

**SOCIETAL PERCEPTIONS TOWARDS THE HEARING IMPAIRED
AND THEIR PSYCHOLOGICAL IMPLICATIONS**

By

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DECLARATION

I declare that the study of Societal Perceptions towards the Hearing Impaired and their Psychological Implications (mini-dissertation) hereby submitted to the University of Limpopo, for the degree of Masters of Arts (Clinical Psychology) has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

SIGNATURE

Ms. M.M Matlala

DATE

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ABSTRACT

The study is aimed at investigating societal perception towards the hearing impaired and their psychological implications. The study concentrated on how the hearing impaired thought the hearing public perceived them and, also identified the psychological implications of these (perceived) societal perceptions on the hearing impaired. The research design is qualitative in nature, wherein, a convenient and purposive sample of ten hearing-impaired participants was used. Video recorded interviews of open-ended questions and questionnaires were used in combination to gather information. The Interpretative Phenomenological Analysis (IPA) was applied as the method of data analysis. Three super-ordinate themes were identified. These themes primarily indicated that the hearing impaired hold the view that they are negatively perceived by the hearing society. The findings of the study were that negative societal perceptions result in negative self-perceptions and discourage social interactions between the hearing impaired and the hearing communities.

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Attitudes held towards people with disabilities are complex and multifaceted. These attitudes have the potential to lead people to become closed-minded and biased in their interactions with the person towards which the attitude is held (Yuker, 1960). Negative attitudes of non-disabled persons are among the most serious invisible barriers to the full participation and integration of disabled citizens into society (Sussman, 1973). The concept of disability is defined in many ways, depending on how the definer views people with disabilities. For instance, Sussman (1973) defines disability as a physical incapacity that is either congenital or caused by injury or disease. According to Kiger (1997), one of the most prominent definitions is that of the Oxford dictionary which defines disability as a lack of some asset, quality or attribute that prevents a person from performing a certain task. Kiger (1997) states that what makes the Oxford dictionary definition the most prominent is that it reiterates the primary perspective of the Medical model of Deafness, and that this is the actual way in which most “normal” people regard disabled people.

There are numerous types of disabilities, with the common kinds being: physical disability, visual disability (blindness) and, auditory disability (hearing impairment). Gregory and Hartley (1999) report that in 1998 there were at least three million deaf and hard of hearing people in South Africa. It is approximated that 10% of the South African population is disabled in some way, and an estimate of 3.5% is stated as having some measure of hearing loss (Centre for Deaf studies, 2001). However, according to the South African census (Statistics South Africa, 2001), approximately 20% of people considered disabled in South Africa have hearing loss.

1.2 BACKGROUND

It seems that historically, hearing impairment was not viewed in particularly positive light. Aristotle, Pliny the Elder, and the Greeks believed that congenitally deaf children had no capacity to learn language and they were incapable of independent thinking (Anderrson, 1994). It was not until the mid-1700s that people began to consider whether hearing impaired youth could learn (Anderrson, 1994).

According to Gilbert (2001), hearing impairment is not necessarily a new condition, yet it continues to be a disability that is often misunderstood. It could be debated that these misconceptions are sometimes the precipitating factors to stigmatization of a certain condition (Gilbert, 2001). Stigma can be thought of as a spoiled identity by which a person may have a shortcoming, failing, or handicap (Goffman, 1963). The 2002 estimates by World Health Organization (WHO) in developing countries indicate there is a considerable percentage of hearing impaired people who are uneducated, unskilled and deprived of almost all their social, economic, cultural, and political rights (WHO, 2002).

In some countries, it is generally accepted that hearing impaired people constitute a separate social and cultural group and, no real effort is taken by their communities to assimilate them with the hearing majorities (Stephen, 2000). While hearing people readily admit the special needs of those with other disabilities, for instance the necessity of wheelchairs for those with physical disabilities and Braille for the blind- there is a sense of hesitance in recognizing the importance of Sign-language for deaf people (Stephen, 2000).

1.3 PROBLEM STATEMENT

One of South Africa's most memorable milestones came in 1994, when the attained democracy came with the guarantee of equality and of fundamental rights, as enshrined in the Constitution of the Republic of South Africa (Penn & Reagan, 2004).

It seems, however, that the South African disabled community, more especially the hearing impaired, continues to be subjected to a millennium of marginalization at an era when many sectors of our society enjoy the fruits of democracy (Donnell & McPherson, 2002).

As stated by the WHO (2001), health is not only the absence of disease but also the presence of sound physical, social and psychological well-being. With this definition in mind, enquiry is made as to whether hearing impaired individuals are afforded this type of health at the same quality that is provided to the hearing. Thus, the questions posed are; how do hearing impaired people think they are perceived by the general community and, what are the psychological implications of these societal perceptions?

1.4 AIM AND OBJECTIVES

1.4.1 Aim

This study aims to investigate how hearing impaired people think they are being perceived by the general public and how these perceptions affect them psychologically.

1.4.2 Objectives

- To find out how hearing impaired people think hearing people perceive them.
- To identify the psychological implications of these (perceived) societal perceptions on the hearing impaired.

1.5 SIGNIFICANCE OF THE STUDY

The significance of the study developed when a gap was identified in studies on the hearing impaired, particularly in the academic field of clinical psychology. Firstly, the study intends to explore on the types of social cognitions (termed societal perceptions in the study) society holds towards the hearing impaired.

The second intent is to investigate the psychological consequences of such cognitions on the hearing impaired individual's functioning.

In psychology, there is a concept called self-fulfilling prophecy. Implicit in this concept is the supposition that people have a propensity to behave in the manner in which they [think or actually] are perceived (Darley & Gross, 1983; Biezens, Neuberg, Smith, Asher & Judice, 2001). The concept of 'self-fulfilling prophecy' is one of the primary precipitating factors in the need to investigate the possibility of societal perceptions being influential on individuals' psychological status. In line with this term, it is likely that if the hearing perceive the hearing impaired in a negative manner, the hearing impaired might act out in consensus with these negative perceptions.

The study intends to identify a relationship between societal perceptions and self-perceptions. Thus, emphasis was placed on how society's perceptions towards the hearing impaired (whether negative or positive) affected their psychological functioning as hearing-impaired individuals.

1.6 RESEARCH QUESTIONS

- How does the hearing impaired community think the general public perceive them?
- What are the psychological implications of these societal perceptions on the hearing impaired?

1.7 OPERATIONAL DEFINITIONS

1.7.1 Societal

The term "societal" refers to a phenomenon or occurrence that is of or relating to the structure, organization, or functioning of society (Gilbert, 2001; Livesley, 2001; Hasna, 2007). In this study the term societal is used in reference to ideas, values and perceptions that originate from, and are thus considered the norm within the hearing society (general public).

1.7.2 Perception

Perception is a process through which people translate sensory impressions into a coherent and unified view of the world around them (Gilbert, 2001). Though necessarily based on incomplete and unverified (or unreliable) information, perception is 'the reality' that guides human behaviour in general (Gilbert, 2001). According to Lindsay & Donald (1997), perception is the process by which organisms interpret and organize experiences to produce a meaningful interpretation of the world. In this study, the term perception generally refers to thoughts, judgments and opinions that one group (the general public and the hearing impaired) has towards the other (the hearing impaired).

1.7.3 Societal perception

Societal perception can be defined as the process of forming impressions of individuals at a societal level (Gilbert, 2001). The resulting impressions that we form are based on information available in the environment as well as our previous attitudes about relevant stimuli (Gilbert, 2001). Alternatively, Buckney (2001) defines societal perception as the manner in which humans think about each other and thus affecting the way in which they relate to each other.

1.7.4 Social Cognition

Social cognition refers to society's perceptions of its social world and the people that are present in it (Schlenker, 1980). In the study, this term is used in addition to societal perceptions, in reference to society's understanding and interpretation of what it means to be hearing impaired.

1.7.5 Hearing impairment or hard of hearing or deafness

Hearing impairment refers to a condition in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard by members of their species (Sussman, 1973).

Gregory and Hartley (1999) similarly define hearing impairment as a generic term, including both deaf and hard of hearing, which refers to persons with any type or degree of hearing loss that causes difficulty working in a traditional way. In humans, the term hearing impairment is usually reserved for people who have relative insensitivity to sound in the speech frequencies. In this study, the term hearing impairment or the concept of hearing impaired generally refers to individuals who are hard-of-hearing or completely deaf (unable to detect any frequency of sound).

1.7.6 Psychological Implications

Psychological implications denote the mental, emotional and behavioural result of an occurrence on human functioning (Miller, 2005; Beyerstein, 2001). Thus, in humans, the consequential reaction is considered a result of the preceding psychological process.

1.7.7 Dumb

The term dumb refers to an inability to speak (DeafSA, 1996). This term is however considered outdated and regarded as offensive by the hearing impaired community, and has thus been replaced by the term speech-impaired (DeafSA, 1996). According to statistics SA, most hearing impaired individuals are also speech impaired, which necessitates the use of Sign-Language (Statistics South Africa, 2000).

1.8 SUMMARY OF SUBSEQUENT CHAPTERS

Chapter 1 dealt with the overview of the entire study. It is comprised of an introduction to the study, the problem statement, background information, significance of the study, research questions which are to be answered by the study's findings, the aim and objectives, and operational definitions of concepts applied within the study.

The following segment summarizes content that is contained within the subsequent chapters of the study.

Chapter 2: This chapter includes two important aspects. The first aspect contains relevant studies and texts (literature review) which are a representation of what has already been stated on studies similar to this one. The literature which was reviewed provides a significant foundational base for the study

The second aspect houses three contemporary perspectives on elements that are regarded crucial to the study. It gives the differing approaches as well as their relevance and applicability to the study.

Chapter 3: This chapter gives a detailed account of the methodology used in this study. It contains a presentation of the type of research design, sample chosen, ethical considerations as well as the techniques employed in selecting/recruiting the sample and the methods through which data was collected and analyzed.

Chapter 4: This chapter presents the formal arrangement and reporting of the results of the study.

Chapter 5: This chapter contains a review and discussion of the research questions, integration summary, conclusions drawn and recommendations made based on the research findings. This chapter also contains the challenges encountered during this study and the limitations.

CHAPTER 2

LITERATURE REVIEW

2.1 STUDIES ON HEARING IMPAIRMENT

As aforementioned, chapter two is comprised of two facets. The first aspect of chapter two contains significant texts (literature) which are a representation of what has already been stated on studies similar to this one. The basis for the literature which is reviewed in this chapter is to provide a general and holistic framework for the purpose of this study.

2.1.1 (African) Cultural Perceptions on Hearing Impairment

Cultural perceptions refer to a particular community's observation and analysis of certain worldly occurrences and developments in relation to that community's shared customs and doctrine (Ladd, 2003). The community's behaviours, values and beliefs thus depend on and/or are affected by their cultural practices (Ladd, 2003). Beliefs about auditory impairment in African societies have been shown to provoke various reactions, ranging from denunciation to rejection, including considerations of infanticide. Some beliefs have the unfortunate effect of increasing the likelihood of isolation and marginalization of people who are hearing impaired (Kiyaga & Moores, 2003). Some societies pity children who have auditory impairment and see them as burdens, dependent on their families and lacking the ability to be independent (Kiyaga & Moores, 2003). Kiyaga and Moores (2003) further discovered that in other cases, cultural practices resulted in the hearing impaired child being hidden from public view because of familial shame over having a "handicapped" child who may bring misfortune upon the family. Such beliefs can lead to abuse, neglect, and abandonment, and hearing impaired children's potential to contribute to the development of African nations is dismissed (Kiyaga & Moores, 2003).

Cultural perceptions towards the hearing impaired in South Africa do not appear to have been researched much, and several attempts to get literature materials of societal perceptions towards hearing impairment in South Africa yielded few results as most literature was focused on the educational effects of hearing loss as opposed to congenital hearing impairment. Okyere and Addo, (1989) conducted a few studies on deaf culture in Southern African countries. The results indicated that some of the beliefs on the cause of hearing impairment were accounted to as displeasure caused by the gods and other dead relatives (ancestors) (Okyere & Addo, 1989).

Some believed that deaf women were infertile, and thus not to be interacted with sexually, as there were primarily perceived as an ancestral curse upon a family (Okyere & Addo, 1989). Such beliefs, make the state of being deaf to be viewed as a curse (Okyere & Addo, 1989). These studies thus evident the fact that there has been a cultural misconception towards the causes of hearing impairment and people who are hearing impaired.

2.1.2 Status of the Hearing Impaired in the Tertiary Educational Sector (Universities)

According to the Centre for Deaf studies, (2001) there has been a notable increase in the number of hearing impaired students entering tertiary institutions in South Africa. Despite this increase, a majority of South African universities have facilities that cater mainly for visual and mobility impaired students (Centre for Deaf studies, 2001). The presentation and availability of Sign language interpreters would be considered the primary response to the needs of hearing impaired students but most tertiary institutions seem to fall short in the provision of these services (Centre for Deaf studies, 2001). DeafSA (2008), states that South Africa is not as progressive in the inclusion of hearing impaired students in the education system, as compared to other developing countries internationally.

The Department of Education (2005) states that in order to accommodate the special needs of disabled learners, educational institutions are required by the state to provide appropriate education support services. However, the provision of Sign language interpreters for every hearing impaired and deaf student in every class is not a viable solution, in consideration of limited governmental finances (Department of Education, 2005).

Engelbrecht (1961) surveyed the literature dealing with the psychological factors associated with hearing loss. Some 50 independently-conducted studies indicate that the deaf or hard-of-hearing population has essentially the same distribution of intelligence as the general population. These statistics would seem to indicate that the potential for abstract thought is as prevalent among hearing impaired people as among the hearing (Engelbrecht, 1961). However, Engelbrecht (1961) noted that educational attainments of the hearing impaired are generally lower than for their hearing counterparts, partly due to neglect or inadequate teaching.

As a result, hearing impaired people have been more likely to end up in menial jobs offering little future and financial return, contributing to less than optimum psychological states (Engelbrecht, 1961).

With the exception of tertiary-level educators at University of Cape Town, University of Johannesburg, and Free State University, teachers of the hearing impaired in most Southern African countries, most of who are hearing, lack appropriate training and certification to equip them with the knowledge and skills to work effectively with the deaf (Gregory & Hartley, 1999).

Even so, universities located in Gauteng and Western Cape are not necessarily beneficial to deaf and hard-of-hearing people permanently residing in the Limpopo Province. Another issue is that of the financial backing needed for a student to attend in such institutions, which have been reported quite expensive even for students from hearing families (Gregory & Hartley, 1999).

2.1.3 Medium of Communication

Language has been shown to be an important tool that people use to express their identity and to make judgments about other people (Bourhis & Giles, 1979). Language can also be viewed as an inseparable dimension of culture and heritage. It has even been demonstrated that people identify more with people who speak the same language than with people who share the same familial background (Giles, Bourhis, & Tayler, 1997).

South African Sign Language (SASL) is the name of the sign language favoured by the South African government. SASL was formally recognized in 1995, and is still being codified (Boner, 2000). It is promoted as the language of the South African deaf "community", although the deaf in South Africa form no single cohesive group.

South African Sign Language is not standardized and continues to evolve. Although South African Sign Language is not one of South Africa's 11 Official languages, the 1996 Constitution of the Republic of South Africa recognizes the role and importance of Sign Language in general by encouraging further developments and the promotion of "Sign Language" in South Africa (Founding Provisions, Languages, Pan South African Language Board 6:5) (DeafSA, 2008). SASL is the Sign Language that is used during television news casts in South Africa. There are 40 schools for the deaf in South Africa, using a variety of sign languages (DeafSA, 2008).

According to Branson (2002), hearing impaired people tend to view themselves as belonging to a linguistic minority. Deaf culture has its own history, shared values, social norms, customs and technology which is transferred from generation to generation but not particularly shared with the hearing majority (Penn & Reagan, 2004). The difficulty in sharing their customs and traditions with the hearing majority can arguably be attributed to Sign Language being an unrecognized medium of communication (Penn & Reagan, 2004).

Berlin (2001) stated that individuals and groups are often treated unjustly and suppressed by means of language. People who are deprived of linguistic privileges may thereby be prevented from enjoying other human rights, including fair political representation, a fair trial, access to education, access to information and freedom of speech, and maintenance of their cultural heritage (Berlin, 2001).

Branson (2002) debates that the recognition of Sign Language will enable the hearing impaired community to access their human rights and in that way correct the perception that hearing impaired people are the less significant members of the society. Indeed, the official recognition of Sign Language would serve as a springboard from which to address the challenges of fully integrating the hearing impaired community into society (Branson, 2002).

2.1.4 Psychological Perspectives on Hearing Impairment

There are numerous psychological theories with differing perspectives on the issue of how environmental surroundings impact on individuals' psychological functioning. According to Bern's (1967) theory of Self-identification, people reason their self-judgement from the behaviour they observe from others and themselves. Thus, people infer their own attitudes in the same way they infer the attitudes of other people- by observing behaviour (Bern, 1967).

In line with this theory, Engelbrecht (1961) observed that the hearing impaired participants who partook in his study deduced their perceptions towards themselves, not only from opinions held by the general public, but also from self-observed behaviour. For example, those participants who saw themselves not attending school and unemployed reasoned that hearing loss meant that one was uneducable and unemployable (because of their impairment) as the hearing society thought (Engelbrecht, 1961).

Becker (1963) proposed another perspective in his approach known as the Labeling theory. The theory was prominent in the 1960s and 1970s.

Labeling theory (synonymous to "identifying against") holds that deviance is not innate to an act, but instead focuses on the linguistic tendency of majorities to negatively label minorities or those seen as deviant from the norms (Becker, 1963). The theory is concerned with how the self-identity and behavior of individuals may be determined or influenced by the terms (labels) used to describe or classify them, and is associated with the principal tenets of self-fulfilling prophecy and stereotyping.

Becker (1963) observed that societal labeling has a potent effect on how those who are assigned labels are perceived. It also affects how the labeled individual or group perceives himself and his relationship to society. The labels attached to them function as a form of social stigma (Becker, 1963).

Always inherent in the label is the attribution of some form of contamination or difference that marks the labeled person as different from others (Becker, 1963). Society mostly uses stigmatic labels towards individuals or groups as a means of controlling and/or limiting deviant behaviour: "If you proceed in this behavior, you will become a member of that group of people." Those who are assigned negative labels might be perceived as social rejects (Becker, 1963). Deviant labels are the sources of negative stereotypes, which tend to support society's disapproval of the behavior (Becker, 1963).

If deafness is viewed as a disability, then people who are deaf carry with them the stigma of "lacking" a typical human characteristic (Linton, 1998). As discussed earlier, a person who is stigmatized usually needs to see the stigma as positive in order to maintain high self-esteem. Therefore a person with a disability either needs to regard the disability as constituting a positive part of their identity or that the individual needs to disassociate themselves from the stigma of disability altogether (Barnes, Mercer & Shakespeare, 1999; Linton, 1998).

A third viewpoint from George Herbert Mead (1934) focuses on the internal processes of how the mind constructs one's self-image. In *Mind, Self, and Society* (1934), Mead showed how infants come to know persons first and only later come to know things. According to Mead, thought is both a social and pragmatic process, based on the model of two persons discussing how to solve a problem. Our self-image is, in fact, constructed of ideas about what we think others are thinking about us. Human behavior, Mead (1934) stated, is the result of meanings created by the social interaction of conversation, both real and imaginary. As aforementioned by Mead (1934), an individual's self-image is an ensemble of his/her ideas and beliefs about how other people perceive him/her. This theory implies that if an individual thinks other people perceive him negatively, then his self-image is most likely to rotate in the same direction, resulting in a negative self-perception.

2.1.5 Current Social Views on Hearing Impairment

The modern view of hearing impairment involves the recognition of hearing impaired people as a cultural minority. Sign Language is recognized and accepted as the natural language of hearing impaired people. This acceptance includes the acknowledgement that deaf community is in fact a sub-cultural group of wider world (D'Andrade, 2002).

This view involves the recognition of the hearing impaired as group of persons who share a common means of communication (Sign Language) and culture which provides the basis on which group cohesion and identity develop (D'Andrade, 2002).

D'Andrade (2002) states that to the general public, the word 'deaf' simply refers to a person who cannot hear. However, total or partial (in) ability to hear has fundamental social and linguistic implications. It heavily influences relationships with other people, thus affecting the hearing impaired individual's ability to fully integrate himself or herself into a hearing society.

The cultural and social aspects of being hearing-impaired cannot be ignored when working to secure human rights for deaf people. Hearing impaired people continuously create regional and national communities based on communication in sign language, and have a heritage of transnational interaction that has evolved over centuries. Nonetheless, deaf people's "communities" mainly consist of other hearing impaired individuals and a less than notable degree of hearing individuals.

2.2 THEORETICAL FRAMEWORK

The theoretical framework is presented through the use of three different perspectives which are: the Ecological Systems Theory, the Social Perception Theory, and the World Health Organization International Classification of Functioning Model (ICF Model): Disability and Health. These perspectives all apply different approaches relevant to the intention of this study, with most enabling some understanding of the importance of the surrounding environment in the functioning of an individual.

2.2.1 Ecological Systems Theory

According to the theory of Ecological Systems, people do not exist separately from their environments. This perspective recognises that environmental events and conditions outside any immediate setting containing a person can have a profound influence on behaviour and development within that setting (Bronfenbrenner, 1979). The Ecological System Theory, first developed by Urie Bronfenbrenner, recognises that children's development is influenced by the interactions that they have over time with the people, objects and symbols in their immediate environment. This perspective suggests that healthy development and effective functioning depends on the match between the needs and resources of a child or family and the demands, supports and resources offered by the surrounding environment (Connard & Novick, 1996). The Ecological Systems Theory holds that development reflects the influence of several environmental systems, and it identifies five environmental systems:

- *Microsystem*: This denotes the setting in which the individual lives. These contexts include the individual's family, peers, school, and neighborhood. It is in the microsystem that the most direct interactions with social agents occur; e.g. with parents and peers. The individual is not a passive recipient of experiences in these settings, but someone who helps to construct the settings.
- *Mesosystem*: Refers to relations between microsystems or connections between contexts. Examples are the relation of family experiences to school experiences, school experiences to church experiences, and family experiences to peer experiences. For instance, children whose parents have abused them may experience difficulty in developing positive relations with figures of authority such as teachers.
- *Exosystem*: Includes connections between and interrelatedness of a social setting, in which the individual does not have an active role, and the individual's immediate context. For example, a husband and child's environment at home may be influenced by a mother's experiences at work. The mother might receive a promotion that requires more travel, which might increase conflict with the husband and alters patterns of interaction with the child.
- *Macrosystem*: Expresses the culture in which individuals live. Cultural contexts include developing and industrialized countries, socioeconomic status, and ethnicity.
- *Chronosystem*: Describe the patterning of environmental occurrences and transitions over the life course, as well as socio-historical circumstances. For example, a divorce is one transition. Researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By the second year after the divorce, family interaction is less chaotic and more stable. As an example of socio-historical circumstances, consider how the opportunities for women to pursue a career have increased during the last thirty years.

This theory was used by researchers to probe into the way deaf children understand the world around them (Sheridan, 2001). It was found that deaf children's interaction with their environment differed from that of their hearing counterparts.

Their interactions were of a minimal nature and, did not necessarily provide the most opportune environmental experiences needed for a fully nurtured and holistic up-bringing (Sheridan, 2001). Persons with disabilities, including the deaf and hard of hearing's fulfilment as individuals is largely dependent on their relationship with those around them, set within an overall context which officially acknowledges their rights (Coleridge, 1993).

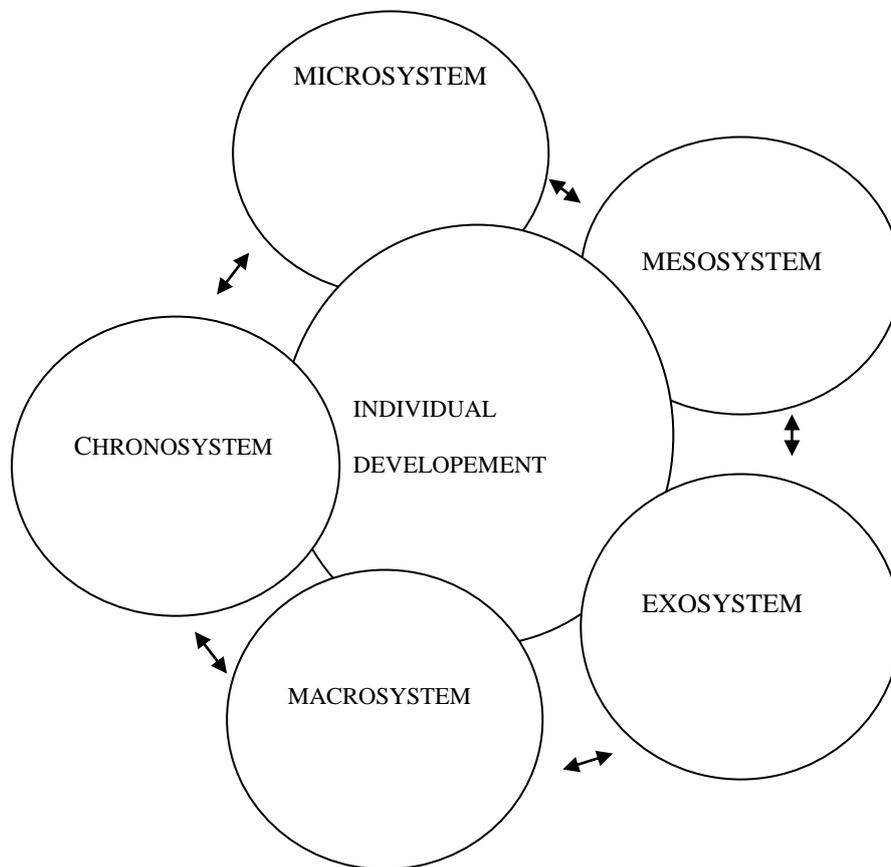


Figure 1: Five Systems of the Ecological System Theory

Although most hearing impaired children are born into hearing families, a majority of these families reported little to no prior interaction with deaf people (Centre for Deaf Studies, 2001).

Thus, these families reported challenges in terms of communication barriers and familial and social interaction. Such environments, as Sheridan (2001) states, do not provide the most optimal opportunity for a hearing impaired child's development.

2.2.2 Social Perception Theory

Social perception is the process of forming impressions of individuals at a social level (Gilbert, 2001). The resulting impressions that we form are based on information available in the environment, our previous attitudes about relevant stimuli, and our current mood.

Social Perception Theory is a social psychology perspective that states that people obtain self-understanding from making inferences from their behaviour and events surrounding their behavior (Bern, 1969). According to this theory, humans tend to operate under certain biases when forming impression of other individuals. For example, we are more like to perceive a physically appealing person as being good (i.e. possessing desirable personality traits such as kindness, sociability, intelligence) than a less attractive person (Gilbert, 2001).

Another social perception bias we tend to make is called in-group bias or in-group favoritism. In other words, we tend to favor members of our in-group over those we perceive as out-group members. This is known as the *Halo Effect* (Buckney, 2001). This probability explains why people from homogeneous groups are likely to form unfavourable perceptions of people from heterogeneous groups.

There are evident barriers (mainly linguistic) affecting interactions between the hearing and the hearing impaired communities.

In accordance with the Social Perception theory, the probable hypothesis would be that one group is likely to make prejudiced/biased perceptions about the other group mainly on the basis of their differences. Also, the prejudice or biased perceptions formed would be of a negative nature, as both these groups are unfamiliar with the traditions and cultures of the other (they are not homogenous groups).

2.2.3 The International Classification of Functioning (ICF Model): Disability and Health

The ICF Model of Disability and Health has an inclusive view of the subject of disability. It is WHO's framework for measuring health and disability at both individual and population levels (WHO, 2001). This model has focused on disabled individual's impairments and has described the complications they experience in their lives in terms of those impairments. It combines both the medical and social models of disability to bring to the fore issues of disability. Traditionally, the medical model sees disability as a limitation in capacity of the disabled person to participate in the mainstream of society. The social model primarily states the significance of the social environment in the disabled individual's personal development (WHO, 2001).

Thus, in addition to acknowledging disability as a medical issue, it acknowledges the environmental and social factors that impact on medical conditions to bring about disability. Environmental factors such as individual prejudice, inaccessibility to public places and information among others are taken into consideration in this model. This theory was used by researchers to probe into the way deaf children understand the world around them (Sheridan, 2001). It was found that deaf children's interaction with their environment differed from that of their hearing counterparts. Their interactions were of a minimal nature and, did not necessarily provide the most opportune environmental experiences needed for a fully nurtured and holistic up-bringing (Sheridan, 2001).

Persons with disabilities, including the deaf and hard of hearing's fulfilment as individuals is largely dependent on their relationship with those around them, set within an overall context which officially acknowledges their rights (Coleridge, 1993).

The International Classification of Functioning, Disability and Health, thus seeks to achieve a synthesis in order to provide a coherent view of the different perspectives of health from a biological, individual and social perspective (WHO, 2002). This model indicates that medical diagnoses, societal values and norms in concert with other environmental factors influence the health of individuals.

2.2.4 Current Governmental Approach toward the Hearing Impaired

On a positive note, the South African government has made an effort in trying to assist the deaf in accessing certain governmental services. The government executed a programme known as South African Sign Language (interpreters) in the Health Care System (SASLHC) (DeafSA, 2008).

The aim of SASL interpreters in Health Care is to lower language barriers and equalize access. This project is based in Public Health and commenced in 2004 working with those who are congenitally deaf or who acquired hearing loss at childhood, and whose first language is SASL (DeafSA, 2008). The project aims, via professional SASL interpreter services, to extend the right of access to health care for Deaf people in Cape Town (DeafSA, 2008).

Although this may be regarded as a good attempt by the government, the question still remains; "What about hearing impaired individuals in the rest of the country?"

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

Research design is applied in structuring the research and is used to illustrate how the major parts of the research project work together in addressing the central research questions. Research design can be divided into several types but the main two distinctions being quantitative research designs and qualitative research designs (Ader, Mellenbergh & Hand, 2008).

Qualitative and quantitative research designs are viewed as situated on opposite sides of the research field. Ader et.al., (2008) state that the main difference between the two aforementioned research designs is that quantitative studies make use of few variables and many cases, while, on the contrary, qualitative studies rely on a few cases and multiple variables.

The qualitative approach was selected as the most appropriate design for this research. According to De Vos (2002), a qualitative approach intends to achieve an insider's view by interacting with participants (either through verbal interviews or observing their behaviours), as firsthand experience of the subject or object under investigation produces the best results. Cresswell (1998) states that qualitative research is an inquiry process founded on distinctive methodological approaches that seek to explore a social or human problem in its most natural form. In this study, the use of a qualitative research design advantaged the researcher by allowing maximum collection through various means and thus permitting an optimally informed analysis.

3.2 POPULATION

The study made use of ten (10) hearing impaired respondents who were selected amongst permanent residents of the Limpopo Province. Three (03) of the participants were hard-of-hearing and the other seven (07) participants were deaf. All the respondents used Sign language as their primary means of communication.

3.2.1 Participant Recruitment

Participants (sample) were attained through a combination of convenience sampling and purposive sampling. Convenience sampling is a type of non-probability sampling which involves the sample being drawn from that part of the population which is close at hand (Cresswell, 1998). Purposive sampling is a sampling method which targets a specific group of people (Cresswell, 1998). When the desired population for the study is rare and thus possibly difficult to attain, as is in this study, purposive sampling may be considered the most opportune sampling method.

The DeafSA officials at the Limpopo Branch (DEAFSA Limpopo) were provided with the inclusion and exclusion criteria (which will be listed below) so they could easily identify which of their affiliates would be most appropriate to partake in the study. The suitable participants were selected through purposive sampling of affiliates that were in the DeafSA data base. Interviews were arranged with the selected potential participants so as to ask for their participation and explain the purpose of the study.

All ten of the participants agreed to participate with full knowledge of the study's aim and objectives. They all gave permission to be interviewed in the DeafSA offices in the presence of a Sign language Interpreter.

3.2.2 Inclusion and Exclusion Criteria

In order to ascertain homogeneity amongst the identified affiliates (sample), participants had to meet the following requirements:

- **Co-existing Disability:** DEAFSA Limpopo is an organization primarily for hearing impaired individuals in the Limpopo Province. However, some of these members have a co-existing disability such as blindness or paraplegia. Affiliates with a co-existing disability were excluded from the study as this would complicate the study's aims of exploring the psychological impact of societal perceptions towards the hearing impaired, and not any other disability.
- **Origin of Hearing Impairment:** Participants' hearing impairment must be of a congenital nature, and not a result of other medical conditions, physical or psychological (e.g. somatoform disorder) factors or complications.
- **Medium of Communication:** Affiliates who were identified as potential participants had to use Sign language as their primary medium of communication. This was a significant aspect as it would provide insight on how one group's medium of communication can impact on its ability to socialize with a another group that uses a different medium of communication (in this case Sign language and spoken language).
- **Exclusion of Hearing Aid Users:** All participants had to be people who do not use hearing aids or have cochlear implants to supplement their hearing.
- **Level of Education:** The selected sample had to have completed secondary school (be in possession of a matriculation certificate). This was due to the study's necessity of good reading and comprehension level. This affected the age group which was selected, resulting in participants' ages ranging between 18 and 42 years.

- Context: Participants had to be homogenous in terms of their environment which was the motive behind DEAFSA Limpopo's data base being used. This organization is associated with hearing impaired affiliates who are permanent residents of the Limpopo Province, and was thus considered as the most appropriate source of recruitment.

3.3 INSTRUMENT USED FOR DATA COLLECTION

As a means of attaining optimum and relevant information for the purpose of the study, a variety of sources and instruments were used. These varied sources (literature) and instruments (Interview-guides) were used in combination to provide an adequate representation of the study's (exploratory) aim and objectives.

3.3.1 Published Literature

An assessment of literature from studies conducted in other Southern African countries provided information on perceptions of hearing people towards the hearing impaired (e.g. Okyere & Addo, 1989; Engelbrecht, 1961). Crucial information was also attained from published material from non-governmental and international organizations such as the Deaf Federation of South Africa (DEAFSA) and the World Health Organization (WHO).

3.3.2 Interviews

According to Wist and Smores (2001), an interview is a conversation between two or more people where questions are asked to obtain information about the interviewee. Smith and Eatough (2006) recommend the use of semi-structured interviews for study. In consideration of the intention of the study, the interviews conducted were to assess a certain phenomenon (hearing impaired people's psychological response to societal perceptions) and maximize the information attained from the participants' responses.

The aim and objectives of the study were explained through written text and through the assistance of a Sign language Interpreter. The combination of both explanations was to ascertain that each participant understood the purposes of the study comprehensively.

Individual interviews were conducted with each of the ten participants. DeafSA Limpopo offices were used as the meeting vicinity as each respondent knew its location and found it most convenient.

3.3.3 Video Recording

With the consent of all respondents, each interview was video-recorded. The researcher explained that the method of analysis (IPA) which would be employed for the study required a combination of the participants' responses and observations of their behaviour during their interviews. Although notes were made during the interview, a thorough review of the recordings provided important additional information on the participants' clarifications.

3.4 ETHICAL CONSIDERATIONS

Ethics are rules suggesting expectations about the most correct conduct towards experimental subjects (Bless & Higson-Smith, 2000). The following ethical principles were given consideration in this study:

Permission to conduct the study: The researcher first sought and attained approval from the Ethics Committee of the University of Limpopo prior to conducting the research. Approval was also attained from DeafSA before interviews were conducted amongst its affiliates and within the organization's premises.

Informed consent: Participants were provided with the aim and objectives of the study. In respect of this ethical principle, the researcher explained the purpose of the study to both the Sign language interpreter and participants.

The aims were explained again to the participants by the Sign language interpreter (in Sign language), and allowance was given for enquiries and clarifications. To ascertain that participants did not feel pressured or forced to participate in the study, advice was provided on their right in continuing with or withdrawing their participation at any moment they deemed necessary.

Confidentiality: The identities of the participants who chose to continue were treated with as much confidentiality as the study allowed. For this reason, participants were given pseudonyms and identified as such in the study.

Aftercare: Consideration was given to the possibility of participants experiencing probable emotional distress to some questions that were asked. Although such a situation never arose, participants agreed to partake in individual and group debriefing sessions in the presence of both the researcher and the organization's assigned (DeafSA) counselor.

3.5 DATA COLLECTION PROCEDURE

The use of an interview guide provided assistance in the type of questions the researcher needed to ask in order to gain insight into the study's purpose. The type of questions were selected in such a way that they provided sequential succession and allowed the interview to follow a specific direction. All the questions asked in the interview were open-ended, thus allowing the maximum exploration of information deemed necessary to answer the posed research questions.

According to Sheridan (2001), open-ended questions offer a more holistic and in-depth view of the topic under discussion. This is because the respondent is permitted full expression of his feelings, thoughts and attitudes without being led or directioned by the researcher. This limits the possibility of partiality and preconceptions in research studies (Sheridan, 2001).

A video tape recording was permitted by each respondent for the purpose of behaviour observations and clarifications of their responses.

3.6 DATA ANALYSIS

The attained data was analysed through Interpretative Phenomenological Analysis (IPA) as guided by Smith and Eatough (2006). De Vos (2002) regards Interpretative Phenomenological Analysis as a qualitative research method for gaining an insight into how an individual perceives a phenomenon. The advantage of applying IPA in analyzing qualitative data is that it encourages an open-ended dialogue between the researcher and the participants and may, therefore, lead to things being seen in a new light (De Vos, 2002). Each case was first analysed individually. Then comparisons were made in terms of similarities and differences in all cases. These similarities and differences were then grouped and identified as the emergent super-ordinate and sub-ordinate themes.

IPA is "phenomenological" because, rather than trying to make objective descriptions, it focuses on the uniqueness of an individual's thoughts and perceptions (Smith & Eatough, 2006). Thus, it relies on a researcher's capacity to become immersed in the private world of each participant as a phenomenological insider.

CHAPTER FOUR

RESEARCH RESULTS

The research results compiled in this study are presented in the form of subsections. These sub-sections highlight significances, similarities and differences in participants' responses to questions asked in the interview guide.

4.1 BIOGRAPHICAL INFORMATION

This study made use of responses from ten (10) African participants, who are residents in the Limpopo Province. Of these participants 6 (60%) are female with the remaining 4 (40%) being male. In terms of employment, 4 (40%) of the participants are permanently employed, 2 (20%) hold temporary occupations and the other 4 (40%) are unemployed. Seven (70%) of the participants are deaf and the other 3 (30%) are hard-of-hearing. The above mentioned data has been presented in a simplified numerical form (numbers 1 to 10) in a graph structure below. All participants are given pseudonyms, in line with the ethical principle of 'Participant Confidentiality and Anonymity'.

The following abbreviations were used in the table

- PP** : Participant Pseudonym
- THR** : Type Of Hearing Impairment
- G** : Gender
- A** : Age
- ES** : Employment Status
- NDFM**: Number of Deaf Family Members

PP	THI	G	A	ES	NDFM
Mary	Deaf	Female	42	Permanently Employed	3
Anne	Deaf	Female	19	Unemployed	0
Padi	Deaf	Female	18	Unemployed	0
Koki	Deaf	Female	35	Permanently Employed	0
Ron	Hard-of-Hearing	Male	28	Permanently Employed	0
Tom	Deaf	Male	40	Temporarily Employed	0
Leah	Hard-of-Hearing	Female	37	Permanently Employed	0
Seun	Deaf	Male	26	Unemployed	0
Ruth	Deaf	Female	29	Unemployed	0
Piet	Hard-of-Hearing	Male	22	Temporarily Employed	2

Table 1: Participant characteristics and demographics

4.2 RESEARCH FINDINGS

Data analysis was undertaken after a comprehensive review of all video interviews and written responses to the questionnaires provided. Data was analyzed through Interpretative Phenomenological Analysis (IPA). IPA is a suitable approach when one is trying to find out how individuals perceive the particular situations that they are facing and how they make sense of their personal and social world. The participants' responses have been grouped according to the questions. This assists in identifying the super-ordinate and subordinate themes. Three master/super-ordinate themes were identified accompanied by numerous sub-ordinate themes. These master themes include: (1) Perceptions towards the hearing impaired, (2) Effect of societal perceptions on self-perception, and (3) Integration/Assimilation of the hearing impaired into the general public.

4.2.1 Findings With Regard to (Societal and Personal) Perceptions towards the Hearing Impaired

A study of the gathered data (answers adopted from questionnaire responses and videotapes) indicates that most of the participants had similar views on societal and personal perceptions towards hearing impairment. Similarities and differences are documented with emphasis placed on primary/super-ordinate theme, 'perception towards hearing impairment', and accompanying sub-ordinate themes as evident in the responses.

Of the ten participants, eight (80%) reported negative societal perceptions towards their impairment. They felt that the hearing society thought negatively of them. The following statements represent their individual responses:-

Anne: "My neighbours complain I bring 'more social grants' into the world after they see my son was deaf, like me. Government must help me just like them."

Ruth: "My mom told me her friends were surprised when she told them I'm graduating this year. My village of ... (*village name withheld for confidentiality*) which is rural with no other known deaf person. I guess they think that deaf people cannot learn."

Koki: "Once hearing people hear the word 'disabled', they immediately think 'incapable'. They think that all types of disability are the same, meaning that all disabled people are incapable of anything. Being deaf is not the same as being blind."

Padi: "Hearing people treat us like babies, as if we depend on them for everything. They don't understand that we can manage a lot on our own."

Ron: “My bosses treat blind workers with patience but are very strict with me. I once heard them say deaf people are spoiled because their disability is not worse compared to blind workers or wheelchair-users.”

Leah: “My company promoted someone less qualified than me because my boss said I was an ‘inconvenient package-deal’, meaning that I, unluckily, needed an interpreter.”

Seun: “People must stop confusing the deaf and having slow mind. Speaking slower or louder does not mean I will hear what you are saying now. Lip-reading is not for all deaf people. Hearing people are uninformed.”

Tom: “Not hearing you and not understanding what you are saying go together but not the same thing. What I mean is, I can understand you but I just cannot hear you. I am deaf, not stupid, so write down because you see that I cannot hear you. Not point and laugh and make me feel stupid.”

In addition to the above responses, Ron and Leah added that in their respective places of work, hearing people tend to treat them as incapable of performing the same tasks at the same quality or standard as them. They believe that hearing people regard their impairment as an inherent shortfall that naturally renders them inadequate. Tom and Seun further gave accounts of how their impairment was associated with questionable comprehension abilities.

In terms of their personal perception towards their hearing impairment six (60%) of the participants stated that they felt deprived as their inability to hear prevented and still hinders them from participating in, experiencing and enjoying activities that their hearing equivalents could.

Four of these participants gave a simple example of how they have never experienced sexual intimacy till after their affiliation with DeafSA, as this was their first contact with other deaf people with comparable experiences. They consequently saw their impairment as a barrier. They also blame their unemployed status on their hearing impairment. They mentioned that their lack of a proper education, leading to their unemployment, was due to their impairment as no nearby institutions (school) offered education in their medium of communication (Sign language) at their time.

Mary, Tom, Piet and Leah, who represent the remaining four (40%), stated that they never viewed their hearing impairment as a disability, but rather, as a challenge. They placed emphasis on how they managed to overcome their challenge by securing employment on both permanent and temporary basis regardless of their “disability”. However, a distinction in responses was observed when Tom and Mary presented with positive perceptions while Piet and Leah were more ambivalent. Mary and Tom, who have hearing spouses, state that although difficulty does sometimes arise in terms of communication, it does not completely prohibit all social interaction with the hearing community. Piet and Leah explained that although they overcame multiple difficulties due to their hearing impairment their inability to hear has weighted on their professional abilities. Leah cited an example of how she was passed over for a promotion because her company was averted to the cost of her always having to be accompanied by a Sign language interpreter when attending outside meetings. Piet, who works without an interpreter due to his company’s financial constraints, mentioned how he found that his seniors sometimes delegated his work responsibilities to his hearing subordinates as they found it too complicated to explain to him what needed to be done. Both these participants concluded that their lack of progression in their occupations was primarily due to their hearing impairment and the general public’s hesitance in accommodating them. They therefore viewed their impairment as both a (positive) challenge, but an (negative) obstacle nonetheless. The above mentioned themes are presented in a table format below:

PERCEPTIONS TOWARDS THE HEARING IMPAIRED	
	Sub-Ordinate Themes
	Negative Perceptions towards the Hearing Impaired and Hearing Impairment <ul style="list-style-type: none"> • Perceived as rendered inadequate by hearing impairment • Blaming hearing impairment for deprivation • Experiencing lack because of impairment • Impairment causes isolation • Impairment is a (social) barrier
	Positive Perception towards Hearing Impairment <ul style="list-style-type: none"> • Impairment presents challenges to be met
	Ambivalent Perceptions towards Hearing Impairment <ul style="list-style-type: none"> • Contradictory feelings (both of a negative and positive nature) • Hearing impairment hampers professional progression • Hearing impairment is an obstacle that can be overcome

Table 2: Emergent themes with regard to perceptions towards the hearing impaired

4.2.2 Effect of (perceived and/or actual) Societal Perceptions on Self-Perception

Eight (80%) of the participants presented with negative self-perceptions due to actual or perceived societal perceptions. Their responses illustrate that since they thought that the hearing community perceived them as incapable and inadequate, they thus perceived themselves likewise.

This resulted in negative self-perceptions as their self-concepts were now associated with their negative perception towards hearing impairment.

Leah: “Sometimes subjects that were easy for the hearing were very difficult for me to understand. Maybe it is true that our intelligence is a little lower compared to yours. Maybe being hard-of-hearing negatively affects intelligence.”

Ruth: “Most of my hearing classmates are already have job offers before we graduate. No job offers for me because I am deaf. Being deaf is a big limitation, and the hearing can see that.”

When asked to elaborate on the reasons they thought the hearing community perceived them unfavourably, most of the participants responded that their feelings were substantiated by the treatment they received from their family members and neighbours. They stated that they were, and still are, treated as outsiders with rare conditions rather than individuals with a now common disability. They reported that they never really socialized with their family members or hearing neighbours.

Padi : “I see my mother laugh when my sisters talk, but she cannot smile when I wave”

Seun : “My neighbours ignore me when I sign, they do not understand that I’m communicating and think that it is mindless pointing”

Their recollection of their childhoods, although slightly different, portrayed and emphasized the distress they felt as they struggled to manage or comprehend their disability, making it very difficult to adjust to their impairment.

Koki : “My father tried to fix me, but he gave up after many Sangomas, Zionists and Bazalwane (Christians) couldn’t make me hear. He gave up and gave me to my grandmother. I did not know why I was not like my family, I hated being different.”

Tom: “My family was shocked when I told them I had found a wife. She later told me that they asked her if she was sure that she wanted to marry me because I would give her children like me. First, I was angry I did not understand and not talk with them. People never tried to talk to me. I was confused who to be angry to, me or my family.”

Because of the lack of socialization, most felt that they never fit in or belonged in their communities, hence the feelings (sub-ordinate themes) of displacement and need for acceptance and need for affiliation.

Anne: “They watched T.V and never explained to me what was going on. They had family meetings and never asked me to join. They never asked me anything, like I was not part of the family. I was more like furniture than a daughter or a sister.

Ron : “My parents get angry when I ask them to repeat what they are saying. I’m their son, they know that I cannot hear very well. So I sometimes pretend to understand the first time they say something. That is why I now sign because there is no confusion in Sign language. ”

The remaining two participants, Mary and Piet, reported that they had accepted their impairment from an early age. They reported that their impairment was hereditary and thus they had deaf family members to interact with.

They both stated that their exposure to other hearing impaired family members played a key role in their acceptance of, and consequently led to an easier adjustment to their impairment. Their deaf and hearing family members provided them with a sense of belonging, as they were brought up in families wherein their impairment was familiar and thus easily accepted.

Mary: “My grandmother, uncle and son are all deaf. My family members accepts me the way I am, there is nothing wrong with me.”

Piet: “I am hard-of hearing, but my mom and sister are deaf so we sign. I have distant relatives who are also deaf so hearing impairment is normal in my family

EFFECT OF SOCIETAL PERCEPTIONS ON SELF-PERCEPTION	
Sub-Ordinate Themes	
Negative Self-Perception	
<ul style="list-style-type: none"> • Infusion of self-perception and hearing impairment • Need for acceptance • Need for affiliation • Feelings of inadequacy • Feeling displaced • Feeling Isolated • Perceiving self as disabled 	
Positive Self-Perception	
<ul style="list-style-type: none"> • Easy Adjustment • Sense of belonging 	

Table 3: Emergent themes with regard to effect of societal perceptions on self-perception

4.2.3 Integration of the Hearing Impaired into the General Public

Amongst the ten respondents that were interviewed, 70% gave primarily negative accounts of their interactions with the hearing community. These participants provided accounts of how hearing people tend to marginalize or completely exclude them from conversations by blaming Sign-language as a communication barrier.

However, they retorted that this marginalization continues even with the suggestion of written forms of communication. They stated that these negative interactions perpetuated their beliefs that the hearing community thought negatively of the hearing impaired community. This, they reported was one of the principal factors prompting their withdrawal from social contact with the hearing community.

The remaining 30 %, which consisted of Mary, Tom, and Piet, stated that their impairment does not completely impede on their abilities to socialize with and integrate themselves into the hearing community. Mary and Tom, who as aforementioned have hearing spouses, reported that effort has to arise from both the hearing impaired and the hearing if communication and socialization is to be facilitated.

Mary: "I have 'simplified' my signing to enable my hearing friends to understand, and they can sign back."

Tom: "I taught my wife to sign. It was not that difficult."

Piet: "I lip-read a little, it helps me when I don't hear clearly."

INTEGRATION OF THE HEARING IMPAIRED INTO THE GENERAL PUBLIC
Sub-Ordinate Themes
Negative Accounts of Social Interaction <ul style="list-style-type: none"> • Communication/ linguistic barriers • Marginalization • Exclusion • Experiencing rejection • Withdrawal from social interaction
Positive Accounts of Social Interaction <ul style="list-style-type: none"> • Social interaction with hearing people • Communication efforts from both the hearing impaired and the hearing

Table 4: Emergent themes in regard to integration of the hearing impaired into the general public

CHAPTER 5

DISCUSSION

This chapter deals with the evaluation of the research questions in relation to the three master themes derived from the participants' responses. These discussions will also give consideration to the apparent associations between the research findings and the literature that was reviewed. The aforementioned theoretical approaches will also be highlighted for their relevance to the findings. The following section discusses the main findings of this study with consideration to the two main research questions, which are:

- How does the hearing impaired community think the general public perceive them?
- What are the psychological implications of these societal perceptions on the hearing impaired?

5.1 DISCUSSION OF RESEARCH FINDINGS

5.1.1 The hearing impaired participants' thoughts on the society's perception of them.

5.1.1.1 (Societal and Personal) Perceptions towards the hearing impaired.

As aforementioned in operational definitions, the term *perception* will be applied in reference to thoughts, judgements and opinions that one has or holds towards self, others or certain phenomena. The study's findings indicate that the participants think that hearing people hold negative perceptions towards them and their impairment. Their beliefs are substantiated by past and current treatment that they have received from hearing people. Being recipients of this negative treatment led the participants to conclude that hearing people are not willing to accommodate their impairment.

Gilbert (2001), states that although hearing impairment is not a new condition it continues to be a disability that is often misunderstood. These misconceptions are sometimes found to be the precipitating factors leading to stigmatization of a certain condition (Gilbert, 2001). Other than it being a medical condition, not enough research has been conducted on the psychological, social and financial implications of being hearing impaired in South Africa. This lack of information may be one of the primary causes why hearing communities construct their own perceptions which, the participants argue, are usually misconstrued.

The negative societal perceptions, seemingly give credit to the suppositions of the Social Perception Theory. The concept of *Halo Effect*, as stated by Buckney (2001), gives rationale to the tendency of people developing negative perceptions of people from different groups. One of such misconceptions, as seen in the participants' accounts of their experience with hearing people, is that their hearing communities think that their hearing impairment renders them inadequate in all aspects.

However, significant insight arose from the study's findings that the hearing impaired also hold negative perceptions of their impairment. One of the subordinate themes identified in this regard was that of hearing impairment being associated with deprivation. The participants' primary sentiment being that their impairment caused lack in their lives. Estimates by the World Health Organization (WHO, 2002) in developing countries indicate there is a substantial percentage of hearing impaired people who are uneducated, unskilled and deprived of almost all their social, economic, cultural, and political rights, primarily because of their unrecognized medium of communication. The participants regard their impairment as the prime factor for such deprivations.

Conversely, some hearing impaired individuals had an ambivalent approach towards their impairment. Their indecisiveness about whether hearing impairment is accompanied by positive or negative experiences is based on them regarding their impairment as a manageable condition in most, but not all situations. From their accounts, their hearing impairment did not hamper on their social abilities yet, prejudiced them from progressing in the professional sense. Rogers, Muir and Evenson (2003) in De Wet (2008) state that under employment and unemployment are common amongst the hearing impaired. Once they manage to get employment, they are often not treated as equals in the workplace (Jones, 1991 in De Wet, 2008). Consequently many are over-qualified and underemployed for the jobs they currently hold (Jones, 1991 in De Wet, 2008).

5.1.2 The psychological implications of these societal perceptions on the hearing Impaired.

5.1.2.1 Effect of (perceived and/or actual) societal perceptions on self-perception

Findings from the data gathered show that a majority of the respondents had a negative assessment of their hearing impairment, which resulted in negative self-perceptions. Whether it was at a conscious or subconscious level, it appeared that the participants displayed an infusion of self-perception and perceptions held towards their impairment. As a result of their hearing impairment, participants experienced communication and relation barriers between themselves and their hearing families. This seemed to have led them to regarding themselves as socially inadequate and inept from a young age.

Research by Trautwein (2009) shows that children and adolescents begin integrating social comparison information into their own self-concept in elementary school, by means of assessing their position among their peers.

Tiedemann (2000) indicates that parents' stereotype and expectations for their children impact children's understandings of themselves from an early childhood stage. Implicit in these abovementioned studies is that unfavourable interactions at childhood steer further developments (whether psychological or social) towards a negative direction. The Ecological Systems Theory states that children's development is influenced by the interactions that they have over time with the people, objects and symbols in their immediate environment (Bronfenbrenner, 1979).

The inability to communicate with their families also accounted for participants feeling displaced and isolated. These feelings would therefore explain their past and continuing need for affiliation and acceptance. Thus, it would be reasonable to argue that the perceptions held towards hearing impairment had a direct impact on their self-perceptions. This apparent association meant that those who had a negative view of their impairment also developed and showed negative self-perceptions. The study's finding therefore supports the viewpoint that people's self-perceptions rely on both self-evaluations and societal acceptance.

In his publication of *Mind, Self and Society*, Mead (1934) supported the position that society influences our self-concepts by referring to the human self-image as a construct of society's perceptions. The cited publication encapsulates the significance of social influences on self-perception. Mead (1934) additionally stated that the human self-image is, in fact, constructed of ideas about what we think others are thinking about us.

However, the participants also mentioned that they developed negative perceptions towards their own impairment as a result of seeing how it deprived and/or limited them of environmental support such as social interactions, schools and employment opportunities. The issue and significance of social interactions was emphasized as participants related how they felt they lacked a *social identity* because their impairment prohibited social interaction with the hearing society.

Tajfel (1982) defines social identity as self-identification that is dependent on the individual's social relations. These social relations determine the individual's capacity to be accepted as part of the in-group (group with similar characteristics and interests) or be rejected and considered a member of the out-group (Tajfel, 1982).

The out-group is usually disliked and assumed to possess more undesirable traits (Brewer & Brown, 1998; Fiske, 1998; Linville & Fischer, 1993). Our views of the in-group and the out-group can lead to unconscious prejudice (Fiske, 2002).

When asked to provide further elaborations on their personal definition of social identity participants clarified by stating that they would have liked their adult characters to have been influenced by and built through social interactions with other people. From their perspective, social interactions have more impact on human character than family background and/or up-bringing. Instead, they felt confined to homes with a handful of hearing family members who were not acquainted with their medium of communication. Participants thus concluded that the hearing society identifies them by their impairment rather than perceiving them as independent individuals with different characters. In their view, the label of "the deaf" dispossesses them of their individuality and in turn, discourages the hearing society from seeking interaction with them. They were therefore, by design, denied the opportunity to control and manage the way in which society views them as individuals, a concept coined by Vohs, Baumeister & Ciarocco, (2005) as *Impression Management*.

Therefore, it is not just societal and personal perceptions that influenced and contributed to the respondents' self perceptions, but also the environment. That is, humans do not exist as completely separate entities from their environments. The Ecological Systems' Perspective, for instance, states that environmental events and conditions outside any immediate setting containing a person can have a profound influence on behaviour and development within that setting (Bronfenbrenner, 1979).

This perspective suggests that healthy development and effective functioning is reliant on the compatibility between the resources of a child or family and the demands, supports and resources offered by the surrounding environment (Connard & Novick, 1996).

Further findings showed that the participants who reported that they had hearing impaired family members seemed to have adjusted more easily to their impairment in comparison to those who had none. These findings are consistent with the International Classification of Functioning (ICF Model) which states that persons with disabilities, including the deaf and hard-of-hearing's fulfillment as individuals is largely dependent on their relationship with those around them (WHO, 2001). Their families' familiarity with their condition seemed to have provided them with a sense of affiliation. Those who did not have family members or other known acquaintances with hearing impairment complained of experiencing confusion and feeling displaced as their impairment presented them with obvious differences from their other family members. The participants stated that their exposure to hearing impaired family members had a significant role in their adjustment to and acceptance of their impairment. It seems the familiarity not only served them with a sense of belonging, but also acted as a safeguard against the isolation and confusion experienced by the other participants. They therefore had positive perceptions towards their impairment as they had human representations of the fact that hearing impairment does not render one completely inoperative. They expressed positive perceptions in their preference in regarding their impairment as a challenge rather than a handicap. Noticeably, these participants also presented with positive self-perceptions. Like the participants with negative self-perceptions, it seemed these participants also had infused their self-perceptions with the personal perceptions they held towards their hearing impairment.

5.1.2.2 Socialization of the Hearing Impaired into the General Public

As seen in the research findings, most of the participants reported little to no interaction with the hearing society. The principal reason behind this lack of interaction is the difference in mediums of communication. D'Andrade (2002) states that to the general public, the word 'deaf' simply refers to a person who cannot hear.

However, total or partial inability to hear has fundamental social and linguistic implications. It heavily influences relationships with other people, thus affecting the hearing impaired individual's ability to fully integrate himself or herself into a hearing society (D'Andrade, 2002). D'Andrade's (2002) argument substantiates the reason behind most participants' complaints of isolation.

However, from the participants' perspectives, interaction barriers are not solely generated by the use of Sign-language. Complaints of marginalization and exclusion were reported despite the recommendations of written forms of communication. Two of the participants who are classified as hard-of-hearing reported that, based on their experiences, hearing people are ignorant to the fact that other hearing impaired individuals can communicate in ways other than Sign-language, such as lip-reading and written text. Lip-reading may not be as efficient as Sign language, but it is supplementary as it assists in little communication between the deaf and those who do not know Sign language (Lucas, 2001).

The participants with hearing spouses reported that efforts towards socialization should ideally be bidirectional. They encouraged less complicated forms of signing as a method of promoting communication and interaction. Nonetheless, other participants argue that Sign-language deserves more recognition. These participants reason that although Sign language has not as yet received national recognition as the 12th official language of South Africa, hearing people know of its existence and should make more effort in learning it.

Branson (2002) concurs by stating that indeed, the official recognition of Sign Language would serve as a springboard from which to address the challenges of fully integrating the hearing impaired community into society.

The participants made mention of the fact the hearing society is generally unwilling in accommodating their impairment. Because most of them come solely from hearing families that were, until their existence, unfamiliar with their disability, they felt marginalized and isolated. Growing up, they felt that instead of empathising with them, their communities disregarded their disability and instead ostracized them for “not being as disabled” as the blind or paraplegic, yet still expecting the ‘special treatment’ that other disabilities were accorded. For this reason, they were, and still are, discouraged from initiating social interactions with the hearing society. Some participants even displayed resentment towards other disabilities because of the more favourable treatment these disabilities received. They reported that, in childhood, the idea of adjustment became almost impossible as their impairment was classified under the confusing categorization of “not adequately disabled yet not completely capable.” Apart from the mostly unknown Sign-language, this categorization seemed to have further complicated and made harder the process of the hearing impaired individual’s integration into the hearing society.

5.2 CONCLUSION

The hearing impaired community is certainly faced with varied obstacles, one such being societal perceptions. Reviewed literature indicated academic neglect on the subject of societal perceptions towards the hearing impaired and the psychological implications thereof. This necessitated the need for the study’s aim and objectives. The use of IPA as a data collection method permitted thorough investigation on the subject matter. Analysis of the findings produced three super-ordinate themes. These themes documented the psychological complexities that hearing impaired people endure as a result of negative societal and personal perceptions.

The primary psychological impact was on their self-identification and self-perceptions as hearing impaired individuals. Most felt displaced due to the confusing categorization of their impairment as “not adequately disabled yet not completely capable.”

The research questions posed were thus adequately answered. From a social psychology viewpoint, profuse insight was gained on a seemingly overlooked group (the hearing impaired).

5.3 STUDY LIMITATIONS

This section documents the study’s limitations.

Sample size

The sample in the study was small and can thus not be considered an adequate representation for the entire hearing impaired population residing in the Limpopo Province. Brocki and Wearden (2006) in Briggs (2010), however, suggest that most papers employing IPA do not aim to achieve a representative sample in terms of either population or probability, but rather to attain a deeper understanding of the specific phenomena under investigation.

Sample homogeneity and generalization

The sample population consists of hearing impaired individuals permanently residing in the Limpopo Province and associated with DeafSA Limpopo. These individuals were apparently a homogenous group in terms of living situations and social encounters. Therefore, results attained in this study might not be appropriate for generalization to other hearing impaired communities in other cities or provinces.

Choice of methodology and objectivity

The study’s design was of a qualitative nature, which affected the method of data collection and analysis. The implementation of IPA as a data analysis method implied certain repercussions.

Firstly, IPA is a qualitative data analysis method, thus not permitting scientific assessment of the reliability and validity of the analysed data.

Secondly, the videotaped interviews were conducted by an independent Sign-language interpreter. This gave way to the probability of language adaptations of the questions asked in respect of Sign-language. This may have subjected the study to linguistic bias.

RECOMMENDATIONS

This section will address the recommendations made after the finding of the study

Educational programmes

More educational programmes need to be undertaken in academic institutions and health sectors in terms of educating hearing professionals and the general public about the hearing impaired and their disability, and the special needs that accompany it. These educational programmes should be carried out with the aim of sensitizing the hearing public to the existence of the hearing impaired, their medium of communication, and possibly dismantling negative societal perceptions.

The need for more studies

Most of the studies cited were researches done in other countries. Thus, more studies need to be undertaken within the South African context (any South African province). It is also further recommended that this study be replicated on a larger scale (more participants) with both experimental and control groups.

Comparison studies in the academic field of Psychology

It is suggested that more studies be conducted in the academic field of psychology amongst the hearing impaired with the same or similar topic. This is because more information is needed in terms of the hearing impaired population's psychological functioning and, for the sake of future comparison studies, particularly in the South African context.

INTEGRATION SUMMARY

Stone (1987) in De Wet (2008) states that hearing impairment is intrusive and strikes at the essence of being human, by hindering communication with others, restricting the ability to be productive, limiting social intercourse, often leading to isolation. From the participants' responses, it is clear that the (actual and perceived) societal perceptions that exist towards the hearing impaired are of a negative nature.

The classification of an individual as either normal or disabled is an important determinant in that individual's self-identification (Yuker, 1960). Interestingly, it seems that society categorizes hearing impairment as bordering between sub-normality and sub-disability. Such confusing categorization seems to have imposed a negative reaction on the hearing impaired respondents' psychological, social, educational and vocational functioning. They feel their impairment is dismissed without as much consideration as that given to other disabilities. Instead, their impairment is associated with derogatory labels such as professional incompetence, social ineptitude and mental subordination. Most participants seem to have adopted and internalized these labels and accepted them to contain a degree of truth. They have, as aforementioned, unified their self-perceptions with the societal perceptions towards their impairment. Therefore, their self-identification has become secondary to, and thus fallen prey to the nature of societal perceptions that exist towards their impairment. However, it was surprisingly enlightening to see that most participants also had a negative judgment of their own impairment.

Whether their negative judgements are the primary result of negative societal treatment or negative self-evaluation is arguable. Insight was really attained when it became apparent that negative perceptions exist from both the hearing and hearing impaired societies.

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ADDENDUM A
INFORMATION FOR PARTICIPANTS

PROJECT TITLE: Societal Perceptions Towards the Hearing Impaired and Their Psychological Implications

PROJECT LEADER: Matlala M.M

1. You are invited to participate in the following research project:

Societal Perceptions Towards the Hearing Impaired and Their Psychological Implications

2. Participation in the project is completely voluntary and you are free to withdraw from the project (without providing any reasons) at any time.

3. A total of two methods will be applied in collecting data: an interview (with written responses) per participant and, the use of video recording.

3a. The interviews will be conducted in the presence of the participant, the project leader and a Sign-language interpreter, Mr. S.A.H. Matlala.

3b. The interviews will be video-recorded (for assistance during data analysis)

4. It is possible that you might not personally experience any advantages during the project, although the knowledge that may be accumulated through the project might prove advantageous to others.

5. You are encouraged to ask any questions that you might have in connection with this project at any stage. The project leader and her staff will gladly answer your questions. They will also discuss the project in detail with you.

6. Consideration has been given to the possibility of participants reacting emotionally to some questions that will be asked. Thus, should such a situation arise, participants will be referred to trained professionals at DEAFSA Services, for appropriate assistance.

THANK YOU FOR YOUR TIME

**ADDENDUM B
PARTICIPANT CONSENT FORM**

PROJECT TITLE: **Societal Perceptions Towards the Hearing Impaired and Their Psychological Implications**

PROJECT LEADER: **Ms. M.M MATLALA**

I, -----hereby voluntarily consent to participate in the following project:

Societal Perceptions Towards the Hearing Impaired and Their Psychological Implications

I realise that:

1. The primary concern of this study is to investigate the kinds of perceptions society has towards the hearing impaired and, how these perceptions, in turn affect the psychological functioning of hearing impaired individuals.
2. The procedure or treatment envisaged may hold some risk for me that cannot be foreseen at this stage.
3. The Ethics Committee has approved that individuals may be approached to participate in the study.
4. The research project, ie. the extent, aims and methods of the research, has been explained to me.
5. The project sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the anticipated advantages for myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage.
6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation.
7. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.
8. I voluntarily consent to reflect my true responses to questions asked in the interview and, to be videotaped in the presence of a Sign Language interpreter.
9. If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact a member of the research team
10. Participation in this research is voluntary and I can withdraw my participation at any stage.

11. If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

12. I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF PARTICIPANT

.....

SIGNATURE OF INTERPRETER

.....

SIGNATURE OF PERSON THAT INTERVIEWED THE RESEARCHED PERSON

.....

Signed at _____ this ____ day of _____ 20__

ADDENDUM C Interview Guide

A. Biographical Information

- | | | |
|--------------------------------|------|-------------------------|
| 1. Gender: | Male | Female |
| 2. Employed | Yes | No |
| 3. Type of hearing impairment: | | Hard of Hearing
Deaf |
| 4. Age | | |

B. Interview Questions

1. Please state your own view and society's perceptions towards hearing impairment.
2. How do these perceptions affect the manner in which you feel about your hearing impairment?
3. In your opinion, what influences and perpetuates the general public to have such societal perceptions towards the hearing impaired?
4. On what experiences (please state if they are personal or from another individual) do you base your responses on?
5. In what manner do societal perceptions influence the way think of yourself?
6. How do these perceptions influence the manner in which you think of other hard of hearing people?
7. How do these perceptions affect the manner in which you relate to the general public (hearing people)?
8. How do these perceptions affect the manner in which the hearing impaired are socialized into the general society?
9. In your opinion, how do societal perceptions affect the hearing impaired within the vocational sector?
10. In your opinion, how do societal perceptions affect the hearing impaired within the educational sector?

ADDENDUM D

Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106

0727

Date:

DIRECTOR: Ms. P.M Kgamane

DEAF FEDERATION OF SOUTH AFRICA (DEAFSA-LIMPOPO)

Private Bag 4989

Polokwane

0700

Dear Ms. P.M Kgamane

APPLICATION TO CONDUCT RESEARCH AMONGST DEAFSA AFFILIATES

I, Ms. M.M Matlala, am a master's student under supervision at the University of Limpopo. I have submitted a research proposal titled **Societal Perceptions Towards the Hearing Impaired and Their Psychological Implications**, in fulfilment of my academic prerequisite to obtain a Masters of Arts degree.

The purpose of the study is to investigate the kinds of perceptions society has towards the hearing impaired and how these perceptions, in turn, affect the psychological functioning of hearing impaired individuals. My study requires the use of 10 hearing impaired participants. Although I am conversant in Sign-Language, communication between the researcher and the participants will be facilitated through the use of a qualified Sign-Language interpreter

This letter thus serves as my application to your organization to please permit me, as the researcher, to sample/ select the participants amongst your affiliates.

Hope my request meets you favourably.

Sincerely

Student:

Ms. M.M Matlala

Supervisor:.....

Dr. I.M Ramokgopa