Chapter II

REVIEW OF LITERATURE
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Researches & Studies have been conducted on various aspects of Hearing Impaired children ranging from communication modalities to education, use of Information Technology to career opportunities, peer relations to academic achievements, and more. An in depth look at these studies aids the Researcher in understanding the scope of the study. Some findings from previous studies may present supporting or contradictory results, which in any case enriches the study and makes it well-rounded with many standpoints.

The Researcher, with the experience of NGO Head & Sign Language Interpreter / Professional & Social Worker, wishes to bring about a model of empowerment of the disabled, specifically speaking, the Hearing Impaired persons, and has made a feeble attempt through the review of literature.

A look at the word "disabilities" itself gives one many perceptions and makes on unsure of what to expect and what it entails. A closer look may bring with it many apprehensions, quest for the right information, research, rehabilitation, participation-enable environment, and more.

According to Canadian writer, Bickenbach. J (1996), disability is not abnormal. It is something that will be experienced by all at some stage of our lives. There can be no boundaries set for disability, as it is a moving and continuing condition, interspersed into human lives. Sarkar, an Indian philosopher, while sharing the same view argues that our humanity should not be overcome by the bodily differences.

Quoting Sarkar, (Inagatullah & Fitzgerald, 1999) as in Transcending Boundaries: P.R. Sarkar's Theories of Individual and Social Transformation, though the history of disability has been a history of seeking to construct hierarchical differences out of an essential reality of oneness, the reverse is to be created, as "the force that guides the stars guides you too".
How the society perceives the disabled and how parents accept disability in their children, all major subjects to delve into. Here's a brief look at some of the studies that throw light through the various lenses that disability is seen and understood.

REVIEWs RELATED TO THE SOCIETAL / PARENTAL ATTITUDES REGARDING DISABILITY

Bakheit AM & Shanmugalingam V. (1997) examined the attitudes of villagers towards its disabled members, around the town of Vellore in south India. The samples selected at random, Scale of Attitudes towards Disabled Persons (SADP) was used along with a questionnaire, to collect data from 120 members. The results from the data compiled showed that villagers who were older in age were prejudiced about people with disabilities and they had reservations about social inclusion, rights of the disabled persons to equal opportunities for education and employment, while most of them showed supportive attitudes.

Kumar. S & Rao. G (2008) undertook a study in Mumbai, to investigate the attitudes of parents towards their Hearing Impaired children. The sample comprised of 60 parents (30 mothers and 30 fathers) of 0-12 year olds, in and around Mumbai, India. Parental Attitudes Scale, a self-assessment tool consisting of 33 statements, was specially developed for the purpose of the study and was worked out for reliability. Parents were individually administered the questionnaire according to their preferred language and were assured of confidentiality. Identification data were collected about age, sex, education, occupation, and income. Results indicated that the fathers exhibited more favourable attitudes towards male children.

A qualitative research project was conducted by Olika, RE.L. (2009) in Wollega, Ethiopia, with four different groups of children with hearing impairment, and their parents, and children with hearing, and their parents. 24 samples (10 children & 14 parents) were collected using interview method. Hearing Impaired children mentioned facing most negative attitudes. Cultural beliefs, lack of formal education, lack of good communication between the children and their family and friends, were all stated as reasons for the negative attitudes from the hearing people. The importance of good communication was stressed to build positive influence that
will in turn improve self-esteem of the Hearing Impaired children and bring about attitudinal changes in family, school, peer groups and society.

As per a cross-sectional study covering 8 villages in Loni district of Maharashtra, Kodali. R & Charyulu. S (2011), discovered prevalence of disability among children in rural areas at 5%, and acceptance from parents and relatives was seen in families other than those with severe disabilities such as mental retardation. Families with children with Cerebral Palsy felt the burden of disability on the family, but families with other disabilities did not feel any burden and did not make any efforts to overcome mild disabilities such as locomotor disability and speech and hearing disability. Majority of families supported their disabled children and wanted them to be educated and get married and be trained and employed. However, a great need for information about Government policies & Schemes for reservations, Government aids, benefits and concessions, education facilities and opportunities for employment, was observed.

Ebrahim H. et al., (2015) conducted a cross-sectional study in the year 2013, among 90 mothers with deaf children, using the stigma scale in the mothers of children with disabilities as their data collection tool, and found that most mothers suffer from stigma due to having a deaf child. The mothers stated that they received mockery from people around them and felt ashamed of the child's deafness. The mothers of cochlear-implanted children faced less stigma, compared to those with children using hearing aid. It is of paramount importance that the emotional and psychological well-being of mothers be given attention and enhanced through rehabilitation programmes, so that they can support the life of a deaf child. It is an age-old belief that deafness is a divine retribution and attitudes by people across the globe are influenced to this day by these deep rooted superstitions.

The sense of hearing is crucial for receiving information from the world. Being deaf is more than the inability to hear. Communication, which includes language, speech and sound, is inaccessible through the auditory defect. The lack of communication access is what causes those with hearing impairment frustrations, adjustment problems, psychological issues, and much more.
Hearing disability entails missing of information connected with a language through hearing and listening. With the help of a hearing aid, a person who lacks hearing ability will be able to process language-related information through residual hearing. (Hallahan & Kauffman, 1991)

Higgins (1990), Kronick (1990), both assert that when deafness is understood as a lack of hearing, it does impede a person’s response to signals in the environment, and mainstream recreational aspects can be missed, however, technology such as hearing aids, cochlear implants and assistive devices, can help lessen the impact of the impairment on speech & communication.

Authors such as Lane, Padden, Humphries & Wilcox, argue that one of the reasons for the feeling of separation is that deaf people feel that they can never be fully integrated into the mainstream, and so, they will always be at a disadvantage because, in speaking, they can never become fully equal to hearing people and communicate deeply and comfortably in their own language. Deaf people feel that they must always live in a world imposed by others, and instead they would like to exercise their freedom in living lives designed by themselves.

There are psychosocial perspectives of deafness that have discussed the transformation of deafness from a stigma into a culture. The arguments and statements have been beautifully summarized by Jones (2002), explaining how deafness being perceived as a disability, and the Hearing world being out of bounds for the reasons involving communication and a "hearing aid" moves the deaf to socialize with their likes, due to shared language and experiences. (Foster, 1988). One then has to redefine oneself in order to maintain a positive self-image (Crocker, 1989) and tends to identify with a select group, as per group dynamics in order to maintain a sense of worth. (Linton, 1998)

The definition of culture by Padden & Humphries (1988), became the basis for the view of deafness as a culture, because it involved a set of learned behaviours, of a group of people who shared their own values, rules and traditions, along with their own language. Use of sign language as the first language strongly became one of the signifiers of membership to Deaf culture, which brought about norms and behaviours as a community. (Wilcox, 1989)
The concept of adjustment, being as old as the human race itself, evolved from a biological perspective, denoting adaptation, which is specifically used for the physical demands of the environment.

In psychology, adjustment refers to the process that ensures there is parity between incompatible needs and impediments in the surroundings. According to Psychologists, adjustment is both an achievement and a process. Criteria evolved to judge the quality of adjustment are physical health, psychological comfort, work efficiency and social acceptance. Swiss Psychologist Jean Piaget uses the term assimilation and accommodation to represent the alteration of oneself or one's environment as a means of adjustment.

In sociology, adjustment means a process of redesigning and adjusting or changing individual or group of behaviour patterns in order to bring them in conjunction with other patterns provided by a cultural environment.

Good (1959) calls attention to the term adjustment by saying that it is the process of uncovering and adjusting patterns of behaviour to the environment or the differences in the environment.

Monroe (1990) explains that though the term adjustment is often used to replace accommodation and adaptation, specifically speaking, the term actually describes the outcome of stability, which may be influenced by either of these processes.

Yadav (2003) elaborates that one is made to reshape oneself to the demands of one's surroundings as well as to those of the physical and emotional nature, all through one's life. The extent of remodeling that one has to make is proportionate to the gravity of the adjustment problems one faces. One has to satisfy one's own needs in the process without causing harm to another or manifesting abnormal behaviour, and then it can said that there is a satisfactory level of adjustment or one is well adjusted.

Smith (1961) defines a good adjustment as one which is both practical and fulfilling so that concerns, struggles, difficulties and stress can be eased out over a
period of time. It offers overall contentment and not just gratification of accomplishment in one particular area.

Problems with adjustment in the society is common to all teenagers growing in normal environments. Adolescence, also referred to as youth period, puberty age, and teenage years, being the period from 10-20 years, is a process, a time of growing up and growing out of childhood and growing into adulthood. It is usually accompanied with physical changes, emotional upheavals and search for identity.

According to United Nations International Children's Emergency Fund (UNICEF) global database, 1.2 billion individuals around the globe are adolescents, making up 18% of world population, receiving far less attention and assistance during this highly sensitive and emotional period. Problems common to teenagers become intensified if the teenagers have developed abnormal characteristics. Several studies have shown that adolescence is a period of turbulence and their personal adjustment, emotional adjustment, and academic adjustment get disturbed during this stressful period. Appropriate coping strategies can help them overcome their ups and downs.

The physical changes that occur during the ages between 10 and 20, represent just a fraction of the stimulating processes that adolescents experience. Their maturing brains bring new intellectual skills that enhance their ability to reason and to think theoretically. They develop emotionally, establishing a new sense of personality which defines who they are and who they want to become. Their social development involves expressing themselves in new ways to peers and adults. They begin to experiment with new attitudes/conducts as they shift from childhood to adulthood. (American Psychological Association)

Adolescence is a period combined with audacity and increased emotional sensitivity. (Casey B.J, Jones R.M (2008))

Using a case study approach, Limaye, S. (2008) explored how young Hearing Impaired girls reacted to the developmental tasks encountered during the adolescent stage. This exploratory study shed light on the girls' understanding about bodily changes, autonomy, economic independence, and attitudes towards marriage and
family, peer relationships, and personal identity. The girls surprisingly emerged as individualistic and self-assertive, contradictory to the findings of similar studies.

Adjustment of a deaf individual can be categorized into five areas of home, social, emotional, academic and communicative difficulties. Children spend most of the early years with family and siblings. Schools are the child's first social experience. The school unit and the home environment both play a major role in a child's adjustment.

Social adjustment, Emotional Adjustment & Self Image, being the key variables of the study, review of related literature is presented below:

REVIEWS RELATED TO SOCIAL/EMOTIONAL ADJUSTMENT / PSYCHOSOCIAL ADJUSTMENT/PERCEPTIONS OF HEARING IMPAIRED ADOLESCENTS

From a sample of 87 subjects of both sexes, Lyon (1934) studied the emotional maturity of deaf youth by administering the Thurstone Personality Schedule and found that the level of maladjustment in deaf was twice that of adolescents with normal hearing.

Emotional issues do bother children who are deaf. (Vostanis, Hayes, & Du Feu, 1997). Arnold (1999) reports that school-aged children who are deaf may be as much as five times more likely to suffer from emotional disturbances, due to their inability to maintain social networks. Similar observations have been made by other researchers too. (Meadow & Schlesinger, 1972 in Arnold 1999). Meadow & Schlesinger (1972), in another study found emotional disturbances in 12% of the local deaf residential students. Ratings by other differed and they added mild emotional disturbances in 20% of the same population. (Fundudis, Kolvin & Garside, 1979, as cited in Arnold (1999)). Others, though did not mention as emotional disturbance, termed it as immaturity. (Schlesinger & Meadow, 1972)

Bandura's theory states that attention is one of the key components to organized learning. In order to copy another's demeanour, one has to concentrate on another's actions. Children who are deaf are not able to focus on many routines due to
lack of hearing. Those who use sign language to communicate can only show visual precision. They cannot, unlike hearing students, pay attention to teacher's instruction, follow along with whatever is written on the board, on to the book, along with all the other distractions that may be going on around them. It is an impossible task for them to pay attention to all these stimuli at the same time. Thus the children invariably will miss something, and sometimes may be valuable information. This in fact, impacts their social and emotional adjustment, according to Crain. (Crain, 1992 citing Bandura, 1977) Thus, attentional focus, or the difficulty of being able to focus one's attention on multiple social stimuli at the same time, may affect the ability of children who are deaf to be able to interact in socially acceptable manner.

Through her study on mental health and symptoms of anxiety and depression among Hearing and Deaf individuals, Marit H. Kvam (2006) declared that deaf subjects had higher symptoms of depression and anxiety than the hearing sample due to low level of social skill and intercommunications and mental problems. Hopkins Symptoms Checklist which authenticates factors such as feeling fearful, feeling hopeless about the future and feeling blue, was used and ANOVA, F Test and Chi-Square Tests were the statistical tools used to analyze data that was collected through questionnaire. Her study further explored the risk of developing mental illnesses due to lack of social skills among the deaf and hearing subjects and found that female deaf samples had to face severe mental health problems in their family and social affiliations compared to deaf male samples.

Jennifer Lukomski (2007) investigated the differences between social-emotional adjustments of 185 (79 females and 106 males) Hearing, and 205 (99 females and 106 males) Hearing Impaired adolescents in a comparative study of perceptions of their social-emotional adjustment, by using random sampling technique and 16 PF-Adolescent Personality Questionnaire Life Difficulties Scale, with a questionnaire. MANOVA was used for statistical analysis to find out the relationship between worry, anger, discouragement, body image, home, school, overall trouble, alcohol, and coping, and the subjects of the study. The outcome revealed that deaf students considered their home life as more stressful than hearing students, and concluded that as a factor which affected their social emotional adjustment. The parents of Hearing Impaired children recounted bad relations, accompanied with
constant clashes, and having no authority over their adolescents. The findings also indicated that the Hearing Impaired adolescents going into higher education faced difficulties in English language proficiency, which created a barrier in their interactions with the Hearing group.

In a normative study by Sreeja S (2010), to understand the psychosocial adjustment of the Hearing Impaired students on vocational and academic accomplishments, it is spelled out that Hearing Impaired students have a moderate psychosocial adjustment based on gender, place of residence and socio-economic status. Their scholastic performance and vocational aspirations were shaped by their psychosocial adjustments. Survey Technique was used on a sample of 200 Hearing Impaired students pursuing higher secondary education in Kerala, making it random sampling.

In an attempt to explore the nature and degree of relationship between academic performance and social-emotional adjustment, stress, and self-esteem, Satapathy S (2012), collected data from 80 Hearing Impaired and 111 Non-Impaired students in classes VIII & X, from a residential school, integrated school and Government school, in New Delhi. A combination of tools were used to gain a wider perspective of relationship of variables. Meadow-Kendall Social-Emotional Adjustment Scale was used by teachers to rate the students. Hopkin's Symptom Checklist to measure stress and Basavanna's Self Esteem Scale to study self-esteem were used and the students' percentage of marks in the final examinations were taken as an indicator of their academic proficiency. Local language translations of questionnaire was made available for Non-Impaired students. T Test & Correlation Analysis were the statistical tools employed in data analysis. Surprisingly, the results were contradictory to many other related studies and showed that Hearing Impaired adolescents were better in academics and in social-emotional adjustment than their Hearing peers, owing to quality peer interactions within the school environment, the early placement in school, and the student-teacher exchanges, family support and assistance in scholastics. No significant difference was found between the levels of stress and self-esteem between the two groups. However, the Hearing Impaired adolescents with more siblings showed poor academic performance because of
parents’ time being divided for all the children resulting in less assistance extended to the Hearing Impaired member.

**Tiejo van Gent et al., (2012)** conducted a comparative study that focused on how self concept and ego development plays a vital role on fulfillment in the society and adjustment of Hearing Impaired and Hearing adolescent groups. Through random sampling technique, a total number of 68 students were selected, and administered a questionnaire by adopting scales such as Self Perception Profile for adolescents and Sentence Completion Test for Children and Youth. The findings were summarized as that Hearing Impaired adolescents revealed a lower level of self-perceived social acceptance and ego development but a higher level of physical appearance compared to that of the Hearing children. It was also found that the lower social acceptance and self-image development, the stronger the impediments for future social, emotional and cognitive development. Another key finding was that the Hearing Impaired adolescents enrolled in general schools showed lower level of social development and adjustment, than those in special schools, which was attributed to communication barrier in the language of their preference.

A study, with the aim to analyze the psychological problems related to anxiety, frustration, aggression and adjustment measures of Hearing Impaired adolescents using related scales, by **Bhuvaneswari Mohan Raj & Immanuel Selvaraj (2013)**, affirmed that with increase in age, the Hearing Impaired adolescents exhibit decreased frustration level, which enabled them to adjust better in the society. 78 male and 72 female Hearing Impaired adolescents between 13 & 19 years of age, were selected through purposive sampling. Another interesting finding was that increased aggressive behaviour was found among the samples, announcing the reason behind this as their inability to communicate and their education lag due to hearing loss.

A study by **Rinat Michael et al., (2015)** analyzed the effect of hearing loss, social connections, and career related self-confidence on Hearing Impaired adolescents studying in 11th and 12th grades. Future Perceptions Scale, the Career Decision-Making Self Efficacy (CDMSE) Scale and the Self Efficacy for the Management of Work-Family Conflict Scale, using Questionnaire method were some of the instruments used for collecting data from 36 Deaf or Hard of Hearing & 95
Hearing adolescents selected for the study. The Hearing Impaired students had more intelligibility about their future than the students in the other groups. Comparatively, they also had more favour and energy. Furthermore, it was also seen that distinctness and certainty about their future came about as a result of their social attachments, their degree of hearing, and their confidence in balancing family and work.

REVIEWS RELATED TO SELF IMAGE / SELF ESTEEM / SELF CONCEPT OF HEARING IMPAIRED ADOLESCENTS

An understanding about self and notion about self is learned through various experiences in one's life, according to Van Pelt (1976). Opinions about oneself is controlled by interactions and associations with people. The positive memories and learnings are experienced the most during one's childhood and with parents. Hence parents’ love and care for the child shape a child's awareness about himself/herself, which forms the basis for all deportments as he/she grows.

A disabled child's views about himself/herself is not an easy matter to handle, especially as theories about oneself relies solely upon the ability to express one's needs, wants and desires. This raised a question for Wright, Wayne K. (1981) as to what the idea about himself/herself would be for a child who cannot describe his/her feelings in a way others around him/her can understand, and so, with the understanding that the ideas about self means a person's total evaluation of his/her physical appearance, ancestral roots, upbringing, competencies and financial backing, character and responsiveness, which guide his nature and conduct, set on a study to measure the self-concept of Hearing Impaired students. LaBenne & Green (1969). 926 students in all, out of which 69 Hearing Impaired and 857 non-impaired students from grades six through twelve at Michigan, were evaluated with Piers-Harris Children's Self-Concept Scale. The study shed light on the self-concept of Hearing Impaired students which was similar to that of Hearing students.

Aruna & Reddy (1996) in their comparative study of adjustment and self-concept of Hearing Impaired and Hearing children, found three areas that they differed notably in, viz., health, sensitivity and gender identities. Those without impairment exhibited better quality of adjustment in these areas as compared to the Hearing Impaired.
With a focus on the influence of self-esteem, self-concept and self-confidence in shaping the personality traits of adolescents with disabilities, Vikas Bhardwaj (2010) used High School Personality Questionnaire for 300 students in the age group of 12 - 15 years, equally divided in numbers of 50 from each group of visually challenged, partially sighted, deaf, hard of hearing and orthopedically disabled. The study disclosed that deaf and hard of hearing students had high level of intellect and emotional balance, which helped them to achieve a high perspective of disposition. Notions about themselves seem to be clear as well, leading to emotional and cognitive cohesion. They were also very particular about their physical experience, which helped them to portray a good self-image.

In order to investigate the multiple relations between emotional intelligence, social skills and social esteem, with family communications among deaf adolescents, emotions such as empathy, happiness, positive outlook, personal initiative, stress control, self-respect, social effectiveness, and social skills were analyzed through a study by Satarch Ataabadi et al., (2013) by administering the Emotional Intelligence Questionnaire, Social Skills Inventory & Family Communications Scale. The conclusions from the data compiled from 51 boys and 55 girls were that, the Hearing Impaired children had very low interactional skills due to lack of communication and it was noted that they could not initiate appropriate rapport with others and this seemed to have disturbed their academic achievement. It was also observed that communications with parents showed better results when the Hearing Impaired adolescents were found to have higher self-esteem.

Theunissen et al., (2014), from their study of self-esteem of Hearing Impaired students, and influence of communication, education and hearing-related features, discovered a low level of self-esteem in public environment and came to the conclusion that there were high variances of self-esteem due to the heterogeneity of the population.
As seen from the reviews of studies pertaining to the key variables, factors such as school placement and mode of communication, play a key role in the social-emotional adjustment of the Hearing Impaired adolescent and in their self-image. Hence some studies in the relevant topics are included to enable us view the bigger picture.

REVIEWS RELATED TO COMMUNICATION OPTIONS/MODES OF HEARING IMPAIRED ADOLESCENTS AND THEIR FAMILIES

Erik Drasgow, (1998) deliberated in his article the importance of early language exposure for deaf children. Deaf children miss out on incidental learning, which a hearing child benefits from the time of birth and even before. The level of proficiency in language is contingent upon how early the child has developed the language. Whether the child is deaf or hearing, the way first language is acquired from parents is in the same fashion, when the child shares the identity as well, as in hearing or deaf. Hence he restates that it is vital for a child to be exposed to a natural language within the first 12 months of the child's birth. It may be detrimental to the child if he/she does not receive this access to language during the crucial period, and the child may never acquire a natural language.

It is a known fact that parents are the biggest influence for children. A deaf child born to deaf parents gets accustomed to his/her surroundings smoothly, because the parents are aware of how to handle their child. Whereas, a deaf child born to hearing parents will go through his/her fair share of struggles in trying to conform to his/her setting. Lack of proper communication impedes the child's growth. (Easterbrooks & Baker 2002). Though parents may try their best in their own way, what a deaf child wants and needs may be missed. Parents are unaware of the visual and spatial connection, which is vital for a deaf child. It takes time for parents to recognise the importance of manual communication and they miss out on the significance of key components of sign language and how it bridges the communication gap.

Bat-Chava, Daniela Martin (2002), examined factors that influenced connections between deaf children who use hearing aids or are Cochlear Implantees (CI) and their hearing siblings. 20 parents of deaf children with CI, 9 parents of deaf
children with hearing aids, with at least one sibling were selected for the study, which used qualitative analysis of interview data. Aspects of deaf-hearing sibling interactions were appraised by an instrument developed by the researchers. The key factors in sibling exchanges were listed as family size, birth order, parents’ apprehensions about child's deafness and negative comparisons. Family context was highlighted in understanding deaf-hearing sibling relationships, laying to rest, preconceived notions that hearing loss as a disability is the indicator of poor deaf-hearing sibling interactions.

Mental functioning of deaf adolescents based on the language experience of hearing mothers of deaf children was delved into by Delia Wallis (2004) with a sample of 57 Hearing Impaired adolescents and their parents. Data were collected via Questionnaire method, using Chi-square Test for analysis. The study admitted that hearing adolescents maintained a better relationship with their mothers. Children and parents who had an early and consistent exposure to sign language had a better mental health status which aided the children in coping with their lives and intellectually and emotionally with others as well.

Hintermair (2004), (2006); Meadow-Orlans (1995); Quittner (1991), in their various studies recapitulated that high levels of parental stress are often associated with social emotional problems in children.

A study by Manfred Hintermair (2006) to understand the extent of parental coping with deaf children in harmonizing their emotional and social development. The findings acknowledged that parents who experienced lower levels of stress were able to witness better expression and handling of emotions by their children, in addition to positive and meaningful relationships with others. The reason for this was also found to be the early parent-child exchanges. On the contrary, children of highly stressed parents were found to have certain abnormal patterns such as frequent temper tantrums, lying, stealing, lack of obedience, hyperactive behaviour characterized by simple distractions, fidgeting, impulsive actions, etc., The child's communicative proficiencies had a remarkable effect on parents’ stress experience.

Sylvie Verte, Lies Hebbrecht, Herbert Roeyers (2006) in their study investigated the quality of sibling association and the intellectual adjustment of
siblings across two groups of siblings of deaf and siblings of non-deaf. The participants of the study were equal number of siblings with deaf and with non-deaf members. Standardized questionnaires were administered to 48 siblings totally, to measure their psychological adjustments, and evaluation was done on the basis of behavioural problems and interpersonal skills. The findings showed no indicative differences in the quality of the sibling interactions. Parents of deaf children believed that there were few internalizing behaviour problems such as being withdrawn, feelings of restlessness and depression, in siblings with deaf members in the household. There were no convincing differences between the two groups, as far as social skills were concerned. Positive exchanges with siblings led to better social interactions and fewer issues related to emotions and conduct and at the same rate, negative exchanges between siblings resulted in extremely negative attitudinal problems and lack of social graces. It was clear that siblings of deaf are not prone to adjustment problems any more than those siblings with non-deaf members.

The aim of the study conducted by Hadjikakou, K. & Nikolaraizi, M. (2008), was to investigate the personal communication memories and experiences of adult deaf participants during childhood, in their homes. Semi-structured interviews were conducted in order obtain information relevant to the study. The interviews were conducted on twenty four deaf individuals within the age groups of 19 and 54 years, with varied family and school backgrounds. It was seen that the participants who graduated from deaf schools that implemented sign language, and used sign language from an early age, had negative communication experiences with their families. They could neither communicate in their regional sign language nor orally with their Hearing families. However, it was seen that participants who graduated from general schools did not have as many negative memories because they could communicate with their hearing parents through speech. Interestingly, two participants who attended a Deaf school, and communicated with their Deaf parents fluently in sign language from an early age, described significantly more pleasant memories. This study suggests the importance of an early and a common option of communication that both the parents and the deaf children should arrive at, since a reciprocal approach ensures pleasant family communication interchanges, resulting in positive memories.
A report work in Denmark, called "Psychosocial development in children with Cochlear Implants and Deaf and Hard of Hearing children" by Jesper Dammeyer (2009) declared that Hearing Impaired children have a lesser rate of psychosocial difficulties when their sign language / oral language abilities are good. Sign language, spoken language, hearing abilities, and psychosocial difficulties were the domains used in the study. Questionnaire method was used for gathering the information from 334 samples between the ages of 6 & 19. It was announced that parents of cochlear implanted children felt that the mental and social factors of the children's lives were not up to mark. The children were able to initiate and maintain a good social relationship and adjustment as long as communication was good, irrespective of whether the child was deaf or hard of hearing, or cochlear implanted.

Quittner, AS.L. et al., (2010), in their study recorded that higher levels of parenting stress leads to poorer social and emotional growth of hearing and Hearing Impaired children, and higher rate of behavioural issues are seen, reiterating that parenting stress affects parent-child relationships.

P. Kushalnagar et al., (2011) aimed at the communication link between parents and their Hearing Impaired adolescents, which they believed, played a vital role in the emotional and mental well-being of those in the age group of 11-18 years, and their interpersonal relations.

The domains applied in the study were Sense of self, social relationships, environment, and general quality of life. A total of 230 samples were targeted through purposive sampling technique, and a questionnaire was used to collect data. ANCOVA was used for statistical analysis, and it was found that Hearing Impaired adolescents had a better quality of life in terms of ideas of one's personality, understanding of one's strengths and weaknesses, and representing one's views and causes, when sign language was used as a means of communication with parents, compared to those using oralism. It was also noticed that any lack in the degree of language proficiency between the Hearing Impaired adolescent and the parent could make the parent- Hearing Impaired child relationship more complex, leading to stress in the child and a disturbance in the social establishment.
A child's first role models are parents. Parental stress tends to affect the child according to Pinquart, M (2013) as a stressful atmosphere at home will create a less positive environment that hinders the positive growth of a child. Parents' awareness of the child's emotional requirements is to be of utmost importance. Parents may be focused on the impairment and try to help by speaking slowly or lend a hand with scholastic activities but that is interpreted by the adolescent as failing and not caring.

Standardized parental stress scale and Health Inventory were used to assess the level of stress and coping among mothers with Hearing Impaired children, in select institutions for the deaf, at Tirupati, Andhra Pradesh, by Bhagyalakshmi M. et al., (2014). The outcome of the study elaborated that majority of mothers underwent moderate stress and a little over half of them exercised moderate coping techniques.

REVIEWS RELATED TO THE SCHOOLING PLACEMENTS OF HEARING IMPAIRED ADOLESCENTS

A study (Carol Musselman, Anju Mootilal & Sherri Mackay, 1996), examined the social adjustment of deaf adolescents enrolled in segregated, partially integrated, and mainstreamed settings, comparing them with a control group of hearing students. Students in isolated settings had the lowest levels of overall adjustment. Students mainstreamed with deaf peers were on the bottom rung of adjustment level and those who were in moderate integration setting exhibited better adjustment. Deaf students disclosed equal adjustment with deaf students, the association being, skills in their Sign Language, in the same way that adjustment with hearing students meant association with spoken language. The Researchers therefore conclude that the students benefit from exposure to various school settings as that provides varied experiences and enriches their conduct resulting in better adjustment.

An article report from a qualitative study conducted in Lahore, Pakistan, to identify problems faced by Hearing Impaired students studying in inclusive set up at the university level spelled out helpful findings that, with right recommendations and implementations, can upgrade the education system for the Hearing Impaired. Safder, M et al., (2012). Through personal interviews conducted, it was brought to light that that students were unable to understand teachers’ instruction in class, because they were not proficient in the use of sign language. There were insufficient
sign language interpreters to meet the needs, let alone the demands. The students complained that the teachers neither gave them attention nor did they ensure if the content taught was understood by them. The students had good interaction with peers but were not included in activities and were frustrated. Recommendations were made for having competent full time sign language interpreters, a truly inclusive set up and regular workshops for teachers.

A study by Sobia Bashir and Muhammad Maveed Riaz et al., (2014) on school social behaviour of Hearing Impaired adolescents in public and private schools informed that the social behaviour of deaf students in private schools was better than that of students in public schools because of the nature of the environments. When attention was given to them and their needs, either at school or at home, they seemed to manifest good social skills and intellectual skills. Language and communication also seemed to play a major role in controlling abnormal behaviours as when they were made to understand the world better, they exhibited better conduct. Deaf adolescent boys were found to be hyperactive, and physically aggressive than girls.

Frederick Douglass Staten (2011) scrutinized the significance of residential school for the deaf on Deaf identity, via informal interviews with students from the Oregon School for the Deaf. The participant responses were recorded and analysed. The feedback received was that the respondents’ educational journey was smooth due to free flowing mutual communication in sign language. They partook of bonding experiences in residential school. There were meaningful and wholesome relationships and they expressed a sense of readiness for life after college, through their interactions and due to increased understanding of happenings around them. The students further added that professionals that are involved in teaching the deaf must know the language and their culture and norms.

Neita Israelite et al., (2002) conducted a qualitative research study to show the importance of classroom environment for the Hearing Impaired children for meaningful social interaction and adjustment. Titled, “Influence of Hard-of-Hearing Adolescents and Identity Construction: Influences of School Experiences, Peers and Teachers”, the study was carried out to understand how the Hearing Impaired children were able to construct self-identity by social interaction. The data was collected through open ended group interviews and written questionnaires from seven samples
(six girls and one boy) in the age group of 14 – 17 years. The findings show that Hearing Impaired children were able to identify themselves intellectually as deaf community and distinguish themselves from other hearing peers. It was also found that Hearing Impaired children, on becoming mainstreamed, are isolated due to their hearing abilities, affecting their self-identity and social adjustment. The children need other Hearing Impaired children to establish self-identity and social interaction.

Filiz Polat (2015) states that social and linguistic context are the birth rights of Hearing Impaired children, and play a vital role in their psychosocial development. “The Meadow/Kendall Social and Emotional Adjustment Inventory (SEAI) school-age version” with three subscales of Social Adjustment, Self-Image and Emotional Adjustment was used for a total sample of 1,097 Hearing Impaired children selected from residential and mainstream schools to understand the impact of teacher and parent relationship in the psychosocial adjustment of the deaf students. Based on findings, it was concluded that Hearing Impaired children in residential schools had a better social and emotional adjustment when compared to those in mainstream schools with reference to the impact of teacher student relationship. There was an emphasis on special measures taken to maximize the student’s communication skill in mainstream schools by training the teachers for better social adjustments of the Hearing Impaired children.