

# Wellbeing in deaf<sup>1</sup> children: A framework of understanding

Maria Gascon-Ramos

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## Abstract

*This article presents a description of how elements in the life of deaf children interact to promote wellbeing in the deaf child. Deaf children are known to be at much greater risk of developing mental health problems than their hearing peers (Hindley et al., 1994). A lack of opportunity to participate in social life resulting from barriers within the environment (e.g. language and communication, and social attitudes towards deafness) is regarded as major determinants of deaf children's social and emotional development (Hindley, 2000; Schlesinger & Meadow, 1972). However, there seem to be more elements contributing to life stressors in the deaf child. A model of wellbeing (Veenhoven, 2000) will be applied to the multidisciplinary study and review of deaf children's social and emotional development. In doing so, multiple conditions identified as sources of influence on deaf children's wellbeing will be brought together in one single picture. The concept of developmental ecologies proposed by Bronfenbrenner (1980, 1996) will provide the theoretical grounding to explain how deaf children's wellbeing can be promoted. This work is important in highlighting the implications that societal views on deaf people have for promoting the development and wellbeing of deaf children, and some practical implications are drawn for professionals working with deaf children and their families.*

## Introduction

This article is concerned with the study of wellbeing in deaf children. Deafness is often understood in hearing communities as a disability resulting from a lack of auditory input or social disadvantage (Corker, 1993). However from a cultural–linguistic framework, being deaf is seen as an advantage (Young 1999). Deaf individuals are understood as members of a minority cultural community with a fully grammatical natural language, sign language (Brennan, 1992) and their own characteristic traditions, attitudes, values and ways of behaving (Ladd, 1998, 2003).

The way in which the notion of 'deafness' is understood for a developing child is fundamental to how carers will cater for the child's needs as she or he grows up. Most deaf children are born to hearing parents (nearly 90 per cent) with little or no experience of deafness prior the birth of their deaf children. Hence they set off on a journey to discover what being deaf is like. Deaf parents are aware of what being deaf means for example, potential for communicating with others, abilities to learn, and having to cope with often negative representations of deaf people in hearing society (Padden & Humphries, 1988).

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<sup>1</sup>Within this article the phrase 'deaf child'/'deaf children' has been deliberately chosen to represent children whose nature as deaf individuals makes signed languages the most natural way of communication and deaf/visual led environment more suitable for their development. Deaf children are different from hearing impaired children in that the latter can use residual hearing to function normally in hearing led environments where hearing and speaking are the required communication channels. Please also note the use of the term 'Deaf' and 'deaf'. The term 'Deaf' (or uppercase 'D'-Deaf) refers to individuals who share a common cultural identity, language (sign language) and membership of the Deaf community. In contrast, the term 'deaf' (or lowercase 'd'-deaf) refers to individuals who identify themselves as people with a hearing loss or hearing-impairment, hence their deafness is mainly an audiological experience.

Clearly, deaf parents have a closer and more accurate view of what being deaf means.

It is now possible to diagnose deafness within weeks of birth. New questions are posed by the use of neonatal screening in terms of family adjustment, quality of professional services and adequacy of our tools to chart a deaf child's progress compared to what was previously the case.

This article is not going to attempt to cover the implications of neonatal screening programmes. Rather, it aims to bring the literature on deaf children's development together in a framework of understanding about wellbeing that can then throw some light into what contributes to healthy development in deaf children.

### **Developing social and emotional wellbeing: The bioecological model of development**

The key to the wellbeing of children is probably their social and emotional development (WHO, 2003a) and life success (Calderon & Greenberg, 2003). Wellbeing is often seen as the result of positive mental health experiences. The WHO (2003b) report includes the following conditions for positive mental health in children:

- secure attachment;
- a sense of purpose and direction in life;
- effective coping strategies to overcome daily life challenges;
- perceived controlled over life outcomes;
- emotionally rewarding social relationships;
- expression of positive emotion;
- social integration.

While for most children these characteristics result from a nurturing environment, for other children it can prove more challenging (Schaffer, 2000). To understand the impact of environments on children's wellbeing effectively, it is useful to introduce the concept of ecology. Ecology refers to processes of accommodation between the developing child and the environment, while being influenced by larger contexts and time:

*The ecology of human development involves the scientific study of the progressive mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relation between these settings, and by the larger contexts in which the settings are embedded, over time<sup>2</sup>. (Bronfenbrenner, 1979, p.21)*

In examining mental health prevention programmes for school age children, there has been an increasing interest in factors that lie outside the child, such as parenting skills or community welfare. The use of mental health intervention programmes has increased in the last 20 years (see Greenberg, Domitrovich & Bumberger, 2001, for a complete review). The development of general social and emotional skills and more specific skills such as conflict resolution and decision making in order to prevent psychopathology and violence has been the target at three levels of intervention (i.e. universal – where preventive interventions are aimed at the general population; selected – where high risk groups are targeted; and indicated – where those at risk are targeted, Greenberg, Domitrovich & Bumberger, 2001; Elliot, 1998). While child-centred interventions have been the main target for mental health programmes, the ecologies in which children develop (i.e. home, school, community) have become an important consideration within these programmes. One of the reasons for this has been that the capacity of the people in the environment to provide social and emotional experiences and to support development has become crucial in our understanding (Cowen, 1994; Bronfenbrenner, 1979; Moen, Elder & Lüscher, 1996). Clearly, when there is a struggle to provide adequate developmental opportunities, children are disadvantaged.

Currently, multidimensional programmes involving the child, the home and the community are being favoured. Greenberg, Domitrovich and Bumberger (2001)

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<sup>2</sup> Italics are mine. Bronfenbrenner (1996b) included time as part of children's ecology of systems.

found that programmes that addressed risk and protective factors both within the child and her or his developmental environments were more effective in developing enduring wellbeing in school-age children. In this respect, combined interventions that considered teacher and family behaviour, the relationships between both, and the role of other people in the community in maintaining a healthy environment (i.e. healthy norms and competent behaviour) had enhanced the success of interventions with school age children (Greenberg, Domitrovich & Bumberger, 2001). This observation draws attention to the necessary holistic and comprehensive perspective that involves children and environment in understanding children's social and emotional development. How this might work is explored in the following model.

Bronfenbrenner's (1996) *Bioecological model of Human Development* analyses the ecology of human development – that is, the understanding of human development in the context of the different environments in which she or he is immersed. Within this theory, environments are perceived as a constructed reality, rather than their objective appearance.

Children are immersed in other social systems besides the family, school and the peer group. Distal and proximal social systems (i.e. at varying social and physical distances) in the life of the child impinge on development (Bronfenbrenner, 1979). Social and cultural influences filter through the outer systems to the settings in which the child is directly immersed, shaping the properties and 'processes that embody an ecology. Bronfenbrenner (1996, p.620) suggests 'proximal processes' are increasingly complex reciprocal interactions between an active and evolving biopsychological child and significant others, objects or symbols in the immediate environments.

The ecology of a child's development is complicated by the range of interactive systems, and proximal processes between

the child and her or his social contexts (Bronfenbrenner, 1996).

In Figure 1, **The chronosystem:** The 'chronosystem' captures all the interacting elements over time that affect the child – that is, the historical, social, political, economical and technological conditions that shape the ecology of development. **The macrosystem:** The belief system, ideologies and values that lie at the roots of a culture at a particular historical moment are the 'macrosystem' (Bronfenbrenner, 1979). These belief systems will underpin the way developmental ecologies are created and the behaviour of individuals involved in them. **The exo and mesosystems:** The 'exosystem' referred to settings where children are not directly involved but these still have an influence on children's lives; the 'mesosystem' is a system of microsystems that comprise the interrelations among two or more settings in which children are developing such as the family and the school. **The Microsystems:** Family and school ('microsystem') provide a diversity of life experience (e.g. exploring, communicating, observing, and playing) and are direct ecologies of children's development. **Proximal processes, values and beliefs:** The notion of "proximal processes" in particular is intended to clarify the interplay between biological factors and the immediate social situations that frame the interactions between a child and her or his closest caregiver, particularly the mother or father (Lüscher, 1996). From birth, parents naturally attempt to interpret babies' behaviour in order to meet their needs and establish rapport and communication (Durkin, 1995). This essential strategy in the upbringing of a child relies on those values, beliefs and knowledge of parents and carers that influence their roles as parents. Therefore, as Lüscher (1996) suggests, the knowledge and beliefs of parents and carers are inherent in the notion of 'proximal processes' and is an essential part to an ecology of development.

In summary, at home and at school, the values, beliefs and attitudes of significant others in the life of children and

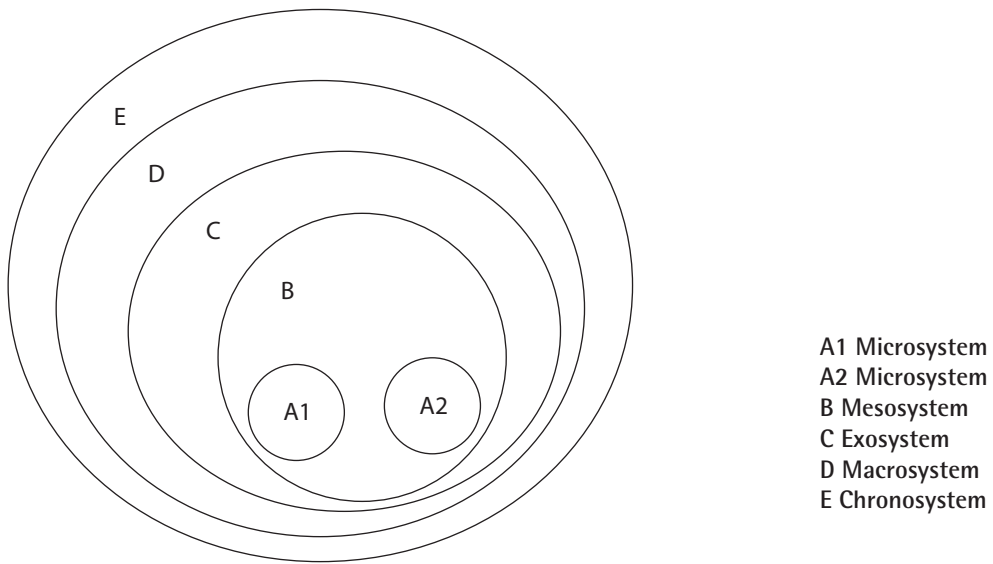


Figure 1: Bronfenbrenner's model of ecological systems (1979; 1996).

their interpersonal relationships ('proximal processes') are at the heart of an ecology of development.

**The notion of wellbeing:  
Four 'qualities of life'**

In reviewing the literature about 'quality of life', 'wellbeing' and 'happiness', Veenhoven (2000) observed two main problems that impede our understanding of these notions. First, that these terms are often used in different ways (i.e. sometimes as general terms for all that is good; at other times to denote special merits); second, that the use of the terms in a general sense suggest that there is something such as an 'overall' quality of life, resulting from the meaningful addition of specific merits. In an attempt to clarify the meanings of quality of life Veenhoven (2000) developed an analytic tool that not only illuminates the meaning of these terms, but also can assist us in the analysis of individual wellbeing.

Veenhoven's (2000) model relies on two basic ideas:

- 'Wellbeing', 'quality of life' and 'happiness' are evaluations of a person's life. To make such an evaluation, a significant

difference needs to be established between opportunities for a good life or 'life-chances' (i.e. potential) and a good life in itself or 'life-results' (i.e. actuality). While life opportunities and outcomes are related, they are certainly not the same.

- Life (in the sense of opportunities and outcomes) is influenced by qualities and conditions that lie both within the environment ('outer qualities') and the individual ('inner qualities').

The interaction of *life* and *qualities* (i.e. life chances vs. life results; and outer qualities vs. inner qualities) creates a model of 'four qualities of life' (see Table 1.1):

In an attempt to present a comprehensive analysis of deaf children's wellbeing, all four qualities of life described by Veenhoven (2000) are considered, in turn.

**Deaf children's 'appreciation of life'**

Appreciation of life refers to a child's positive evaluation of their life and of themselves as individuals. Self-esteem is an indicator of child's subjective wellbeing and appreciation of themselves (Bisquerra, 2000).

As the infant bonds with a parent, she or he enters the world of relationship—a key to the development of self-esteem (Durkin, 1995; Schaffer, 2000). This encompasses (Durkin, 1995):

- what children see themselves to be (i.e. concept of self);
- how they want to be like (i.e. ideal self);
- and feelings of worthiness and esteem towards their construction of self (self-esteem).

Self-esteem compares self-concept with ideal self (Durkin, 1995, Schaffer, 2000). The convergence of these two social constructs within the child, namely self-concept and ideal-self, creates the child’s satisfaction, self-esteem and confidence (Schaffer, 2000; Durkin, 1995).

Representations of self are dependent upon interaction with others around the child. Festinger’s (1980) theory of social comparison explained how the self-concept is shaped by comparison between the child and others. Children themselves and others around the child make these comparisons. Through others’ judgements, children will find out about their scholastic and athletic abilities, social competence, physical appearance and behavioural conduct, and will attach labels used by significant others to describe themselves (Coopersmith, 1967). These fluid self-representations will change in interaction with others and become more independent of others’ evaluations (Marcia, 1994).

*Exploring deaf children’s subjective wellbeing*

Hearing status, family environment, school environment and group identification have been studied in order to understand the development of self-esteem. (Schirmer, 2001). Some research projects have attempted

to describe deaf children’s self-esteem by assessing these through teachers’ and parents’ self-report (Greenberg & Kusché, 1989, for a review). Current technological developments and an increasing use of sign language in clinical settings, are enabling assessment using sign language by Deaf and hearing professionals with native sign language skills. This situation is increasingly allowing deaf children to report directly on their wellbeing (Fellinger & Holzinger, 2004; Van Gent, 2004; Mejstad, 2004; Byrne, 2001). However, deaf children are still found to be more vulnerable to low self-esteem, as a result of life conditions.

Despite recent improvements, little space has been granted to deaf children to explain in their own terms what makes them feel good about themselves. Some studies have attempted to understand deaf children’s wellbeing by looking retrospectively into deaf young adults’ and adults’ childhood experiences (Corker, 1996; Gregory, Bishop & Sheldon, 1995). Results suggest that while deaf individuals grow up to accept and appreciate who they are, they acknowledge painful and negative experiences at school and at home that have contributed to negative feelings towards themselves. At times, these feelings had impeded healthy identity transitions (Corker, 1996) and had cultivated negative feelings towards themselves as deaf individuals (Gregory, Bishop & Sheldon, 1995).

In contrast, somewhat different accounts of deaf children’s experiences and wellbeing have been collected by ethnographic researchers (Sheridan, 2001; West, 2001). Sheridan (2001) in a study of seven deaf children from diverse family backgrounds and school settings concluded that deaf

	Outer qualities	Inner qualities
Life chances	Livability of the environment	Life-ability of the person
Life results	Utility of life	Appreciation of life

Table 1: Veenhoven’s (2000) model of qualities of life.

children had many positive experiences, relationship, self-perceptions and expectations for themselves, as well as healthy coping styles.

Children in this study perceived their families as loving and caring, despite parental worries about their children and communication issues, especially in hearing homes. In relation to life at school, children had positive and negative experiences, regardless of the type of school settings and communication policies. Deaf children had, nevertheless, developed ways of coping to make environments accessible and to deal with daily challenges (Sheridan, 2001).

Children appeared to have a positive sense of wellbeing, despite the many challenges that they had to face on a daily basis. In telling their stories, children challenged traditional beliefs about the deleterious effects of deafness on life satisfaction. For six out of seven children, being deaf, in itself, was not an element of distress; and responsibility in negotiating communication was seen as shared with others. Deaf children in the study showed that they could be happy, intelligent, and fully functioning and contributing members of society, provided there was effective language and communication at home and school (Sheridan, 2001).

Deaf children's resilience is a major component influencing their subjective wellbeing. Supportive environments at home and at school, in which they can assert themselves as deaf children, provide them with a secure space to develop creative coping strategies to deal with challenges in their way. Despite obstacles in life, deaf children will be able to feel happy and fulfilled.

### **'Life-abilities of the person'**

As seen above, in order to live a satisfying life, deaf children need to develop abilities and skills to negotiate communication with others and develop coping mechanisms whenever needed.

The 'life-abilities' of deaf children refers to the potential that deaf children have to exploit their opportunities within their envi-

ronments. Children's development provides them with resources such as cognitive, linguistic and social emotional capacities that help them form images of self with which to face life's challenges, and so optimise their chances of developing a feeling of wellbeing.

In exploring deaf children's 'life-abilities', five factors can be identified in the literature as crucial:

*Experiencing life visually* Deaf children have a visual experience of life (Lane, 1993). They grow up understanding life in visual terms. Therefore, vision greatly influences communication and deaf children's lifestyles. Deaf children perceive what is around them visually, and they accumulate these visual experiences into a visual memory that they use to think, communicate, problem-solve and generally relate to other people (Andrews, Leigh & Weiner, 2004). In this sense Andrews, Leigh and Weiner (2004) observed that deaf children's visual experience of life establishes fundamental differences in the way that they acquire culture. Deaf children, as a result of that visual experience, grow up to use their expressions, spatial relationships of signs, body movement and touch, far more than hearing people do in everyday interaction.

*Making sense of deafness* In reflecting upon their childhood experiences, deaf adults have illuminated how deaf children might start making sense of their deafness. However, this is a field that remains vastly unexplored. Clearly, the deaf child, as other children, has no points of reference for what life or being a child means. While this is commonly described by deaf children who have lived within Deaf and hearing environments, their gradual realisation of slight differences from others around them is emotionally different: members of Deaf families can learn about their difference as one more fact of life (Padden & Humphries, 1988), while others in hearing environments might go through a painful process of denial, misattributions, loneliness and sadness (Ladd, 1991).

*Deaf children's cognitive abilities* The intelligence of deaf children is generally found to be the same as that of hearing children in non-verbal terms (Mac Sweeney, 1998; Marschark, 1993; Greenberg and Kusché, 1989); however, considerable delay is found in theory of mind (Peterson & Siegal, 1995; Lundly, 2002; Ardura et al., 2003), except those in Deaf families who have been found to do better than hearing counterparts (Courtin, 2000). Differences in cognitive processing styles have been suggested, but this matter still remains unclear (Marschark, 1993). Cognitive abilities might be limited in deaf children – while cognitive potential is not.

*Deaf children's linguistic abilities* There is sufficient evidence of deaf children in Deaf families showing normal language ability (in sign language) for us to state categorically that it is not deafness in itself that produces a language problem (Kyle & Woll, 1985). Instead, it is the mis-match in communicative patterns, i.e. the inaccessibility to linguistic experiences provided mainly in spoken language or basic sign language at home and at school, which delays or denies language (Calderon & Greenberg, 2003). As in the case of intelligence, linguistic delays are more accurately explained by limitations within the environment, rather than potential within the deaf child (Kyle & Woll, 1985; Calderon & Greenberg, 2003).

*Deaf children's social and emotional abilities* There is no established evidence for the suggestion that there are typical personality patterns in deaf children that generate greater impulsivity, egocentricity, social immaturity and poor concept of self (Basilier, 1964). A lack of opportunity to participate in social life resulting from barriers within the environment (e.g. language/communication, and social attitudes towards deafness) is regarded as a major determinant of deaf children's social and emotional development (Hindley, 2000; Schlesinger & Meadow, 1972).

In a prevalence study on mental health problems in Deaf children and hearing impaired children, the rate of psychiatric disorders was found to be one and half times that of an equivalent inner city, hearing population (Hindley et al., 1994). The prevalence of psychiatric problems was noted to be higher in deaf and hearing impaired populations. Within this population, the rate of disorder for pupils attending a Hearing Impaired Unit was one and a half times that in the Deaf school group. It was suggested that the higher prevalence could have been related to the protective effects of a positive self-image seen in the Deaf school, and the adverse school environment and impaired peer relationships.

The school environment has been found to be an important determinant of a child's self-esteem in adulthood. Self-esteem and a sense of wellbeing in deaf individuals have been found to be related to the development of culturally Deaf and bicultural identities (Bat-Chava, 2000; Jambor & Elliot, 2005). Group identification, rather than membership alone, seems to be key to deaf children's emotional wellbeing (Bat-Chava, 1994). That is, living a Deaf oriented life (e.g. using sign language, engaging with Deaf community) and not just 'being deaf' is what provides a feeling of self-esteem. Pride is a collective experience that impacts on the individual's self-esteem. Young deaf people (children and adolescents) who have few opportunities to get involved in the Deaf community and who, therefore, identify with an audiological label of deafness, rather than one which implies any cultural affiliation, are more likely to passively accept the stigmatisation (Bat-Chava, 1994). However, when families and schools are Deaf-oriented (e.g. show positive attitudes towards deaf people, use sign language, encourage ties with the Deaf community) deaf children's group identification is promoted and their self-esteem is protected from stigmatisation (Bat-Chava, 1994). This evidence suggests that psychosocial as well as the ecological variables influence self-esteem, and reinforces the importance of considering

both when understanding deaf children's social and emotional development.

Summing up, life-ability of deaf children is the potential that deaf children have to exploit the opportunities within their environment. There is categorical evidence to suggest that conditions within different ecologies (e.g. home, school, community) can have a significant impact (positively or negatively) on life-ability.

### **'Livability of the environment' for deaf children**

Children's wellbeing is promoted within the social environments (i.e. home, school, community) in which opportunities for the development of a solid sense of self are provided (Schaffer, 2000; Durkin, 1995). 'Livability of the environment' is the extent to which the values and beliefs underpinning systems such as family, schools and peers provide supportive ecologies for deaf children to develop. Each of these systems will be elaborated in turn.

### **The family**

As mentioned earlier, most deaf children are born to hearing families with little or no experience of deafness. In a hearing family the child is likely to grow up and become a member of a minority culture (i.e. Deaf culture) to which no other member of her or his family (i.e. hearing family) belongs (Greenberg, 2000). This situation forces hearing parents to discover the world of deaf children and adults (e.g. existence of a Deaf community, communication alternatives, and schooling options) whilst at the same time they have to bring up their deaf child (Gregory, 1976; Young, 1995; Erting, 1994). However, often parents choose to deny deafness and ignore the community (Gregory, Bishop & Sheldon, 1995).

In contrast, deaf children of deaf parents are born in a family system in which adults share membership with the child. In this case, deaf children find Deaf role models with whom they can identify and learn a cul-

ture (i.e. providing language, values, beliefs) (Erting, 1994; Lane, 1993; Padden & Humphries, 1988).

Perhaps unsurprisingly, three fundamental elements to proximal processes within the family have been considered in the study of deaf children development at home.

#### *Communication*

Communication at home is essential in the development of social understanding and skills and, as has already been highlighted, to develop an image of self (Schaffer, 2000; Durkin, 1995). These developments in the child are seen as a result of language exposure, direct modelling and incidental learning (Garton, 1994).

The arrival of a deaf child forces a rethink in communication in some families (Gregory, 1976), as hearing parents would have expected their child to hear and to speak (Hindley, 2000). Choices and decisions in regard to language use in the family need to be taken (Gregory & Knight, 1998; Schirmer, 2001). Most parents, with little information about what being deaf means (Erting, 1994), must decide which communication mode would best suit their deaf child's and family's needs. There are several alternatives:

- Oral communication, use of spoken language.
- Manual communication, use of sign language.
- Pidgin communication, use of signs following the order of the spoken language with the inclusion of morphemes and speech/mouthing simultaneously to make speech more accessible to the deaf child (Schirmer, 2001).

Some parents use spoken language in the hope that it will create communication with their deaf child. The child is expected to try to use speech-reading and residual hearing. Although spoken language is a straightforward choice for hearing parents, since many deaf children do not learn spoken languages through hearing, this may produce cognitive, social and emotional developmental

delays in the child, which in turn, have implications for wellbeing (Greenberg & Kusché, 1989; Schirmer, 2001).

Communication is one of the areas in which parental acceptance and understanding of deafness is conveyed. That is, parents who pushed children towards being normal by using oral communication, and rejected sign language and contact with other deaf individuals, were likely to convey messages of rejection to the child. As a result, deaf children were likely to feel uncomfortable with their deafness and find it difficult to hold a positive image of self (Gregory, 1993; Gregory, Bishop & Sheldon, 1995). In contrast, parents' efforts to communicate visually and provide accessible relationships within the family were often interpreted by children as evidence of love and respect (Gregory, Bishop & Sheldon, 1995).

*Attributions and expectations about the deaf child's development*

Parental beliefs and knowledge influences the way they structure the family system to respond to their children's needs (Lüscher, 1996). The home environment is shaped by parents' knowledge and beliefs about deafness and deaf people. For hearing families, relationships within the family are constructed from an audio/oral way of experiencing life. In contrast, in Deaf families life is constructed visual/manually and, therefore, communication among members of the family is oriented towards a visually oriented way of life. For instance, with their deaf child, hearing parents might contemplate physical contact to initiate communication as a burden or a limitation (Young, Griggs & Sutherland, 2000); however, for a D/deaf parent this is simply viewed as the way visual communication is carried out (Young, Griggs & Sutherland, 2000).

Similarly, parents can interpret the communicative behaviour of a deaf toddler differently. Kyle and Woll (1985) found that while hearing parents were unlikely to assign meaning to gestures produced by their children, Deaf parents were likely to see

these as early signs. Values and beliefs of what constitutes language and communication were impacting on parents' interaction with their toddlers.

The study of Deaf mothers has identified differences in parenting strategies (Kyle & Woll, 1985) that might reflect different values and beliefs about deaf life. Early intervention programmes have introduced sign language and D/deaf adults to hearing parents, with the objective of facilitating communication between the child and other family members in the early years, and providing parents with competent Deaf role models (Kyle & Sutherland, 1993; Young, 1995; Sass-Lehrer & Bodner-Johnson, 2003). There is evidence to suggest that D/deaf adults' collaboration with hearing parents of deaf infants (e.g. SKI\*HI institute, Kendall Demonstration Elementary School Parent-Infant programme, Deaf Children at Home) provides parents with opportunities to develop new resources to communicate and relate to their deaf child, at the same time promoting positive perceptions of deafness and Deaf culture among family members (Watkins et al., 1998). This aids parents' interpretations and helps them value visual/manual communication and awareness of interaction routines.

*Acceptance of deafness in the child*

A final element that needs to be considered in the study of home ecologies is linked with the emotional 'livability' of the family. Parental acceptance of their children as deaf individuals is essential to foster a child's self-esteem (Pervin, 2001). In exploring parental acceptance Erting (1994) observed that whilst some deaf parents looked forward to having a deaf child, others were not so keen as a result of their awareness of barriers in the hearing world. However, for most of them, having deaf children was an overall positive experience (i.e. ease of communication, celebration of family history without significant emotional distress) (Padden & Humphries, 1988; Erting, 1994). The deaf

child was welcomed into the family without significant emotional distress.

In contrast, hearing parents' acceptance of a deaf child is not straightforward. For them, deafness often comes as a disappointment and a distressing experience (Erting, 1994; Luterman, 1987; Gregory, 1976), since being deaf is viewed as a disability. Parents have little information about deaf people and in most cases do not command a signed language to communicate with the child. Although the process of acceptance can be challenging, research indicates that providing alternative frameworks of understanding (e.g. bicultural perspective; Young, 1995), as well as experiences with their deaf children (i.e. discovering sign language) promotes family adjustment and acceptance (Spencer, 2000; Gregory, Bishop & Sheldon, 1995; Beazley and Moore, 1995).

The home environment, therefore, relies upon information, beliefs and values about life that reflects the way someone experiences it.

## School

Whilst the family is the principal system in which deaf children grow, the school plays an important role in their social and emotional development. If the child is communication-deprived at home, then the relative significance of school is likely to increase exponentially.

Besides academic achievement, two other elements have been commonly studied when considering deaf children's development: first, school placement and, second, communication in school.

### *School setting*

In the past deaf children were frequently placed in residential schools. Current inclusion policies offer a wider variety of place-

ments. Nowadays, deaf children can be placed in mainstream schools with a wide range of resources (Andrews, Leigh & Weiner, 2004). At school, for the first time, the deaf child may interact with peers and develop communication (Corker, 1996). This places this experience as being critical to self-esteem. For instance, peer contact in residential school is seen by many as a source of esteem and connectedness with others, which encourages positive feelings of wellbeing (Craddock, 1991; Mason, 1991; Ladd, 2003) and some deaf children who were schooled in isolation from other deaf peers felt lonely and isolated, for example, and sought peer contact in the Deaf community later on in life (Gregory, Bishop & Sheldon, 1995; Ladd, 1991).

### *Communication policies*

Schirmer (2001) identified three approaches to communication:

- oral/aural (using speech);
- bilingual (using sign language and spoken or written language);
- total communication (using pidgin communication)<sup>3</sup>.

These can have an impact on pupils' self-esteem in two ways. First, ease of communication in school as well as within the family has been repeatedly identified as a major factor influencing deaf children's wellbeing. Hindley (2000) suggests that issues of accessibility and ease in communication can be considered as risk factors to developing a positive image as a deaf individual. Deaf children and young adults, when asked for their opinions about the importance of communication for them, support the notion that satisfying communication experiences at home, at school and within peer groups is a key element for deaf children's self-esteem, identity and wellbeing (Sheridan, 2001; Gregory, Bishop & Sheldon, 1995).

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<sup>3</sup> The Total Communication philosophy involved all avenues of communication including sign, fingers spelling, speech, audition, speech-reading, gesture, facial expression and writing (Schirmer, 2001). However, TC is characterised by instruction in simultaneous communication which is the use of a kind of pidgin communication (see page 65).

Second, deaf children's achievement in school is known to enhance self-esteem (Schirmer, 2001). Communication policy directly impacts on the degree to which school experiences are accessible to the child and, therefore, the opportunities for academic success and enhanced self-esteem. Communication methods that are natural to the child will promote such opportunities (Hindley, 2000).

The communication method chosen and its success for the child can be viewed as a supporting ecology that has positive outcomes in self-esteem. However, an understanding of the school environment is still limited, in that there is little research about teachers' attributions and expectations of deaf pupils. The school is mainly organised by hearing adults who, as in the case of the family, are likely to generate expectations and attributions that are not in keeping with the deaf child's experience.

### **Peer groups and the Deaf community**

The Deaf community represents a very diverse entity with demographic, audiological, linguistic, political and social dimensions (Andrews, Leigh & Weiner, 2004; Ladd and Woll, 2003). For some deaf individuals, membership in the Deaf community does not provide social or personal benefits and a preference for identification with hearing groups is chosen (Bat-Chava, 2000). For others, the Deaf community is somewhere to share a unique Deaf perspective, based on a common background and experiences with other deaf peers (Andrews, Leigh & Weiner, 2004).

Deaf culture is hence transmitted through peer socialisation (Padden & Humphries, 1988; Andrews, Leigh & Weiner, 2004). Even without the presence of D/deaf adults in Deaf education (which has been usual), peer contact at school is valuable.

Such contacts increase in significance in adolescence where deaf teenagers will actively seek contact with other deaf peers. At this age many will discover sign language and Deaf clubs that will have an important

impact on their identity and emotional development. In effect, at some point in life, many deaf children will move emotionally from their group of permanence (for most, their hearing family), to their group of reference (a community of deaf peers) (Lane, 1993).

Likewise in D/deaf families, the Deaf community offers deaf children an ecology of development, in which proximal processes are informed and guided by D/deaf adults who are sensitive to the holistic needs of the deaf child (Ladd, 2003; Reed, 2001). It is a community that can meet the natural needs of the deaf child: it provides other D/deaf adults with whom children can identify, and a visual-led environment in which both communication and also social relationships are in accordance with the needs of deaf children (Hindley, 2000; Greenberg, 2000; Gregory, Bishop & Sheldon, 1995; Steinberg, 2000). Deaf identities, enhanced in the Deaf community through contact with other D/deaf peers, provide deaf children with a positive definition of what being deaf means; that is, one in which being deaf is based on an experience of life in a minority cultural community with its own language and values (Charrow & Wilbur, 1989), rather than the pathologised characterisation imposed by hearing people (that is, deaf people are people that cannot hear; Lane, 1993).

In summary, 'livability of the environment' is the extent to which the values and beliefs underpinning systems such as the family, school and peers, provide supportive ecologies for the development of deaf children. Ecologies constructed around Deaf beliefs and values (e.g. Deaf families) offer deaf children better opportunities to develop/experience wellbeing, particularly since proximal processes rely on accurate interpretations of what being deaf means. Environments based on hearing values and beliefs clearly put deaf children in a more vulnerable position, potentially debilitating their chances of experiencing, and so developing, wellbeing.

### **'Utility of a deaf life'**

Within Veenhoven's (2000) model, 'utility of life' refers to the value that others attribute to one's life; that is, the worth or meaning of one's life for others. The 'utility of life' constitutes a philosophical reflection about life and its value and meaning. Hence, in the case of deaf children, it can be conceptualised as the meaning that 'being deaf' has for deaf and hearing people. The values and beliefs that we ascribe to a 'deaf life' constitute the utility of a deaf person and a deaf way of life for others. The way we understand others and the meaning of their lives not only constitutes a standard for wellbeing but it has significant implications for the 'livability' of environments (i.e. that have a direct effect on individuals' chances of experiencing wellbeing), as these values and beliefs will underpin proximal processes.

*A hearing evaluation of deaf life* From a hearing perspective, a deaf life is one that is not desirable for the child because deaf individuals are seen to have diminished abilities and a limited potential to succeed in life (e.g. lower intelligence and language difficulties) (Ladd, 2003; Lane, 1993; Kannapell, 1993). Deafness is seen as a medical condition that leads to a negative deviation from the desirable hearing model (Lane, 1993). Also, within a social model of disability, impairment and disability are separated deafness is seen as an individual impairment, whilst lack of access to visually produced information embodies the disability. Although the social model introduces a significant shift in the traditional understanding of deafness (e.g. a sign language is regarded as a special need), it still reinforces the notion of the disability rather than embracing the values and abilities of those who experience life in a Deaf way (Corker, 1993).

*A Deaf evaluation of deaf life* For some Deaf people a 'deaf life' does not have more or less value than a hearing life. Within a culturally Deaf perspective, they see that

deaf individuals belong to a cultural community (i.e. Deaf community), own a language and culture, and have similar abilities and potentialities as hearing people to achieve in life (i.e. a humanistic perspective; Kannapell, 1993), not denoting any extraordinary value or meaning (Padden & Humphries, 1988). For others, pathological views of deafness have resulted in evaluations of their lives as a negative experience shaped by a feeling of inferiority and failure, that is, a 'pathologised self' (Lane, 1993; Ridgeway, 1998).

To summarise, 'utility of life' is the meaning that being deaf has for D/deaf and hearing people. The values and beliefs that we ascribe to a 'deaf life' constitute the utility of a deaf person for others. As outlined above, hearing and Deaf interpretations of a deaf person and deaf life can be radically different. These evaluations impact upon home, school and community ecologies (e.g. communication, acceptance, expectations and attributions).

### **Conclusion**

Deaf children's wellbeing is the result of their interaction with their environment. As explored in the previous sections, whilst potential in the child is similar to other children (life-abilities), their nature as deaf individuals is different. In effect, hearing parents and teachers can inadequately understand the deaf nature of the child and so fall short in providing accessible environments and effective proximal processes ('livability' of the environment). Proximal processes, that is, the knowledge, beliefs and values that frame the interactions between the deaf child and a hearing carer, are grounded on the hearing carer's experience of life. As a result they make inferences about the deaf child's own development.

It is in the domain of language that one sees the first sign of the lack of functional ecologies in deaf children's lives (Greenberg, 2000). For parents, the ability to hear and speak is fundamental to their experience and regarded as necessary for the child's develop-

ment (Reed, 1999). The lack of oral expression by the deaf child, as expected by hearing parents, is regarded as deviation from the normal developmental process (Marchesi, 1987). In most cases, this is regarded as a problem focused in the child (a problem in the process of spoken language acquisition) and not in the environment (a problem in enabling language development).

The lack of knowledge about the nature of deaf children makes it difficult for hearing parents to look beyond their own life experiences to understand the deaf child's needs. The acknowledgement of a world where language and life is visually experienced is not part of their lives. Deaf children, in the early stages of their development, have no need to produce oral expression, as it is not a part of their living experience. They are in need of a language to model and scaffold their experience (Garton, 1994), and to grasp their reality in visual terms, so that communication (i.e. language) becomes part of a social visual experience.

## References

- Andrews, J., Leigh I. & Weiner, M. (2004). *Deaf people. Evolving perspectives from psychology, education and sociology*. London: Pearson Education and Allyn and Bacon.
- Ardura, A. et al. (2003). *Factors that influence theory of mind development in deaf children*. Poster presentation in the XIth European Conference on Developmental Psychology. Milán.
- Basilier, T. (2002, original from 1964). Surdophrenia. The psychic consequences of congenital or early acquired deafness. Some theoretical and clinical considerations. In S. Gregory & G.M. Hartley (Eds.), *Constructing Deafness*, pp.70–73. London: The Open University.
- Bat-Chava, Y. (2000). Diversity of deaf identities. *American Annals of the Deaf*, 145, 420–427.
- Bat-Chava, Y. (1994). Group identification and self-esteem of deaf adults. *Personality and Social Psychology Bulletin*, 20, 495–502.
- Beazley, S. & Moore, M. (1995). *Deaf Children, their families, and professionals. Dismantling barriers*. London: David Fulton Publishers.
- Bisquerra, R. (2000). *Educación emocional y Bienestar*. Barcelona: Praxis.
- Brennan, M. (1992). The visual world of BSL: An introduction. In D. Brien (Ed.), *Dictionary of British Sign Language/English*. London: Faber & Faber.
- Bronfenbrenner, U. (1996). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder & K. Lüscher (Eds.), *Examining lives in context. Perspectives on the ecology of human development* (pp.618–647). Washington: American Psychological Association.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Byrne, A. (2001). Counselling and deaf children: A road to positive mental health. In T. Hjortso, L. von der Lieth & C. Carlsen (Eds.), *Mental health services for deaf people. A worldwide perspective. Part I*. Proceedings of the 5th European & 2nd World Conference on Mental Health and Deafness, Copenhagen, 18–21 September, 2000 (pp.124–129). Devon: European Society for Mental Health and Deafness.
- Calderon, R. & Greenberg, M.T. (2003). Social and emotional development of deaf children: family, school, and program effects, In M. Marschark & P.E. Spencer (Eds.), *Deaf studies, language, and education* (pp.177–189). Oxford: Oxford University Press.

## Address for correspondence

Dr Maria Gascon-Ramos, Research Associate, Human Communication and Deafness Division, University of Manchester, Oxford Road, Manchester. M13 9PL. E-mail: maria.gascon-ramos@manchester.ac.uk

- Charrow, V.R. & Wilbur, R.B. (1989). The deaf child as a linguistic minority. In S. Wilcox (Ed.), *American deaf culture: an anthology* (pp.103–116). Maryland: Linstok Press.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco: WH Freeman.
- Corker, M. (1996). *Deaf transitions: Images and origins of deaf families, deaf communities and deaf identities*. London: Jessica Kingsley Publishers.
- Corker, M. (1993). Integration and deaf people: The policy and power of enabling environments. In J. Swain, V. Finkelstein, S. French & M. Oliver (Eds.), *Disabling barriers – enabling environments* (pp.145–154). London: Sage.
- Courtin, C. (2000). The impact of sign language on the cognitive development of deaf children. *Journal of Deaf Studies and Deaf Education*, 5, 266–276.
- Cowen, E.L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology*, 22, 149–179.
- Craddock, E. (1991). Life at Secondary School. In G. Taylor & J. Bishop (Eds.), *Being deaf: The experience of deafness* (pp.97–101). London: Open University Press.
- Durkin, K. (1995). *Developmental social psychology. From infancy to old age*. Oxford: Blackwell Publishers.
- Elliott, D.S. (1998). *Blueprints for violence prevention. Promoting alternative thinking strategies*. Boulder: Institute of Behavioral Science, Regents University of Colorado.
- Erting, C. (1994). *Deafness, communication, social identity: Ethnography in a preschool for deaf children*. Burtonsville: Linstok Press.
- Fellinger, J. & Holzinger, D. (2004). *European Society of Mental Health and Deafness Special Interest Group: Deaf children and families*. Hamburg, Germany, 2–4 June.
- Fernández Mostaza, E. (2003). El proceso de resocialización de los padres oyentes con hijos sordos. *Cultura y Educación*, 15(2), 149–164.
- Fernández Mostaza, E. (1999). *Los procesos de resocialización de los padres oyentes con hijos sordos*. Retrieved 15 November 2001 from: <http://usuario.tiscalinet.es/difusord/Fmostaza.pdf>.
- Festinger, L. (1980). *Retrospections on social psychology*. Oxford: Oxford University Press.
- Garton, A.F. (1994). *Interacción social y desarrollo del lenguaje y la cognición*. Barcelona: Paidós.
- Greenberg, M. (2000). Educational interventions: Prevention and promotion of competence. In P. Hindley & N. Kitson (Eds.), *Mental health and deafness* (pp.311–336). London: Whurr Publishers.
- Greenberg, M.T. & Kusché, C.A. (1989). Cognitive, personal and social development of deaf children and adolescents. In M.C. Wang, M.C. Reynolds & H.J. Walberg (Eds.), *Handbook of special education. Research and practice. Vol 3.* (pp.95–129). Oxford: Pergamon Press.
- Greenberg, M.T., Domitrovich, C. & Bumberger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention and Treatment*, 4, 1–62.
- Gregory, S. (1976). *The deaf child and his family*. New York: Halsted Press.
- Gregory, S. & Knight, P. (1998). Social development and family life. In S. Gregory, S. Powers, L. Watson, P. Knight & W. McCracken (Eds.), *Issues in deaf education* (pp.3–11). London: David Fulton Publishers.
- Gregory, S. (1993). The developing deaf child. In C. Laurenzi & P. Hindley (Eds.), *Keep deaf children in mind* (pp.4–11). London: National Deaf Children Society.
- Gregory, S., Bishop, J. & Sheldon, L. (1995). *Deaf young people and their families*. Cambridge: Cambridge University Press.
- Hindley, P. (2000). Child and adolescent psychiatry. In P. Hindley & N. Kitson (Eds), *Mental health and deafness* (pp.75–98). London: Whurr Publishers.
- Hindley, P. et al. (1994). Psychiatric disorder in deaf and hearing impaired children and young people: A prevalence study. *Journal of Child Psychology and Psychiatry*, 35(5), 917–934.
- Jambor, E. & Elliot, M. (2005). Self-esteem and coping strategies among deaf students. *Journal of Deaf Studies and Deaf Education*, 10(1), 63–81.
- Kannapell, B. (1993). *Language choice – identity choice*. Burtonsville: Linstok Press.
- Kyle, J. & Sutherland, H. (1993). *Deaf children at home: Final report*. Bristol: University of Bristol.
- Kyle, J. & Woll, B. (1985). *Sign language: Study of deaf people and their language*. Cambridge: Cambridge University Press.
- Ladd, P. (1991). Making Plans for Nigel: The Erosion of Identity by Mainstreaming. In G. Taylor & J. Bishop (Eds.), *Being deaf: The experience of deafness* (pp.88–97). London: Open University Press.
- Ladd, P. (1998). *In search of deafhood: Towards an understanding of British deaf culture*. PhD thesis. Bristol: University of Bristol.
- Ladd, P. (2003). *Understanding deaf culture. In search of deafhood*. Clevedon: Multilingual Matters.
- Lane, H. (1993). *The mask of benevolence. Disabling the deaf community*. New York: Vintage Books.
- Lundly, J. (2002). Age and language skills of deaf children in relation to theory of mind development. *Journal of Deaf Studies and Deaf Education*, 7(1), 41–56.
- Lüscher, K. (1996). Homo interpreters: On the relevance of perspectives, knowledge, and beliefs in the ecology of human development. In P. Moen, G.H. Elder & K. Lüscher (Eds.), *Examining lives in context. Perspectives on the ecology of human development* (pp.563–597). Washington: American Psychological Association.

- Luterman, D. (1987). *Deafness in the family*. Boston: Little, Brown & Company.
- MacSweeney, M. (1998). Cognition and deafness. In S. Gregory, S. Powers, L. Watson, P. Knight & W. McCracken (Eds.), *Issues in deaf education* (pp.20–27). London: David Fulton Publishers.
- Marchesi, A. (1987). *El desarrollo cognitivo y lingüístico de los niños sordos*. Madrid: Alianza Editorial.
- Marcia, J.E. (1994). The empirical study of ego identity. In H.A. Bosma (Ed.), *Identity and change: an interdisciplinary approach* (pp.154–174). London: Sage Publications.
- Marschark, M. (1993). *Psychological development of deaf children*. Oxford: Oxford University Press.
- Mason, C. (1991) School Experiences. In G. Taylor & J. Bishop (Eds.), *Being deaf: The experience of deafness* (pp.84–87). London: Open University Press.
- Mejstad, L. (2004). *Mental Health and Mental Problems in Deaf and Hard of Hearing Children and Adolescents. European Society of Mental Health and Deafness Special Interest Group: Deaf children and families*. Hamburg, Germany, 2–4 June.
- Moen, P., Elder, G.H. & Lüscher, K. (1996). *Examining lives in context. Perspectives on the ecology of human development*. Washington: American Psychological Association.
- Padden, C. & Humphries, T. (1988). *Deaf in America. Voices from a culture*. London: Harvard University Press.
- Pervin, L.A. (2001). *Personality: Theory and research* (8th ed.). New York, Chichester: Wiley.
- Peterson, C.C. & Siegal, M. (1995). Deafness, conversation and theory of mind. *Journal of Child Psychology and Psychiatry*, 36(3), 459–474.
- Reed, H. (1999). *Paths: The way towards personal and social empowerment for deaf children*. London: National Deaf Children Society.
- Reed, H. (2001). Unpicking the jigsaw, In T. Hjortso, L. von der Lieth & C. Carlsen (Eds.), *Mental health services for deaf people. A worldwide perspective. Part I*. Proceedings of the 5th European & 2nd World Conference on Mental Health and Deafness, Copenhagen, 18–21 September, 2000. Devon: European Society for Mental Health and Deafness (pp.79–86).
- Ridgeway, S. (1998). A deaf personality? In S. Gregory, S. Powers, L. Watson, P. Knight & W. McCracken (Eds.), *Issues in deaf education* (pp.12–19). London: David Fulton Publishers.
- Sass-Lehrer, M. & Bodner-Johnson, B. (2003). Early intervention. Current approaches to family-centered programming. In M. Marschark & P.E. Spencer (Eds.), *Oxford handbook of deaf studies, language, and education* (pp.65–81). Oxford: Oxford University Press.
- Schaffer, H.R. (2000). *Social development*. Oxford: Blackwell Publishers.
- Schirmer, B.R. (2001). *Psychological, social and educational dimensions of deafness*. London: Allyn and Bacon.
- Schlesinger, H.S. & Meadow, K.P. (1972). *Sound and sign: Childhood deafness and mental health*. Berkeley: University of California Press.
- Sheridan, M.A. (2001). *Inner lives of deaf children. Interviews and analysis*. Washington, DC: Gallaudet University Press.
- Spencer, P.E. (2000). Every opportunity: a case study of hearing parents and their deaf child. In P.E. Spencer, C.J. Erting & M. Marschark (Eds.), *The deaf child in the family and at school. Essays in honor of Kathryn P. Meadow-Orlans* (pp.111–131). London: Lawrence Erlbaum Associates.
- Steinberg, A. (2000). Autobiographical narrative of growing up deaf. In P.E. Spencer, C.J. Erting & M. Marschark (Eds.), *The deaf child in the family and at school. Essays in honor of Kathryn P. Meadow-Orlans* (pp.93–108). London: Lawrence Erlbaum Associates.
- Van Gent, T. (2004). *The relationship of self-esteem to psychopathology in deaf adolescents*. European Society of Mental Health and Deafness Special Interest Group: Deaf children and families. Hamburg, Germany, 2–4 June.
- Veenhoven, R. (2000). The four qualities of life. *Journal of Happiness Studies*, 1, 1–39.
- Watkins, S., Pittman, P. & Walden, B. (1998). The deaf mentor experimental project for young children who are deaf and their families. *American Annals of the Deaf*, 143(1), 29–34.
- West, D. (2001). *Here forever*. MSc dissertation. Bristol: University of Bristol.
- WHO (2003a). *Investing in Mental Health*. Geneva: WHO.
- WHO (2003b). *Caring for children and adolescents mental disorder: Setting who directions*. Geneva: WHO.
- Woll, B. & Ladd, P. (2003). Deaf Communities. In M. Marschark & P.E. Spencer (Eds.), *Handbook of deaf studies, language, and education*. Oxford: Oxford University Press.
- Young, A.M., Griggs, M. & Sutherland, H. (2000). *Deaf child and family intervention projects using deaf adult role models: A national survey of development practice and progress*. London: RNID.
- Young, A.M. (1995). *Family adjustment to a deaf child in a bilingual bicultural framework*. PhD thesis. Bristol: University of Bristol.
- Young, A.M. (1999). Hearing parents adjustment to a deaf child – the impact of a cultural – linguistic model of deafness. *Journal of Social Work Practice*, 13(2), 157–172.