

The View From Inside the Crib

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[Excerpted from [Early interactions with children who are deaf-blind](#). (1997, rev. 2017). National Center on Deaf-Blindness.]

The senses of vision and hearing are often referred to as the “distance senses”—that is, they connect a child with the world that extends beyond his or her personal body space. Children who are sighted and hearing learn language and many important concepts without any specifically planned instruction. They learn simply by being surrounded by language and by having ready access to environments that are safe, interesting, and invite exploration. The senses of vision and hearing help the child organize information from the environment. The young child who is deaf-blind, however, does not have access to opportunities for this “incidental learning” and the information the child does obtain from contact with people and the environment is often fragmented or distorted.

A sighted and hearing infant comes to anticipate daily routines because of the sights and sounds associated with them and can prepare himself or herself for the activities in advance. The infant who is deaf-blind misses these cues because of limited vision or hearing and may find the world unpredictable and confusing—possibly even scary. This child needs others to help make sense of the world. From a child's perspective, what does it mean to have both a vision and hearing loss? Many things may happen that are unpleasant “surprises.” She may not understand or be able to anticipate what is happening to her. He may try to communicate, but his cues may be so subtle they are difficult for people to understand. He may also find it difficult to understand his parents' best attempts at communication. Let's look at a common routine—diaper changing—but let's do so from the perspective of the baby.

Meg has just awakened from her nap with a soiled diaper. She fusses a bit to let her dad know she's awake. She looks up as she hears footsteps and the opening of her door to see her dad walking toward her crib. She listens to her dad talk to her as he bends down over her crib, picks her up, and carries her to the changing table. Meg recognizes where she is from many previous experiences here. She knows what's coming! She watches her dad take a bag from the shelf, open it, and pull out a clean dry diaper. Then she sees him reach for a small plastic rectangular box, open it, pull out a moist disposable wipe, close the box and put it back on the shelf. After Dad removes her wet diaper, Meg watches him take the cover off a big round bucket, drop the diaper in, then replace the cover. Once she's cleaned up, she enjoys the freedom of kicking her feet without the restrictions of her bulky sleeper. Meg is beginning to learn to anticipate daily routines and to develop an understanding of many important concepts such as object permanence (something still exists even if I can't see, hear, or feel it), “containers” (in/out, open/close, size, shape), and spatial organization.

Alex just woke up with a messy diaper, too. He has a profound hearing loss, but is able to see faces and brightly colored objects when they are no more than 18 inches away. He doesn't hear his mom come into his room and is surprised to suddenly see someone moving above his crib. Because his diaper is so messy and Alex is not terribly fond of having his diaper changed, Mom decides to change his diaper quickly in his crib so they can get on to doing more playful activities. By now, Alex is beginning to recognize his mom from her touch and closeness and is hoping to be picked up to play but suddenly he's confused. "What's happening to my legs? Why am I cold? What's that cold wet thing on my bottom? I don't really like this. Maybe if I squirm away it will stop. Oops, that didn't work, how about if I stiffen up a bit. Still no luck. I guess I'll have to resort to crying. Finally, I'm back in warm dry clothes and Mom is holding me. After all that, though, I'm not sure either of us is in the mood for playing."

Michelle is fussing because she also just woke up with a messy diaper. Michelle has no vision and a moderate hearing loss. Her mom approaches Michelle's crib and gently places her hand on Michelle's chest to greet her with their special "hello" sign, pauses, then gently brings Michelle's hand up to touch Mom's hair, which is Mom's "name sign." Michelle becomes quiet and reaches out to touch her mom's face. This has become a special greeting. (She knows it's Mom who's going to pick her up rather than Dad from the feel of Mom's soft hair rather than Dad's rough chin). Michelle feels her mom's hands gently lifting her under her arms as she says something that sounds like "up." Mom waits until Michelle starts to lift her head to indicate she is ready, then she picks her up. Michelle wonders what they'll be doing next, then feels the soft terry cloth of her changing table beneath her. She kicks her feet and feels the crumply mylar paper her sister so carefully attached to the foot of the changing table. She relaxes, knowing this is a familiar place. She feels her mom touch her diaper and then feels another clean diaper close to her hand. Michelle grabs it and enjoys crunching it together in her hands while her mom cleans her bottom. What fun it is to kick the mylar and feel it move without being restricted by all those sleepers and blankets! When she feels the clean dry diaper Mom puts on her, Michelle knows she'll be getting up from the changing table soon. As Mom gently lifts under her arms and she hears that sound "up" again, Michelle lifts her head up, letting Mom know she's ready. She relaxes into her mom's shoulder after she's picked her up and they go off to play together.

EACH CHILD IS DIFFERENT

The amount of information children are able to gather depends not only on the amount and type of vision and hearing they have, but also on how they learn to use that vision and hearing. Each child learns to make use of available sensory information in his or her own way. Some children interact with their world primarily through touch, while others may rely more on vision or hearing. For many children, a combination will be most useful.

For other children, using vision, hearing, and touch all at one time is too confusing and, in different situations, they may choose to rely primarily on one sense. Some children use their vision and hearing inconsistently. Some days they appear to use their vision well and other days they do not. Likewise, a child may seem to hear things well some days and not on other days. This can be confusing for parents and service providers alike. Although complete ophthalmological and audiological examinations are essential, they may not be able to tell you how your particular child uses his or her residual vision or hearing. This information is best gained by carefully observing your child in familiar places and at different times.



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