BIBLIOThERAPY FOR THE HEARING-IMPAIRED
IN KENYA: A SURVEY

A RESEARCH REPORT SUBMITTED TO
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KENYATTA UNIVERSITY

BY

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1991

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Bibliotherapy for the hearing impaired in

KENYATTA UNIVERSITY LIBRARY
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THIS RESEARCH REPORT IS MY OWN ORIGINAL WORK AND HAS NOT BEEN PRESENTED FOR A DEGREE IN ANY OTHER UNIVERSITY

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1991
DEDICATION

I dedicate this work to ARTHUR NAMU, my husband and friend. Your love, support, interest and never-ending faith and enthusiasm sustained me. And to our children: Wanja, Mukami, Munene and Ngondi. You are priceless gems!
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4. For those numerous others:— thank you very much.
ABSTRACT

By way of definition, bibliotherapy is the relief of suffering through psychological processes and acquisition of other remedial skills included by reading and use of relevant information.

This study was designed to investigate whether any bibliotherapy is practiced in Kenyan schools for the hearing impaired and among the hearing impaired in general. It also sought to establish the information needs of the students and teachers in schools for these schools as well as the rehabilitation officers dealing with the hearing impaired.

The study covered four schools: Machakos School for the Deaf, Kaaga School for the Deaf, Kambui School for the Hearing Impaired and the Karen Vocational Training Institute for the Deaf. It also covered 2 Assessment Centres; one in Machakos and one in Meru (Kaaga) as well as officers in the Rehabilitation Department in the Ministry of Culture and Social Services.

The review of the related literature indicated that bibliotherapy is practiced although this is done unconsciously. It also revealed that there is neither a conscious effort nor a definite policy to this effect.

Three questionnaires were distributed to a total of 124 respondents. There was one questionnaire for students in schools for the deaf, one for teachers in schools for the deaf and one for rehabilitation officers.
Findings showed that there was no reading material for students besides what was necessary for the school curriculum. It also revealed that bibliotherapy can be practiced since the teachers and rehabilitation officers indicated a willingness to do so and an appreciation of bibliotherapy as a method of rehabilitation. Inadequate training for the teachers and rehabilitation officers and lack of reading material was found to be the major problem.

The study recommended among other things, the introduction of bibliotherapy in all schools for the hearing impaired and the formation of a national association and panel for those practicing bibliotherapy.
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THE PROBLEM

BACKGROUND TO THE PROBLEM

Deafness or hearing impairment refers to a functional hearing loss, which is of sufficient severity as to prevent hearing within normal limits due to physical impairment or dysfunction of the auditory mechanism.

Depending on the degree of inability, people with this impairment are sometimes referred to as the deaf, the hard of hearing, the partially hearing or even partially deaf. Also, depending on when the impairment was acquired, the hearing impaired are categorized as either the congenitally deaf (referred to as pre-language deafness), or the adventitiously deaf. However, whatever the term used, the common factor is that these people do have a disability.

According to the World Health Organization (WHO), a disabled person is one who is unable to secure and ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life as a result of a certain deficiency in his or her physical or mental capabilities. The disability deprives the individual the ability to perform activities which according to age, sex and social context are
generally regarded as essential to daily living. Such activities include self-care, social relations and economic activities.

Those with hearing impairment therefore require special amenities to enable them to live as full a life as possible. They need to get absorbed in the mainstream of activity in their immediate environment. Therefore, any amenity that will facilitate this is of great importance. The process of being able to adjust and participate in the activities of a normal life within the limitations of one's disability is referred to as rehabilitation. One rehabilitation method that has been used with a reasonable degree of success in Britain and the United States is Bibliotherapy. In this context, bibliotherapy is the guided use of information in solving personal as well as communal problems.

Hearing impairment, which is a universal problem has lived with man for as long as man has existed. It is found in the developed as well as the developing world and it afflicts the poor, the rich, the literate and illiterate. The only things that might be different are the facilities available in the general management of the disability. It is however important to note at this stage that, the incidence of the impairment and the ensuing disability or handicap is likely to
be higher where the surrounding circumstances of poverty, ignorance and lack of social services are common.

According to the 1989 Population Census, Kenya has an estimated 252,000 disabled persons, 138,000 of whom are males and 113,000 are females. Of these, 53,000 had a hearing disability. The census also established that most of the disabled persons had no education (Economic Survey, 1991). This is in spite of the fact that Kenya's planning has always aimed at raising the standards of living for all segments of the population through the development of a more balanced and efficient economy, use of natural resources and the provision of competent manpower through the educational, technical training and the improvement of the health and literacy of the population. Kenya has also been concentrating its greatest efforts on the broad problems of human development and on the improvement of the human conditions of the life of her people regardless of their limitations or handicaps. In fact, Kenya prescribes to the Universal Declaration of Human Rights where Article 2.2 stipulates that:

"Everyone, as a member of society has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality."
In recognition of these rights of the disabled, rehabilitation programs have been initiated. These services are provided as part and parcel of the efforts to improve the human conditions and not as extraneous charity. Thus the measures taken against blindness, deafness etc. are precisely the same measures that will improve the chances of survival and the quality of life for all children. It is for this reason that education receives a high priority, with emphasis towards providing meaningful education which will transform children with disability from being a social burden to becoming a social asset. Services for the disabled in Kenya are thus aimed at early intervention and stimulation, education, training and rehabilitation so that they can be self reliant and live as close as possible to normal life.

The rehabilitation of the Hearing Impaired in Kenya is shared among the Government, Non-Governmental Organizations (NGOs) and individuals.

Indications are that there may be some degree of bibliotherapy practiced in the rehabilitative process but there is neither a specific policy nor a consciously organized program to this effect.

Although, ideally, the rehabilitation of the Hearing Impaired is first and foremost the duty of the family and the immediate community, the trend in Kenya has been that most effort has come from
schools and other institutions which deal with this disability. Also, rehabilitation officers, social workers and counsellors have been at the forefront of the rehabilitation programmes.

It is important therefore that teachers in these schools and the officers in the field have enough specialized training to enable them carry out the difficult and delicate task of rehabilitatating the Hearing Impaired into the mainstream of activity. This is in view of the fact that they are in constant contact with the Hearing Impaired and are therefore the more likely to influence their lives. More precisely, an individual capable of using bibliotherapy as a technique of rehabilitation must have a clear understanding of the fundamentals of the particular impairment and must therefore be guided by a well laid down policy and a solid education in the area.

1.1.1 Statement of the Problem

In the pre-independence days, rehabilitation of the deaf in Kenya was mainly left to the family and the voluntary organizations like the Salvation Army, the Red Cross and various other church organizations. After independence the Kenya Government took a more active role and especially so after the Parliamentary Sessional Paper No.5 of 1968 which encouraged, among other things, special education as a form of rehabilitation and which
culminated in the setting up of a Rehabilitation Unit, now under the umbrella of the Ministry of Culture and Social Services.

Collaborative efforts of Government, non-governmental organizations and various voluntary organizations as well as individuals have been encouraged and have yielded results with varying degrees of success. Thus the problem of the rehabilitation of the deaf in Kenya yet remains to be solved in its entirety because:

1. There are still numerous cases of hearing impairment which could have been prevented or the extent of which could have been minimised but the parents, the community and the affected people did not know how to handle it.

2. The attitude of the society at large has been that of pity, apathy and even superstition and as a result the deaf have often found themselves in a hostile environment and this has not helped alleviate their problems of integration into the society. In fact, ignorance on the part of the society has led to the hearing impaired being labelled "deaf and dumb" which is very unfortunate as this is not always the case. In some cases, the varying levels of learning of the deaf compared to the other normal persons have led to the erroneous assumption that the deaf are
also mentally retarded.

3. On average, the deaf occupy jobs of much lower ranks than the able bodied persons of the same potential. The deaf also seem to be relegated to jobs that do not fully utilize their potential while it is a fact that they are as intelligent and as capable as every other person. Often the problem is that the employers have a misconception of the ability of the deaf and the possible problems that could hinder their progress.

4. On the other hand, there is general low esteem among the deaf persons due to the lack of proper guidance on what they can do or the lack of understanding of their disability and how the resultant problems can be overcome.

5. Various categories can be identified among the hearing impaired. These are the congenitally deaf whose normal language acquisition and thus whose normal form of communication is not possible. Their perception and understanding of the world around them is limited by lack of language-communication. There also is the adventitiously deaf, who are often born with normal hearing but in whom the sense of hearing becomes non-functional later through accidents or illness.
Among these two groups, there are the rich, the poor, the literate and the illiterate. There are also those with other physical disabilities. While the literate have certain advantages over all the others, the illiterate are of concern to the Government and the society since they cannot be expected to be absorbed into the fast moving stream of economic activities of the rest of Kenya. They therefore cannot be expected to compete at the same level with the literate, and so, while it would be easy for the literate to acquire knowledge through reading and thus be able to resolve problems peculiar to their disability, the illiterate would require a completely different approach in providing information.

6. When the national policies were being formulated in the 1960's, the problem of rehabilitation of the disabled in general was anticipated as evidenced by the already mentioned Sessional Paper No.5 of 1968. The Government was to work in collaboration with non-governmental organizations (NGOs) as well as the community. Emphasis was laid on vocational rehabilitation and a Vocational Rehabilitation Unit was set up. In 1980, President Daniel arap Moi gave fresh impetus to the rehabilitation of the disabled by setting up a National Trust Fund for the
Disabled. Under the auspices of this Trust Fund, over KShs.90 million has been raised to beef up the programmes relating to the disabled. While such efforts are commendable, it is also a fact that the achievement of acceptable levels of welfare for the majority of any people does not depend on increased personal incomes alone but also on other factors including equitable access to basic needs, facilities and services. Top on the list of those facilities and services is relevant information because it is from information that knowledge for innovation is derived. The officers in the rehabilitation centres need information on how to handle the disabled and so do the counsellors and all who are in constant contact with the disabled. Each disability poses its unique problems and these have to be met with specific knowledge. Emphasis has been laid on medical and psychological rehabilitation. Physiotherapy clinics and primary health care programmes have been encouraged through the District Development Programmes. The aim has been to try to prevent disability, restore or develop functional abilities and to generally alleviate the aggravation of impairments. There also are counsellors who try to help the
disabled to accept their disability and its consequences. Although all this is very useful, it is not likely to yield the expected results unless there is collaboration between the community, the parent and the counsellors. To collaborate, all three parties require the relevant information. Clearly lacking in the rehabilitation policies in Kenya is a definite and aggressive information policy aimed at educating the disabled person, the parent, the counsellor, the community and the society. It is the belief of this researcher that an information policy involving even the local leaders in the area of disability would be very useful. Commenting on the availability of hearing aids in a conference held in London in July 1990, it was noted that:

"... part of the problem faced by the 250 million deaf was caused by lack of information on hearing aids availability and procurement procedures".2

(K.I.S.E. BULLETIN, Vol.4 No.4 OCTOBER 1990 Page 19)

Catherine Abilla said in the conference that hearing aids in Kenya were seen as a mark of class, only worn by the rich while others mistook them for radios! Such ignorance can be a great hinderance to the rehabilitation of the deaf. A talk with a rehabilitation officer in September 1990 revealed that most of the counsellors assigned to the deaf
have learnt their work on the job. The officer also revealed that there is no one place a parent, a disabled person or just anyone could walk into and obtain information related to deafness and how to handle it. Obviously, this is a great problem.

7. Social rehabilitation has received little emphasis in the rehabilitation policies. This has made integration into society by the hearing impaired difficult because as a result, the hearing people do not understand the problems that arise due to hearing impairment. Consequently, their attitude has been rather negative thereby creating an atmosphere that is simply not suitable for the hearing impaired to realise their full potential.

8. A lot of funds and effort are likely to waste if the various programs do not compliment each other. The problems will get worse if steps are not taken to formulate an information network aimed at educating all the parties concerned with the Hearing Impaired. For instance, a study done in 1976 by the Kenya Society for Deaf Children (KSDC) revealed that there were 12,014 school age children between 4 and 14 years affected by deafness. Out of those, only 2,156 were in school. Among the reasons given for the poor school attendance
was that there was lack of information for parents on what to do with the children. Obviously, information is a necessity here.

In one academic library, Hearing Impaired student was almost denied service for what was considered "arrogant behaviour". The student had stared back and then seemed to 'ignore' the librarian who was busy explaining one of the library regulations. Since the impairment is not visible, this causes a lot of frustration before and if, a hearing impaired person is recognized as such. Despite the fact that such people are to be expected at all levels of education, information and library services geared towards their rehabilitation have been ignored.

A look at the various studies that have been done shows that no study has been carried out on the availability and organization of information for the Hearing Impaired. Also, no study has been carried out to show the possibility of using information as a rehabilitation tool. Yet, this is likely to be the cheapest and most effective method of rehabilitation particularly in educational settings.

The researcher was therefore curious to find out how, with this general lack of appropriate information, the concerned people can participate in the bibliotherapeutic process. The study sought
to establish what the students in schools for the deaf read and what they would like to read. It also sought to find out the information needs of the teachers in these schools and other rehabilitation centres.

1:3 PURPOSE OF THE STUDY

1. Review of the literature shows that the only study done on the use of information as a rehabilitation tool was on prisoners by Margaret Mathai. Studies done on the hearing impaired by the Kenya Institute of Education (KISE) and the Kenya Society for the Deaf, have been centred on education and vocational rehabilitation. Hence, one purpose of this study will be to determine the nature and extent of bibliotherapeutic activities carried out by the various groups concerned with the deaf if any. The study will also try to determine the information needs of those concerned with the rehabilitation of the deaf.

2. Sometimes the information available is not suitable to the needs of the hearing impaired in the vocational institutions, in schools for the deaf, and those who visit the various rehabilitation centres. The study will therefore explore and determine the type of information they would prefer with a view to establishing their information needs.
3. There are well over 20 primary and secondary schools for the hearing impaired scattered in almost all provinces in Kenya, with children ranging from 4 years to over 20 years. This study will try to find out the kinds of books read by this group besides the set books in their schools. This will be with a view to finding out the type of books available in the schools and/or school libraries and the type of books these children would like to read.

4. I believe that any programme is as good as its administrators. It is also a fact that the deaf require special care and special strategies in the handling of their affairs. The other purpose of this study therefore will be to establish the training background of the people concerned with the implementation of rehabilitation policies. Emphasis will be laid on the training background of the following:

a) The school librarians and/or teachers concerned with the reading skills in the various classes.

b) The rehabilitation officers in the Ministry of Culture and Social Services and the District Development Centres.

c) The librarians and/or teachers in the vocational rehabilitation centres.
This will be with a view to establishing the degree of variance between their training background and the training they should ideally have.

JUSTIFICATION OF THE STUDY

The importance of a comprehensive information policy for the deaf cannot be over-emphasized. They form a group in any society which cannot be ignored without possible nasty repercussions. Helping the deaf is by and large a moral issue but it can also be justified on purely economic grounds.

The central plan of Kenya's economic philosophy as articulated in the various development plans and sessional papers is to achieve economic justice and to satisfy the basic needs of all Kenyans. Rehabilitation of the deaf will serve these ends by putting these people into productive use, improving their level of education and participation in the implementation of government policies. It must be remembered that information forms the backbone of any policy formulation, implementation and success.

It is hoped that this study will go a long way in minimizing the feeling of helplessness that grips the parent, the social worker, the librarian and all who come in contact with the deaf.

It is also expected that this study will open avenues for the deaf persons themselves for
learning ways of coping with their disability and be able to live fuller and more productive lives by discovering the power of information. Indirectly, this will contribute towards national development and more important towards political stability since I believe that the deaf form a constituency that the political body cannot ignore without the risk of destabilising the country.

This study hopes to stimulate interest in research aimed at discovering more ways of rehabilitating the deaf. Here, it is hoped that information on methods of rehabilitation for the deaf will be studied and documented.

1:5 LIMITATIONS OF THE STUDY

In hearing impairment, there is a broad spectrum of disabilities. Impairment embraces varying degrees of deafness ranging from the slightly hard of hearing to the profoundly deaf. There also are those persons who suffer a combination of disabilities like the deaf-blind, the mentally-retarded deaf, the physically disabled deaf and those with more than two disabilities. While as much as possible the study will try to cover as wide a range as possible, it might be difficult to cover all due to time and financial constraints. The study will therefore try to cover the most typical cases in each category.
Also, the deaf are scattered far and wide all over Kenya. It would be a very expensive exercise if I tried to get the views of each individual concerned. For that reason, the sample schedule for the study will be confined to only the schools for the deaf, a vocational training institute for the deaf and rehabilitation officers from the Ministry of Culture and Social Services and assessment centres.

Considering that the reliability of the data is limited to the respondents honesty and willingness, and considering that coverage will be limited, to the areas named, it will be difficult to draw reliable generalizations.

1:6 RESEARCH QUESTIONS

This study will be addressing itself to the following questions:-

1. a) Is bibliotherapy practiced in Kenyan schools for the deaf?
   b) If it is, who practices it and to what extent is it practiced?
   c) If not, what are the reasons for the lack of it?
   d) What are the information needs of the people identified in (b)?
   e) Who else should be practicing bibliotherapy in the areas identified in (a)?
2.  
   a) What are the information needs of the deaf in:
      
      i) Schools for the deaf;
      
      ii) Vocational rehabilitation institutions;
      
      iii) Other rehabilitation centres for the deaf which are run by rehabilitation officers from the Ministry of Culture and Social Services and/or NGOs.
      
   b) What kind of information is available in the above?
   
   c) Does the information available meet the information needs of the deaf?

3.  
   a) What role are the school and institutional librarians and/or teachers playing in providing bibliotherapy?
   
   b) What is their training background i.e. are they qualified to provide this service?
   
   c) Is the training suitable for the role they play or the role they should be playing?
   
   d) What are their information needs?

4.  
   a) Are rehabilitation officers practicing any bibliotherapy?
   
   b) If yes, to what extent?
   
   c) If not, why is this so?
   
   d) What are their information needs?
CHAPTER II

2:0:0 REVIEW OF RELATED LITERATURE

2:1:0 INTRODUCTION

Disability has been in existence for as long as man has lived. Rehabilitation of the disabled is also not a new phenomena in today's world. What may be new are the methods used but which still vary from one society to another and from one country to another depending on the level of the social and economic development of the particular country or society.

Hearing impairment is a universal phenomena and like for other disabilities, one method that has been used to rehabilitate the hearing impaired is bibliotherapy.

Kenya prescribes to the United Nations' Rights of the Disabled Charter which among others recommends that the disabled have the right to social rehabilitation, counselling, and other services which will enable them to develop their capacity and skills to the maximum and hasten the process of their social integration or re-integration into society. In its effort to accord the disabled this right, Kenya has embarked, through the Ministry of Culture and Social Services, an ambitious rehabilitation programme which will be discussed later in this study.
Although it is not a conscious effort, bibliotherapy is to a certain extent practiced.

2:2:0 WHAT IS BIBLIOThERAPY?

In general, bibliotherapy could be said to be supportive or specific treatment using reading materials. Specifically, it is the guidance in the solution of personal problems through directed reading. Webster's Third New International Dictionary defines bibliotherapy as:

"The use of selected reading materials as therapeutic adjuvants in medicine and in psychiatry"

but Dr. Louis H. Tweryffert in his book Bibliotherapy Source book has a fuller definition and says that bibliotherapy is:

"...an aid to treatment which aims at the acquisition, through readings, of fuller and better knowledge of oneself and one's reactions, resulting in a better adjustment to life. It also connotes the relief of suffering by the psychological process induced by reading".

Thus his definition suggests that bibliotherapy is not only useful in the medical and psychiatric sense only but also in the social adjustment of the person involved. Thus from his definition, bibliotherapy has a wide application on human life.

Bibliotherapy was usually used to achieve two objectives; educational and counselling and guidance. In the educative aspect of bibliotherapy, the aim is often to do the following for the disabled:

i) training for a vocation;
ii) acquisition of basic skills;
iii) transmission of accepted cultural values;
iv) development of socially-adjusted persons;
v) provision of opportunity for social mobility;
vi) cure-all for social problems;
vii) provision of entertainment.

In guidance and counselling, bibliotherapy seeks among other things to:
i) develop initiative, responsibility, self direction and self guidance;
ii) help one know himself or herself by recognising and understanding his own problems;
iii) help one adjust to his environment and state in life.

The above definitions preclude the use of bibliotherapy by the illiterate. It is however important to note at this stage that the essence of reading is the acquisition of knowledge and that knowledge can be acquired from many sources like the radio, television, oral sources, etc. Thus it is possible to provide bibliotherapy to an illiterate society!

2:3:0 DO THE HEARING IMPAIRED NEED BIBLIOThERAPY?

To answer the above question, one needs to address himself to the following issues:-
a) Who are the hearing impaired and what causes the impairment?
b) What are the limitations caused by hearing impairment?

c) What role can bibliotherapy play in alleviating the problems thus created by the impairment?

d) What are the limitations experienced in the use of bibliotherapy in general and in the Kenyan situation specifically?

2:3:1 The Deaf and Hard of Hearing and the Limitations Caused by the Impairment

There are no internationally or nationally or even locally accepted definitions of many fundamental terms in the area of the disabled as the definitions keep changing. However, definitions accepted in the United Nations publications, scholarly publications and expert opinions both from Kenya and abroad agree that hearing impairment is a disability in the hearing mechanism and that the disability varies from individual to individual. There however is a consensus that hearing impairment refers to an inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms. The impairment is further classified according to the extent and intensity of the disability and here, three categories of hearing impairment have been identified. They are:
a) **The deaf:** This refers to those who have a loss of hearing which is so severe that the person is impaired in processing linguistic information through hearing or with amplification. Also referred to as the profoundly deaf, this group can therefore not use speech as a means of communication but rather use manual signs or written language.

b) **Hard of Hearing:** This refers to those who have a loss of hearing which may be permanent or fluctuating and which adversely affects a person's communication but which is not severe enough to warrant classification of a person as deaf. In this group, use of speech and thus language acquisition has not been precluded. With proper hearing aids and speech therapy, this group can use language speech in communication.

Another method of classifying those with hearing impairment has been by using the age at which the impairment occurred. In this case the hearing impaired are classified as:-

a) **The Congenitally Deaf:**

These are also referred to as pre-lingual hearing impaired. It refers to those who were born deaf and for whom therefore the perception and understanding of their environment is limited to the other four
senses. Presence of deafness at birth precludes spontaneous acquisition of verbal language through the normal channel of hearing.

b) The Adventitiously Deaf:
This refers to those who were born with normal hearing but in whom the sense of hearing becomes non-functional later, through illness or accidents. This group has the advantage of having acquired language as a means of communication and their understanding and perception of their environment is thus quite similar to those with normal hearing. For them, it is practically impossible to forget the language or not to use it although speech may deteriorate or become incomprehensible. However, speech in its expressive and receptive phases is the main problem. For them therefore, language and not speech is the difficulty since they can lip read. Thus they will not be able to lip-read someone talking in a foreign language.

Hearing impairment can also be classified according to the part of the ear that is affected. Within this, there is:-

a) Conductive Deafness:
This results from the pathology of the ear canal, (external auditory meters or external
acoustic duct) or the middle ear including acicular chains or the eustachian tube.

b) Sensori-neural Deafness:
This also results from the pathology of the cochlea or the neural apparatus which helps in communicating impulses to the brain i.e. the eighth cranial nerve or the central nervous system.

c) Mixed Deafness:
This is a combination of conductive and sensori-neural deafness. This often occurs in acquired deafness.

2:4:0 CAUSES OF HEARING IMPAIRMENT

As already observed, hearing impairment is either acquired after birth or one is born with the disability. Whichever way, the bottom line is that it is caused and some of the most common causes have been identified as diseases, accidents, heredity, injury at birth, maternal rubella, age and loud noises.

In all of these causes, there is a possibility of preventing or limiting the incidence of disability. This however seems to depend on the level of primary health care provided and how comprehensive the information services to this effect is. In the more developed countries like Britain and Canada where health services are quite advanced and are available to most people, there
seems to be a lower incidence of hearing impairment.

Lack of proper information on the possible causes of deafness seems to increase the incidence of impairment due to accidents, disease, noise and head injuries. It is imperative therefore that people get the relevant information. Attitudes towards the deaf also seem to be more positive where ignorance and superstition have been eliminated through proper information.

2:4:1 Limitations Caused by Hearing Impairment

Man's world of perception and conception, of memory, imagination, thought and reason is built upon the information he receives from his senses. Sensory deprivation therefore limits the world of his experience. Lack of one sensation alters the integration and function of all the others and this occurs naturally and unknowingly. When this happens, survival itself may be jeopardized.

The psychological turmoil that an individual who experiences such deprivation may be thrown into might be difficult for the normal person to fathom. Nevertheless, sensory deprivation does impose serious psychological burdens as well as physical limitations.

The greatest problem with a hearing impairment is not the loss of hearing but rather, the barrier to communication that it creates. The lack of or
the limitations in communication affects the individual adversely in several ways:

a) Mental Retardation:
   A study done by Pinter (1980) showed that deaf children were below average in mental capacity and particularly so for children who had been born deaf. The explanation was that diseases causing deafness also affected the brain and caused mental retardation. Both children and adults who have deafness from meningitis and measles sometimes sustain damage to the extent that they are mentally retarded.

   Piaget on the other hand stresses the significance of hearing, vision and symbolism as the foundations of intelligence. He says that non-verbal auditory experience is of importance in mental development. He explains that normal language development is necessary for normal development of psychological processes and learning. The language development of a deaf child will not therefore parallel that of a hearing child. It therefore follows that if the language limitation can be alleviated, more normal development of mental capacities will ensue.

b) Personality Development and Emotional Adjustment

   During the Greco-Roman Empire, physical defects were not tolerated and it was assumed that:
"... in a crippled body there was a crippled soul". (Myklebust, p.115).

Unfortunately, this attitude still exists. Many parents look at the disability of their children as a reflection on their persons. This has led to embarrassment which sometimes is translated into actions like locking up of disabled children and not exposing them to the normal life of children. Man's personality is to a great extent shaped by his environment and the lack of exposure therefore severely limits the development of a person's personality.

A man who has been deaf since birth is often confronted with the problem of acquiring the language of his culture without hearing it. One of the effects this has on personality development is the problem of identity. This affects a person's attitude towards one's family, community, state, nation, the world and mankind. Stemming from the identity problem is a worse problem of isolation. Myklebust and Mowers (1966) emphasize that:

"... when identification is restricted, it is reflected especially in ego development but also in other ways".

Pellet adds that while the person learns to use gesture, he is

"largely non-verbal for a period of a few years. Yet he must identify, he must conform to dress, to feed himself and to maintain adequate emotional relationships with his environment".

When a normal person is isolated, he could become disturbed and hallucinated. He is deprived of a means whereby he can monitor his own feelings and ideas.
Isolation for a deaf person in a family occurs in many ways. For instance, it is extremely difficult to keep the deaf informed of the daily occurrences and circumstances. Explaining such simple happenings as to why the breakfast looks different or why the car cannot start in the morning or even why the deaf child cannot go to school on a seemingly normal morning requires patience and maturity on the part of the family. All this deprives the deaf person of the total experience which forms the basis for feelings, attitudes and personality per se.

The psychology of the adjustment on the other hand relates with life adjustment education by providing its fundamental theoretical underpinnings. Adjustment is conceived as a vague state of well being and happiness. As the individual reacts with his changing cultural milieu, he must constantly seek a balance between internal demands, like needs, motives and drives and the fluctuating demands of environment like socialization, developmental tasks, patterning, etc.

Thus adjustment too focuses upon the process of adaptive reactions which have certain elements of consistency that lead to stability of behaviour. Adjustment also emphasizes the conformity of behaviour to societal expectations. It thus involves the compromise between an individual drive for self-realization and the conforming demands of society,
without subordinating the unique aspects of individuality, to the point where over-conformity becomes an escape from adjustment.

Thus, the basic care of adjustment constitutes:

a) a unifying outlook on life;
b) a realistic self perception;
c) emotional maturity;
d) social sensitivity;
e) a dynamic equilibrium.

The psychology of mental health and the psychology of adjustment form the broadbase upon which bibliotherapeutic theory and practice is based.

c) Social Maturity:

This could be said to be a measure of the effectiveness of an individual's interaction with society, a measure of the extent to which he attains the specific social competences expected from the society in which he lives. Social maturity also refers to the attainment of independence and assumes progression towards a fully developed organism. In a nutshell, social maturity includes physical, emotional and mental adulthood which makes one competent socially.

Deafness from early childhood increases dependency, as has been confirmed by researchers and educators, all of who recognize that this sensory deprivation is of considerable consequence in the total behaviour of the individual.
Although interdependence is a phenomena of modern life, too much dependence on the other hand can be detrimental to the development of the individual. As much as possible therefore, independence should be encouraged. In the case of the Hearing Impaired, probably the first step towards alleviating the problem of dependence and thus raising the level of maturity would be achieved by recognizing that other basic factors that influence them like the perceptual process, altered memory and disturbed ego are involved. If these factors can be overcome, then the level of social maturity can be enhanced.

It is also important to acknowledge that it is in the social sphere that the hearing impaired have had the most problems.

As a result of their handicap, certain social norms which are obvious are not understood by them. For example, noisy munching of food will cause embarrassment in a hearing person due to auditory feedback and thus initiate corrective measures. For the deaf, the feedback is not there.

**d) Effects of Hearing Loss on Language Acquisition:**

To summarise the effects that deafness has on the language acquisition, Furth (1973) observes that

"When the hearing system functions perfectly, the acquisition of language is so normal and spontaneous that the individual variations in aptitudes or personality do not seem to contribute to measurable differences in linguistic
knowledge. Whether the child is bright or dull, quick or slow, forward or shy, language is acquired in a short period. But when hearing is impaired, such factors could cause a difference in the way the residual hearing capacity is used". (Furth, 1973, p.9).

Thus without hearing, a knowledge of a language or speech is impossible.

The age or stage of the onset of the impairment also determines the language acquisition. If hearing loss occurs after a person has acquired a language, the knowledge of a person's first language is not substantially affected. Such a person can communicate using the acquired language although speech deteriorates due to the lack of feedback mechanism. In fact such people are capable of lip-reading but only if talked to in the language he knows. For such a person therefore, acquisition of a second or foreign language becomes a difficult process. This kind of hearing loss is referred to as post-lingual hearing loss. When on the other hand the hearing loss occurs before any language has been acquired, the knowledge of any language becomes a severe problem. To such people, even lip-reading is an impossibility. This is referred to as pre-lingual hearing loss.

It should however be noted that hearing loss is not the only cause for lack of speech. There are some speech-impaired persons (sometimes from birth) who have no impairment whatever in their hearing or their knowledge of the language. This often occurs as a
result of brain damage. A normal hearing person controls his speech by auditory feedback. The auditory feedback to the brain will initiate corrective action and control of speech. For example, if one starts to speak too loudly or too softly, munch food too noisily or drag their feet while walking or even make some noise that may be inappropriate in a given situation, the auditory feedback will initiate corrective action so that he either lowers his voice or starts walking properly. Auditory feedback is also necessary in learning to talk and hence the great difficulty in learning to speak for those who have hearing loss. The major problem therefore facing the deaf or hard of hearing is not so much that of the impairment but that of communicating with the hearing world. This problem is manifested in the experience of isolation which is the depression he feels due to his limitation in communicating with the hearing world.

As a solution to this problem, Sarkodee suggests that

"The major means through which the deaf and hard-hearing can develop their capability and participate in activities in the community is through guided and well-planned education and training". Sarkodee, J.19 p.156.

Guided and well-planned use of information is the basis of bibliotherapy. It therefore may be possible to utilize the bibliotherapeutic technique to alleviate the problems encountered by the deaf as a result of limited communication capabilities.
THE ROLE OF BIBLIOTHERAPY IN REHABILITATING THE
HEARING IMPAIRED

Over the door to the library of Thebes was an inscription:

"The Healing Place of the Soul" (Zaccharia, J.S., 1968).

The Greeks and Romans in the Middle ages recognized that books have latent therapeutic purposes and hence the inscription.

As already stated, Bibliotherapy is the relief of suffering by the psychological processes induced by reading. It may be viewed either as an adjunct to other major techniques or as a major technique in itself. Twyeffort observes that:

"Bibliotherapy can be supplementary ... it can be complimentary ... or it can be an integral aspect of reading and guidance."

It is often referred to as educational therapy, preventive bibliotherapy, reading therapy, book therapy, reader guidance or even reading guidance. Whichever the name it is referred by, there seems to be a consensus on the fact that books do have a therapeutic effect on the reader.

Twyeffort regards the development of insight as the crucial factor in any successful therapy. He feels that individualized prescription of reading material may prove valuable as an adjunct to treatment in helping the patient to achieve insight which involves an emotional as well as intellectual appreciation of
the causes of illness and may often include a need for emotional growth away from infantile reactions.

Bibliotherapy may assist towards better understanding of the manifold function of personality, especially the role of the emotions, the nature of complexes and their role in emotional conflicts. Twyeffort observes that:

"reading helps a patient to verbalize and externalize his problem" (Twyeffort 1968 p.9).

Reading may also assist in formulating the underlying difficulties if the individual concerned has the opportunity of viewing these same problems objectively as they occur in other individual lives.

The handicapped are often lonely. They can easily become depressed, discouraged, tired and apathetic due to difficulties associated with their handicap. Bibliotherapy may therefore help dispel this sense of isolation. This is because a measure of reassurance will come as the patient becomes desensitized and his convictions of the uniqueness of his particular experience. In particular, when his difficulties spring from his personal liabilities, considerable help may result from being able to see how other persons have found and tackled apparent failure with success.

Bibliotherapy can thus play a positive role in the following area among others:
This relates to bibliotherapy because it is within a mental health frame of reference that teachers and counsellors can use books for the therapeutic purposes. This could be from a personal or social perspective.

From a personal perspective, mental health refers to positive psychological characteristics of the individual such as:

- pursuing reasonable and purposeful objectives;
- making fruitful use of talents and abilities;
- having a sense of self respect and self reliance;
- knowing that one is liked, loved and wanted;
- feeling that one belongs and is respected;
- learning to accept, respect and love others;
- distinguishing between feeling and fact;
- acting realistically and rationally;
- tolerating tension;
- postponing gratification when necessary;
- substituting more socially acceptable gratifications for those which are less socially acceptable;
- achieving self realization in an accepted role.

From a social perspective, mental health will include such qualities as:

- being happy and productive;
- making a useful contribution to fellow human beings;
- contributing to the society.
In terms of preventive function, bibliotherapy can help to foster adequate positive mental health while in terms of remediation function, it can provide the practitioners (be they teachers, doctors, counsellors, etc.) with a useful diagnostic and therapeutic strategy.

b) Bibliotherapy in the Educational Setting:

This involves the non-instructional use of material. Twyeffort observes that with the use of such material the teacher can expect to achieve in his students the developmental value which comes from a slow and steady growth into a deepened self.

Children read books because they are interesting or exciting rather than for their potential therapy. Therapy may however come from a clear understanding of their personal problems as a by-product of reading.

Bibliotherapy in the classroom can be applied to areas such as:

- poor relations;
- family relations;
- repeated failures;
- physical problems;
- principles of conduct, etc.

One way of guidance can be given through suggestions for recreational reading in which the child may receive therapy through identification with a character in a book.
A study done by Gottschalk (1968) revealed that besides the educational role, bibliotherapy can also play the following roles:

- It may help one understand better his own psychological and physical reactions to frustrations and conflict;

- It may also help stimulate the individual to talk about problems which he ordinarily finds difficult to discuss freely because of fear, shame or guilt;

- Also, if through books chosen the individual discovers his own problems in the vicissitudes of others, his feeling of being different from others may be dispelled;

- If an individual learns that others have successfully tackled problems similar to his, his self esteem may be buoyed and his eagerness stimulated to seek an adjustment that will lessen his conflicts;

- Bibliotherapy also stimulates an individual to think constructively between discussions and to analyze and synthesize further his attitudes and behaviour patterns.

- Bibliotherapy may reinforce, by precept and example, acceptable social and cultural patterns and inhibit unacceptable patterns of behaviour;

- It may also stimulate the imagination, afford vicarious satisfaction or enlarge the individuals
spheres of interests;
- It may also show the reader that he is not the first to encounter the problem he is facing;
- Finally, through bibliotherapy, an individual may be shown that more than one solution to his problem is possible and that some choice may be made in the way it is handled.

Thus, the parent, the family, the social worker, and the teacher, have the opportunity to change the lives of the Hearing Impaired that they are constantly in contact with by providing the right information. But they first need to know what to do and how to do it. Information on handicap such as is caused by hearing impairment could go a long way in alleviating this problem. Even more important is the fact that such information would be even more useful if it is availed to the hearing impaired person himself. This is because he is the one who has to come to terms with the handicap, handle his feelings and find his place in the society.

Any information that will help the deaf feel better, comfort him, get his mind off his worries and get him back into the mainstream of life in his environment can be said to have therapeutic values and thus qualifies to be called bibliotherapy. Any person who brings such information and 'patient' together is practicing bibliotherapy whether he realizes it or not.
2:5:2 Definitions of Terms

The definitions given here will mean the same throughout the study unless otherwise defined.

1. Bibliotherapy

The use of selected reading materials as therapeutic adjuncts in medicine. Guidance in the solution of personal problems through directed reading.

2. Clientele

Patrons or users. The person(s) served by a library.

3. Deaf

Lacking or deprived of the sense of hearing either or wholly or in part. Having a sense of hearing that is inadequate for the purpose of daily living.

4. Disability

Deprivation or lack especially of physical, intellectual or emotional capacity or fitness.

5. Handicapped

Having a disadvantage that makes achievement unusually difficult. A physical disability that limits the capacity to work.

6. Information

The communication or reception of knowledge or intelligence.
7. **Librarian**
A specialist in the case or management of a library.

8. **Library**
A collection of books, manuscripts or any other literary material kept for study or reading.

9. **Rehabilitation**
The physical restoration of a sick or disabled person through therapeutic measures and re-education to participation in the activities of a normal life within the limitations of his own disability.

10. **Baraza**
Communal meetings organised at various local levels by the local authority.

11. **Matatu**
A mode of local transportation using vehicles varying from saloon cars to mini-buses which are often privately owned.

2:6:0 **BIBLIOThERAPY IN KENYA**

In Kenya, bibliotherapy can only be in the context of the other services offered to the disabled since a perusal of available literature indicates that there is neither a conscious effort nor a definite policy on the practice of bibliotherapy. However, Kenya's planning has always aimed at raising the standard of living for all segments of the population through the development of a more balanced and efficient economy,
use of natural resources and the provision of competent manpower through the educational, technical training and the improvement of the health and literacy of the population.

The result of this effort has been both substantial growth and improvement in the national economy and the condition of the people and also the evolution of a capacity to control our development and rely on the talents of the people in the use of our resources.

Education continues to receive a high priority with emphasis towards a more functional system serving the needs of the population and for technical, professional and general high education.

The government is concentrating its greatest efforts on the broad problems of human development, and on the improvement of the human conditions of life of the people, regardless of their limitations on handicaps.

Services to the handicapped are not provided as extraneous charity but as a part and parcel of the efforts to improve the human conditions for all. Measures taken in Kenya in the prevention of blindness, deafness, crippledness, etc. are precisely the same measures that have been taken to improve the chances of survival and the quality of life for all children.

Services for the disabled are aimed at early intervention and stimulation, education, training and
rehabilitation of handicapped people so that they can be self reliant and live as close as possible to normal life.

The current services to the disabled are offered in a multi-disciplinary approach through the government, non-governmental organizations and interested individuals. Services are also initiated by various church bodies, service clubs and charitable organizations.

Services are offered through the Ministries of Health, Education and Culture and Social Services.

The Ministry of Education emphasizes on special education which is a broad term referring to all efforts that might be made to reduce the burden of mental and physical handicap so as to promote the fullest development of those who have disabilities of body or mind.

The Ministry of Culture and Social Services on the other hand concentrates on rehabilitation through various methods - including vocational training for salaried and self employment, sports and providing grants through the Kenya National Council of Social Services.

There does not seem to be any bibliotherapy for the deaf in Kenya. As already observed, about 90 percent of the Kenyan population lives in the rural areas where certain basic facilities like health and information infrastructure are either lacking or
inadequate. Kenya too has a literacy rate that is below 70 per cent and this means that bibliotherapeutic techniques or modes of communication used in the developed world cannot be effectively used here. Also, the cultural differences in the country have caused variations in the degree of acceptance of modern facilities like medicine. Superstitions and traditional ways of treating the deaf in the various communities would have to be addressed if any bibliotherapy will be practiced in Kenya.

Probably, the most serious problem hindering the introduction of such a service as bibliotherapy is that many handicapped children and adults do not benefit from most of services at all. Problems relating to them are not addressed to. Part of the problem seems to be that high-cost technologies and institutions serving a relatively small proportion of the deaf have been relied on both in and outside Kenya, whereas, in addition, a complementary but relatively low-cost approach is needed to reach a much larger proportion of the deaf in this country. Such an approach centres on the education of the public. In general, the local communities, the families, prospective parents, fathers and mothers, since the earliest years of life have the greatest impact on any child’s development early informal education in the homes is vital. This approach could be referred to as public education as it is the various families
who form the public. Such an approach would centre on basic problems and issues like prevention of deafness, identification of suspected deaf children, referral of such children to the appropriate services, acquisition of what other services are available etc. I believe in this manner of integration of the deaf into society and the reduction of human wastage of the deaf, which is the basic aim of bibliotherapy can be facilitated.

Considering that Kenyans by and large are an oral community, the use of "barazas" would be quite effective. For the literate population, radio, posters and leaflets conveying easily understood, fundamental information might be quite useful at the local level.

Disability in Kenya is closely related to the socio-economic status of the individuals. The low income groups in the rural areas and the slums in the urban centres seem to be more afflicted by disability on average. This is linked to poor nutrition, not so much as a result of lack of money but due to ignorance on the nutritional values of food. For instance, women in the rural areas have been known to sell eggs and milk in their homes and buy coca cola or cakes which due to aggressive advertising has been accepted as a sign of high social status.

The National Committee on Educational Objectives and Policies had this to say in connection with disability and special education:
"The basic and most urgent problem in special education lies more with the community than with the disabled and disadvantaged children. Parents and community must be able to detect the presence of the various forms of handicap and then do something about it." (1981, p.73).

On the causes of disability in Kenya, the same committee had this to say:

"There are thousands of children whose handicap of blindness, crippledness, deafness and mental retardation could have been avoided by following simple health rules, hygienic practices, the provision of an adequate and balanced diet and immediate recourse to medical services at the onset of disease or other malconditions". (1981, p.71).

Thus bibliotherapy in Kenya would have to start at a very basic level. The level of understanding what deafness is all about and how it can set in as well as prevented.
CHAPTER III

METHODOLOGY

THE STUDY

The aim of the study was to investigate the extent, if any, to which bibliotherapy as a technique for the rehabilitation of the hearing impaired is used in schools for the deaf and for the hearing impaired persons outside the school context. In this connection, the following aspects were examined.

1. Availability and use of bibliotherapeutic material.

2. Training and information needs of the teachers in the schools and the rehabilitation officers.

3. The information needs of the hearing impaired students in the schools for the deaf.

Availability and Use of Bibliotherapeutic Material

It was necessary to examine this factor since the availability of the reading material and other sources of information is a prerequisite to any practice of bibliotherapy. An examination of this factor revealed the kind of information that is available to the students as well as the teachers and rehabilitation. The suitability of the material was also examined. Information carriers came in many formats so they were also examined. In establishing the availability and appropriateness of this material the researcher hoped that gaps, if any would become
apparent. Therefore recommendations were made on the course of action to be taken to ensure that the correct material becomes available. An analysis of the use of this material determined who administered bibliotherapy and whether this was correctly done.

3:1:2 Training and Information Needs of the Teachers and Rehabilitation Officers

The examination of the training background of the teachers and the rehabilitation officers was done on the precept that any project is as good as the people practicing it. By examining the data, the researcher found out whether these people were properly trained and whether there were gaps in their training. From the findings, the researcher then made recommendations on the areas which required attention during training.

As already said, bibliotherapy is a special technique which uses information to rehabilitate the sick or the disabled. The study therefore looked at the kind of information availed to the teachers. The analysis of the data available revealed areas in which the teachers and rehabilitation officers most required information. Again, data yielded here enabled the researcher to draw conclusions on the format in which the information should be availed to them.
The Information Needs of the Students in Schools for the Deaf

An examination of the material available to the students more or less formed the pivot of this study. The researcher found out whether the students had any reading material at all besides what is prescribed in the school curriculum. The researcher was particularly interested in the type of the reading material, its appropriateness, whether or not it was enough and whether it could be used for bibliotherapy. The researcher also tried to find out the degree of variance between what the students read and what they actually read. The analysis of the data ascertained that the students had need for extra material. The researcher also established from the findings that the material needed by the students was inappropriate for the practice of bibliotherapy.

THE SAMPLE

The researcher studied the following categories of respondents:

a) 35 teachers from four schools for the deaf.

b) 80 students drawn from the four schools for the deaf.

c) 9 of rehabilitation officers drawn from 2 assessment centres and the Ministry of Culture and Social Services.
The choice of the categories was guided by the kind of service each offered or received. Thus a total of 124 respondents were studied.

3:2:1 The Sampling Technique

The stratified random sampling technique was used. In each school, a sample was drawn from all students in classes 6, 7 and 8. (These classes were identified as the only ones who had reading skills to be able to answer questions on a questionnaire). From those chosen, the researcher pointed at each student in no particular order until 20 students had been selected. For the teachers and the rehabilitation officers, the sample was chosen on the basis of whoever was available and willing to respond to the questionnaire.

3:3:0 THE INSTRUMENTS

3:3:1 The Questionnaire

The researcher designed three questionnaires for the following categories:

i) The teachers in schools for the hearing impaired;

ii) For students in schools for the hearing impaired;

iii) The rehabilitation officers.

The questionnaires included open-ended questions. The questionnaire was considered to have definite advantages over the structured interview or even the observation method. As the researcher went to each school in person and administered the questionnaires, a covering letter was not necessary.
3:3:2 Unstructured Interview

The researcher had several informal chats with the administration in the schools as well as with the officers. The chats were primarily with the headmasters although in one school, the researcher had the occasion to meet all the teachers with whom she chatted over a cup of tea. This chat proved invaluable to her because she was able to get insight into such things as the teachers attitudes towards the hearing impaired and what it means to teach in such a school. The chats with the headmasters were however the most useful because things like the history of the school, administrative problems, duration of the courses, recruitment of students and staff were established.

3:4:0 METHOD OF ADMINISTERING THE QUESTIONNAIRES

The questionnaires for the teachers and rehabilitation officers were handed out in person by the researcher. The researcher then explained the purpose of the study and stressed that besides being a requirement for the degree being studied, the researcher hoped to generate information that would create an awareness of the problems encountered by the hearing impaired, their teachers and the rehabilitation officers in the process of rehabilitation. The researcher also stressed the need to sensitize the public as well as the planners and all concerned on the need to provide the necessary
information suitable for the wholistic rehabilitation of the hearing impaired. The respondents would then be left to fill in the questionnaire while the researcher looked around the school or did something else. The questionnaire would then be collected. Where the respondent did not have time to fill it in, the questionnaire was collected on an agreed different day.

For the students, they were assembled into one room where they would go through the questionnaire in the presence of the researcher who would then answer questions about the questionnaire as they arose. In one school, the researcher had to use an interpreter who used a sign language to communicate with the students.

DATA COLLECTION AND STORAGE

The questionnaires were collected once they had been filled in. The responses were tallied and inserted in pre-prepared frequency tables. Two assistants helped in this respect: Miss Claire Namu of Kianda School and Miss Christine Namu of Loreto Convent Msongari School.
CHAPTER IV

4:0:0 PREAMBLE

This study was designed to investigate the practice of Bibliotherapy in schools for the Hearing Impaired and to analyse the information needs of students, teachers and rehabilitation officers in various institutions for the Hearing Impaired. This was with a view to finding out whether any Bibliotherapy takes place and the possibilities of either improving the service or starting it in the various institutions.

The factors investigated to establish the practice of bibliotherapy and the information needs were:

1) Availability and use of bibliotherapeutic material;
2) Training and information needs of the teachers and rehabilitation officers;
2) The information needs of the hearing impaired in schools for the hearing impaired.

Several items were used to probe each of the above factors. 33 questions were put to the students to elicit responses in connection with the availability of reading material, its suitability and their needs. 60 questions were answered by teachers so as to elicit responses on their training background, its appropriateness, their practice of bibliotherapy and their information needs. Rehabilitation officers
answered 36 questions. These were to elicit responses as to their training, practice of bibliotherapy and their information needs.

4:1:0 AVAILABILITY AND USE OF BIBLIOThERAPEUTIC MATERIAL

4:1:1 Storage and Availability

The students and the teachers were asked to indicate by answering several questions whether there are adequate and appropriate books in their schools. Hence, 98 percent of the teachers indicated that the stock of books available in the schools were inadequate, and that 93 percent of the available stock was related to the subjects taught in the schools. The respondents indicated that the books were stored in such a way that access by both the students and teachers were curtailed. Results for this item are summarised in Table I.

TABLE I

STORAGE OF READING/LIBRARY MATERIAL

<table>
<thead>
<tr>
<th>PLACE OF STORAGE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Room/Library</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In a cupboard</td>
<td>22</td>
<td>63</td>
</tr>
<tr>
<td>Office</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Store</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>Nowhere in particular</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

On whether the methods of storage cited above are appropriate, 78 percent of them responded that
it was not satisfactory while 22 percent felt that the method of storage was satisfactory.

Asked to suggest alternative methods of storage, 31.4 percent indicated that the books should be kept in a special room or a library while 34.2 percent felt that since there is room available, all that should be done is to purchase the books and turn the available room into some sort of a library. 17.1 percent felt that all books in the schools should be put in one room so as to make them accessible to all the teachers and students. Another 5.7 percent felt that new books should be bought and kept in the classrooms to serve as library books. Only 11.4 percent indicated that construction of a library building was necessary.

**4:3:0 SELECTION OF THE STOCK**

On the selection of books, 43 percent of the respondents indicated that books are mainly selected by the schools authorities while 34 percent indicated that the selection was done by the donor organizations.

The majority (86 percent) indicated that books and other reading material are selected on the basis of what is needed by the teachers or students, or according to what was thought important. A talk with the teachers revealed that in fact, the demand is for text books, and even then, only those books that are available for the school curriculum.

96 percent of the respondents felt that it is only teachers who suggest the particular titles to
be taught. Of these, 83 percent responded that this practice is unsatisfactory and that someone else should be involved in both the selection and suggesting of what is to be acquired. Table II shows a summary of the responses on who else should be involved in the exercise.

TABLE II

CATEGORIES OF WHO SHOULD SELECT BOOKS

<table>
<thead>
<tr>
<th>CATEGORY OF BOOK SELECTORS</th>
<th>NUMBER OF RESPONSES</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Class Teachers</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Subject Teachers</td>
<td>16</td>
<td>46</td>
</tr>
<tr>
<td>Counsellors</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Librarian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The respondents felt that the subject teacher and the class teacher should select the books because they not only know the books that are best for their classes and their level of understanding, but they are also conversant with the difficulties of each child and can therefore recommend the appropriate books.

4:4:0 TEACHER/LIBRARIAN RELATIONSHIP : USE

Asked how the students get to know of the new books, 61 percent responded that the students did not see the books before they were brought to class, while 21 percent indicated that students discover the books
on their own. Thus methods like book display or current awareness services do not exist in the schools.

Also, 49 percent of the respondents indicated that they discuss books with the individual students while 51 percent indicated that they did not. 100 percent of the former indicated that they only discussed the books in class during the reading lesson and that no discussion at all took place outside the classroom.

Asked for reasons as to why there was no discussion between teachers and students, the responses were as shown in Table III.

### TABLE III

**REASONS GIVEN FOR NOT DISCUSSING BOOKS**

<table>
<thead>
<tr>
<th>REASONS</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 There is no time to discuss</td>
<td>3</td>
<td>8.4</td>
</tr>
<tr>
<td>2 It is not necessary</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3 It is too much work/it's a burden</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>4 There are no books to discuss</td>
<td>23</td>
<td>66.8</td>
</tr>
<tr>
<td>5 Students do not understand them anyway</td>
<td>3</td>
<td>84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Asked whether there were books for particular student problems, 73 percent responded that there weren't any while 27 percent indicated that there were some but very few.
100 percent of all the respondents felt that these books are necessary.

Some of the reasons given by some of the respondents for the need of books geared to the special needs of each hearing impaired student included:

a) Students have different abilities and should therefore be catered for accordingly;

b) The books will help the teachers learn more about each student special problems;

c) The books will help the students understand themselves better;

d) Students will be encouraged to resolve some of their problems;

e) Each student will be able to read at his own pace.

4:5:0 THE ROLE OF THE TEACHER IN BIBLIOTHERAPY

Of all the respondents (teachers) 94.2 percent indicated a willingness to help in rehabilitation of the students. While only 5.8 percent indicated that they did not wish to be involved in the rehabilitation process.

Asked of the methods they would use, the respondents listed the following as shown in Table IV.
### TABLE IV

**SUGGESTED METHODS OF REHABILITATION**

<table>
<thead>
<tr>
<th>METHODS SUGGESTED</th>
<th>NUMBER OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Integration with learning children</td>
<td>25</td>
<td>71</td>
</tr>
<tr>
<td>2 Counselling</td>
<td>18</td>
<td>52</td>
</tr>
<tr>
<td>3 Use of TV and films</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td>4 Encourage them read books of things they can do</td>
<td>20</td>
<td>57</td>
</tr>
<tr>
<td>5 Give talks through an interpreter</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>6 Read books about other successful hearing impaired people</td>
<td>17</td>
<td>48</td>
</tr>
</tbody>
</table>

Asked why they would wish to be involved in the rehabilitative process, the respondents cited the following reasons:

a) So as to help them be self-sufficient;

b) Encourage them be good members of the society;

c) Help them realize their full potential;

d) Help them learn how to read and enjoy books.

Those who indicated that they did not wish to be involved in the rehabilitation process felt that they had neither the time nor the proper training for indepth involvement in rehabilitation.

### 4:7:0 THE ROLE PLAYED BY BOOKS/INFORMATION IN REHABILITATION

Asked what role they thought could be played by books towards the rehabilitation of the hearing
impaired, the respondents listed the following:

a) The students will want to emulate the characters they read about;

b) Books will help students discover skills they can apply to their own situation;

c) The students will become aware of what is happening around them;

d) Books will show them ways of solving social problems;

e) The students will get to know what other hearing impaired in other places are doing;

f) They will discover how their hearing peers behave and what they think about issues;

g) Books will broaden the students' view of the world and give them new ideas.
TABLE V

THE ROLE PLAYED BY BOOKS/INFORMATION

<table>
<thead>
<tr>
<th>THE ROLE PLAYED (POSSIBLE)</th>
<th>NUMBER OF TIMES CITED OUT OF 80</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help emulate hearing impaired characters</td>
<td>51</td>
<td>63.75</td>
</tr>
<tr>
<td>Help discover new skills</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Awareness of the world around</td>
<td>46</td>
<td>57.5</td>
</tr>
<tr>
<td>Help solve social problems</td>
<td>53</td>
<td>66.25</td>
</tr>
<tr>
<td>Know about other hearing impaired people</td>
<td>62</td>
<td>77.5</td>
</tr>
<tr>
<td>Self realization</td>
<td>59</td>
<td>73.75</td>
</tr>
<tr>
<td>Broaden mind</td>
<td>70</td>
<td>85.7</td>
</tr>
</tbody>
</table>

4:8:0 THE STUDENTS INFORMATION NEEDS

4:8:1 Availability and Use of Reading Material

Of the students interviewed, 65 percent indicated that they liked reading very much while 35 percent said that they liked reading but to a lesser degree. Thus in total, 100 percent of the respondents indicated that they liked reading.

Asked whether they had a library lesson, all indicated that there was a reading lesson but not a library lesson per se. So any reading is done in the classroom. On accessibility of the reading material, all indicated that the books were either stored in a cupboard or in a stationery store and thus were not available to them.
62.5 percent of the respondents indicated that they had favourite books while 37.5 percent indicated that they did not.

Table VI below summarises the reasons given by the students for not liking any books.

**TABLE VI**

**REASONS FOR NOT LIKING ANY BOOKS**

<table>
<thead>
<tr>
<th>REASONS</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) They are all boring</td>
<td>13</td>
<td>16.4</td>
</tr>
<tr>
<td>b) They are too old</td>
<td>15</td>
<td>18.7</td>
</tr>
<tr>
<td>c) The books are not interesting</td>
<td>25</td>
<td>31.2</td>
</tr>
<tr>
<td>d) I just don't like them</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>e) They are too few</td>
<td>7</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Of interest here is the fact that a total of 27.4 percent attributed their not liking the books to the fact that the books are either too old or too few.

4:8:2 The Students Information Needs

Asked to name the most interesting books they have ever read, the respondents listed various Hare stories and some stories they had read from their English language books. Of interest however is the fact that 51 indicated that they had liked hare stories which would suggest a greater interest in fables.

On whether there are books that they would like to read which are not in the library or available in the schools, 82 percent indicated that there were books
books or stories were read.

As asked whether they had seen or read some of the story books which have been said to be useful to young people with hearing impairment on any disability, 97 percent said that they had never seen or read any of them. 70 percent of the respondents however indicated that they watch films in schools. On the selection of the films, the respondents indicated that selection was done by either the teachers or the Headmaster but never by them. In fact 6.25 percent indicated they did not even know who selected the films.

As asked whether there were some films they had seen which they had enjoyed watching, 51 percent indicated that there were. But on being asked to give titles of some of the films, they could only come up with the themes. Some of the themes mentioned were karate (Thrillers), war and funny films.

As asked what kind of films they would like to see, the students responded thus:

**TABLE VIII**

**KINDS OF FILMS LIKED : BY STUDENTS**

<table>
<thead>
<tr>
<th>TYPE OF FILM</th>
<th>NUMBER OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funny (comedy)</td>
<td>42</td>
<td>52.5</td>
</tr>
<tr>
<td>Romance</td>
<td>30</td>
<td>37.5</td>
</tr>
<tr>
<td>War</td>
<td>51</td>
<td>63.75</td>
</tr>
<tr>
<td>Action</td>
<td>60</td>
<td>75.00</td>
</tr>
<tr>
<td>Religious</td>
<td>22</td>
<td>27.5</td>
</tr>
</tbody>
</table>
From a discussion, it was clear that the films were shown either in the school dining hall or the school hall.

4:8:3 Problems Encountered by Hearing Impaired students

On being asked to mention some of the names faced by students at school, the students responded as is summarised in Table IX.

**TABLE IX**

**PROBLEMS FACED BY HEARING IMPAIRED STUDENTS AT SCHOOL**

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with each other</td>
<td>30</td>
<td>37.5</td>
</tr>
<tr>
<td>Communication with some teachers</td>
<td>51</td>
<td>63.5</td>
</tr>
<tr>
<td>Not knowing what is happening around us</td>
<td>43</td>
<td>53.75</td>
</tr>
<tr>
<td>Following some lessons</td>
<td>59</td>
<td>66.25</td>
</tr>
<tr>
<td>Understanding Kiswahili</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>Feeling isolated/lonely</td>
<td>68</td>
<td>85</td>
</tr>
<tr>
<td>Following instructions</td>
<td>41</td>
<td>51</td>
</tr>
</tbody>
</table>

On the greatest problems faced at home or elsewhere, the students listed the following:-

1) Asking for directions particularly in a new place;

2) Some grown ups have had no education, they are poor and have many children. Many keep hoping they will get a child who hears while others cannot communicate with the family planning staff.
3) In public places, normal people sometimes don’t want to talk to us because they are embarrassed, so, we hide our identity.

4) Many people think that all hearing impaired are poor or beggars, so some people don’t even want to sell food to us in case we don’t pay.

5) Walking at night is risky since we can neither see nor hear and so we can’t detect any impending danger.

6) When a grown up deaf person wants to marry, we find it difficult to court hearing people since they don’t understand our language, so we end up marrying deaf people like us. Sometimes deaf people get deaf children.

7) Some of our relatives think we are a curse and some even try to poison us and wish we could die.

8) Travelling by public transport is really difficult. The ‘matatu’ drivers don’t understand us. Some of them think we are made and throw us out of the vehicle. Others pass our destination since they don’t understand we are saying.

9) Communicating with my parents is difficult and sometimes embarrassing. If I want them to buy me something, I have to see a similar thing and point at it. If it is a very personal item like sanitary towels, or panties, we find it very difficult to point at our old ones.
10) It is a big struggle being understood at the market place. Sometimes we are cheated of our change by some people because they know that even if we complain, no one will understand us.

11) I feel I am a big bother to my parents since they have to struggle to explain anything to me.

12) Most of us don't get good jobs or any jobs at all, even after going through school, because some people think that we are also mentally retarded.

13) At home, we can't be left alone because we can neither hear the thieves coming nor our parents knocking.

14) Drivers hoot and expect us to respond. Some of us have been knocked down by vehicles or even killed as a result.

15) Some of us have been roughened up by the staff at police stations because we don't stop when the whistle for lowering the national flag is blown and we are expected to stand at attention. We just continue walking.

Asked who they felt could help them, the respondents answered as indicated in Table X.
TABLE X

CATEGORIES OF PEOPLE WHO CAN HELP STUDENTS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>RESPONSES</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>22</td>
<td>27.5</td>
</tr>
<tr>
<td>Teachers</td>
<td>39</td>
<td>48.75</td>
</tr>
<tr>
<td>Parents</td>
<td>19</td>
<td>23.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4:9:0 TRAINING AND INFORMATION NEEDS OF TEACHERS AND REHABILITATION OFFICERS

4:9:1 Rehabilitation Officers - Training

As asked how long they had worked at their present position, it was found that among the teachers, most had taught between 2 to 21 years while the rehabilitation officers had worked for 2 to 14 years.

On average, the rehabilitation officers interviewed had been involved in rehabilitation work for 6 years although the actual years ranged from 2 to 14.

Out of the 9 Rehabilitation Officers interviewed, 3 had received formal training on the rehabilitation of the disabled in general while the other 6 had learnt it on the job.

100 percent of all respondents indicated that they had attended in-service courses. However, only 31 percent of these had attended seminars or conferences related to the Hearing Impaired in the last 3 years. Some of the themes of the seminars attended were:
Bibliotherapy Practice by Rehabilitation Officers

Asked whether on their day to day work they ever come in contact with Hearing Impaired persons, 30 percent indicated that they did.

Asked how else they communicate with the Hearing Impaired beside meeting them, the respondents indicated that they communicate through other officers in the field, send correspondence. For educational purposes, the respondents indicated that they also circulated posters and charts, particularly about the Hearing Aids.

Asked whether they have a record of the Hearing Impaired persons in their jurisdiction, 72 percent indicated that they did while 85 percent of these indicated that the record was not comprehensive. Asked why this was so, the respondents listed the following reasons:

a) Hearing impaired persons don't always contact the officers on their own.

b) Parents don't seem to want to take their children for assessment voluntarily.

c) The records from the assessment centres don't always come to us immediately the disability is diagnosed.
Asked how they get to know of hearing impaired persons in their area, the respondents listed the following methods:

Through relatives

The area Chiefs or leaders

We go to the fields looking for them

Through social workers

Through religious organizations

Through the assessment centres

Through hospitals/doctor s

Table XI shows the distribution of the methods used.
### TABLE XI

**METHODS OF IDENTIFYING HEARING IMPAIRED PERSONS**

<table>
<thead>
<tr>
<th>METHOD</th>
<th>NO. OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through relatives</td>
<td>2</td>
<td>22.7%</td>
</tr>
<tr>
<td>Through Chiefs and Leaders</td>
<td>2</td>
<td>22.2%</td>
</tr>
<tr>
<td>Through Social Workers</td>
<td>6</td>
<td>66.6%</td>
</tr>
<tr>
<td>Through religious organizations</td>
<td>3</td>
<td>33.3%</td>
</tr>
<tr>
<td>Through assessment centres</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Through hospitals</td>
<td>2</td>
<td>22.7%</td>
</tr>
<tr>
<td>By chance</td>
<td>1</td>
<td>11.1%</td>
</tr>
<tr>
<td>Through schools</td>
<td>4</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

Asked whether they keep a record of each hearing impaired person under their care 100 percent of the respondents indicated that they did.

Asked to list down the most serious problems faced by the hearing impaired in their area the respondents cited the following:

a) Lack of employment

b) Poor employment (under employment)

c) Communication

d) The hearing impairment is not visible, so they are often misunderstood.

e) Hostility from the family including embarrassment.

f) Some children not identified early so they have problems in school. The children also go to
school very late and this affects their performance in class.

Asked how they tackle these problems, the respondents cited the following methods:

a) For lack of employment and under-employment, the respondents indicated that they try to educate the employers on the abilities of the hearing impaired. Vocational training is encouraged so as to make them self-employed.

b) On the parents and community attitude, the respondents indicated that one method that is used is holding 'Barazas'.

c) To ensure early identification, information is given to mothers at the ante-natal clinics. Social workers also help identify.

Asked whether there were other possible ways of tackling such problems, 7 (78 percent) responded 'yes' while 22 percent felt that there were other methods.

The respondents gave the following as alternative methods:-

Through Adult Literacy - 4 people
Use of Mass Media (Radio & Newspapers) - 8 people
Involving the community - 6 people

Asked the problems that face them on a day to day basis when dealing with the hearing impaired the respondents gave:
TABLE XII

PROBLEMS FACED BY REHABILITATION OFFICERS

<table>
<thead>
<tr>
<th>THE PROBLEM</th>
<th>NO. OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hostility from relatives</td>
<td>4</td>
<td>44.4</td>
</tr>
<tr>
<td>Low esteem (aggresiveness)</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Can't answer some questions</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Communication</td>
<td>9</td>
<td>100</td>
</tr>
<tr>
<td>Lack of funds</td>
<td>6</td>
<td>67</td>
</tr>
<tr>
<td>Not knowing how to handle</td>
<td>2</td>
<td>22.2</td>
</tr>
</tbody>
</table>

Asked whether they had problems with the relatives, 44.4 percent said yes while 55.6 percent said no.

On the kind of problems that relatives give them, the respondents listed the following:

a) The relatives are embarrassed and don't want to talk about the hearing impaired.

b) They discriminate against the hearing impaired e.g. fees, clothing.

c) Some hide the hearing impaired.

d) They don't want to take them to school as they feel that it is a waste of time.

On whether the relatives had a role to play in the rehabilitation of the hearing impaired, 92 percent said yes while only 8 percent felt that the relatives had no role to play.

On how they thought the community could be involved in the rehabilitation of the hearing impaired, the respondents gave the following:
a) Inform them in Barazas to report any disabled cases to the authorities.

b) Change their attitude and be more helpful to the hearing impaired.

c) Stop using abusive language.

Asked to describe the general attitude of the relatives and community towards the hearing impaired the respondents responded thus:

TABLE XIII
ATTITUDE TOWARDS THE HEARING/IMPAIRED

<table>
<thead>
<tr>
<th>ATTITUDE</th>
<th>NO. OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>4</td>
<td>44.44</td>
</tr>
<tr>
<td>Negative</td>
<td>7</td>
<td>22.22</td>
</tr>
<tr>
<td>Apathetic</td>
<td>1</td>
<td>11.11</td>
</tr>
<tr>
<td>Hostile</td>
<td>2</td>
<td>22.22</td>
</tr>
<tr>
<td>Any other</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>99.99</td>
</tr>
</tbody>
</table>

4:9:3 Information Needs of Rehabilitation Officers

As to how they let the people in their area know of the services offered, the respondents answered thus:
TABLE XIV

METHODS OF ANNOUNCING SERVICES FOR THE HEARING IMPAIRED

<table>
<thead>
<tr>
<th>METHOD</th>
<th>NO. OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Chief's Barazas</td>
<td>3</td>
<td>89</td>
</tr>
<tr>
<td>Letters</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Through the Radio</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Newspapers</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>By word of mouth (Through Social Workers)</td>
<td>5</td>
<td>56</td>
</tr>
</tbody>
</table>

Table XVII shows that 89 percent of the respondents announce their services through Barazas while 56 percent announce by word of mouth, through the social workers. Posters and Radio announcements are used by 28 percent of the respondents while no respondent uses letters as a method of announcing services. The methods were preferred because they were either cheap, convenient or most effective.

Asked whether the hearing impaired ever go for any information, 100 percent of the respondents replied in the affirmative. While only 31 percent said that they always had the appropriate information; 69 percent indicated that they had the right information only at certain times and not others.

The information shown in Table XV was reported to be highly demanded:
TABLE XV

TYPES OF INFORMATION SOUGHT BY HEARING IMPAIRED

<table>
<thead>
<tr>
<th>TYPE</th>
<th>NO. OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>On causes of deafness</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>On schools to go to</td>
<td>7</td>
<td>78</td>
</tr>
<tr>
<td>On jobs</td>
<td>8</td>
<td>89</td>
</tr>
<tr>
<td>On how to deal with the disability</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>On vocational schools</td>
<td>7</td>
<td>78</td>
</tr>
</tbody>
</table>

Asked whether they keep any information on hearing impaired, 100 percent indicated that they did but that the information was very limited in content and quantity. All respondents also indicated that they kept information on other disabilities. The information was reported to have been kept in the form shown below:

TABLE XVI

FORMATS OF INFORMATION AVAILABLE

<table>
<thead>
<tr>
<th>FORMAT</th>
<th>NO. OF TIMES CITED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>9</td>
<td>100</td>
</tr>
<tr>
<td>Magazines</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>Films</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Posters</td>
<td>8</td>
<td>89</td>
</tr>
<tr>
<td>Any other</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Thus 100 percent indicated that their information was in the form of pamphlets while 89 percent indicated that the information was in the form of posters. Films were only cited by 22.2 percent of the respondents.
Asked how they usually disseminate information to illiterate hearing impaired persons the respondents answered that they did so verbally and by use of posters, charts or pictures.

All the respondents felt that if they were provided with the right information they would do their work better.

4:9:4 Training Background of Teachers in Schools for the Hearing Impaired

The categories of respondents were found to be:

Teacher
Graduate teacher
Assessment Teacher
Headmaster
### TABLE XVI

**CATEGORIES OF TEACHERS**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>NO.</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>18</td>
<td>51.0</td>
</tr>
<tr>
<td>Assistant teacher</td>
<td>13</td>
<td>37.0</td>
</tr>
<tr>
<td>Graduate teacher</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Assessment teacher</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Headmaster</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

No clarification was sought on the job description of each category.

Out of the 35 respondents, 16 were trained as ordinary teachers while 19 had undergone special education training. On being asked whether they had received any training after the formal professional training as teachers, the responses were: 51 percent (18) had attended courses related to hearing impairment for periods varying from 2 weeks to 2 years. What is of concern however is the fact that 48.99 percent had not attended any courses related to the hearing impairment.

Furthermore, only 45.7 percent indicated that they had attended any conferences or seminars concerning hearing impairment in the last 3 years. Those who had attended seminars and/or conferences listed down the following as the areas that were discussed:

a) Ear-mold production
b) Sign Language
c) Hearing Subject Panel
d) Assessment Courses

e) Usher Syndrome

At least 30 percent of the respondents had attended a seminar or conference on the Usher Syndrome. However, only one person had indicated that he had attended an international conference.

Asked whether they felt that the training they had received was sufficient, 78% of the respondents expressed dissatisfaction as they felt that the training was not adequate for the job they were expected to do.

The respondents indicated that they required further training in the following areas:

TABLE XVIII

AREAS WHERE FURTHER TRAINING IS REQUIRED

<table>
<thead>
<tr>
<th>AREA</th>
<th>NO. OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>A</td>
<td>22.8</td>
</tr>
<tr>
<td>Communication and/or sign language</td>
<td>22</td>
<td>67.9</td>
</tr>
<tr>
<td>Equipment maintenance (Audi)</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Child Psychology</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

On whether they had applied to teach in these schools, 19 indicated that they had applied while 16 of them had been posted there by the Teachers Service Commission.
Asked why they liked or did not like teaching in schools for the hearing impaired, the results were as follows:-

4:9:5 Reasons Given by Those who Like Teaching in Schools for Hearing Impaired

a) There aren't frequent transfers since such schools are not many.

b) I like helping the hearing impaired.

c) I would like to uplift the standard of living of the hearing impaired.

d) By teaching them, I get to understand the impairment better and I get to know how to handle the hearing impaired.

Reasons for not Liking Teaching in Hearing Impaired Schools

a) Teaching them means an extra workload.

b) A lot of patience is required to teach them.

c) It is a tedious job.

d) One can't mix well with students.

e) It is difficult working without books.
CHAPTER V

5:0:0 DATA INTERPRETATION, DISCUSSION AND RECOMMENDATIONS

5:0:1 Organization

The interpretation and discussion is organised as follows:-

a) Availability and use of bibliotherapeutic material.

b) Training and information needs of the teachers and rehabilitation officers.

c) The information needs of the hearing impaired in schools for the hearing impaired.

5:1:0 Availability and Use of Bibliotherapeutic Material

Five factors were considered. On the issue of storage and availability of the material, the indication is that the material that there is, particularly in schools, is inadequate and poorly stored. A survey of the material available showed that most of the books available in the schools are related to the curriculum. The survey also revealed that there is not only a complete lack of any material that could be used for bibliotherapy but also that reading material in general is inadequate as indicated by 98 percent of all respondents. In one school for instance, 18 year old girls and boys were found to be reading basic readers, which would be used by standard ones in normal schools. A discussion with the headmaster revealed that this was all that they
had received from the donors. He went on to explain that since the school could not afford to buy anything else, the students had to make do with what was available. A further discussion on who funded the particular school revealed that funds were provided by the COMPASSION programme, which supports most of the African Christian Evangelical Churches as well as the Methodist Church. Other organizations that give aid to the schools includes the local Lions Club and DANIDA (Danish International Development Agency). A talk with all the headmasters also revealed that most of the parents of the students in schools for the hearing impaired were not only reluctant to contribute any money towards the buying of any books, but also referred to their deaf children as "the government's children", and they therefore felt that it was the government's responsibility to provide books and any other amenities.

Availability of the reading material is a prerequisite to the practice of bibliotherapy and so in the absence of that, then bibliotherapy is simply not possible. In recognition of the fact that hearing impairments cause psychological problems which might not necessarily be solved through the methods of vocational training already being provided, it is of paramount importance therefore that adequate and relevant reading material be provided to these schools. The government should consider it a priority and a
matter of utmost urgency that reading material be provided to the schools for the hearing impaired.

Considering that the hearing impaired are already precluded from the 'normal' acquisition of knowledge through speech and hearing, depriving them of the reading material could be said to be "penalizing them twice". The government could provide this material through the Kenya School Equipment Scheme. Although it might not be easy, parents and guardians should also be made to realize the important role they could play in the rehabilitation of their children. This could be done through a public awareness programme which could be done by the social workers or rehabilitation officers. By sensitizing the community on the needs of and care for the hearing impaired, there is a possibility that their attitude and that of the parents and guardians will be more positive. It has been suggested by the Kenya Institute of Education Panel for Special Education (1981) that Chief's Barazas, radios and posters might be a very effective method of educating the illiterate masses. Those methods could also be used here.

Table I indicates that a total of 91 percent of all respondents said that even the few books that were available were kept in either a cupboard or a store. A spot check in one of the schools revealed that the books were kept together with all the furniture and the non-functional equipment in the school. This would
suggest that the books are not considered to be important enough to warrant their own place of or proper storage. Far from it, most of the respondents indicated that they realized that books are important and that they can play a big role in rehabilitating the hearing impaired. This finding was therefore quite surprising. At the same time, this method of storage suggests that the students cannot easily get these books and therefore any student who would like to browse through a book will not have the chance to do so. It is in browsing that interest to read can be aroused, and therefore this method of storage, to a certain extent, discourages reading.

The fact that 78 percent of all respondents indicated that this method of storage is inadequate would suggest that they would appreciate a better organized method of storage. This would imply that a library is necessary.

Of interest, however, is the fact that a total of 94.3 percent of the respondents did not feel that the construction of a new library building was necessary. Rather, they felt that the priority was the availability of the reading material. They suggested that once the material is available, then room could be found for it. An actual spot check on the availability of rooms that could be converted into libraries revealed that all the four schools visited had such rooms.
For any bibliotherapy to take place, it is necessary that the 'patient' be involved in the selection of the material he reads. In fact, it is suggested that the person administering bibliotherapy should avoid as much as possible to influence the selection of the reading material. The selection process on the part of the 'patient' would not only give him a sense of independence but he is also likely to get a sense of satisfaction at selecting what is appealing to him. 96 percent of all the respondents however indicated that books and other reading material are selected by either the teachers or the school, and 86 percent indicated that the material was selected according to what the teachers felt was important for the curriculum. 83 percent of the respondents indicated that they feel this state of affairs is unsatisfactory. They expressed their willingness to allow the students to participate in the selection of the material. However, as shown in Table II, only 20 percent of the respondents suggested that the students should participate in the selection while a total of 80 percent indicated that books should either be selected by the class teachers or the subject teachers. As already indicated, most of the books available in the schools are textbooks, so this attitude is understandable. This attitude is further elucidated by the answers given when asked why they felt that the teacher should select the books. All
the respondents invariably said that the teacher not only knew the books that are best for their classes and the level of their understanding but also are conversant with the difficulties of each child. This would suggest that the teachers don't think that the students have any role to play in the selection process. It should be remembered at this point that hearing impairment brings about the accompanying problems of language acquisition, among others, therefore the students might not understand, leave alone be able to read titles of books that they might want. And even if they could, there are no books to select from as already mentioned. In fact, the only kind of 'selection' in which the students are involved is the selection of the stories in their English language textbooks. For the few story books found in the schools, the teacher brings them to class and has to decide which children get them since they are very few. One major problem faced by the teachers in the schools visited was the lack of adequate books. Teaching the students how to read without books was a most difficult task and consequently, it took much longer than expected for the students to acquire reading skills and to accumulate any amount of vocabulary. In fact it would be suggested at this stage that books that aid the acquisition of reading skills be considered a priority. It should also be remembered that in three out of the four schools visited,
financial problems were cited as the greatest problems facing the schools and so the acquisition of reading material might not be possible even though the teachers appreciate that they are necessary. Probably in this case, the school administration should be more aggressive in seeking donations in the form of books or money. It is well known that a favourite marketing gimmick for many companies in the country is to give donations and have pictures, feature stories or captions in the newspapers or the media. This I feel is a small price to pay in view of what might be gained. Also, many publishing houses are stuck with 'dead stock' which might not be completely useless in such schools. In fact my opinion is that the case of the deaf student has not been publicized as much as that of other disabled students. This probably explains for the apathy and general apparent lack of interest in the field of hearing impairment.

As already observed in Chapter II, bibliotherapy is based on the directed use of reading material. To be able to 'direct' what is to be read, a teacher should have a method of feedback as to how effective the material is. This can best be achieved through a discussion of the material that has already been read. Obviously, for a reasonable discussion to take place, there has to be a relaxed atmosphere between the teacher and the student. Research findings however indicate quite a different trend. To begin with, only
49 percent of the respondents indicated that they ever discuss books at an individual level with the students while 51 percent indicated that they did not. However, of those who indicated that they do discuss, 100 percent said that this takes place in the classroom during the reading lesson and that no discussion at all takes place outside the classroom. While there is absolutely nothing wrong with the discussion taking place in the classroom, it should be borne in mind that even in a class of normal children, all students have varying levels of understanding and it is therefore necessary that a discussion with the slower students takes place after class so as to ensure that they followed the lesson. This is even more important with the hearing impaired, for two reasons. To start with, unless a teacher is very 'fluent' in the sign language and unless he is sure that all the students understand the language, then it is important that students get individual attention. Secondly, as observed in Chapter II hearing impairment brings with it the accompanying psychological problems which in some may be translated into shyness, insecurity, lack of confidence and sensitivity about the handicap. A student suffering from any of the above is unlikely to benefit from a group discussion bearing in mind that the aim of bibliotherapy is to alleviate some of these problems that emanate from the handicap, it is therefore necessary that an individual approach
be advocated by the teachers.

Table III however explains for the trend already explained in that 66.8 percent of the respondents indicated that the reason they did not discuss books was that there were no books to discuss anyway. Other reasons given were that there is no time, it is not necessary and that the students might not understand even the class readers. The fact that only a total of 32.2 percent indicated reasons other than the lack of books as the reason for having no discussion would suggest that with the right kind of books, there would be enough incentive for the teachers to want to discuss them. What was interesting however is the fact that the teachers did not seem to know that they could use books for bibliotherapy yet when asked whether they thought books and films could play any role in rehabilitation, they all answered in the affirmative. This would suggest that the teachers need to be made aware of the various possible methods of rehabilitation for the hearing impaired. Also, bibliotherapy as a method of rehabilitation should be introduced in schools as this is where there is the greatest potential, considering that the teachers and students meet regularly and it is therefore possible for follow up to be done. Also, all that might require to be done is to acquire books for the school with a view to encouraging bibliotherapy in the schools.
On whether there are any books geared towards particular student problems, only 27 percent of the respondents indicated that there were such while 100 percent of all the respondents indicated that such books were an absolute necessity in any of the schools for the hearing impaired. It should be noted here that hearing impairment brings with it a number of problems and limitations which affect each individual differently. Probably Sr. Kathleen summarised the effects of hearing impairment best, when she observed about acquired deafness that:

"This group are caught between two worlds, and any consideration of the psychological impact of their loss must take account of this. They are people trapped in paradoxes thoroughly rooted in hearing society and thoroughly blocked from participating... they know the code of dignity and also know in their disability they are less." (Kathleen 1989, p.3).

Some will withdraw and have problems in personality development while others are likely to have mental retardation or even multiple disabilities, depending on the cause of the impairment. A student who has some degree of mental retardation is likely to be a slow learner, while one who has grown up in a hostile environment is likely to be shy. These two categories would require different approaches and different types of literature. Lack of such in the schools is thus a great hindrance to the practice of bibliotherapy. It is however most encouraging to note that 100 percent of the teachers interviewed indicated the need for such books. They also displayed an understanding
of the possible role such material is likely to play in the rehabilitation of the hearing impaired by the reasons they gave. The reasons given showed that they appreciate the individuality of each student, the fact that each student has his unique problems and the fact that the students must therefore be treated as such. This is quite in keeping with one of the principles of bibliotherapy which stipulates that several personality characteristics of the student should be considered in the selection of the material to be read.

5:2:0 THE STUDENTS INFORMATION NEEDS

All students indicated that they like reading and another 62.5 percent indicated that they do have favourite books. This is in keeping with the results of a study reported by Zaccaria and Moses (1968) that the reading habits of the disabled persons are quite similar to those of the 'normal' people. Table VI and VII summarise the responses that show that the hearing impaired have likes and dislikes for certain books and that their reasons for not liking them are quite similar to those of the able bodied. Thus it could be said that their reading habits do not inhibit the use of books for bibliotherapy any more than those of other disabled or even the able bodied would.

Of interest however is the fact that the types of books the students like are quite similar to what is liked by their 'normal' peers. There however is a higher liking for religious books among the hearing
impaired. This has been argued in several books and the consensus seems to be the fact that the disabled tend to be more reflective and therefore gravitate towards reflective activities as are to be found in religious practices. Hence the greater liking for religious books. A 'chat' with a few of the students indicated that some still hope that one day they will hear and they have hope that God will perform a miracle in their case (Group Interview, Kaaga).

Funny books and particularly fables seem to be very popular. Although this could be explained by the fact that the few books found were mainly about the hare, this can also be understood in view of the fact that fables are often easy to understand. It is also possible to exaggerate the actions of an animal so as to make a point, without making the story look ridiculous. Heroic books and thrillers were found to be very popular with the teenagers. Teenage is a time when among other things that the young people are trying to 'find' themselves and it is easy for them therefore to identify with those who are heroes in their eyes. They also have a lot of energy to expend. This could be capitalised on so that the students use up or release some of this energy through books. Aristotle for example viewed some forms of art as having a carthatic effect and as being pleasant sources for the release of feelings, which resulted in a clarifying and purifying of the individual. In
The Republic for instance, Plato notes that poetry feeds and waters the emotions of people and calms man's natural hunger for crying and sorrow. (Zaccaria, 1968). This externalization of inner feelings is important if the individual is to have a balanced outlook to life. It is particularly important for the disabled person who is likely to have inhibitions emanating from his disability. This is because he can 'safely' hate or love a character in a book and thus release these emotions without violating the social norms.

97 percent of the students had never seen any of the books cited, which have been said to be useful to young people with hearing impairment. Of even greater significance was the fact that none of the schools visited had a copy of: The Story of Helen Keller by Lorena Hickok or any of the books on her life, yet these are books about a girl who struggles and succeeds despite her multiple handicaps. Books about such young people with similar disabilities are likely to influence the students thinking and attitude to life and are therefore a necessity in such schools. In fact a good number of the teachers interviewed indicated that they knew it is possible for the students to identify with certain characters in a book. Obviously with the right guidance, the students will identify with the right characters and therefore stand a chance of benefitting. This process of identification is largely an unconscious one and it
is likely to result in the individual gaining an understanding of persons who are similar to him or who in some way have emotional value for that person. This is the latent aspect of information and particularly books which could effectively be used in rehabilitation.

As already said, the 'patient' is an important part of the bibliotherapeutic practice and he therefore should be an active participant in all the stages. This includes the selection of the material to be used. Ideally, books should be suggested rather than prescribed. Yet 100 percent of all students interviewed indicated that they had never participated in the selection of either the books they read or the films they watched. While the issue of the books may be understandable considering that even the teachers don't really select since they have to use books that compliment the set curriculum, the fact that the students have no say in the kinds of films they watch is quite surprising. Participation in selection is important because the student has to be sure that he reads what is appealing to him. In fact the selection may be a good indicator of the student's character or how he looks at life in general. Besides, he is likely to feel gratified at having chosen something that he really likes. There is also the chance of instilling a sense of responsibility and a feeling of independence if he is asked to make a decision.
This is one of the objectives of bibliotherapy.

Also, 75 percent of the students indicated that they never discussed anything like books or films with their teachers outside the classroom. Discussion is a basic ingredient of bibliotherapy since it is during such sessions that the student will get the opportunity to express his feelings about the book or the film. Discussion is also important as a method of feedback for the teacher because then, he will be able to tell whether the information has been useful or not. As already said, reading materials foster catharsis and the reorganization of thought but in order to have the maximum impact on the individual, it should be accompanied or followed up by discussion or counselling.

Table VIII summarises the responses on the types of films the students like. The most popular are the war films comedies and action films. One interesting observation is that these types of films evoke certain strong emotions like love and hate. I believe it would be difficult to watch a war film without identifying with either "the good guys" or the 'bad guys' and thus the feelings of love and hate are brought to the fore. Funny films on the other hand will cause laughter which is a general panacea for tension while action-packed films help release pent up energy.

This liking for films would indicate that they would be a good source of information for the hearing
impaired. This is quite in keeping with the fact that without the gift of sound pictures are an effective method of communication. In fact a talk with a number of teachers had revealed that the students like books with pictures. They also explained that the hearing impaired think in concrete terms and therefore pictures help them to conceptualize things and ideas. It is probably important to note at this stage that the hearing impaired have difficulty understanding abstract ideas or issues and therefore any visual aids are of great importance in their learning experience. Their collection therefore should consist of more picture-story books particularly for the younger students. A survey of the schools revealed that three of the schools had television sets. These however were only used for entertainment in the evenings. My feeling that an addition of video cassette recorder would be a good investment since videos could be used in classes as well as for entertainment. In fact for a group whose understanding of the world is limited to only what they see, video shows of other parts of the world would go a long way in widening their view of the world. Video libraries have sprung up in almost all towns in the country and access would therefore not be too difficult. Also, institutions like the British Council, French Cultural Centre and even the Amani Centre run by the Catholic Family Life Association are usually very willing to lend video cassettes to
individuals as well as institutions. In most cases all that is required is a minimal subscription fee. The schools should therefore liaise with such institutions so as to find out what is available and the possibilities of borrowing. Use of other visual aids like pictures and charts should also be encouraged in the schools. It was quite surprising to find that wall charts in some of the classrooms in these schools were in some cases fewer than are found in some 'normal' schools. I should however add that on sitting through a few lessons, there was evidence of extensive use of charts and pictures by some teachers.

Table IX summarises the responses on the greatest problems faced by the student at school. It is clear that the greatest problem is communication. It is important to note that the same problem is repeated when the respondents were asked to cite the greatest problems at home. Worth noting here is the fact that loss or lack of conversation makes the ordinary life occurrences difficult. When faced with moving lips which makes no sense, or when he sees laughing mouths and eyes without knowing why, the deaf person is likely to be thrown into confusion, feel isolated, lonely and even depersonalized. Some students indicated that they could not even communicate with some of their teachers. Some teachers too indicated that they could not communicate with the students. This suggests that more energy should be expended towards making the deaf
able to communicate. Appropriate reading material should be provided to enhance the acquisition of communication skills for the students as well as the teachers. Proper communication will help minimise other problems particularly in bridging the gap between the deaf and the society. In fact communication plays a vital role in rehabilitation as evidenced by the vast difference in attitudes and behaviour between the students in Machakos School for the Deaf and Kaaqa School for the Deaf. Machakos is a pilot school in which the government is testing, among other things, the effectiveness of the use of the Total Communication (TC) philosophy as opposed to sign language. In Total Communication, all possible means of communication, including the following, is encouraged.

- Cued Speech
- Combination respecting rules from Sign Language
- Sign Language
- Abstract signs
- Signed exact English
- Speech with supporting signs

Iconic/Imitative pantosions
- Writing/Reading/Drawing
- Lipreading/Speaching
- Sound amplification
- Eye contact
- mimicry/Body Language
- Speech
- Gestures
- Pointing
- Pantomime etc.

Here, the students were found to be more outgoing and friendly and willing to "chat". The students also looked more confident. The teachers too indicated that they had an easier time dealing with the students. Of even greater significance is that this researcher did not require an interpreter so as to communicate with the students. A perusal of their reading material revealed that theirs was of a much higher standard. In fact, they are classified according to their academic levels, just like normal schools. The school prepares students for the KCPE, a national examination which is done by all standard eight student sin the country.

In Kaaga on the other hand, an observation by this researcher indicated that the students were more shy and unsure of themselves although quite friendly. The researcher had however to use an interpreter to communicate with the students.

85 percent of the students also indicated that they feel isolated and/or lonely while 53.75 percent said that they sometimes did not know what was happening around them. Others said (66.25 percent) that they were not able to follow lessons. All these problems are a result of poor communication skills and therefore communication should be given priority.
In all the schools, an interesting observation however was that 60 percent of all students indicated that they had problems understanding Kiswahili. This can be explained by the fact that most of the students did not seem to have acquired enough vocabulary to understand a third language (i.e. besides English and the mother tongue). This problem was cited fewer times in Machakos. The researcher attributed this to the use of Total Communication since with it, one can communicate quite effectively regardless of the language. This would therefore suggest that the Total Communication philosophy should be introduced in all the schools for the deaf.

On the greatest problems faced at home, the students indicated problems that emanate from wrong attitudes from the immediate community, the relatives and the society in general. They indicated what many people think that the hearing impaired are also retarded or mad and they are treated as such. In fact the local names for the deaf indicate this attitude. For example the Kikuyu refer to the deaf as either 'Bubu or 'Kirimu' which when translated literary means a fool, stupid, idiot, moron, etc. Bibliotherapy could effectively eliminate these attitudes. To begin with information about the deaf should be availed to the public so as to educate them on such things as the causes of deafness, the effects on the individual and the care for the deaf. Unfortunately, deafness has
had no sympathetic press coverage unlike other disabilities. Being an invisible disability, it is unlikely to attract the attention often accorded to disabilities like blindness or crippledness. Yet the benefits reaped from coverage from mass media are innumerable. One of the objectives of bibliotherapy is to provide facts needed for the solution of problems. On the side of the public therefore facts such as mentioned above would help solve the problem of attitude towards the deaf. On the part of the patients Twyeffort (1952) suggests that where the source of emotional conflict lies not in character traits but in situational factors, if the patient is confronted with a similar situation in his reading, his reticence may be overcome and objective discussion of his difficulty facilitated.

Thus professional associations like the Kenya Society for Deaf Children should use the mass media more aggressively so as to create awareness and, hopefully, an eventual change of attitude.

Table X summarises the categories of people whom the students feel could help them. It is important to note that the students identified the parents, teachers and friends. This is in keeping with the fact that these are the people who are in constant contact with them. Note for instance that the teachers could help them while 27.5 percent indicated that friends could help the. Being in boarding schools,
the teachers and friends are with them all the time. The peers are likely to influence their behaviour due to peer pressure and also due to the need to identify themselves with other people like them.

5:3:0 TRAINING AND INFORMATION NEEDS OF TEACHERS AND REHABILITATION OFFICERS

5:3:1 The Role and Information Needs of Rehabilitation Officers

Un average, the rehabilitation officers seem not to be well trained for their job as indicated by the responses which showed that 66 percent of them had learnt it on the job while about 33 percent had received formal training. This anomaly is however compensated for by the fact that 100 percent of all respondents had attended in-service courses although only 31 percent had attended conferences or seminars related to the hearing impaired in the last 3 years. This apparent apathy is further illustrated by the fact that out of all respondents, only 30 percent indicated that they had come in contact with any hearing impaired.

It should be noted here that the rehabilitation officers also act as the counsellors to the handicapped. The counsellor's role is that of a catalyst in helping the individual in the process of learning to learn to live a better and fuller life. He also should be an agent of change in the society. Considering that no society is static, the counsellor
will require to keep up with the changes in his area of specialization so as to be able to administer to a changing society. One way of doing this is by attending seminars and conferences. It is therefore encouraging to note that all the officers have attended one form of seminar or another. Seminars and conferences have an important role to play in an information system since it is here that the latest developments in a particular field are reported. This would therefore put the officers in a better position to practice bibliotherapy since by attending such seminars, they get to learn of issues that are pertinent to the hearing impaired.

From the survey, the kind of information that they seem to require includes:
- records of the impaired in their areas;
- how to counsel parents and the disabled themselves;
- information on job opportunities;
- the kinds of tools and kits available for the hearing impaired;
- the schools and training facilities available to the deaf.

From the information provided, it is clear that the rehabilitation officers provide some degree of bibliotherapy because they keep providing information in various formats and on various issues. 72 percent indicated that they keep a record of the hearing
impaired in their jurisdiction. There however was no indication as to whether they deal with the disabled individually, yet for bibliotherapy to take place, there has to be personal contact between the patient and the administrator. What is of interest is the fact that most of these officers indicated that they mainly deal with either the parents and/or guardians of the deaf or with the adult deaf persons. This suggests therefore that they are in a position to influence the attitudes of the parents or guardians and thus change the attitude of the community towards the deaf.

From Table XV it is clear that the officers would require information to help them in communication methods, how to handle the parents of the disabled and how to help the hearing impaired overcome the feeling of low esteem. The information on how to help the parents would be important in view of the fact that:

"... many habilitation and rehabilitation professions concerning themselves with children have become aware that it is not possible to treat a child's sense, function, or limbs in isolation. Indeed, the tenets of the holistic approach have been generally accepted as the only way to successfully rehabilitate children ... Specifically, one of the areas of repeated concern is related to the interactions between parents and those professionals who are primarily trained to work with their children." (Moses, 1985, p.85).

This aspect is particularly important because from the surveys, 44.4 percent of the respondents
indicated that they had problems with the relatives on such areas as: embarrassment on the part of the parents, discriminating against the deaf children even to the extent of not taking them to school. Of great encouragement however is the fact that 92 percent of the respondents indicated that they knew the relatives could play a major role in the rehabilitation process but that they needed to be properly informed. Bibliotherapy in this case could therefore take the form of public education on the issue of hearing impairment. The officers will need to create awareness on the causes and effects of the impairment and at the same time try to give information to the parents and guardians on how to handle the deaf or even how to overcome their grief over their impaired child or relative. In fact, the attitudes of these officers towards the deaf can greatly influence the amount of pressure anxiety, fear, embarrassment and all the other confused feelings felt by both the parents or guardians and the deaf persons themselves.

Asked the formats in which they provide the information, the officers indicated that pictures and charts were the most common. This is understandable, considering that Kenya has a literacy rate of less than 70 percent. Also, Kenyans are not very prolific readers as they are strongly grounded in an oral culture. The use of pictures and charts is therefore appropriate. However, as indicated by the interviewed
deaf students, the use of other Audio-Visual Material is preferred to the print media. For the adult deaf persons, the use of such media as the TV or film would be quite useful. The officers could use such forums as chief's barazas or pre-natal or post-natal clinics when a reasonable number of mothers meet. Most schools hold meetings for teachers and parents. This is another forum that could be used to sensitize the people on the impairment. In fact, the rehabilitation officers have the major role of providing therapy at the early stages of on-set of a hearing impairment.

5:3:2 The Role of and Information Needs of Teachers in the Schools for the Deaf

Of all the respondents 45.7 percent were found to have been trained as ordinary teachers while the other 54.3 percent had been trained as special education teachers. This clearly shows that the hearing impaired are still handled by people who do not have appropriate training. In fact, 54.3 of the teachers had not attended a seminar or conference regarding the hearing impaired. This is surprising for several reasons. To begin with, methodologies keep changing and even technologies keep changing in the area of hearing impairment. In fact Levitt observes:

"Modern technology has had a profound influence on the education of handicapped children, and on hearing impaired children in particular ... The effect of a hearing impairment involves more than a reduction in the ability to communicate ... Great
importance is thus attached to the use of technological aids that will improve communication and that, in turn, will facilitate the development of speech and language in the hearing impaired child." (Levitt, Harry, 1985, p.119).

As already observed, it is during seminars and in conferences that new ideas are discussed and thus not attending them leaves the teacher at a great disadvantage. It is no wonder then that 78 percent of the respondents indicated that they felt the raining they had received was inadequate. This would put them at a disadvantage where the practice of bibliotherapy is concerned. In a classroom situation, the teacher can use bibliotherapy to solve or alleviate problems of general personality development and mental health. He can use bibliotherapy as a remedial function or as an aid for various kinds tutoring. From instance, he could use it with maladjusted students, for the retarded and slow learners, for the gifted students, for a variety of developmental problems of youth and even for satisfying some of the emotional needs of the students. The encouraging thing is that 94.2 percent of all teachers interviewed indicated a willingness to help in the process of the rehabilitation of the students and indicated among other things that they hoped to help the students become self sufficient, good members of the society as well as realize their full potential. 57 percent and 48 percent respectively feel that books on the lives of other successful hearing impaired persons
have a role to play in rehabilitation. It would therefore seem that the reason bibliotherapy is not practiced in the schools for the deaf is the lack of appropriate bibliotherapeutic material since the teachers seem to be of the right disposition towards it. It should be said here however that disposition is not enough since a practitioner has to know how to administer bibliotherapy.

Proper training and a clear understanding of the handicap and the ensuing problems must precede the practice of bibliotherapy. This is because the role of the teacher will be both instructional as well as therapeutic. For instance, by creating an appropriate classroom climate, the teacher will not only generate more adequate academic learning but also the resultant mental health by-products.

The area in which the teachers interviewed seem to be most incompetent in the area of communication as Table XVII shows. This is a most surprising observation considering that communication has to take place before any therapy can take place. A discussion with some of the teachers revealed that they had not been trained on how to handle information for the hearing impaired, although there is indication that some of the teachers appreciate the need for information as a prerequisite for rehabilitation. This would therefore suggest that the curriculum for the teachers of the hearing impaired be raised so as
to accommodate bibliotherapy as a method of rehabilitation.

5:4:0

A SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

1. The students in schools for the deaf have the same interests as those of the 'normal' students. They however have unique problems emanating from their impairment and therefore selection of reading material should be based on the various specific problems like: the slow learner, the maladjusted student, the shy student etc.

2. Extensive use of visual formats of information should be made since the students seem to learn more from pictures, charts, TV, films.

3. The kind of information that seems to be most needed is that which will enhance their communication skills as most of their problems seem to emanate from their lack of communication emanating from their deficiency. Once they can communicate, other problems like psychological problems and maladjustment will be alleviated.

4. Total communication philosophy should be introduced in all the schools for the hearing impaired as it seems to enhance their communication skills and consequently instill in them a sense of independence and general mental health.

5. Literature that will enhance their feeling of worthiness should be encouraged as many of them
indicated that they felt discriminated against, unloved, unwanted, isolated, lonely and often misunderstood. Literature on the achievements of other disabled people will encourage them to try to come to terms with their disability or give them ideas on things they can.

6. Resource centres should be set up in schools to support bibliotherapy activities. This could be set up as a part of the library or a unit on its own. It should consist of mainly visual materials but print media should also be incorporated for the older students and should be made accessible to the students as well as the teachers so as to encourage use of the material. It could be run by either a librarian, a counsellor or one of the teachers who is conversant with the principles of bibliotherapy and is willing to administer it.

7. Bibliotherapy is possible in the schools for the deaf since the teachers show a willingness to try it and also seem to appreciate the need for the use of information as a therapy or part of rehabilitation. This however will require that the resource centres be set up and/or that the schools be provided with the appropriate reading material.

8. Bibliotherapy should be introduced as a subject to the Teacher Training Colleges, particularly
for the special education teachers so as to prepare them on how to use it to rehabilitate the students. The curriculum would have to look at such areas as:

a) The psychological effects of hearing impairment with a view to improving their understanding of the disabled better.

b) The types of literature that can be used in bibliotherapy.

c) The techniques of bibliotherapy.

d) The philosophical background of bibliotherapy.

e) The role of the teacher in bibliotherapy.

9. Parents/guardians have a vital role to play in the rehabilitation of the hearing impaired. They could be used to provide bibliotherapy if they are themselves provided with the right kind of information. This could be done through the rehabilitation officers who should use every possible forum to sensitize the parents/guardians and provide them with the appropriate information. They should also use the mass media to change the public attitude towards the hearing impaired.

10. The right kind of support materials for the practice of bibliotherapy are lacking in the schools for the hearing impaired. Most of the material is however available locally. The
British Council, the French Cultural Centre have useful films which the schools could borrow at a minimal fee. The Kenya National Library Service should extend its mobile service to the schools for the deaf so as to ensure that they have access to some of the books. The Headmasters in these schools should liaise with the KNLS administration on the kind of books they require and also request longer borrowing periods for their students so as to ensure that the students have enough time to read.

11. A national Association for bibliotherapy practitioners should be initiated. This body should be charged with the responsibility of standardizing the methods of practice. The body will also evaluate the practice and recommend changes as will be found necessary from time to time.

The body should incorporate teachers, librarians, psychologists who will provide expert advise on the psychological effects of the impairment, the Ministry of Education administration who will coordinate the training of teachers and policies connected with bibliotherapy.
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APPENDIX 1

QUESTIONNAIRE I

FOR LIBRARIANS/TEACHERS IN SCHOOLS FOR THE DEAF AND VOCATIONAL TRAINING INSTITUTIONS

1. NAME ________________________________

2. AGE GROUP  
   21-25 [ ]  
   26-30 [ ] (Optional)  
   31-39 [ ]  
   Over 40 [ ]  
   (Please tick the correct one)

3. DESIGNATION ________________________________

4. How long have you worked in the school/college? ________________________________

5. Professional qualifications (Please tick the appropriate one)
   a. Librarian [ ]  
   b. Teacher [ ]  
   c. Special education teacher [ ]  
   d. Any other (Please specify) [ ]

6. State below any special training you have received after your formal training.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

7. Have you attended any seminar(s), conference(s) concerning the hearing impaired in the last 3 years? (Tick appropriately).
   Yes [ ]  
   No [ ]

8. If the answer to Question 7 is yes, please list down any three courses, seminars or conferences attended.
   1. ______________________________________________________
   2. ______________________________________________________
   3. ______________________________________________________
9. Do you consider yourself adequately trained for the job you do?

Yes ☐
No ☐

10. If the answer to question 9 is no, what area(s) would you like to be further trained in?

________________________________________________________________________
________________________________________________________________________

11. How did you become a librarian? (Please tick the relevant one(s)).

a. I was posted here by the Teachers Service Commission/Public Service Commission.

b. I applied to be posted here ☐

c. I was seconded here by the Kenya Society for the Deaf. ☐

d. I volunteered to work in the library.

e. I was requested by the Head Teacher to help in the library. ☐

12. Give reasons why you like or don't like working as the Librarian.

Like

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Don't like

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Where are the library books kept? (Please tick one).

a. In a special room set apart as the library ☐

b. In a cupboard in the classroom ☐

c. In an office ☐

d. Any other (specify) ☐
14. Do you consider the above storage of books satisfactory?

Yes __________

No __________

15. If no, please suggest how else they can be stored.

____________________________________________________________________

____________________________________________________________________

BOOK SELECTION

16. Who pays the library books? (Please tick appropriately)

a. The parents/students
b. The school/college
c. Voluntary organizations
d. The Kenya Association for the Deaf
e. Any other (Please specify) __________________________

17. On what basis do you select/acquire books? (Please tick one).

a. According to a written acquisition policy.
b. According to student and teachers demands.
c. According to what I think is important

d. Any other (Please specify).

18. Who suggests the titles of the books that should be bought? (Please tick the appropriate one(s))

a. The students
b. The teachers
c. The Librarian
d. The school counsellor
e. Any other. (Please specify who)

19. Do you think/feel that someone else should be involved in the selection of library books?

Yes __________

No __________
20. If yes, who do you think should be involved? (Please tick appropriately):
   a. The students
   b. The class teacher
   c. The subject teachers
   d. The Librarian
   e. The school counselor
   f. Any other (Please specify)

21. Why do you think the person you have named above should be involved in the selection? (Please give your answer in as much detail as possible).

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

22. Do you consider your stock (books in the library) to be adequate or inadequate? (Please tick one).
   Adequate
   Inadequate

23. How are the books in the library arranged? (Please tick one)
   b. According to areas of student problems e.g. partially deaf, profoundly deaf etc.
   c. According to subjects e.g. Geography, History, etc.
   d. According to the students levels of reading difficulty
   e. Any other

24. Do you get a chance to read any of the books before you give them to the students?
   Yes
   No

25. Do you think that:
   a. you should read them or
   b. someone else should read them
26. If the answer to question 25 is (b), please state who you think should read them.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

27. Are there any books which are very popular with your students?

Yes [ ]

No [ ]

28. If the answer to question 27 is no, please state why you think this is the case.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

29. If the answer to question 27 is yes, please list down up to ten (10) of the most popular titles.

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________
7. __________________________________________
8. __________________________________________
9. __________________________________________
10. _________________________________________

30. Why do you think the students like these titles?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

31. Please indicate the types of books that seem to be popular with your students. (Tick the appropriate one(s)).

a. Adventure [ ]
b. Romance [ ]
c. War [ ]
d. Religious [ ]
e. Any other(s) (Please specify)

32. Which types of books seem to be most popular with the following age groups? (i.e. romance, war etc.)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Type of Books</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teenagers</td>
<td></td>
</tr>
<tr>
<td>2. 5 years-12 years</td>
<td></td>
</tr>
<tr>
<td>3. Over 19 years</td>
<td></td>
</tr>
</tbody>
</table>

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33. How do the pupils know of the books available in the library? (Please tick the appropriate ones)
   a. We hold book exhibitions periodically
   b. We announce at the school assembly
   c. We circulate lists of new books in classes
   d. We post lists on the notice board
   e. The students discover them when they come to the library

34. Do you have a chance of talking to each student individually about their library books?
   Yes
   No

35. If the answer to question 35 is yes, please indicate how often you talk to them. (Please tick the one(s) applicable).
   a. Once a term
   b. More than once a term
   c. As often as they come to the library
   d. Whenever I meet them in the school compound
   e. Any other (Please specify how often you meet them).

36. If the answer to question 34 is no, please indicate why you think this is the case. (Tick appropriately).
   a. There is no time
   b. I don't think it is necessary
   c. There is too much work
   d. Any other reason(s). (Please specify)

37. If you have a room for a library, do the pupils sit to read in the library?
   Yes
   No
38. If the answer to question 37 is no, why do you think this is the case?
   a. There is no time
   b. There is no sitting space
   c. There is space but there are no tables and chairs
   d. They don't like reading in the library
   e. I don't have enough staff to supervise them
   f. Any other (Please specify)

39. Do you have books for specific problem areas like books for the slow reader, books for the shy students, books that are corrective of the students disability?
   Yes [ ]
   No [ ]

40. Do you think that such books are necessary?
   Yes [ ]
   No [ ]

41. If the answer to question 41 is yes, please give your reason or reasons for thinking so.
   1. __________________________________________
   2. __________________________________________
   3. __________________________________________
   4. __________________________________________
   5. __________________________________________

42. Do you feel that given the chance, you could help your students more?
   Yes [ ]
   No [ ]

43. If the answer to question 42 is yes, how do you think you could help them? (Please feel free to list as many ways as you can - there is extra paper at the end of the questionnaire).
   __________________________________________
   __________________________________________
   __________________________________________
44. If the answer to question 42 is no, please say why you think you can't help them. (List up to 5 reasons).

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

45. How do you or your school help the students to adjust to school life and normal life in general?

________________________________________________________________________

46. Do you use books, magazines and films to support your work?

Yes [ ]
No [ ]

47. Do you think that books, magazines, films, etc. can play any role in helping the students become better adapted to normal ways of living?

Yes [ ]
No [ ]

48. If the answer to question 47 is yes, what role do you consider books might play in rehabilitation of the deaf students?

________________________________________________________________________

49. What kind of books do you think the students should read to help them become adapted to normal life? (Please tick one).

a. Fiction [ ]
b. Poetry [ ]
c. Text books [ ]
d. Heroic characters [ ]
e. Any other (please specify) [ ]

50. Have you got any information on the individual problems of each student?

Yes [ ]
No [ ]
51. If yes, how did you get such information? (Please indicate)
   a. From the Headmaster/Headmistress
   b. From the students themselves
   c. Through personal observations
   d. From the parents and/or relatives
   e. Any other (please specify)

52. Do you feel/think that such information is necessary?
   Yes [ ]
   No [ ]

53. If yes, please say why you think it is necessary.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

54. If no, please say why you think it is not necessary.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

55. In your opinion, what would you consider as the most serious problem or problems facing your students? (Please list up to 3 in order of seriousness).
   1. __________________________________________________________
   2. __________________________________________________________
   3. __________________________________________________________

56. In your opinion, what are the most serious problems facing you as the Librarian or teacher in-charge of the library? (Please list up to 5 in order of seriousness).
   1. __________________________________________________________
   2. __________________________________________________________
   3. __________________________________________________________
   4. __________________________________________________________
   5. __________________________________________________________
   6. None.

57. Do you hold staff meetings to discuss student/staff/school/college problems?
   Yes [ ]
   No [ ]
   __________________________________________________________
58. What problem areas have been discussed?
1. 
2. 
3. 
4. 

59. Are there problems faced by you and the students that you feel should be discussed?

Yes ________
No ________

60. Please list down up to 5 of these problems. (In order of seriousness).
1. 
2. 
3. 
4. 
5. 
APPENDIX 2

QUESTIONNAIRE II

FOR STUDENTS IN SCHOOLS FOR THE DEAF AND VOCATIONAL TRAINING INSTITUTIONS

NAME 

AGE 

CLASS 

1. Do you like reading
   a. Very much
   b. A little
   c. Not at all

(Please tick the one that applies to you).

2. Does your class have a library lesson?
   Yes
   No

3. What do you do during the library lesson?
   a. We borrow and return books
   b. We sit and read story books quietly
   c. We read the class-reader in turns
   d. We discuss the books we have read with the teacher
   e. We read whatever we want
   f. Anything else?

(Please tick the right one)
2. Where are the library books kept?
   a. In a cupboard in our classroom
   b. On shelves in the classroom
   c. In the library
   d. In one of the classrooms
   (Please tick the correct one)

5. Do you like any particular book or books in the library?
   Yes [ ]
   No [ ]

6. If you do not like any of the books please say why.
   a. They are all boring
   b. They are too old
   c. The books don't look interesting
   d. I just don't like reading them
   e. Any other reason?

(Please give the reasons(s) that apply to you)

7. If there are books that you like, please give reason(s) why you like them.


8. Do you have any personal books that you like?
   Yes [ ]
   No [ ]
4. Why do you like them? __________________________________________
   __________________________________________

10. Which are the most interesting books you have ever read? (school books or personal books?)

   1. __________________________________________
   2. __________________________________________
   3. __________________________________________
   4. __________________________________________
   5. __________________________________________
   6. __________________________________________
   7. __________________________________________
   8. __________________________________________
   9. __________________________________________
  10. __________________________________________

11. Are there books that you wish you could read but they are not in the library?

   Yes [ ] No [ ]

12. Please name up to five books you would like to read.

   1. __________________________________________
   2. __________________________________________
   3. __________________________________________
   4. __________________________________________
   5. __________________________________________

13. What kind of books do you like?

   a. Books about war [ ]
   b. Funny books [ ]
   c. Books about romance [ ]
   d. Adventure books [ ]
   e. Religious books [ ]
   f. None of the above [ ]
   g. All of the above [ ]
   h. Any other? (specify) __________________________________________

14. Who selects the books that you read? (Please tick the appropriate one(s))

   a. The teachers [ ]
   b. Myself [ ]
   c. My friends [ ]
   d. The Librarian [ ]
15. Do you tell the teacher or Librarian the kind of books you would like to read?

Yes [ ]
No [ ]

16. After reading any library books do you tell the teacher or the Librarian whether it was useful or not?

Yes [ ]
No [ ]

17. Are you sometimes asked to tell the teacher or your class what you liked about a certain book?

Yes [ ]
No [ ]

18. During the library lesson, who stays with you? (please tick one)

a. The class teacher [ ]
b. The Librarian [ ]
c. The prefect [ ]
d. Nobody [ ]
e. Someone else (specify) [ ]

19. Are there books in the library that you are not allowed to read?

Yes [ ]
No [ ]

20. If yes, which ones are they?

1. 
2. 
3. 
4. 
5. 

1.30°
21. Have you ever read the following books? (Please tick the ones you have read).

1. Huckleberry Finn
2. The ugly Ducklin
3. The Story of Helen Keller
4. The Story of My Life
5. And Now Tomorrow
6. David in Silence
7. Copy Cat
8. The New Boy
9. A Gift from the Bride
10. King of the Wind
11. Others

22. Do you every watch films in your schools?

Yes  
No  

23. If yes who shows such films? (Tick one)

a. The Headmaster/Headmistress
b. One of the teachers
c. The Librarian
d. One of the students
e. Any one else? (Please specify)

24. Who selects the films that you watch?

a. The Headmaster/Headmistress
b. Our class teacher
c. One of the teachers
d. I don't know
e. Anyone else? (Please specify)

25. Are there films that you have ever watched that you liked very much? (Tick one)

Yes  
No  

26. If there are any that you liked please give their titles below.

1. 
2. 
3. 
4. 
5. 
27. What kind of films would you like to see?
   a. Funny films  
   b. Romance  
   c. War films  
   d. Thrillers  
   e. Religious  
   f. Any other? (Please specify) ________________

28. Please give reason(s) why you would like to see them.

   ____________________________________________________________
   ____________________________________________________________

29. Have you ever had a chance of selecting or suggesting a film you would like to see?
   (Please tick one)
   Yes [ ]
   No [ ]

30. What is the greatest problem you face at school as a result of your not being able to hear?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

31. What is the greatest problem you face at home as a result of your not being able to hear?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

32. How do you feel about this problem?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

33. Who do you think can help you overcome or solve this problem?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
APPENDIX 3

QUESTIONNAIRE III

FOR REHABILITATION OFFICERS

NAME ____________________________

AGE _____________________________

P.O. BOX __________________________

TELEPHONE __________________________

DISTRICT __________________________

DESIGNATION (POSITION IN OFFICE) _________________________________________

PROFESSION ______________________________________________________________

1. How long have you held the present position? ________________________________

2. How long have you been involved in rehabilitation work? ____________________

3. How did you acquire rehabilitation skills? (Please tick one)
   a. Through formal training
   b. Learnt it on the job
   c. Any other? (Please specify) _____________________________________________

4. Have you attended any in-service course in the last 5 years?

   Yes [ ]
   No [ ]

5. Have you attended any seminar or conference related to the deaf in the last 3 years?

   Yes [ ]
   No [ ]

6. If the answer to question 5 is yes, please indicate the theme of the latest conference or seminar you attended.

   ________________________________________________________________
7. In your day to day work do you ever come in contact with deaf persons?
   [ ] Yes
   [ ] No

8. Besides meeting the deaf personally, how else do you communicate with them?

9. Do you have a record of the deaf persons in your jurisdiction?
   [ ] Yes
   [ ] No

10. How do you usually get to know of a deaf person or a disabled person in your area? (Please tick appropriately)
    a. Through the relatives
    b. The area chief or leaders
    c. We go into the field looking for such people
    d. Any other? (Please explain)

11. Do you keep a record of each deaf person under your care?
    [ ] Yes
    [ ] No

12. What seems to be the most serious problem(s) faced by the deaf persons in your area? (Please list at least 3 problems in order of seriousness).

13. How do you usually tackle such problems?
    Problem 1. ________________________________
    Problem 2. ________________________________
    Problem 3. ________________________________
14. Do you think there are other possible ways of tackling such problems?

Yes [ ]
No [ ]

15. If yes, please suggest the other possible ways of tackling these problems.

__________________________________________________________________________
__________________________________________________________________________

16. Why don't you use the methods you have suggested in question 15?

__________________________________________________________________________
__________________________________________________________________________

17. What would you say are the most serious problems you face in dealing with the deaf persons in your day to day work?

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________

18. Do you have any problems with the relatives?

Yes [ ]
No [ ]

19. If yes, say what kinds of problems.

1. ______________________________________
2. ______________________________________
3. ______________________________________

20. Do you think relatives have any role to play in the rehabilitation of the deaf?

Yes [ ]
No [ ]

21. How do you think the community could get more involved in the rehabilitation of the deaf?

1. ______________________________________
2. ______________________________________
3. ______________________________________
22. How would you describe the general attitude of the relatives and the community towards the deaf? (Please tick the appropriate one).
   a. Positive  
   b. Negative  
   c. Apathetic  
   d. Hostile  
   e. Any other  

23. How do you let the people in your area know of the services you are offering? (Please tick the relevant ones)
   a. Through chiefs  
   b. Posters  
   c. Letters  
   d. Through the radio, TV or Newspapers (Tick the appropriate one(s))  
   e. Any other  

24. Why do you usually choose this media?  

25. Are there times the deaf persons come to you for any information?  
   Yes  
   No  

26. Do you:  
   a. Always have the appropriate information  
   b. Sometimes have the right information  
   c. Never have the right information  
   d. Any other  

27. What kind of information seems to be most in demand?  
   a. On causes of deafness or disability  
   b. On which schools to go to and how to get there.  
   c. On what jobs there are  
   d. On how to deal with deafness or disability.  
   Any other?  

(Please explain).
28. Do you keep any information regarding deafness?
   Yes [ ]
   No [ ]

29. Do you keep any information regarding other disabilities?
   Yes [ ]
   No [ ]

30. In what form do you usually have the information? (Please tick the appropriate one(s))
   a. Books, pamphlets, magazines [ ]
   b. Films [ ]
   c. Posters [ ]
   d. Any other

31. If you have information to give to persons who are illiterate how do you usually disseminate such information?

32. Do you think that if you had the right information you would be able to do your work better?
   Yes [ ]
   No [ ]

33. If yes, what kind of information do you feel you need? (List in order of importance).
   1. 
   2. 
   3. 
   4. 
   5. 

34. What kind of work do you do on a day to day basis?
35. How would you describe your job satisfaction?
   a. Very happy
   b. Happy
   c. Quite unhappy
   d. I just don't like it

36. Please give the reason or reasons for the answer you have given.

1. 

2. 

3. 

4. 

5. 
LIST OF SCHOOLS AND UNITS FOR THE HEARING IMPAIRED

1. Aga Khan School for the Hearing Impaired - Mombasa
2. Aga Khan Unit for the Hearing Impaired - Nairobi
3. Hola School for the Hearing Impaired
4. Kaaga School for the Hearing Impaired
5. Kambui School for the Hearing Impaired
6. Kapsabet School for the Hearing Impaired
7. Kerugoya School for the Hearing Impaired
8. Kibaran Unit for the Hearing Impaired
9. Kitui School for the Hearing Impaired
10. Kuja School for the Hearing Impaired
11. Kwale School for the Hearing Impaired
12. Machakos School for the Hearing Impaired
13. Maseno School for the Hearing Impaired
14. Mumias Primary School for the Hearing Impaired
15. Mumias Secondary/Vocational School for the Hearing Impaired
16. Murang'a School for the Hearing Impaired
17. Ngala School for the Hearing Impaired
18. Nyandarua School for the Hearing Impaired
19. Nyangoma School for the Hearing Impaired
20. Nyangoma Technical School for the Hearing Impaired
21. Race Course Road Unit for the Hearing Impaired
22. Sikri Vocational Centre for the Visually and Hearing Impaired
23. Tumutumu School for the Hearing Impaired
24. Ziwani School for the Hearing Impaired
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WARFIELD, Frances


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