The great American philosopher William James once said: "All life comes back to our speech—the medium through which we communicate." Experience and research alike demonstrate that human feelings have their sources in language (1). It is largely through language that the feelings of one person towards another are created. Provocative language of the mildest sort influences profoundly personal and social relationships. An investigation with some eighty children proved that those who were mildly though repeatedly prohibited and scolded, developed a measure of hostility to the experimenter. They were unwilling to do him a personal favour, or to repeat a simple task, or to stay for play with interesting toys. On the other hand, those who were spoken to kindly and encouragingly reacted quite differently. They showed a greater willingness to do the experimenter a favour, to repeat a task and to stay when invited to play with new toys (2).

It must, therefore, be clearly realized that in a language situation, the words connote more than their conventional meaning. Words have a personal meaning as well, and it is the latter that has the determining value. For example, listen when someone says: "No!" Is the word convincing? Does it mean "no" to the person speaking or to the person listening? Is it deceptive and does it really mean "perhaps"? The answer lies in the relationship felt between the speaker and the hearer (3). The meanings which children give to words spoken by their parents and teachers are not always the accepted customary meanings, but are modified and altered in a special way by the personal feelings which arise through the use of those words.

The author's experience with normal hearing children leads him to believe that these children always attach an implicit meaning to words and spoken language in general, as distinct from the conventional adult meaning, and that it is very often difficult for the adult to realize that what he means by a word, phrase or sentence, and what the child means, is not the same. If adults are not always certain what the hearing child means by a word, how much more difficult does it not become with hard-of-hearing children?

Many teachers concerned with hard-of-hearing children, in their anxiety to teach these children conventional language, often lose sight of the child as an individual. The child is forgotten, but the language development is regarded as paramount. The author's plea is that an understanding of the child as an individual must come first. Everything else is subservient to this. If the child is understood, his language will be understood, for his language is merely a vehicle for formulating his needs, his experience, his intentions, and his thoughts.

Being hard-of-hearing does not have the same meaning in every child, as the degree and the type of impairment of hearing vary. One type of impairment may limit the distance at which the child can hear conversation to 2 or 3 feet. Moreover, if such a child can do lipreading, he may give the impression that he can hear at a considerably greater distance. Another type of hearing impairment causes the child to hear some sounds well and others in distorted form. On the whole, the hard-of-hearing child, unlike the profoundly deaf child, has been seriously neglected both medically and socially (4). This may be due to the fact that the handicap is not readily discovered. Sometimes five or six years elapse before the hearing impairment becomes known (5).

The behaviour and social responses of the hard-of-hearing child have been misunderstood by his parents, his teachers and his playmates. Too often he has been considered stupid in school, has failed repeatedly in his classwork, has been accused of paying no attention and showing no interest in his lessons. At home he has been scolded for not attending when spoken to, for disobedience, for failure to carry out instructions that he did not hear. He has been left out of games by his playmates, laughed at for making irrelevant replies to the questions they have put and, unable to understand the reason for their derision, he has become a lonely, dissatisfied, often unhappy and emotionally disturbed person. Unable to make a proper adjustment with his playmates, he becomes unusually retiring and dependent upon his parents.

Thus, impairment of hearing in a child may start a series of disturbances which can seriously affect his ability to develop normally. While attention may be directed to him be-
cause of his hearing difficulty, consideration must first be given to him as an individual, growing physically, mentally, emotionally and socially.

The early detection of hearing loss is extremely important. Numerous cases of children brought to the hearing clinics for aural rehabilitation need not have reached that point in hearing impairment had adequate measures been taken early on. In one of the states of the U.S.A., a hearing conservation programme was initiated. All children on entering school in that state were subjected to a medical examination and those found to suffer from chronic diseases of the ears and upper respiratory tract were given prompt treatment. This treatment saved these children from possible permanent hearing impairment.

In order to detect the hard-of-hearing child as soon as possible and to prevent possible hearing impairment in children with diseases of the ear or respiratory tract, the author makes a plea for the appointment of audiometrists, who would make the rounds of the schools and examine all children who enter school for the first time. Children in need of treatment would then be referred to an otologist. A recent study conducted at Columbia University on 38 hard-of-hearing children between the ages of 13 and 18 years, disclosed that the adjustment to wearing a hearing aid was a rather difficult process both from the technical and the emotional point of view (7). Young children make the easiest adjustment to their handicap, particularly children in the age group 3 to 6 years, and this is one important reason for early case finding. Yet, even when a successful adjustment is made in childhood, as this study shows, the period of adolescence with its numerous problems, may be particularly difficult and results in a refusal to wear the aid. The child's motivation may be personal or the result of the attitude of his parents and his friends or all of these. Personal and emotional factors may thus emerge leading to conflicts which may interfere with the acceptance of treatment.

Once the hard-of-hearing child has been discovered he is subjected to an intensive programme of speech audiometry, auditory training, lipreading, language comprehension and the like. But, often, in our enthusiasm to help him overcome the handicap, we forget the child as an individual.

Bringing speech and language to the hard-of-hearing child is not enough. We should concern ourselves with the whole child, with the child as a unique and distinct personality. Educating the hard-of-hearing child involves more than an intellectual process. It involves, too, his emotional and social adjustment.

Since the child's speech and language mirrors his personality, an understanding of his personality will make us understand what is implicit in the language he uses.

1. Dollard, J. and others.—"Frustration and Aggression." (Yale University Press, 1930.)
5. Ibid.