents enjoy to learn sign language. Therefore, it is better to tell parents to be the most natural with their child and so to speak in the same time. It is probably not the best way from a linguistic point of view, but the pain of parents and the psychological tact impose to be really pragmatic and to avoid theoretical but unpracticed aims. Moreover, we are helped by the fact that pure sign language and French signed are not really separated but are disposed along a continuum. So, parents can talk and sign simultaneously and find a middle point which allows the linguistic and the psychological growth of their child.

In conclusion, as a childhood psychologist, we must all recognize, however our opinions and philosophical positions about deaf children's educational options, that sign language help is the only way to attempt to reduce the parents' / child communication disturbance in these early years and to keep open the doors to the future.

Thank you very much for your attention.



Hearing children

