УДК 376:616.28-008.14

D. A. Barclay,
E. A. Dombo,
I. H. Kobel

ЕКОЛОГІЧНИЙ ПІДХІД ДО КОНЦЕПЦІЙ ДУХОВНОСТІ ТА ПСИХІЧНОГО ЗДОРОВ'Я СТОСОВНО ГЛУХИХ ТА СЛАБОЧУЮЧИХ ОСІБ

AN ECOLOGICAL APPROACH TO SPIRITUALITY AND MENTAL HEALTH AMONGDEAF AND HARD OF HEARING PEOPLE

В даній статті використовується екологічна перспектива для розуміння духовного розвитку та духовного благополуччя та вплив цих факторів на психічне здоров'я глухих та слабочуючих людей. Аналізуються індивідуальні, сімейні та групові теми мезо рівня у порівняні із макрорелігійними темами у тій мірі, наскільки вони стосуються духовного розвитку. Концепції сформульовано таким чином, щоб візуально визначити проблеми у розвитку, що були досліджені і виявлені при аналізі літератури. Крім того, аналізується практика використання інструментарію FICA (Faith, Importance, Community, Address) для оцінювання духовності та шляхи його модифікації для використання фахівцями, що займаються психічним здоров'ям, для оцінювання факторів духовності у глухих та слабочуючих осіб. Виокремлено кілька найважливіших тем включаючи такі категорії як: інвалідность/неповносправність, метод спілкування, динаміка родини, макро доступність та репрезентативність,тобто, ті фактори, які повинні постійно братися до уваги фахівцями, що безпосередньо займаються проблемами психічного здоров'я даної категорії населення

Ключові слова: духовність, релігійність, психічне здоров'я, глухі особи, слабочуючі особи, екологічна перспектива

В данной статье используется экологическая перспектива для понимания духовного развития и духовного благополучия и влияние этих факторов на психическое здоровье глухих и слабослышащих людей. Анализируются индивидуальные, семейные и групповые темы мезо уровня по сравнению с макрорелигийнными темами в той мере, насколько они касаются духовного развития. Концепции сформулированы таким образом, чтобы визуально определить проблемы в развитии, были исследованы и выявлены при анализе литературы. Кроме того, анализируется практика использования инструментария FICA (Faith, Importance, Community, Address) для оценки духовности и пути его модификации для использования специалистами, занимающимися психическим здоровьем,

для оценки факторов духовности в глухих и слабослышащих лиц. Выделены несколько важнейших тем включая такие категории как: инвалидность / инвалидности, метод общения, динамика семьи, макро доступность и репрезентативность, то есть, те факторы, которые должны постоянно учитываться специалистами, которые непосредственно занимаются проблемами психического здоровья данной категории населения

Ключевые слова: духовность, религиозность, психическое здоровье, глухие лица, слабослышащие лица, экологическая перспектива

An Ecological Approach to Spirituality and Mental Health among Deaf and Hard of Hearing People
The Impact of Family Functioning on Spirituality

Social workers have long been attentive to the interdependent relationship between individual functioning and the mezzo and macro environment. Spirituality has increasingly been recognized as a crucial, often foundational, aspect of individual functioning (Hodge, 2006, 2011). However, many mental health workers have minimal training on working with spiritual issues in general (Hodge, 2006; Sheridan, 2009) and the literature specific to addressing spirituality with deaf and hard of hearing people is limited. The goal of this paper is to examine the knowledge related to spirituality and deaf and hard of hearing people through the lens of the ecological perspective, visually map salient concepts, and demonstrate how the FICA spiritual assessment tool can be tailored for use with deaf and hard of hearing clients.

Central to the ecological perspective for social work is the idea that the environment has the power to influence people's behavior and attitudes (Germain, 1981). Thus, related to spiritual development, environmental factors can include the home environment, the norms and regulations that govern interaction with family members, and the religious setting environment. The ability of a deaf or hard of hearing person's family to meet the demands of the systemic stress often caused by the birth of a deaf or hard of hearing child must be considered. The environment must have emotional and social supports that foster positive coping in order to maintain self-esteem and control anxiety and depression (Germain, 1978). Coping focuses on the individual's and the family system's ability to deal with the initial stress. Adaptation is then a learned process by which a system can reach a homeostasis between their needs and goals and those needs and goals of the environment. Following coping and adaptation, these individual needs and goals must then be supported and enhanced in the macro community environment for optimal individual functioning (Germain, 1978).

Deaf Culture, Language, and Spirituality

A discussion of the spiritual practices and beliefs of deaf and hard of hearing individuals must begin with a basic understanding of what being deaf means and how it relates to important domains such as family, culture, communication, and religion. Deafness is often defined narrowly as the complete and total loss of one's ability to hear. While this definition is not inaccurate, it is incomplete and

misleading. Like many disabilities, hearing loss is only part of the equation and only a percentage of persons identified as deaf are profoundly deaf. Hearing loss is a highly stratified disability in which persons may be born without the physical capacity to perceive sound or may have lost the ability to perceive sound at specific frequencies or decibels. An accurate definition of deafness includes not only the loss (to any degree) of one's sense of hearing, but social, cultural, and linguistic factors that result in personal identification within a strata of deafness that is highly complex and sophisticated. While the term "hard of hearing" is culturally accepted by many within the deaf community, the term "hearing impaired" is considered demeaning by most deaf persons as it suggests that individuals whose hearing is compromised are somehow inferior to hearing people (Ladd, 2003; Lane, Hoffmeister, & Bahan, 1996). With this expanded understanding of deafness in mind, for the purposes of this article, the term "deaf" will be used to describe individuals with any degree of hearing loss and will be inclusive of both those who identify as deaf and those who identify as hard of hearing.

Within the United States and Canada, the common language used by deaf and hard of hearing persons is American Sign Language (ASL). The significance of ASL within the deaf community cannot be overemphasized. Prior to the development of ASL, deaf and hard of hearing people in the U.S. and Canada were forced to read lips and speak in order to communicate with hearing people. Historical accounts of deaf people describe being physically punished for attempting to use their hands in communication out of support for the oral approach to communication. As ASL spread to become a viable language choice among deaf people, a deaf culture rich with artistic and linguistic images began to develop concurrently. ASL is not a communication mode but rather a separate and distinct language, which is an important fact when considering interpreting needs for spiritual and religious issues for deaf and hard of hearing people (Ladd, 2003; Lane et al., 1996). This historical summary is necessary in order to place the development of a deaf approach to spiritual development into proper context. In other words, it is not enough to consider the issue of access to communication alone when exploring how deaf people develop a spiritual identity. Researchers must also consider the impact that other factors such as interpersonal relationships, cultural and linguistic metaphorical images of deafness, and leadership roles have on the deaf individual's spiritual development.

In addition to understanding deaf culture and communication, it is also important for the reader to understand what is meant by the terms religion and spirituality. These terms are defined conceptually and operationally in different ways in the research literature reviewed in this article. However, for the purposes of grounding the reader with a basic understanding of the terms, religion is often defined related to an individual's relationship with a specific social institution that advocates adherence to specific beliefs, rules, rituals, covenants, and personal activities related to the institution (Koenig & Cohen, 2002; Thoresen & Harris, 2002). Spirituality, however, can be defined as a broader term that may or may not be related to a religion, focusing on an individual's increasing sense of a universal connectedness, a greater sense of unity over diversity, relating to a

transcendent experience and a search for meaning of life purpose (Cook, 2004; Johnstone, 2007).

Although there is some literature available on the topics of deaf spiritual development and deaf spiritual access, much of the literature focuses on general disabilities in relation to spirituality and focuses on illness-related disabilities and spirituality. Deafness is by most legal definitions a disability, and can be superficially examined as a disability that involves the loss of one's ability to perceive sound. However, deafness is much more multi-faceted and complex. Indeed, unless there are other physical or mental challenges present, the similarities between deaf people and other physical disabled groups are limited. Both groups are often isolated from mainstream society, both groups often have accessibility challenges accessing spiritual resources, and questions can arise in both groups as to possible spiritual meaning behind their deafness or disability.

Along with these similarities, there are significant differences. Hearing people have direct access to a myriad of spiritual messages in sacred texts and music and have the ability to attend to a variety of different faith meetings and organized religious meetings without the need of interpreting. Deaf people, due primarily to barriers in communication, are often unable to easily have such diverse exposures to spiritual interactions (Weir, 1996).

MicroEnvironmental Factors Influencing Spiritual Development

Faith develops at the intersection of many factors including family, representations of self in religious hierarchy, friends and peers, learned ideology through written and spoken doctrine, interactions with spiritual leaders for guidance, personal experiences, and the way a religious doctrine views and supports aspects of an individual's self (Fowler, 1981). Family impacts faith development with regard to weekly or daily ritual, faith focus at home, and connections of faith and children's moral behavior and development. Representations of self in the church system are important related to feelings of empowerment and equality (Morris, 2008). In other words, seeing people like you, reflections of yourself, as spiritual leaders and lay ministers, can influence a person's spiritual development. The following sections will outline the micro, mezzo, and macro issues salient to spiritual development of deaf and hard of hearing people.

Spirituality and Self

There are several micro system factors that could impact a deaf person's spiritual decision-making and self-image that do not necessarily happen in the hearing world. In the hearing world, deaf people are often characterized as "disabled". Through a religious lens, the "disabled" are often characterized as a dependent, "special population" who need "help" (Morris, 2008; Schumm & Stoltzfus, 2011). This message can foster a "less than" self-image and also foster a dependent, external locus of control. Secondly, deafness is often seen as one of the following: a test from God; a punishment from God (although often it can be viewed that it is the parent who is being punished); or a gift from God (Koosed & Schumm, 2005). Each of these perspectives can impact aspects of self-identity and the relationship to spirituality and religion in vastly different ways.

Boswell,Hamer, Knight, Glacoff, & McChesney (2007) conducted

qualitative interviews with 13 adults with physical disabilities in order to gain knowledge related to the interaction of spirituality and disability in their lives. Results indicated that life issues and challenges that arose from having a disability evoked questioning of traditional ideas related to God, meaning, and the purpose of life within the participants. Boswell et al. (2007) identified five emerging themes: purpose, connections, awareness, creativity, and acceptance. Participants' spirituality helped them frame and understand their purposes in life, helped them form social connections, and gave a framework for self-awareness of strengths and blessings. Their spirituality also helped to foster their own creativity and their acceptance of positive and negative aspects of their disabilities.

The literature suggests that spiritual or religious beliefs can also impact an individual's education and rehabilitation (Idler, 1995; Riley et al., 1998). Fitchett, Rybarczyk, DeMarco, & Nicholas (1999), in a review of the literature and longitudinal study, identified the following four major spiritual preoccupations and practices that impact education and rehabilitation among people with disabilities: active prayer, feelings of estrangement from God, belief that their disability was a punishment from God, and spiritual practices being used as a coping mechanism to mediate the impact of the individual's disability. Ross (1995) suggests that the isolation that often accompanies a person with a disability can make the quest for spiritual answers more difficult. This would be especially relevant for the communication isolation felt by many deaf people, who can physically access spiritual resources but are isolated from their quest by communication and information barriers. Miller (1985) compared levels of loneliness and spiritual well-being in chronically ill adults and healthy adults. The chronically ill adults had significantly higher spiritual well-being scores than the healthy adults. However, in both groups, there was a significant inverse relationship between loneliness and spirituality. On the micro, individual system level, mental health practitioners seek to explore their clients' feelings of loneliness and isolation, active prayer, and perceptions of the spiritual significance of their deafness on their spiritual well-being.

Mezzo Environmental Factors Influencing Spiritual Development
Spiritual Development in Childhood

Five out of every 1,000 infants born yearly worldwide are born with significant hearing loss (>40 dB HL) (Olusanya, 2005). Approximately 90-95% of all deaf children are born to hearing parents (Andrews, Leigh, & Weiner, 2004; Mitchell & Karchmer, 2004).

The birth of any child impacts the family. However, when a child is diagnosed with a hearing loss, the effects are likely to be greater, more challenging and more demanding on the family (Olusanya, Luxon, & Wirtz, 2004). Deafness affects all of family life by creating challenges in communication, which in turn test the creation of appropriate family functioning and parental management of children (Meadow-Orlans, Mertens, & Sass-Lehrer, 2003). Regardless of family structure, ethnic background, socioeconomic status, or medical condition all children have a need to feel that they are a part of the family unit. It is critical that this belonging is communicated to the child through a language that can be comprehended (Kobel, 2009).

"Communication is at the heart of everything human beings do because it defines and gives meaning to our emotions, beliefs, hopes, creativity, and life experiences (CADHHETF, 1999, p.1). According to Rodda & Groove (1987) "knowledge is transmitted, and the beginnings of socialization take place through language. When there is a barrier in accessing language and communication, the family itself is blocked and weakened" (p.315). Therefore, communication has become one of the main concerns, along with the availability and access to social support, for families creating a healthy home environment for children who are deaf or hard of hearing (Kulbida, 2005).

Spirituality has been documented as an important dimension of childhood development (Jackson, 2011). Spirituality can impact values, morals, socioemotional development, experiential education, health and wellness, and perspectives on community service in the development of children (Bosacki & Ota, 2000). An additional factor related to spiritual development of the deaf child is inclusion or exclusion in the family system. Many hearing parents of deaf children never learn sign language, making interpersonal communication limited and lacking the sophistication necessary to discuss religious or spiritual issues. Sometimes, the lack of parental adjustment to the needs of their deaf child is rooted in the desire to minimize or deny that their child is deaf and all of the ramifications of that fact (Kobel, 2009; Palfrey, Walker, Butler, & Singer, 1989), which can lead to deaf children being isolated from the family's church experience (Morris, 2008). If the communication and emotional needs of a child are unmet, then religious and spiritual experiences as well as teachings can be negatively perceived or incorrectly understood (Kobel).

Some theories of faith development parallel the relationship of children to their parents (especially with their father) as a foundation for a relationship with God (Fowler, 1981, 1989; Vergoteet al., 1969). Whether or not they are exposed to the concept of God, by the age of six many children begin the construction of a mental representation of God or a "god image". Construction of a god image does not necessarily constitute belief in god. A major influence on children's god image is the parent-child relationship where the child often gives attributes of their parent to their god image (Fowler, 1981, 1989). In an older, but well documented and referenced study, Vergote et al. (1969) investigated the relationship between images of parents and of God. They found that god images of the participants were more paternal than maternal, however the data suggested that as individuals mature, their god image tends to become more maternal. Related to faith development, areas of clinical importance for assessment and future research include the parent's acceptance and support of their deaf child.

The Impact of Having a Deaf Child on Parents' Spirituality

During crisis times, such as when a deaf child is born unexpectedly to hearing parents, there is a discernible grief period when parents are looking for answers to existential questions regarding the purpose their child's disability might serve (Borum, 2010; Jackson, 2011; Kobel, 2009). Crews (1986) asserts that in these moments when an individual is in a state of emotional collapse, they turn to the Transcendent for answers. If during the critical first years of a deaf child's life, the mother is unable to be present due to grief, and the religious messages available to her related to deafness are negative or paternalistic, it can

have devastating effects on the spiritual development of all members of the family.

Dehkordi, Kakojoibari, Mohtashami, & Yektakhah (2011) studied 120 mothers of children with various disabilities along with a control group of parents of nondisabled children. They found that the stress levels specifically of mothers of deaf children were significantly higher than all other (disabled and nondisabled) groups' scores on subscales for intra-family stress, work and financial stress, and family care stress. They found the mother assumed much of the emotional stress and worry related to the challenges of raising a deaf child with regard to social and educational problems. Spiritual guidance during this time can guide the parent's perspective and treatment of their deaf child based on a specific moral framework.

Studies have shown that religion and religious-affiliated organizations also can be important sources of emotional support for families of children with disabilities (Poston & Turnbull, 2004), especially within Latino families of young children with disabilities (Skinner & Bailey, 2001). Results among specifically hearing families with deaf children, however, show varied importance of religious support. In a qualitative study of 14 African American parents raising deaf children, Borum (2010) found the use of spirituality as a tremendous source of support and hope. However, in a mixed method study of 456 parents of deaf children, parents ranked religious affiliated groups the least important in terms of support across children's age groups (Jackson, 2011). The four highest important support systems were: professionals, other parents of deaf children, family support organizations, and extended family. Because of the disagreement over the importance of spiritual support for parents of deaf children, this is another important area for future research.

On the mezzo family system level, mental health professionals seek to investigate the parent's acceptance level and demonstrated support of their deaf child. Additionally, maternal and paternal relationship patterns, along with family worship traditions, are examined in relation to values, morals, socioemotional development, experiential education, health and wellness and god image. Mental health professionals should be cognizant of differences in family cultural backgrounds and consider how culture could impact other interaction and environmental factors on the mezzo level.

MacroEnvironmental Factors Influencing Spiritual Development
Accessibility, Language, Community, and Disability Image

Wayne Morris' book, *Theology without Words: Theology in the Deaf Community* (2008), is a rich, extensive analysis of theological themes and issues in Christianity related to deaf people and community in the United Kingdom. Morris' research focused on three main themes: deaf theology in the Bible, liturgical and worship practices of the deaf, and the deaf image of God. When examining the Bible, Morris points to several metaphors that focus on the Judeo-Christian God's verbal communication with people, the fact that deafness is a malady that God can heal to make someone "normal", and the observation that the text is written in an antiquated style that is often difficult for deaf people to easily read and apply in their lives. Because of the Judeo-Christian focus on the English written word, Morris asserts that in order to make narratives more

engaging to the deaf, narratives should be turned back into the oral tradition or incorporate the use of signing and/or drama.

Morris (2008) also points to a significant distinction between a church that signs and a "deaf church." The former only translates sermons into some form of sign language, while the latter should embrace and enhance not only the communication issues but also cultural and community needs in the congregation and in the hierarchy of the church. Providing deaf role models in the church hierarchy, reexamining church doctrine in relation to the disability perspective (medical model) of deafness, and addressing how deaf people listen to the word of God, talk to God, and assign attributes to God are important aspects of a deaf church that would not necessarily be present in a church that has interpreted services only. McClain (2009) in a Master's thesis, conducted qualitative interviews with 10 deaf and hard of hearing people who self-identified as Christian. Church attendance was identified as a vital social and networking opportunity if the person attended a deaf church or if there were sufficient deaf members in a mostly hearing congregation. However, if there were few deaf members in a hearing church, participants expressed feelings of isolation at church.

Addressing Christian faith and deaf culture, Broesterhuizen (2005) supports the idea that written and verbal language, culture and traditions of the Church, and the Church view of deafness are all barriers to deaf people feeling engaged and supported. However, Boesterhuizen notes that many countries are ahead of the United States in breaking down that barrier. Keys to removing the barriers are: to put more deaf people in central church roles (both clergy and lay roles), developing sign language for sacred terms that can be understood by all deaf people, and valuing sign language as a language and not just a communication mode. In this manner, faith communities are able to celebrate deafness as a culture in a way that is open and affirming to deaf congregants.

Selway and Ashman (1998) express concerns whether churches, synagogues, and mosques foster positive or patronizing attitudes towards people with disabilities, and whether they can adequately support the spiritual, physical, and practical needs of people with disabilities. They also share the concern that there are negative messages towards people with disabilities across world religions. For example, Hindu religious texts and stories often have disabled people portrayed as attendants to royalty, inherently defective, and creatures to be feared. Often deaf people are said to have become disabled as a punishment for past misdeeds. Haj (1970) found that the Quran commands people to give special consideration to the blind, lame, and ill and calls upon their civic and social responsibility to care for them.

Meaning and Metaphor Regarding Deafness in Religious Texts

Faith communities that lack a sophisticated understanding of the deaf experience are likely to overlook metaphors and messages written in sacred tests. As deafness is frequently viewed in a negative light in sacred texts, this may have some impact on religious institutions openness to deaf congregants. Throughout the Bible, deafness is a malady that is in need of curing and a person who "turns a deaf ear" is someone who is stubborn and refuses to hear wise words. Boesterhuizen (2005) points to a Gospel story in which Jesus heals a deaf

man. Although through a metaphorical lens this story can be interpreted morally as the importance of extending charity to those less fortunate, Boesterhuizen (2005) poses the idea that the literal meaning could be interpreted as "deafness is a less complete, deviant, and unredeemed form of humanity which awaits healing and salvation" (p. 306). To help control for written language misunderstandings, countries such as the United States and Sweden are making progress in translating the Christian Bible into sign language that not only focuses on the literal translation but also on the figurative translation. The additional figurative translation reinforces Biblical signs with additional symbolism and meaning. In this manner, key figures, events, and places in the Bible are given signs that not only reflect meaning and purpose, but allow for quicker translations (Boesterhuizen, 2005).

Several themes emerge from Morris' (2005) and Broesterhuizen's (2005) research and practice with deaf individuals and communities. First it is important to assess the client's mental image of God and the client's own self-assessment related to positive and negative views of being deaf. Second, if the client attends religious services, it is important to assess congregational make-up, support, the goodness-of-fit between the client and the communication methods and religious explanatory methods of the place of worship. Third, available literature and sermons available in ASL are an additional resource for clients that would help deaf congregants feel more included and welcome.

Spirituality and Communication

How a family or a deaf individual chooses an organized religion may also depend on communication access and the availability of interpreters (McClain, 2009). How prevalent is it that a family with a deaf child will switch churches (or switch faiths) in order for communication accessibility for their child? How prevalent is it that a deaf individual will switch churches or faiths in order to have productive two-way communication?

Communication necessary for spiritual development can be broken down into many levels, but the major levels are written communication, spoken presentations (sermons), two-way expressed communication and fellowship within a congregation, and two-way communication with spiritual leaders for counsel and guidance (Morris, 2008). At all of these levels there are pitfalls that can occur between hearing people and deaf people in a spiritual or religious setting. Foster (1998) conducted an ethnographic study on social engagement and constraints between deaf and hearing people. Although not specific to spirituality, the study's individual, open-ended method of inquiry included perspectives from deaf and hearing people from a wide range of communication events and age levels. In interviews, positive communication interaction examples were few, and most participants (both deaf and hearing) spoke about negative communication related to signed, spoken, and written communications. The author labeled these events "spoiled communication." In addition, many Deaf adults spoke of past teasing and ridicule as they grew up by hearing people which they say negatively influenced their present day communication and perception. Of note, the author emphasized that informal communication is at high risk for "spoiled communication" because the communication "occur spontaneously and in settings which are difficult to control" (p. 123). The

research study raises additional concerns that go beyond adequate interpreting to the sociological essence of the dyadic experience between deaf and hearing people, compounded by the spiritual/religious environment and the power structure between the church and the individual.

Hearing people, who have the luxury of at least being able to sound out words and hear them in everyday conversation, usually require guidance (i.e., bible study) in order to understand written doctrine in a meaningful way. Antiquated written religious doctrine has been cited as a barrier to religious education for deaf people (Morris, 2008).

Interpreter quality can also be an issue. A high percentage of accessible churches do not use licensed interpreters. Sometimes a "volunteer" who wants to "help the deaf" will learn basic sign language and then attempt to interpret spiritual lectures that have a rich depth of meaning but are signed at a basic level (Broesterhuizen, 2005; Morris, 2008). If a deaf member of a church would like spiritual counsel or guidance, there are some important questions to explore before moving forward: Is the spiritual leader knowledgeable about cultural and non-disability perspectives on deafness? Are there registered interpreters who are held to a strict confidentiality code of ethics available for the spiritual counseling session? Are "volunteers" brought in to interpret? If "volunteers" are used, how does that impact the deaf persons ability and desire to fully share what they would like to share with the spiritual leader and the quality of that interaction?

Communication, especially between hearing members/leaders in the church and the deaf member is a complex topic that should be addressed in both assessment and intervention with deaf clients. Key assessment questions include: How do churches ensure communication access between deaf members and other members of the congregation? How are deaf members seen by a) the spiritual leaders, b) church doctrine, and c) members of the congregation? Are deaf members encouraged to participate on church committees? From a macro perspective, are deaf members encouraged to pursue positions within the religious organization? (Hunt, 1996).

Pulling this all together, micro, mezzo and macro concepts emerge that are central to an ecological understanding of the experience of deaf and hard of hearing people and their families with regards to religious and spiritual practices and communities. These are illustrated in a summary concept map in Table 1 to help practitioners during the assessment and intervention stages with clients.

Ecological Dimension	Religious/Spiritual Dimension
Micro Level	Identity Meaning of deafness Life purpose
Mezzo/Family Level	God-images Intra-familial patterns of communication about religion and spirituality
Macro Level	Accessiblility to spiritual community Interpretation of content of religious texts Power structures within religious communities

Table 1. Spiritual and Ecological Concept Map
Mental Health Practice Issues and Techniques

Although the importance of addressing spirituality in mental health work has been emphasized in recent years, many practitioners do not include items related to spirituality in during intake and assessment (Hodge, 2006). Personal preference, population demographics, and professional role should all be considered when choosing to add a spiritual component to mental health assessment and intervention with survivors of brain injury. Additionally, practitioners should be self aware of their own religious and spiritual beliefs for reference and boundary maintenance and know the meaning of the terms agnostic (any ultimate god is unknowable), theism (belief in a god), atheism (a disbelief in a god or gods), and pantheism (belief in many gods). All of these self-driven and dictionary-driven spiritual concepts should then be tempered by an understanding of the survivor's meaning of each in order to begin a spiritually based clinical dialogue. The practitioner should also be aware of basic tenets of various religions to be able to have a frame of reference for discussing religious and spiritual themes.

There are a myriad of established spiritual assessments and frameworks that can be used in whole or modified to fit a specific clinical situation. However, below is an example of a brief comprehensive spiritual assessment instrument that could be incorporated into most intake regiments and modified to fit a variety of practitioners' roles. Pulchaski and Romer (2000) developed the FICA quick inventory which is a qualitative instrument focusing on four areas - Faith, Importance and Influence, Community, and Address or Application (F I C A). The authors suggest opening the discussion with broad, open-ended questions related to Faith and to the separate concepts of spirituality versus religion in order to capture information from those who identify either as more spiritual or as more religious. Examples of questions are:

- "What do you believe in that gives meaning to your life?"
- "What role does religion play in your life?"
- "How has your identity and experience as a deaf or hard of hearing person impacted your spirituality or spiritual practice?"

It is important to ask the deaf person to elaborate on his/her meaning of words. For example, "I am Catholic." or "I am an atheist." have different personal meanings and implications depending on the individual.

The next step is to understand the Importance of spirituality/religion in the deaf person's life. Examples of questions related to importance are:

- "How important is your faith (or religion or spirituality) to you?"
- "What role do your spiritual beliefs play in your daily life?"
- "Does your identity and experience as a deaf or hard of hearing person impact the importance of your spirituality?"

The third area of assessment is related to the deaf or hard of hearing person's involvement with a spiritual community. Particularly for those who participate in an organized religion, community is often a central part of their spiritual and social experience and can be a source of support or potential rejection and misunderstanding. Examples of questions are:

- "Are you a part of a religious or spiritual community?"

- • "What kind of activities are you involved in related to your faith?"
- • "Are you able to be fully involved in spiritually-related activities?"

The final assessment area is to ask how, if at all, the deaf person would like the practitioner to Address the issue of spirituality in their work together. Examples of questions are:

- • "How would you like me to address these issues in your mental health care?"
- • "How can our work assist you in your spiritual care?"

Pulchaski and Romer (2000) state that clients and families often feel better simply because they have been given permission to share their beliefs and the general spiritual inquiry is usually seen as a sign of respect.

Discussion

In examining the current literature on spirituality among deaf people using an ecological framework, several themes emerge as topics for mental health practitioners to consider during assessment and intervention work and for mental health researchers to consider for future studies. Major themes identified related to deaf and hard of hearing people, include access and barriers to spiritual and religious information, self-identity through a religious/spiritual lens, negative or a paternalistic/malady view of deafness in religious doctrine, and parent-child object relations. These identified areas and environmental factors can influence deaf individuals at the individual, mezzo family, and macro levels. At the micro level, micro ecological-based assessment and interventions should consider internalized messages and spiritual "self-talk" related to isolation, loneliness, self-esteem, sense of purpose, connectedness, awareness, creativity, and positive self-identity. At the mezzo family level, assessment and interventions should consider the reciprocal self-family relationship and environment, especially with families made up of hearing parents and a deaf child/children. Mezzo family issues to explore include maternal grief and stress, relationship and acceptance/nurturance issues between both parents and the deaf child, and the messages that parents receive from spiritual and religious doctrine and from faith-based social service agencies. At the macro level, assessment and intervention should include attention to the possible lack of cultural sensitivity in the written doctrine of many world religions, a possible lack of total access and cultural competence in serving deaf members in relation to communication in religious institutions, and a possible lack of representation of deaf and hard of hearing people as both lay and formal religious leaders.

This article advocates for the application of an ecological framework when working with deaf and hard of hearing people related to their spirituality and spiritual development. The ecological framework allows practitioners to fully explore the reciprocal relationship of self-self, self-family, self-community, and self-organization when working with spirituality and spiritual development with deaf and hard of hearing clients. Also included in this article was an application of a concise spiritual assessment tool, the FICA, which can be easily modified to fit almost any client and client belief system. The FICA enables practitioners to thoroughly assess their client's faith and belief system, the importance and influence of the faith and belief system, their level of involvement in a faith community (including barriers), and the client's ideas on how faith and religion

should be included and addressed during therapy. The micro, mezzo, and macro issues summarized in the article body can be incorporated into both the FICA assessment questions and also into the design and implementation of therapy interventions.

References

1. Anandarajah, G. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. American Family Physician, 63(1), 81-89.
2. Andrews, J., F., Leigh, I. W., & Weiner, M. T. (2004). Deaf people: evolving perspectives from psychology, education, and sociology. Boston: Pearson Education, Inc.
3. Bernstein, E., Calhoun, D., Cegeilski, C., Latham, A., Shepherd, M., Sparks, K. & Tomchuck L. (Eds). (1995). Britannica book of the year. Chicago: Encyclopedia Britannica.
4. Borum, V. (2008). African American parents with deaf children: Reflections on spirituality. JADARA, 41(3), 208-226.
5. Bosacki, S., & Ota, C. (2000). Preadolescents' voices: A consideration of british and canadian children's reflections on religion, spirituality, and their sense of self. International Journal of Children's Spirituality, 5(2), 203-219.
6. Boswell, B., Hamer, M., Knight, S., Glacoff, M., & McChesney, J. (2007). Dance of disability and spirituality. Journal of Rehabilitation, 73(4), 33-40.
7. Broesterhuizen, M. (2005). Faith in deaf culture. Theological Studies, 66(2), 304-329.
8. CADHHETF (1999). The Report of the California Deaf and Hard-of-hearing Education Advisory Task Force. Retrieved September 11, 2006, from http://www.cde.ca.gov/sp/ss/dh/documents/deafhhrpt.pdf
9. Cook, C. (2004). Addiction and spirituality. Addiction, 99, 539–551.
10. Dehkordi, M., Kakojoibari, A., Mohtashami, T., & Yektakhah, S. (2011). Stress in mothers of hearing impaired children compared to mothers of normal and other disabled children. Audiology, 20(1), 128-136.
11. Fitchett, G., Rybarczyk, B., DeMarco, G. & Nicholas, J. (1999). The role of religion in medical rehabilitation outcomes: A longitudinal study. Rehabilitation Psychology, 44, 333-353.
12. Foster, S. (1998). Communication as social engagement: implications for interactions between deaf and hearing persons. Scandinavian Audiology, 27(49), 116-24.
13. Fowler, J. W. (1981). Stages of faith: The psychology of human development and the quest for meaning. New York, NY: Harper & Row.
14. Fowler, J. W. (1989). Strength for the journey: Early childhood development in selfhood and faith. In D.A. Blazer (Ed.), Faith development in early childhood (pp. 1-36). Kansas City, MO: Sheed & Ward.
15. Germain, C. B. (1978). General-systems theory and ecopsychology: An ecological perspective. Social Service Review, 52(4), 535–550.
16. Germain, C. B. (1981). The ecological approach to people–environment transactions. Social Casework, 62(6), 323–331.
17. Haj, F. (1970). Disability in antiquity. New York: Philosophical Library.

18. Hodge, D. (2006). Spiritually modified cognitive therapy: A review of the literature. Social Work, 51, 157-166.

19. Hodge, D. (2011). Using spiritual interventions in practice: Developing some guidelines from evidence-based practice. Social Work, 56, 149-158.

20. Hunt, V. (1996). The place of deaf people in the church: My story. In, The place of deaf people in the church: The Canterbury 1994 conference papers (pp. 20-34). Northampton, England: Visible Communications.

21. Idler, E. (1995). Religion, health, and nonphysical senses of self. Social Forces, 74, 683-704.

22. Jackson, C. (2011). Family supports and resources for parents of children who are deaf or hard of hearing. American Annals of the Deaf, 156(4), 343-362.

23. Johnstone, B., Glass, B. A. & Oliver, R. E. (2007). Religion and disability: Clinical, research and training considerations for rehabilitation professionals. Disability and Rehabilitation, 29(15), 1153-1163.

24. Kobel, I. (2009). Ukrainian Hearing Parents and their Deaf Children. ProQuest Dissertations and Theses. (Publication #AAT NR54052). Retrieved November 15, 2012.

25. Koenig, H. & Cohen, H. (Eds.). (2002). The link between religion and health: Psychoneuroimmunology and the faith factor. New York: Oxford University Press.

26. Koosed, J. & Schumm, D. (2005). Out of the darkness: Examining the rhetoric of blindness in the gospel of John. Disability Studies Quarterly, 25 (1). Retrieved from http://www.dsq-sds.org/index

27. Kulbida, S. (2005). Polipshennia yakosti navchannia hlukhukh ditej shliakhom vykorystannia zhestovoyi movy [Improvement of the quality of deaf education by means of signed language].In V. I. Bondar and V. V. Zasenko (Eds.), Dydaktychni and socialno-psykholohichni aspekty korektsijnoi roboty u spetsialjnij shkoli [Psychological issues of correctional work in a special school] (pp.333-337). Kyiv: Naukovyj Svit.

28. Ladd, P. (2003). Understanding deaf culture. Tonawanda, NY: Multilingual Matters.

29. Lane, H., Hoffmeister, R., & Bahan, B. (1996). A journey into the Deaf-World. San Diego, CA: DawnSignPress.

30. McClain, R. (2009). The role of spirituality/religiosity in the lives of people who are hearing impaired. ProQuest Dissertations and Theses. (UMI No. 1466289). Retrieved August 5, 2012.

31. McColl, M.A., Bickenbach, J., Johnston, J., Nishihama, S., Schumaker, M., Smith, K., Smith, M., & Yealland, B. (2000a) Changes in spiritual beliefs after traumatic disability. Archives of Physical Medicine and Rehabilitation, 81, 817-823.

32. McColl, M.A., Bickenbach, J., Johnston, J., Nishihama, S., Schumaker, M., Smith, K., Smith, M., & Yealland, B. (2000b) Spiritual issues associated with traumatic onset disability. Disability and Rehabilitation, 22(2), 555-564.

33. Meadow-Orlans, K. P., Mertens, D.M, & Sass-Lehrer, M. (2003). Parents and Their Deaf Children: the Early Years. Washington, D.C.: Gallaudet University Press.

34. Miller, J.F. (1985). Assessment of loneliness and spiritual well-being in chronically ill and healthy adults. Journal of Professional Nursing, March–April, 79–85.
35. Mitchell, R. E., & Karchmer, M. A. (2004). Chasing the Mythical Ten Percent: Parental Hearing Status of Deaf and Hard of Hearing Students in the United States. Sign Language Studies,4(2), 138-163.
36. Morris, W. (2008). Theology without words: Theology in the deaf community. Aldershot, England ; Burlington, VT : Ashgate Pub. 180 p.
37. Olusanya B. O., Luxona, L. M., & Wirzb, L. M. (2004). Benefits and challenges for newborn screening for developing countries. International Journal of Pediatric Otorhinolaryngology, 68, 287-305.
38. Olusanya B. O., Luxona, L. M., & Wirzb, L. M. (2004). Benefits and challenges for newborn screening for developing countries. International Journal of Pediatric Otorhinolaryngology, 68, 287-305.
39. Palfrey, J.S., Walker, D.K., Butler, J.A., & Singer, J.D. (1989). Patterns of response in families of chronically disabled children: An assessment in five metropolitan school districts. American Journal of Orthopsychiatry, 59(1), 94-104.
40. Parks, S. D. (2011). Big questions, worthy dreams: Mentoring young adults in their search for meaning, purpose and faith. San Francisco: Jossey-Bass.
41. Poston D. & Turnbull, A. (2004). Role of spirituality and religion in family quality of life for families of children with disabilities. Education and Training in Developmental Disabilities, 39(2), 95-108.
42. Puchalski, C., & Romer, A. (2000). Taking spiritual history allows clinicians to understand patients more fully. Journal of Palliative Medicine, 3, 129-137.
43. Riley, B., Perna, R., Tate, D., Forchheimer, M., Anderson, C., & Luera, G. (1998). Types of spiritual well-being among persons with chronic illness: Their relation to various forms of quality of life. Archives of Physical Medicine and Rehabilitation, 79, 258-264.
44. Rodda, M., & Grove, C. (1987). Language, cognition and deafness. Hillsdale, NJ: Lawrence Erlbaum Associates.
45. Ross, L. (1995). The spiritual dilemma: Its importance to patient's health, well being, quality of life and its implications for nursing practice. International Journal of Nursing Studies, 32, 457 468.
46. Schumm, D. & Stoltzfus M. (2011). Chronic illness and disability: Narratives of suffering and healing in Buddhism and Christianity. In Schumm, D. & Stoltzfus M. (Eds.). Disability and Religious Diversity: Cross-cultural and interreligious perspectives (pp. 159-175). New York, NY: Palgrave Macmillan.
47. Selway D. & Ashman A. (1998). Disability, religion and health: A literature review in search of the spiritual dimensions of disability. Disability & Society, 13(3), 429-440.
48. Sheridan, M. (2009). Ethical issues in the use of spiritually based interventions in social work practice: What we are doing and why? Journal of Religion and Spirituality in Social Work, 28, 99-126.
49. Skinner M. & Bailey, D. (2001). Role of religion in the lives of Latino

families of young children with developmental delays. American Journal on Mental Retardation, 106(4), 297-313.

50. Thoresen, C. E. & Harris, A. H. (2002). Spirituality and health: what's the evidence and what's needed? Annals of Behavioral Medicine, 24(1), 3-13.

51. Vergote, A., Tamayo, A., Pasquali, L., Bonami, M., Pattyn, M. & Custers, A. (1969). Concept of God and parental images. Journal for the Scientific Study of Religion, 8(1); 79-87.

52. Weir, M. (1996). Made deaf in God's image. In, The place of deaf people in the church: The Canterbury 1994 conference papers (pp. 1-11). Northampton, England: Visible Communications.

This article applies the ecological perspective to understanding spiritual development and spiritual well-being among deaf and hard of hearing people and the impact on mental health. Individual, mezzo family and group themes, as well as macro religious themes are examined as they relate to spiritual development. Concepts are mappedin order to visually depict the developmental issues identified in a meaningful way. In addition, an example of how the FICA spiritual assessment tool is presented as to how it can be modified and used by mental health professionals to assess spiritual factors with deaf people. Several themes including disability meanings, communication, family dynamics, and macro accessibility and representation are identified as topics to be applied to current mental health practice and future mental health research related to spirituality among deaf and hard of hearing people.

Keywords: spirituality, religion, mental health, deaf and hard of hearing persons,ecological perspective

УДК 376-056.263+316.42(73)

І.Г. Кобель

НАВЧАННЯ ТА СОЦІАЛІЗАЦІЯ ГЛУХИХ В США: ВІД ЕПОХИ КОЛОНІЗАЦІЇ ДО ЕПОХИ ІНКЛЮЗІЇ АНОТАЦІЯ

В статті розглядається шлях, який пройшла система навчання та соціалізації глухих в США від епохи колонізації до епохи технократичної держави. Описано позитивні та негативні сторони кожного з існуючих підходів до навчання глухих та слабочуючих, а також цілеспрямована політика держави та недержавних організації стосовно підвищення рівня грамотності у нечуючих здобувачів освіти різного віку.

Ключові слова: навчання глухих у США, інклюзивне навчання глухих, соціалізація глухих, мейнстріминг.