

Social and emotional development of deaf children and adolescents.

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The assessment of social and emotional development is complex for a number of reasons. Firstly, cultures, communities and families may differ as to what is considered normal or acceptable and secondly, there are limitations on the assessment tools available. However, increasingly it is becoming more and more important to know about this area of development.

There has always been concern about the relationship between social and emotional factors and development in other areas, but now new procedures and interventions make this knowledge more critical. We need to understand the impact of the use sign language with deaf children, of neonatal screening and of cochlear implants. The nature of some of these interventions, particularly in terms of cost also means that we are increasingly being asked to assess and evaluate their outcomes and consider cost effectiveness.

One of the more common approaches to looking at social and emotional development has been the use of interviews. I wish to comment in particular on the use of a semi-structured or guided interview schedule, which uses a set of prescribed questions but also a number of additional prompts which are included as appropriate. Results can be analysed both quantitatively and qualitatively and I wish to consider some results from research using this approach.

One way of considering social development and self-esteem is to look at a child's sense of their own identity, and for deaf children how they understand and internalise notions of deafness and hearingness. In a recent semi structured interview study, we looked at identity in 7-11 year old deaf children in sign bilingual programmes (Gregory, Smith and Wells 1997). The questions were put by a deaf researcher in British Sign Language (BSL). After asking what does 'deaf' mean and what does 'hearing' mean, there followed a question about who was cleverer, deaf people or

hearing people. Twenty-two of the 25 children were able to answer and of these, 6 said both were the same, 8 said that deaf people were cleverer and 8 said that hearing people were cleverer.

Time precludes much discussion of the responses but I include one of each type. . The answers that suggested that deaf and hearing people were same often attributed comparable skills to each.

It's the same because deaf people have sharp eyes and hearing people have sharp ears, so it's the same really

Where deaf people were seen as cleverer, it was for a number of reasons ranging from their perceived better behaviour to their ability to sign

It's best to be deaf because hearing people talk a lot and it makes their jaw hurt. If you sign, nothing hurts. Deaf people are cleverer because they know signing

However, some children also saw some advantages in being hearing, which made hearing people cleverer.

Hearing people are cleverer because they have sharp hearing. If there is fire, hearing people are all right, they can get out quickly. Deaf can't hear so they will be dead.

What is clear from these answers is that while they do not endorse a notion of an explicit deaf pride or deaf identity, they indicate that most of these 7-11 year olds were able to discuss what it meant to be deaf or hearing. They knew something of the effect on day to day life and could draw contrasts between the two. Their comments seem to be largely pragmatic, and while some described disadvantages of being deaf, most did not see it as a problem.

Learning what deafness means is a complex process and is likely to vary from child to child according to their social and educational experiences. Deaf children's sense of identity emerges as they interpret similarities and differences between themselves and others and as they learn about the way these are interpreted by significant others in their lives. This occurs both overtly through direct information and, perhaps more importantly, covertly as young children gradually construct their identity through their

social interactions and through observing the way other people behave towards them.. The factors they used to describe differences between deaf and hearing people indicate a developing awareness of the notion of deafness. The children were confident that they would grow up to be deaf adults and seemed to have a secure sense of self worth as developing deaf young people.

In another study, (Gregory, Bishop and Sheldon 1995) 61 deaf young people aged 18-24 years from a much wider range of language and educational backgrounds, were asked about their own sense of identity as a deaf person. We were particularly interested to see whether they would reflect the view generally held by society that sees deafness as an impairment and thus as undesirable or whether some of them would have developed a positive Deaf identity and maybe saw themselves as a member of a thriving Deaf community.

Within a long interview, one question asked about the extent to which they felt their life might have been different had they been hearing. Some answered the question by talking about their own personal development, many of them stressing that deafness had become an integral part of their identity and personality.

I don't think I would be as sensitive as I am now. I would be a different character altogether. I certainly would not be as understanding, because I know what it is like for people to have to try and understand me, so I probably would not have been so patient either. If I had my hearing now I don't think I would cope, though obviously I would have to. I am coping all right now, I am quite happy the way I am. I don't know, it's a difficult question.
Ruth, 19 years, oral

Seeing deafness as an intrinsic aspect of themselves, also emerged in answers to a question about whether they had ever wished they were hearing. The results are given in Table 1 for the 55 who were able to answer this question.

Table 1 Times when the young people wished they were hearing

In the past, not now	27	49%
Past and now	22	40%
Now only	4	7%
Never	2	3%

Thus, 53 (97%) had at some time wished to be hearing and only 2 (3%) had never wished to be hearing. Just over half of them at the time of the interview, did not wish they were hearing and just under half wished they were. However, for nearly half of them the wish to be hearing was one they had held in the past but not now.

*I used to argue with my mother when I was seven or eight years old, why am I deaf and my brothers hearing? Now I'm not bothered, I enjoy myself, I have deaf friends.
Christopher, 21 years, BSL*

Many explained how deafness was a part of their personality, of their sense of self, now they were older.

*If I was hearing I don't know how I would cope with it. It would be like a completely different way of life.
Ruth, 19 years, oral*

These responses give an indication of the way such interview can explore notions around deafness and identity in both quantitative and qualitative ways.

However interviewing deaf young people and children is not straightforward and many factors have to be taken into account especially concerning language and communication. The interview needs to be carried out in the interviewees preferred language, which means both deaf and hearing interviewers are likely to be involved. The interviewee has to have the language and communication skills to participate in such an interview. In setting up this study we found that 14% of the young people contacted did not have good enough communication skills to participate. Recording the interview is an issue as many young deaf people, particularly those with poorer communication skills are intimidated by video recording and audio recording can rarely be used. This means that notetakers, who can understand the interview, translate from BSL if necessary, and record in English, have to be present. In addition it is necessary to consider carefully how the interview should be constructed. If the respondents use BSL the questions may need different structure. I am informed by deaf colleagues that the question form in BSL differs from that in English, and that needs to be taken into account.

In the study described above, we also interviewed the parents of the young people, using a semi-structured interview approach. The parents had also been interviewed for an earlier study when the young people were of pre-school age and this gave us insights into continuities over time (Gregory 1976, 1995). In the context of this paper, continuity in terms of social skills is of particular interest.

A scale of social skills was devised using the parent interview responses when their sons and daughter were young, under 6 years of age. This was based on whether or not the deaf children made themselves understood easily with other children, whether or not they were able to share toys, the extent to which they understood about taking it in turns and their understanding of games which had a winner ¹. Table 2 shows the relationship between early social competence and the ability as young people to make friends ².

Table2. Early social competence and the ability as young people to make friends

	Good skills as child	Poor skills as child
Makes friends easily as young person	11	2
Some difficulty as young person	16	4
Does not make friends easily as young person	14	13

Thus, the majority of those who make friends easily as young adults had good skills as a child, although those who do not make friends easily as adults varied in their skills as a child ³. However, the amount that the young people played with other children as a child, whether their parents felt they were left out of games when young, and whether or not they were submissive or bossy with other children did not show

¹ Good skills were classified as a positive response to three or four of the questions, whereas poor skills were indicated by two or fewer positive responses.

² The Table is based on the 60 of the sample who were 3 1/2 years or over at the first interview, and parental report of later friendship patterns.

³ This is statistically significant, (chi = 6.240, p > 0.05).

statistical relationships with patterns of friendships as an adult, either those reported by the parents or by the young people themselves.

Interviewing both young people and their parents also allowed us to look at the agreement in their perceptions and for the most part this was high. However, in a few areas there was disagreement, one of which was in terms of an aspect of social life.

Both parents and young people were asked whether the deaf young person had many friends. Parents were more likely than the young people themselves to see their deaf sons and daughters as isolated. Over three quarters (77%) of the young people reported themselves as having a special friend or a stable group of friends while only just over half (55%) of their parents made the same judgement. Two thirds of the young people describe themselves as seeing their friends often and nearly all the rest (31%) as seeing them sometimes. Parents however, perceived more difficulties and nearly half (44%) describe their deaf son or daughter as having great difficulty in making friends and sustaining relationships.

This seemed to be because the parent's idea of friendships was a more conventional one. Friends were people that you met regularly and frequently, maybe going out after work with a group. For many of the deaf young people, their friends were drawn from the wider community of deaf people, their social life was based around larger meetings of deaf people, often at weekend. During the week they may have been at home in the evenings because they did not develop friendships with the hearing people with whom they worked.

These studies demonstrate that the interview approach is a useful and powerful tool in the quality of information it provides, although particular care need in constructing the interview schedule and in the skill of the interviewer.

However, the interview approach is often not possible because of the need to collect information from a large number of respondents, or the need to have easily analysable and comparable data. Quality of life, which usually includes questions about social and emotional life is usually assessed by questionnaire.

The definition of quality of life is itself complex and Eisler (in preparation) suggests that in recent years attempts have been made to develop measures which also look at the positive elements of people's lives, their well being. While there is no generally accepted definition of quality of life, most studies reflect the World Health Organisation definition of health which refers to the 'state of complete physical, mental and social well being and not merely the absence of disease or infirmity' (WHO 1947)

There are relatively few studies of quality of life of deaf children, as already suggest this concept is becoming important. I would suggest there are three main issues that arise in developing such measures.

Can adults assess quality of life of children?

Can hearing people assess, or make judgements about the quality of life of deaf people?

What assumptions can be made about the relationship between degree of hearing loss and quality of life?

Adults assessment is an issue for quality of life studies in general. The advantages of using parental report means that scales can be used for children of all ages, and clearly there is an age below which children could not respond to quality of life questions. A number of general studies use parents to report on their child's quality of life but there are relatively few studies which investigate how valid this might be and those studies that exist suggest that there are problems. The interview data reported above suggest there can be areas of disagreement between parents and children, for example in terms of friendship patterns and social life.

The second issue concerns whether hearing people can make judgements about the quality of life of deaf people. This is particularly relevant when we consider how quality of life questionnaires are constructed and the assumptions implicit in the questions that are included.

When hearing people are asked what it would be like to be deaf, they often mention things such as not hearing music or not hearing the birds sing. Such responses correctly describe what it would be like to lose one's hearing. The problem is for a born deaf person nothing has been lost. Thus when deaf people think about being deaf they see it from a different perspective from hearing people.

It is now generally recognised that two models of deafness can be identified, the medical model which sees deaf people as deficient and therefore in need of a cure, and the cultural model which sees deaf people as a linguistic and culture minority group with its own community and identity. Deaf people who see themselves as part of a linguistic and cultural minority consider their deafness as an integral and positive aspect of their own identity. In the interview study reported above, deaf young people were asked if they wished they were hearing, and while half said yes, half said no, many because they felt they would be a different person they were if they were hearing.

The third issue concerns the effect of degree of deafness. Many of the scales that look at such factors are based on the assumption that the deeper a person is the greater the consequences.

While there are a number of studies relating to educational achievement and language development there are fewer relating to emotional and social factors. Those that exist usually look severe behaviour difficulties or psychiatric disturbance and tend to show no relationship between hearing loss and behaviour or psychiatric disturbance. Recently Hindley (1994) has looked at psychiatric disorder in pupils in Hearing Impaired Units and a school for the Deaf in the UK. He found no relationship between severity of deafness and disorder, that degree of hearing loss was not significantly associated with poor psychological health. Griggs (1998), too, in a study of psychiatric disorder in a cohort of 468 deaf people, did not find hearing loss to be a distinguishing factor.

While behaviour and psychiatric disturbance is not the same as quality of life, the absence of an indication of a relationship with hearing loss does suggest that it cannot

simply be assumed that degree of hearing loss has a direct consequence for quality of life.

In closing I would like to suggest that the interview is a powerful way of exploring social and emotional life. Increasingly questionnaires are being used to investigate these areas, often under the more general theme of quality of life. While these have their place, some caution is needed in their use and in the basic assumptions that underpin the questions that are asked.

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