

# Signs of Health and Mercy Towards Deaf People Who are Sick and Suffering

Reverend Joseph A. Mulcrone  
Catholic Office of the Deaf  
Archdiocese of Chicago, Illinois, U.S.A.

## Introduction:

The XXIV International Conference, *Ephphata! The Deaf Person in the Life of the Church* held by the Pontifical Council for Health Pastoral Workers 19-20-21 November 2009 was a historic moment for Deaf Catholics throughout the world. Since that amazing event, a number of Board members of the International Catholic Foundation for the Service of Deaf People, [www.icfdeafservice.org](http://www.icfdeafservice.org), have been able to disseminate both the Recommendations of the Conference<sup>1</sup> and the Statement of the Holy Father<sup>2</sup> to a number of Catholic deaf communities. In every case, the Recommendations and the Holy Father's words have been greeted as a great sign of hope for pastoral workers, deaf Catholics, and their families. It is the hope of many Deaf people and many priests and pastoral ministers who serve Deaf people that the Conference Recommendations would be implemented throughout the Church and form the basis for a report on the pastoral care of Deaf persons included in the *ad limina* report made by the bishops of each diocese to the Vatican.

The Gospel of St. Matthew relates:

"The twelve were sent out by Jesus with the following instructions, Go and preach, 'The Kingdom of heaven is near. Heal the sick.'" (Matthew 10:5-8)

"Tell us", they asked Jesus, "are you the one John said was going to come, or should we expect someone else?" Jesus answered, "Go back and tell John what you are hearing and seeing: the blind see, those who could not walk can walk, those who suffer from dreaded skin diseases are made clean, the deaf hear, the dead are brought back to life, and the Good News is preached to the poor." (Matthew 11:3-5)

It is important to understand the meaning of these passages. The Kingdom of God is apparent both in bodies and souls made whole and in the act of healing itself. Our Holy Father, Benedict, wrote in *Jesus of Nazareth*, "Healing is an essential dimension of the apostolic mission and of Christian faith in general." Ministries of healing "...are essentially 'signs' that point to God himself."<sup>3</sup> So what are the "signs" of healing and mercy to those people in our deaf communities who are sick and suffering?

## Sickness and Suffering in the Deaf Community:

---

<sup>1</sup> Final Recommendations, XXIV International Conference Ephphata! The Deaf Person in the Life of the Church, 19-20-21 November 2009, unofficial text

<sup>2</sup> *Address of His Holiness Benedict XVI to Participants in the 24th International Conference Organized by the Pontifical Council for Health-Care Workers*, [http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2009/november/documents/hf\\_ben-xvi\\_spe\\_20091120\\_operatori-sanitari\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2009/november/documents/hf_ben-xvi_spe_20091120_operatori-sanitari_en.html)

<sup>3</sup> *Jesus of Nazareth*, Joseph Ratzinger/Pope Benedict XVI. Doubleday, 2007. p. 176.

Being deaf is not the same as being sick. Deaf people do become sick. Yet, rates of physical illness and disability do not appear to be significantly higher in the deaf community compared to hearing communities. However, in some cases, deafness is related to other disabling conditions:

- a) those people born deaf from Rubella often (as much as 50%) have one other serious disability including cardio-vascular abnormalities; visual impairment; cognitive processing problems; permanent endocrine-glandular damage; and others;
- b) a certain percentage of those born deaf will also develop a permanent loss of vision.

What does, however, exacerbate the health situation of deaf people regarding both their physical and mental health is the difference in treatment deaf individuals often receive. Specifically, this refers to the failure of health care providers to recognize the unique communication and social issues that are integral to deaf people.

The vast majority of deaf people cannot effectively communicate with the hearing world. This is not their fault; it is a failure of education and effort on the part of the larger hearing community. Because of this, deaf people do not receive services and become ill. The hearing world interprets their deafness as the malady to be cured, instead of a condition of who they are. Too often, deaf persons become “lost”, because their identity is denied. In terms of providing care for deaf people suffering physical illness, appropriate communication can literally make the difference between life and death, success or failure in treatment and rehabilitation. Deaf people have died in hospitals and clinics, simply because the deaf person was denied authentic communication. In this regard, Pastoral Workers for the Deaf in the United States have taken the lead in advocating for such communication.<sup>4</sup> In the United States, the Americans with Disabilities Act (ADA) mandates “effective communication.”<sup>5</sup> Often Pastoral Workers strongly advocated with deaf persons for the recognition of their rights to this communication. Pastoral Workers can connect a medical provider and the deaf patient with a competent sign-language interpreter.

In the area of mental illness and deaf people, research has determined, at least in First World countries, that rates of mental illness among deaf people are not significantly different than rates among their hearing peers. Research does not demonstrate that deaf people are more mentally ill than hearing people.<sup>6</sup> However, the situation of deaf people and mental health is also an area of terrible discrimination and suffering. The percentage of deaf people who receive appropriate mental health care, even in the United States, is no more than 5%.<sup>7</sup> In most poor countries of the world, mental health care for deaf people simply does not exist.

---

<sup>4</sup> My own experience as a priest who has worked with the deaf for over 32 years has often been one of having to be very assertive with health care providers over this issue.

<sup>5</sup> for information on “effective communication” see the Department of Justice ADA Best Practices Tool Kit for State and Local Governments, Chapter 3: General Effective Communication Requirements Under Title II of the ADA, available at <http://www.ada.gov/pcatoolkit/chap3toolkit.htm>.

<sup>6</sup> See *The Psychological World of Deaf People*, Consuelo Manera Soto, PhD, NCC and Maryann Barth, MA, NCC, RTC, paper and presentation at XXIV International Conference *Ephphata! The Deaf Person in the Life of the Church*, 19-20-21 November 2009,

<sup>7</sup> See Steinberg, A. (1991). Issues in providing mental health services to hearing-impaired persons. *Hospital and Community Psychiatry*, 42(4), 380–389; *Cultural Diversity Series: Meeting the Mental Health Needs of Persons Who Are Deaf*, National Association of State Mental Health Program Directors (NASMHPD) and the National Technical Assistance Center for State Mental Health Planning (NTAC), 2002.

There are numerous reasons for this:

- a) In the United States, there are very few competent providers of mental health services to deaf people;
- b) there is a long history of institutionalization of deaf people in mental health wards and prisons;
- c) many so-called “professional” psychiatrists and psychologists who wrongly label deaf people as mentally deficient or “troubled” simply because they are deaf;
- d) many psychological tests do not accurately measure the life experiences of deaf people;
- e) many, if not most, hearing mental health professionals fail to recognize the unique communication needs and social environment of deaf people and their families.<sup>8</sup>

As a result, many deaf people suffer needlessly in a variety of ways: poor self-esteem; the inability to maintain healthy, long-term relationships or a job; addiction; severe depression; inappropriate sexual acting-out; violence; incarceration/institutionalization; suicide. In many cases, the hearing family members of a deaf person also have unique issues related to their family situations that are unappreciated and misunderstood by therapists. In addition, there is a high rate of deaf people who become victims of war and crime, with traumatic consequences.

Recently, a number of revelations about the sexual abuse of deaf children in schools, both parochial and public, have revealed how seriously damaged the adult survivors of abuse continue to be. Rates of sexual abuse of deaf children and children with disabilities are at least twice that of their hearing peers.<sup>9</sup> For many of these deaf adults, the mental health consequences continue decades after the fact. These consequences, left untreated, are devastating and, without exaggeration, deadly.

Pastoral Workers in the deaf community are called on to provide many roles in response to these mental health illnesses: counselor, Confessor, advocate, companion, resource person, interpreter, coordinator of services, Sacramental minister, patient listener (eyes, ears, and heart!), family liaison, prison minister, care giver, Eucharistic Minister, soul friend. Often, Pastoral Workers have unique qualifications: proficiency in signing; significant knowledge and background in the culture and sociology of deaf people; an empathetic heart; a deep respect for deaf people and their experiences; and strong faith. These people truly bring “healing” to the deaf community.

### **Hospice:**

One of the most significant changes in the medical care of patients during the past forty years has been the development of Hospice. Thankfully, contemporary medical care for persons with terminal illness has been moving away from medical practitioners burdening people with unnecessary treatments and interventions, seeking some impossible cure, to an attitude that gently proclaims to those on their last journey, “care and comfort, not cure.”

---

<sup>8</sup> A powerful response to the above is *Mental Health Care for Deaf People: A Culturally Affirmative Approach*. Ed: Glickman & Gulati. Lawrence Erlbaum Associates, Publishers. New Jersey, USA; 2003

<sup>9</sup> See Embry, R. A. (2001, July). Examination of risk factors for maltreatment of deaf children: Findings from a national survey; Mertens, D. M. (1996). Breaking the silence about sexual abuse of deaf youth. *American Annals of the Deaf*, 141(5), 352-258; Sullivan, P. M., Vernon, M., & Scanlan, J. M. (1987). Sexual abuse of deaf youth. *American Annals of the Deaf*, 132 (4), 256-262.

Like many other developments in the field of medical care, only recently have deaf people begun to understand the gift that is hospice. A few hospice organizations have hired hard of hearing or deaf nurses. In the United States, several Hospice groups are now specifically providing appropriate care for deaf and families with deaf members. Experience suggests that most Hospice organizations are very open to having sign-language interpreters or trained Pastoral Workers of the Deaf as part of the care-giving to deaf persons. This openness of hospice caregivers to sign-language interpreters and trained Pastoral Workers is in stark contrast to the difficulties experienced by deaf patients noted above. One possible reason for this difference is the focus of hospice caregivers on the patient and responding to whatever needs the individual has. Hospice care is truly patient-centered care. The hospice movement will grow in the deaf community. The deaf community wants very much to participate in this good work.

### **Pastoral Care By, For, and With Deaf Persons:**

St. Francis de Sales, the patron saint of deaf people wrote, “I advise you to visit hospitals, to comfort the sick, and to have compassion for their infirmities, letting these touch your heart; and pray for the sick even as you give them whatever help you can.”<sup>10</sup>

There are few deaf people presently able to provide professional medical care to deaf people. However, in terms of Pastoral Care, much has and continues to be done by both deaf and hearing persons. In the Archdiocese of Chicago, over the last twenty years, more than twenty deaf people have received training and diocesan certification to be Pastoral Care Ministers to the Sick. Having a deaf person bring Holy Communion to those deaf people who are in hospitals, nursing homes, or “shut-in” their own homes, has been a marvelous gift to the Church. It is certainly a gift to those who hunger for a visit and the gift of the Eucharist. However, just as much, those deaf who are Pastoral Care Ministers often report a deepening of their own faith because of their experience of ministry. For many of them, this is the first time and first opportunity they have had to share in the ministry of Christ. In many ways, they are living the challenge presented to the deaf community by our Holy Father last November: “You are legitimately heralds of the Gospel, by virtue of your Baptism. You are to live everyday as witnesses to the Lord in your living contexts, making Christ and His Gospel known.”<sup>11</sup> In a unique way, these deaf ministers are a “sign” to the hearing members of the Church of the inclusive nature of ministry.

More training programs for deaf people in pastoral ministry is a pressing need. The “Pastoral Ministries with the Deaf” program at St. Thomas University, Miami, Florida ([www.stu.edu](http://www.stu.edu)) was described by Mr. Ian Robertson at the November Conference, *Ephphata! The Deaf Person in the Life of the Church*. This is an excellent program, with hearing and deaf teachers. There is also a “Ministry Formation Program for the Deaf” located in the Archdiocese of Chicago (email: [cathdeafch@archchicago.org](mailto:cathdeafch@archchicago.org)).

At the same time, many deaf people do not have access to the Sacraments of Reconciliation and Anointing of the Sick. In too many dioceses there is not a single priest who can effectively communicate in sign-language. At the Conference last November, one of the significant

<sup>10</sup> Francis de Sales/Jane de Chantal, *Letters of Spiritual Direction*. Paulist Press, New Jersey; 1988

<sup>11</sup> Address of His Holiness Benedict XVI to Participants in the 24th International Conference Organized by the Pontifical Council for Health-Care Workers, [http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2009/november/documents/hf\\_ben-xvi\\_spe\\_20091120\\_operatori-sanitari\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2009/november/documents/hf_ben-xvi_spe_20091120_operatori-sanitari_en.html)

recommendations was that in every diocese there be “at least one priest with the necessary skills and training...so he can be the point of reference for deaf people for the sacraments”<sup>12</sup> to truly minister to deaf people. In many dioceses in the United States, and in the world, many deaf persons are able to fully celebrate the Sacrament of Reconciliation and Anointing of the Sick in their native sign language on the rare occasion when a priest skilled in sign language comes to a diocese to lead a retreat or pastoral mission. At such times, it is common for some deaf persons to travel more than 100 miles (165 km) so they could participate in Reconciliation, for many the first time since the last priest who could sign came to their area.<sup>13</sup>

Coupled with this is an absolute need for more and better Religious Education for all people in the deaf community. A great many deaf people do not understand the gift and grace of the sacraments because they have never been instructed properly in the Catholic Faith.

For the dying deaf person, the Sacrament of Anointing of the Sick has the power to bring comfort and healing. Yet, how much more powerful it is if the deaf person can see the priest signing, “By the power of this holy anointing, may the Lord in His love and mercy help you by the grace of the Holy Spirit. May the Lord who frees you from sin, save you and raise you up.” The power of that moment and communication is not lost on the person and his/her loved ones.

On the final morning of the Conference last November, His Eminence, Cardinal Angelini said: “The great mystery of life is human suffering. If you wish to find Jesus in the world, then go to the hospitals and rehabilitation clinics. Visit the sick. And in those who are ill and suffering, you will find the Lord.”<sup>14</sup> The pastoral care of deaf people who are sick and suffering by and with Pastoral Workers who are hearing and deaf is a great gift and challenge to the Church. The Holy Father last November challenged the deaf to take up their “baptismal responsibility”. Many want to do this, but need the opportunity and training to fulfill the Holy Father’s call. Those deaf who face health problems and those people who wish to be a “sign” of God’s healing power together challenge the Church to be more responsive to this ministry. In his Angelus address of 8 February 2009, the Holy Father said: “Jesus leaves no doubt. God, whose face He Himself has revealed to us, is the God of Life, who delivers us from all evil. The signs of His power of love are the healings He performs. Let us pray for all the sick, especially the most seriously ill, who cannot provide for themselves in any way but are completely dependent on the care of others. May each of them experience, in the concern of those beside them, the power of God’s love. Mary, health of the sick, pray for us.”<sup>15</sup> Amen.<sup>16</sup>

---

<sup>12</sup> Recommendation #5, XXIV International Conference Ephphata! The Deaf Person in the Life of the Church, 19-20-21 November 2009, unofficial text

<sup>13</sup> I can attest to this from personal experience.

<sup>14</sup> Personal notes on the address of His Eminence Cardinal Fiorenzo Angelini, 21 November 2009

<sup>15</sup> *Angelus*, Saint Peter's Square, Sunday, 8 February 2009, [http://www.vatican.va/holy\\_father/benedict\\_xvi/angelus/2009/documents/hf\\_ben-xvi\\_ang\\_20090208\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/angelus/2009/documents/hf_ben-xvi_ang_20090208_en.html)

<sup>16</sup> I wish to acknowledge those who assisted in the preparation of this paper: Ms. Mary Ann Barth, MA; Ms. Colleen Curry; Sr. Patricia Francis, O.P., PhD; Ms. Karen Graham, MSW; Ms. Consuelo Manero, MA; Ian Robertson, PhD; Rev. Anthony Schuerger, MDiv.