

Social Isolation of Deaf Adolescents

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Abstract

A study on the social development and isolation of deaf adolescents among their peers in mainstreamed and residential school settings. Research studies directed by both hearing and deaf researchers, has left conflicting results on the evaluation of social outcome between mainstreamed and residential schools. The results indicated that mainstreamed students often feel very lonely, frustrated, rejected, and unable to interact and communicate with their classmates. On the other hand, researchers reported that deaf adolescent's social development over a two-year period of mainstreaming programs, had left 94% of them with hearing friends. While on the contrary, responses from deaf adolescents in residential schools reported that they had more friends, feel emotionally secure, have higher self-esteems, are accepted by their peers and can communicate very well with American Sign Language. The final outcome on the research studied, reported that half of deaf adolescent's social interaction describe their experiences as positive, while the other half describe theirs as negative. According to some researchers, it has been indicated that there is no accurate proof supporting either theory.

Social Isolation of Deaf Adolescents

There are many different views on deafness. Deafness is defined as a medical condition of not being able to hear well or at all. In contrast, the dichotomy deaf is referred to as a “cultural, linguistic minority, to a particular community, to a particular set of attitudes, beliefs, norms, and to a sense of pride to be part of this culture” (Harvey, 1997, p.41). To the hearing world, they’re known as the *silent minority*. They consist of 28 million deaf and hard-of-hearing and out of those 28 million, only 5 million wear hearing aids.

In Marschark’s book, *Raising and educating a deaf child* (1997), he emphasized the importance of understanding deaf adolescent’s language developmental skills. To best understand the language development of a deaf adolescent, one has to be aware of their minimal oral-language skills. Depending on their environment, deaf children can first learn to use sign language as early as 5 or 6 months with sign words like *mama* or *milk*.

On the other hand, deaf children in a speech-therapy program are at least 2 to 3 years behind the normal hearing child. Research indicates that if a deaf child has been exposed early to American sign language (ASL), they are more likely to be proficient in their early language development than those who speak spoken language (Marschark, 1997).

One of the most difficult decisions a parent can make for their deaf child or adolescent, is which language or school do they want them to attend to. Once the decision has been made, they will be secured in as their primary language. The secondary language can be chosen later on by the deaf individual himself or until the parent feel that the school system is not meeting their needs (Marschark, 1997).

Language is the key to providing self-identity in social relationships. ASL is the primary language that the deaf prefer. Despite the effort that deaf adolescents learned English, reading,

and writing in mainstreamed classrooms, ASL allows them to express themselves dramatically by using short phrases like, *me like you*, instead of signing in English, *I really do like you*. ASL allows them to tell a story without the frustrations of the English language. To them it takes up too much time, and is considered boring. ASL helps them to express ideas using concepts and total body language. The use of ASL in social relationships, is an effective tool in the development of social competence (Higgins & Nash, 1997).

Asking what kind of school is best for the deaf child or adolescent is not a question that can be generalized. The question needs to be asked and answered keeping in mind that different students have different needs and different programs that best suit those needs. The choice of schools will have long-term effects on their personal and career goals as well as academic achievements (Marschark, 1997).

Depending on the deaf person's attitude or identity as Freeman, Carbin, & Boese (1981) defines "deafness can either be a difference to be accepted or a deficit to be corrected" (Harvey, p. 41). This concept has left many parents confused and uncertain about which school to place their child in. One parent may say, "this school has taught my child to function well in the hearing world, he lip-reads, he talks, and knows how to listen for sounds like a hearing person." Another parent may say, "this school has taught my child to be proud to be deaf, to be a part of the deaf community and sign fluent ASL" (Harvey, 1989). Finally, one parent may be proud of the fact that their child can function in both worlds.

Harvey (1989) in his book, *Psychotherapy with deaf and hard-of-hearing persons*, stresses the importance in making decisions on which particular school to place their deaf child or adolescents in. Parents need to ask themselves questions like, "what particular method is best for them?" "Does he or she desire to be mainstreamed or attend to a residential (deaf) school to be

with their peers?” However, there is a consequence to either decision. When deaf students are being mainstreamed they will face many frustrations of not being able to *fit* in either world. On the other hand, residential deaf students may also face difficulties of not being able to *fit* in the deaf community, especially if the language spoken is their primary language.

In Marschark (1997) book, one needs to keep in mind that a very important part of the deaf adolescent’s social development is his peers. The question one needs to ask are, “will my deaf adolescent benefit better by being surrounded by hearing peers and lacking communication skills which could result in isolation or, will he benefit better around his deaf peers?”

One cannot know until he has tried. To best decide which schools, we need to look at the deaf student’s social skills around his hearing peers versus around his deaf peers. In doing this, one can only know by studying and investigating the deaf student’s developmental abilities and self-identity. Marschark (1997) concluded that when giving equal exposure to both mainstreamed and residential settings, social interaction with deaf peers in partial mainstreaming is much better than total mainstreaming. He emphasizes that mainstreamed settings do not increase the amount of emotional security in deaf students. Mainstreaming does not always provide self-identity, or emotional security. Even if they determine it was a positive experience for them, negative effects can show up later in life. Marschark argues that this is not only about becoming sociable, but about one’s academic skills, over-all mental ability, and successes with the vocation of their choice.

In addition, other recent studies directed by both hearing and deaf researchers, have estimated the social outcome of mainstreamed schools versus residential schools. The results indicate that mainstreamed students often feel very lonely, frustrated, rejected, and unable to interact with their classmates. On the contrary, deaf students in residential schools reported

that they have more friends, feel emotionally secure, and have higher self-esteems, and are accepted by their peers and can communicate very well with sign language.

The effect of school placements on the deaf adolescent's social development has left conflicting results. Schlesinger and Meadow (1972) noted and compared that no difference is found in positive self-concept in school placements. Farrugia and Austin (1980) calculated that self-esteem and social adjustments were much lower for deaf adolescents in public schools. Researchers reported that there is no accurate proof in supporting this theory.

Ladd, Munson, and Miller (1984) reported on social interactions of high-school age mainstreamed hearing-impaired students with their normal hearing peers. During a three-year period, increasing rates of interaction between deaf students and hearing students was observed and the deaf students received an average rating on sociometric measures. Parents and teachers felt that the social situations of 60 % of the hearing-impaired students had difficulty making friends with their hearing peers at school and had almost no contact with them outside of school hours (Moore & Meadow-Orlans, 1990).

Counselors and psychologists who plan to work with deaf adolescents often deal with learning and social developmental issues. This is best defined by some professionals as "social adjustment" (Moore & Meadows-Orlans, 1990). When students become notably unstable, they're considered to be emotionally and behaviorally disturbed by other classmates and teachers because of their form of aggression and rebellious behavior.

On the other hand, the influence of school placement on the deaf adolescent's social development reported that over a two-year period of mainstreamed programs has left 94 % of deaf students with hearing friends (Ladd et al., 1984). No matter what the school placement holds, it is documented that behavioral problems or positive self-concepts have come

to the conclusion that mainstreamed children can be harmful to the deaf adolescent's social development (Fisher 1966; Hess, 1960; Levine, 1956; Meadow, 1980). Therefore, it has been hypothesized that deaf adolescents are not prepared to cope with the hearing world upon graduation (Moore & Meadows-Orlans, 1990).

Numerous research studies reported on the effects of mainstreamed settings for deaf adolescents on their social and academic outcomes. The outcomes on Table 2.7 developed by Moore & Meadow-Orlans (1990, p.56), indicates that "half of the deaf students in mainstream settings describe their experience as positive, while the other half described theirs as negative."

Table 2.7

School Placement Outcomes				
Independent Variable	Dependent Variable	Direction of Effect	Level	Source
Mainstream (1= main-streamed, 0 = self-contained classroom)	Academic achievement	Spurious	Age 15 to 16	Allen and Karchmer, 1981
	SAT-HI Reading	Positive	Elementary and Secondary	Allen and Osborn, 1984
	SAT-HI Math	Positive		
	Interaction with peers	Negative		
	Interaction with teacher	Negative		
	Hearing student's attitude toward deaf students	Positive	Post-secondary	Jacobs, 1976
	Self-esteem	Negative	Age 10 to 15	Farrugia and Austin, 1980
	Social adjustment	Negative	5 to 16	Fisher, 1966
Math achievement	Positive	Secondary	Kluwin and Moore, 1985	

	Social adjustments	Positive	Secondary	Ladd, Munson, and Miller, 1984
	Language	Positive	Secondary	
	Self-concept	Mixed	Secondary	
	Reading	No difference	Secondary	
	Social adjustments	No difference	Secondary	
Day School	Self-concept	Negative (a)	Age 6 to 18	Schlesinger and Meadow, 1972
		No difference (b)		
Curriculum taken (c)				

(a) Deaf adolescents of hearing parents attending a public day school compared to deaf adolescents of deaf parents attending a residential school.

(b) Deaf adolescents of hearing parents at a day school compared to deaf adolescents of hearing parents at a residential school.

(c) No data are available for this variable.

An interesting research work developed Claire Ramsey (n.d.) in her book, *Deaf children in public schools*, shows an outcome of her dissertation research in which she spent a year gathering information. She observed 3 deaf second grade boys and the teachers in their mainstreamed classrooms along with their sign language interpreter. She discovered the problems associated with mainstreaming. The first is isolation. Secondly, there is no model for language development. Thirdly, secondhand information is gathered through interpreters. Fourth, the paternalism from mainstreamed teachers and them not calling on the deaf students to respond. Fifth, the teacher's lack of understanding about deaf culture, and signing about twenty words. Sixth, the success rates that is not convincing to them. Seventh, the hearing children getting away with whispering while the deaf students getting into trouble for signing, and teachers having a problem with the deaf student looking away from them and the interpreters.

These complicated answers are found in her book and offers educators, scholars, and parents an exceptional stage for projecting and informing the educational colleagues for deaf students.

As reported by Schlesinger & Meadow (1972), from ages 11 to 18, adolescence is a time in between childhood and adulthood. Many problems are developed during this time, such as independence, social interactions, and hormonal changes. For the deaf, it is considered to be a very difficult and stressful time for them especially among their peers and family members.

In understanding deafness socially, Higgins & Nash (1987), agrees that one should be aware of the fact that deaf adolescents do deal with isolation and have lower self-esteem more than hearing adolescents because of their communication difficulties. This study was based on the decision of how interpersonal relationships among family members deal with problems. Deaf adolescents with deaf parents tend to score high on positive self-identity, while deaf adolescents with hearing parents tend to score even higher. Perhaps the reason for this outcome is due to the successfulness in the academic and communication skills within family members.

Even though adolescence is a difficult time for them, it doesn't have to be. Like any other parents who deal with their child, they can help guide them and lead them into becoming a more responsible society. With parental support, they can learn how to overcome their own fears by accepting that this "way of life" will someday change.

Social relationships among adolescents are a critical time and will help create a lifelong self-identity and self-acceptance in social interactions with peers (Higgins & Nash, 1997). According to Erikson (1956), "achieving an ego identity and a capacity for intimacy are major interrelated tasks of late adolescence. Identity formation involves identifying with groups as well as individuals, including parents, extended family, social class, racial group, school, country, and historical period (Strong, Charleson, & Gold, 1987, p.262).

When adolescent peers show that they care about them, their self-identity is automatically improved. The relationship among them provides a great capacity for emotional support and

also helps maintain personal self-worth. Deaf adolescents who lack social skills among peers in the hearing world they will suffer traumatically.

If the deaf adolescent's self-identity moves them towards a crisis of an unprogressive and unfinished task or if he feels *limited* and academically unaccomplished, his trust level becomes low. Having already felt rejected by society and his peers, perhaps by this time he has decided in his mind without really letting his parents know, he prefers to be with and around other deaf individuals for college, career and marital preferences (Schlesinger & Meadow, 1972).

It is a very difficult decision for them to make. Therefore, they should be asking themselves questions like, "Do I want to enter the deaf culture?" or "Do I want to be in touch with the hearing world?" It's not a matter of trying to be deaf or not be deaf, but simply stating the fact that he is deaf. Whatever choices the deaf adolescent makes, it's all for his best interest. There is no right way or wrong way. Parents, teachers, counselors, and friends need to be supportive of the decision they make without pressuring them to do what they want (Schlesinger & Meadow, 1972).

Some researchers have argued against this theory. Becker and Nadler (1980), observed the strengths and weaknesses of peer socialization and the implications for the education of deaf students, for social interactions between hearing and deaf students, and for developing a support system for them. In their opinion, deaf students can benefit from a normal educational setting. It prepares them to deal with everyday problems such as, finding occupation, vocational training and other problems such as widespread knowledge of marriage, childbirth, and family life (Higgins & Nash, 1997).

In other issues such as interacting with the hearing society, for instance, if communication between hearing people becomes difficult, they may cancel appointments and avoid going to the

doctor or job interviews. In situations like this, interpreters need to be provided to help integration with agencies serving the general public and promote participation in activities of the hearing world (Higgins & Nash, 1997).

Becker & Nadler (1980), states that “integration of deaf peer groups into agencies serving the general population enhances self-determination and boosts self-esteem” (Higgins & Nash, 1997, p. 77). The majority of the deaf population is not comfortable with this.

Needless to say, it would be acceptable to say that deaf adolescents do benefit better by being around their own deaf peers. Their social relationships, self-identity, and self-acceptance will be enhanced just as the hearing world among their own peers.

Deaf adolescents among their peers, usually have lifelong relationships that last longer than hearing peers throughout their life-span. “In old age, deaf people have learned to master the coping mechanism lacked during the earlier years. Their friendship has helped them reinforce self-identity, to recognized positive aspects of deafness, and minimized the feelings of being ‘different’ (Higgins & Nash, 1997, p. 67).

Even though communication difficulties appear to be the main cause of isolation among deaf adolescents, some have argued that the best modified deaf adolescents are those who attend residential schools and have deaf parents. However, there is no guarantee that this is true in all aspects, since some of them did not come from close-knitted families. Although, it is expected that deaf adolescents who appear to be different from the norm, tend to be isolated largely because the lack of communication rather than feeling basically different (Strong, Charlson, & Gold, 1987).

For deaf adolescents to become successful in life, they need to be aware that loneliness and isolation is a very normal part of life. The most important procedure for them to rely on is, for

them to keep in close contact with other deaf peers because this should help alleviate most of their negative feelings towards themselves.

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