The task for early psychologists, according to Rose, was to find some way to mark differences. Whereas medical practitioners concerned with physiognomy were able to identify aberrations on the surface of the body, aberrations in the mind presented a different problem. A solution was the 'normal curve' first used by Francis Galton in 1883, originally devised for the categorization of 'normal' physical growth in children. Prior to this, ideas about what constituted 'normal' or average growth in children had been subjective. The development of a graph (the 'normal curve') meant that a child's growth rate could be mapped out to see how it compared with the average (the growth rate of the majority of children). This idea was then borrowed and used to compare information about the behaviour of individuals. Now statistical data collected by psychologists could be applied to a simple scale or graph, and deviations noted. The test itself became the epitome of individualization—once the data had rendered an aggregate of characteristics that established the 'normal' curve within the area of interest, then the test could simply be applied to any individual. Psychological tests and scales used with Deaf people are the focus of Section 7.

This simple technology used in psychological assessments has reduced human beings to calculable, quantifiable and manageable entities. By employing graphs and scales, previously unknown human variables have become visible and predictable. But in Rose's opinion the technology and language of the mental sciences have constructed, and not simply reflected, ideas of human reality. He states that: 'Increasingly in our own century psychology has participated in the development of regulatory practices which operated not by crushing subjectivity but by producing it, shaping it, modelling it, seeking to construct citizens committed to a personal identity, a moral responsibility and a social solidarity' (Rose, 1989).

7 Psychology, psychometrics and Deaf people

Psychology is concerned with the study of behaviour, and the study of the mind, and psychometrics provides a way of measuring psychological characteristics: it is 'mental testing'. This is usually achieved through the use of questionnaires or inventories. These include intelligence tests, creativity tests, and a whole battery of other tests, and are often used for personnel selection and vocational guidance. In this section we will consider the use of psychometric tests with Deaf people by looking at the results of one such study, A Word in Deaf Ears, and comparing this with an article by Harlan Lane in Reader Two, in which Lane is critical of such endeavours.

In his article, Lane states very clearly that he believes there is no such thing as a 'psychology of the Deaf'. He also speculates that investigations into such a concept may produce rather than reflect 'the perceived incompetence of deaf people'.

In this point you should read Article 3.4 'Is there a "Psychology of the Deaf"?' by Harlan Lane in Reader Two.

In his article, Lane states very clearly that he believes there is no such thing as a 'psychology of the Deaf'. He also speculates that investigations into such a concept may produce rather than reflect 'the perceived incompetence of deaf people'.
Lane asserts that there can be no ‘psychology of the Deaf’. Does this conflict with saying that Deaf people have a discrete culture that is different from hearing cultures? Write down your initial responses to this question.

**Comment**

Keep your responses brief, such as a list of points. The object of the exercise is to encourage you to query new information and new theories rather than simply accept them or work from assumptions. You may wish to re-read Section 4 of this unit before writing your answer.

We will now look at a research programme, entitled *A Word in Deaf Ears*, concerned with personality characteristics of deaf people. This was undertaken by Denmark *et al.* in 1979, and at the time of writing was the most recent British study of its kind.

This study is subtitled ‘A Study of Communication and Behaviour in a Sample of Seventy-Five Deaf Adolescents’, and was undertaken jointly by the Department of Psychiatry for the Deaf, Whittingham Hospital, Preston, and the Social Research Branch of the then Department of Health and Social Security (DHSS).

Nine separate instruments are used in the study, including a battery of four educational, intellectual and psychological tests. We will refer to Lane’s article in Reader Two, especially to the areas he identifies as being serious ‘flaws’. You will need Lane’s article with you as you work through this section.

### 7.1 Test administration and language

Lane argues that a major difficulty in testing Deaf people is that they may be unfamiliar with the formal procedures of psychological testing, and that this disadvantages them in comparison with hearing people. The apparatus of psychological testing is standardized on hearing people and does not fit easily with Deaf people. Lane also argues that, in order to test Deaf people appropriately, researchers must be familiar with Deaf culture—‘they must turn to the Deaf community for advisers and collaborators in research design and implementation, for assistance in data collection and analysis, and for guidance in interpretation of results’ (Lane, 1988).

It is made clear in *A Word in Deaf Ears* that ‘only social workers with a high degree of skill in manual communication were involved’. And, whilst we are not told to what extent the social workers were familiar with Deaf culture,

It could be argued that this study is now rather old, and perhaps no longer relevant. However, Michael Rodda (one of the authors of the study) used the findings of the study as the basic data for a further study he undertook with Denmark and Grove in 1981 (in Rodda and Grove, 1987). And, in Rodda’s publication *Language, Cognition and Deafness* (Rodda and Grove, 1987) he refers to both previous studies in some detail in support of the notion of surdophrenia.
it does appear that an attempt has been made to overcome potential communication difficulties between the interviewers and the deaf subjects. However, only one of the four psychometric tests used in the study was designed for deaf subjects and its usefulness here may be in some doubt:

The results achieved by both groups of adolescents on this test were remarkably poor even for deaf subjects. In 1977, Montgomery had produced a mean score of 10.7 for a group of 53 profoundly deaf Scottish adolescents aged between 16 years and 16 years 6 months, which should be compared to the mean score of 8.2 obtained by the profoundly deaf adolescents in the sample. (Denmark et al., 1979)

7.2 Test scoring
Subjectivity within tests has a disproportionate influence upon the results, according to Lane, and most studies fail to account for the problem of bias. A major plank of the study A Word in Deaf Ears was the Behaviour Rating Scale—the parents of all the subjects in the study were asked about any aspects of their child's behaviour which had given them cause for concern, and which they believed to be directly related to their child's deafness. Lane is quite clear in his article that he considers information gathered in this way to contain an unacceptably high level of bias. This test revealed a high incidence of reported problems which parents considered to be related to deafness. High on the list were: temper and aggression; easily led by bad company; major delinquency, and criminal activities; and being withdrawn.

The Behaviour Rating Scale was based on the Parents Interview Schedule, which constituted one interview with the parents (predominantly the mother). The Parents Interview Schedule was piloted on twenty families. However, the families were all chosen by schools for deaf children as being co-operative; the subjects were slightly older than the subjects in the study, they had higher academic achievements than would be expected, and they were all 'well adjusted'.

In the study, the comments of the parents about their children are taken as given, and used to support findings from other elements of the study. Could the results be, as Lane argues, a consequence of chance and error? And is Lane correct when he implies that because of the extra emotional stress on parents it is unreasonable to have confidence in their assessments of disturbance and maladjustment?

7.3 Test content and norms
Personality tests, Lane argues, are clearly designed for use with hearing people, so the practical application of these tests to Deaf people is inappropriate and often confusing to the Deaf person. Similarly, Lane states that, when the data are being interpreted, personality tests are designed to measure personality deviance in hearing people, and Deaf people will therefore compare poorly in these tests.

Of the four psychometric tests used in A Word in Deaf Ears, one (the Four Rules Test) was designed specifically for use with deaf subjects but returned remarkably poor results; one (the Snijders Oomen Test), although designed
for hearing subjects, had been well validated on Deaf subjects but only a very small part of it was used; another (the Gibson Spiral Maze Test) was viewed as unproblematic because, even though it was designed for hearing subjects, the test was non-verbal; and the fourth (the Gates MacGinitie Test) was designed for American primary school children and had not been standardized on Deaf or British subjects.

It could be argued, as Lane does, that it is inappropriate to administer such tests to Deaf subjects as they will probably compare poorly with hearing subjects; that the norms for Deaf people and hearing people are different, are culturally determined, and that, therefore, the results and their interpretations are contentious and could be misleading.

### 7.4 Subject populations

Lane's final criticism is that the research treats Deaf people as if they were a homogeneous group and fails to account for differences. Failure to take differences into account creates two major problems. First, trends that are identified from the research cannot be confidently stated to be purely as a result of deafness. Second, it is not possible to state to which other populations these trends may apply.

The sample group in *A Word in Deaf Ears* was subject to eight conditions. They had to have:

1. Attended a school designated for deaf children.
3. A hearing impairment of no later than 2 years of age of onset.
4. Entered a school for the deaf before the age of 6 years.
5. No additional handicaps, either physical or mental.
6. Parents without significant hearing loss.
7. Parents whose mother tongue was English.
8. One or more natural parent or substitute parent who had known the respondent since birth.

Of the original seventy-five adolescents in the sample group, forty were male and thirty-five were female. Information was also gathered about the size of families they came from, their position in the family, whether they had any hearing impaired siblings, the marital status of parents at the time of the interview, and socio-economic groupings of the families.

Following this, all subjects were given a functional hearing test and it was discovered that only forty-three out of the seventy-five could be considered profoundly deaf, the others being deemed partially hearing, and the original group was divided into these two smaller sub-groups. However, none of the already gathered information was transferred into the new groupings, so it is not possible to know from the study how many of the profoundly Deaf group were male/female, or any information about the spread of family backgrounds amongst each group. Neither are we given any information about ethnicity. We cannot assume that those people for whom English is the 'mother tongue' are white British—they may be, for example, Black British, Irish, Christian Asian or Gypsies.
Lane concludes by stating that there is no ‘psychology of the Deaf’, and that there should not be one, any more than there should be a psychology of Black people or Mexican-Americans. In testing Deaf people, researchers merely reinforce their own stereotypes and add to the oppression of Deaf people by locating the problem with them rather than with the hearing majority.

Activity 2 and Reading
Now look at the last section again, referring both to the study A Word in Deaf Ears and to Harlan Lane’s article in Reader Two. Which of Lane’s criticisms of attempts to develop a ‘psychology of the Deaf’ apply most to Denmark’s study? Make some notes on this, and then write some brief notes on why you think this particular study (A Word in Deaf Ears) may have been constructed in this way, and what factors have contributed to its findings.

The following two articles in Reader Two may help you—both address issues of psychological perspectives and deaf people.

Article 3 1, ‘Cognition and Language’ by Stephen Quigley and Peter Paul.


8 Summary of Sections 6 and 7

We have looked at the way the development of the mental sciences has encouraged a process of the marking and regulation of individual differences, and notions of ‘normal’ and ‘not normal’, which disadvantage Deaf people.

We used the study A Word in Deaf Ears to illustrate some of these points and to examine the validity of Lane’s criticisms of attempts to establish a ‘psychology of the Deaf’. Mainstream psychology has changed significantly since the mid-1970s, and psychometric testing is a rapidly diminishing feature. Lane’s comments, therefore, would appear to be dated. However, in the Deaf field, the idea that early profound deafness produces a particular personality type still seems as strong as ever. Results of psychometric tests carried out in 1979, and opinions cast as long ago as 1948, continue to be presented as evidence to support the notion of surdophrenia (Rodda and Grove, 1987). Why is this so? Parker writes:

The efforts of experimental social psychology to break the mental processes of individuals into measurable and manipulable components can be seen as part of the power pattern of contemporary society. Foucault’s work could only reinforce the opposition to positivism and individualism that characterizes the ‘old paradigm’. At the same time, what is sometimes described as the shift within the discipline of psychology away from obsessive quantification has to be linked with intellectual, social and political changes outside, changes in the discourse of the social world.

(Parker, 1989)
This would suggest that the treatment of Deaf people in the mental health system is determined by the current views about them, not only those of psychiatric personnel, but also in the fields of medicine and education, social work, and publicly through the media.

In the next section we will look more closely at the process of the mental health system, and the way it operates around Deaf people.

9 The development of the British mental health system

The origins of the modern mental health system in the UK can be traced back to the early part of the nineteenth century. Precisely which event actually heralded the birth of this new ‘system’ is determined by one’s view of why it developed, rather than how it developed.

In Section 6 the views of Foucault and Rose were presented on how and why the mental sciences developed. In particular, these authors focus on why early scientists became concerned with the notion of ‘normality’ and therefore with what was ‘not normal’. This is one view that might help to explain the development of mental health both as a service to patients and also as a basis for a new professional breed.

Some authors (e.g. Scull, 1977) focus their explanation on the role of the economy and its influence on social policy. This is a theme that will appear again in this part of the unit. Let us therefore look briefly at the major events which can be said to be significant in the development of the social policy of British mental health services.

Most of the early legislation was not concerned with the welfare of the insane but rather with the control of the property of ‘lunatics’, and with them being a danger or annoyance to others. The County Asylums Act of 1808 then brought a major shift in direction. This was a significant piece of legislation because it transferred the responsibility of incarcerating ‘lunatics’ from the private sector to County Authorities. Up to that point, patients were held exclusively in private, fee-paying institutions and the standards of care led to much public concern. The County Asylums Act of 1808 guaranteed two things:

1 A significant number of patients under state control, who would become available for medical investigation.
2 A requirement for the recruitment of medical practitioners specializing with mental patients.

The year 1841 could be seen as a milestone in the development of the British mental health system as it saw the establishment of the Association of ‘Medical Officers of Asylums and Hospitals for the Insane’. That event consolidated the emergence of psychiatry as a clearly definable discipline within the medical profession. There were parallel movements in Germany and America at around the same time.

These events in themselves do not fully explain why the mental health system developed as it did, yet they appear to be significant. The development of the mental sciences, and the professionalization of the