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DOES IT EXIST?: "A PSYCHOPATHOLOGY OF DEAFNESS"

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SUMMARY

This work aims to study the relationship between psychopathology and deafness.

These results show that the most frequent diagnosis among the deaf are disorders of mood and post-traumatic syndrome. Psychotic disorders and mental retardation, once widely diagnosed among deaf populations, are less frequent. The accuracy of these findings results from studies conducted by a team that is specialized in the care of the deaf and that also masters the socio-linguistic aspects of the deaf culture.

The high prevalence of erroneous diagnosis posed by non-specialist teams in support of deaf persons, shows the need for the establishment of a bio-psycho-socio-specific language for the deaf.

Key words: *deafness – psychopathology - psychopathology of deafness - sign language - epidemiology*

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Subjects

This work aims to study the relationship between psychopathology and deafness. The purpose is to examine epidemiologic data from studies about deafness and mental health.

Most of the time deaf patients were mainstreamed in hospital wards with hearing patients. Professionals at these facilities evaluated deaf patient as if they were hearing and communicated with them as if they understood spoken language. This review compares diagnosis from deafness-specialist health care workers and others.

Methods

The results of this study come from a search of the literature on mental health and psychopathology related to deafness.

The literature search was conducted on Medline search engines, EBSCO and Google Scholar.

Results

Studies on deaf psychiatric patients are rare. Some of them examine psychiatric deaf inpatients, other psychiatric deaf in and outpatients.

In outline studies of deaf patients can be specified into two distinct categories. The first category corresponds to studies conducted by mental health professionals not trained in specific aspects of deafness. Patients are therefore valued as if they were hearing and communicated with them as if they understood spoken language. In these studies deaf people were mainstreamed in hospital wards with hearing patients. The first study was conducted in the late 1950s and early 1960s by a group of New-York psychoanalytically trained psychiatrists who conducted studies on patients placed at 20 state hospitals (Rainer 1966). Trybus conducted a study of deaf patients in 204 public psychiatric hospitals throughout the United Sates (Trybus 1983). These studies concern psychiatric deaf inpatients. In the 1990s Pollard conducted a study in the Rochester, New York, area about a combined inpatients and outpatients deaf group (Pollard 1994).

The second category corresponds to studies by specialist teams in the domain of deafness. The assessment may be made in sign language. The comparison of the results of these two types of analysis shows a different perception of disorders shown by deaf psychiatric patients.

Robinson in the Mental Health Program for the deaf at St. Elisabeth's hospital in Washington DC (Robinson 1978), Denmark at the John Denmark Unit at Mental Health Services of Salford NHS Trust in United Kingdom (Denmark 1985) and Virolle at Esquirol hospital in Paris observe psychiatric deaf inpatients and outpatients (Virolle 1995).

Daigle at Spingfield hospital in Maryland (Daigle 1994) and Black in the deaf unit of Westborough State Hospital MA (Black 2004) examine psychiatric deaf inpatients.

These results demonstrate that assessment of deaf psychiatric patients by specialists who are not acquainted with specific aspects of deafness showed significant differences in the evaluation of clinical presentation.

Deaf patients evaluated by non-specialist health care workers are too often labelled with a psychotic disorder, most often another disorder than "schizophrenia". The category "unspecified psychosis" is the most frequently used, showing the confusion of clinicians faced with the polymorphic clinical presentations of deaf people in distress.

Mood disorders are the most frequently ignored by non-specialized teams. Language assessment of the deaf patient as if they were hearing and attempts to communicate with them as if they understood spoken language explains these results.

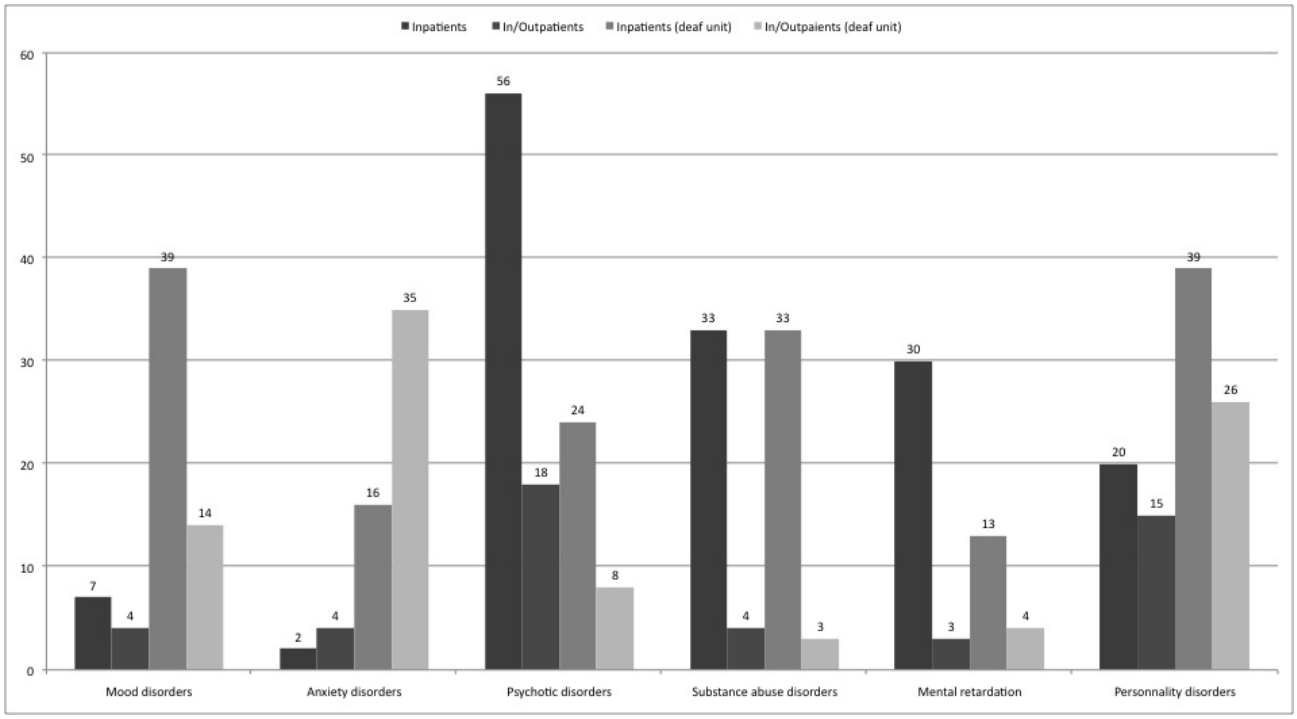

Figure 1. Difference between diagnostic categories in psychiatric units and specialist psychiatric units for the Deaf

Table 1. Difference between diagnostic categories in psychiatric units and specialist psychiatric units for the Deaf in table form

%	Inpatients	In/Outpatients	Inpatients (deaf unit)	In/Outpatients (deaf unit)
Mood disorders	7	4	39	14
Anxiety disorders	2	4	16	35
Psychotic disorders	56	18	24	8
Substance abuse disorders	33	4	33	3
Mental retardation	30	3	13	4
Personnality disorders	20	15	39	26

The same can be said about anxiety disorders that are also underestimated by non-specialist teams. Moreover, it appears that the most frequently used diagnosis is that of post-traumatic stress disorder. Deaf and hearing people have physical or psychological trauma in an equivalent manner.

The diagnosis of mental retardation appears to be frequently put forward by non-specialist teams who deal with deaf patients. Poor knowledge of sign languages and their assessment tools show that this diagnosis is inappropriate. Moreover, the lack of a communication system (deaf people living isolated from the community of the Deaf) is also often considered, wrongly, as a sign of mental retardation.

Concerning personality disorders we can state the following: non-specialized teams are living with the myth of a natural predisposition to paranoia. In reality, specialized health care workers have demonstrated that Borderline personality disorder has the greatest prevalence. This frequency is probably linked with attachment difficulties of deaf children in hearing families.

Conclusions

This review of the literature indicated a lack of consistency in diagnostic formulation and raised questions regarding the accuracy of diagnosis. Because of the lack of specialized deafness expertise in the clinical staff, most of the assessments are considered to be of questionable reliability and validity.

The great prevalence of erroneous diagnosis posed by non-specialist teams in support of deaf persons, shows the need for the establishment of a bio-psycho-socio-specific language for the deaf.

REFERENCES

1. *Black P.A, Glickman N.S. Demographics, Psychiatric Diagnoses, and Other Characteristics of North American Deaf and Hard-of-Hearing Inpatients. Journal of Deaf Studies and Deaf Education2006; 11:3.*
2. *Daigle B.V. An analysis of a deaf psychotic inpatient population. Unpuplished master's thesis, Western Maryland College, Westminister. 1994.*

3. *Denmark J.C. "A study of 250 patients referred to a department of psychiatry for the Deaf" British Journal of psychiatry.1985; 146:282-286.*
4. *Grinker R., Vernon M., Mindel E., Rothstein D.A., Easton H., Koh S.A et al. Psychiatric diagnosis therapy and research on the psychotif deaf. Washinton DC: Department of Health, Education and Welfare 1969.*
5. *McEntee M.K. Accessibility of mental health services and crisis intervention to the deaf. American Annals of the Deaf. 1993; 138: 26-30.*
6. *Pollard R.Q. Public mental health service and diagnostic trends regarding individuals who are deaf or hard of hearing. Rehabilitation psychology. 1994; 39; N°3.*
7. *Rainer J.D., Altshuler K.Z. Comprehensive mental health service for the deaf. New York: department of Medical Genetics, New York, Psychiatric Institute, Columbia University 1966.*
8. *Robinson, L. D. Sound minds in a soundless world (DHEW Publication No ADM 77-0560). Washington, DC: U.S. Government Printing Office. 1978.*
9. *Trybus R.J. Hearing-impaired patients in public psychiatric hospitals throughout the United States. In Watson D., Heller B. Mental health and deafness: strategic perspectives (pp. 1-19). Silver Sping, MD:American Deafness and Rehabilitation Association. 1983.*
10. *Virole B. Ibad-Ramos M. Psychiatrie de l'enfant et de l'adolescent sourd. 1995 (http://pagesperso-orange.fr/virole/DA/psychopathoDA.pdf) Dernier accès le 02/05/2010.*

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