

The significance of deaf identity for psychological well-being

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Background

Four Deaf identities (Glickman, 1996):

Hearing identity or culturally hearing: the individual identifies with the hearing culture only and perceives deafness as a disability.

Deaf identity or immersion: the individual identifies as Deaf, perceives deafness as a distinct culture and has a negative view of the hearing culture.

Bicultural identity: the individual identifies with both the hearing and Deaf cultures.

Marginal identity or culturally marginal: the individual identifies with neither the hearing culture nor the Deaf culture.

Background

Social identity theory (Tajfel, 1978) can help explain the dynamics of identity of minority group members.

Social identity refers to that part of an individual's self-concept that derives from perceived membership in a social group. Social identity theory posits that group members will strive for a distinct social identity that compares positively with other groups. Thus, it helps explain intergroup behaviour and the significance of group membership for positive/negative self-concept.

Related to for instance: Feeling of discrimination, social participation, social dominance orientation.

Background

Deaf Identity and Its Impact on Life Outcome

Previous studies have shown that having a deaf or bicultural identity is associated with higher levels of self-esteem and life satisfaction (Hintermair, 2008). By contrast, marginal identity is associated with low self-esteem and satisfaction with life (Maxwell-McCaw, 2001).

Aim

A Danish Bilingual/Bicultural Approach

From the early 1980s to the introduction of cochlear implantation in 2000s, the Bilingual/Bicultural approach to deaf education was celebrated in Denmark (and other places in northern Europe). The possible impact of this Bilingual/Bicultural tradition on the perceived identity and well-being of Deaf individuals has not been evaluated.

Method

Participants

839 deaf adults (16-64 years of age).

The sample was estimated to comprise 25% of the entire population of adults with moderate to severe hearing loss in Denmark (Larsen et al., 2014).

Measures: Identity

A single-item question was used to measure self-perceived identity: "Do you feel you have most in common with deaf or hearing people?"

Response categories: Deaf people; Hearing people; Both deaf and hearing people; Neither deaf nor hearing people.

Method

Measures: Psychological Well-Being

The 5-item World Health Organization Well-being Index (WHO-5) (Range 0 – 100, cut-off 50)

Other variables

Gender

Age

Additional disabilities

Sign language level

Parents' hearing loss

Type of schooling

Feeling discriminated against because of hearing loss

Degree of hearing loss

Educational level

Cochlear implant

Results

Table 1. Descriptive analysis of the psychological well-being score and the other variables of the identity groups

	Identity group			
	Deaf (<i>n</i> = 246)	Hearing (<i>n</i> = 189)	Bicultural (<i>n</i> = 256)	Marginal (<i>n</i> = 51)
Psychological well-being (range 0-100, 0 = low) <i>M</i> (<i>SD</i>)	65.5 (18.4)	66.0(18.1)	66.9 (18.6)	46.9 (16.9)
Gender (male) <i>n</i> (%)	120 (48.8)	94 (49.7)	122 (47.7)	17 (33.3)
Age (years) <i>M</i> (<i>SD</i>)	38.9 (13.8)	47.0 (14.4)	45.1 (13.4)	40.2 (13.7)
Type of school attended (range 1-5, 1 = Deaf school) <i>M</i> (<i>SD</i>)	1.5 (1.0)	4.4 (1.2)	2.4 (1.7)	3.1 (1.7)
Additional disability (yes) <i>n</i> (%)	67 (27.2)	69 (36.5)	87 (34.0)	27 (52.9)
Sign language (range 1-5, 1 = very good) <i>M</i> (<i>SD</i>)	1.4 (0.6)	2.4 (0.8)	1.8 (0.7)	2.1 (0.7)
Hearing loss (range 1-4, 1 = profound) <i>M</i> (<i>SD</i>)	1.5 (0.7)	2.0 (0.8)	1.8 (0.8)	1.8 (0.8)
Educational level (range 1-8, 1 = lowest) <i>M</i> (<i>SD</i>)	4.6 (2.1)	5.2 (2.2)	4.4 (2.2)	4.8 (2.1)
Parents' hearing loss (yes) <i>n</i> (%)	48 (19.5)	47 (24.9)	40 (15.7)	9 (17.6)
Feel discriminated (range 1-4, 1 = always) <i>M</i> (<i>SD</i>)	2.3 (0.8)	2.8 (0.9)	2.6 (0.9)	2.0 (0.7)
Cochlear implant (yes) <i>n</i> (%)	41 (16.7)	99 (52.4)	81 (31.6)	20 (39.2)

^aSignificant lower/different than all other three groups; ^bSignificant lower/different than two other groups; ^cSignificant lower/different than one other group

Results

Table 2. Summary of logistic regression model of variables explaining psychological well-being score

Variable	<i>B</i>	Psychological well-being				
		<i>SE</i>	WALD	<i>df</i>	<i>P</i>	Exp(<i>B</i>)
Identity (deaf/hearing/bicultural = 1, marginal = 2)	-1.387	0.408	11.557	1	0.001	0.250
Feel discriminated because of hearing loss (1-4, always = 1)	0.500	0.152	10.759	1	0.001	1.648
Additional disabilities (yes = 1)	0.528	0.248	4.553	1	0.033	1.696
Education level (range 1-8, lowest = 1)	0.121	0.056	4.574	1	0.032	1.128
Constant	0.291	0.750	0.151	1	0.698	1.338

Discussion

Identity and psychological well-being

People with marginal identity reported low level of psychological well-being and significantly lower than the other three groups.

No significant differences were found between the three other identity groups, which all reported good levels of psychological well-being.

The Importance of other factors

Additional disability significantly and independently explained the level of psychological well-being.

Feeling discriminated against also significantly and independently explained the level of psychological well-being.

How to support identity

As explained by social identity theory, an individual's positive sense of self is related to the evaluation of the social group or groups to which an individual belongs.

Strategies to maintain positive social identity as a minority or threatened group:

Social mobility: individual dissociation from a threatened social group and identification with a higher-status or majority group (e.g. identifying as hearing)

Social creativity: the cultivation of a resilient minority identity, encompassing processes of positively representing that identity in order to achieve "positive distinctiveness" (Tajfel & Turner, 1979) (e.g. cultivation of a positively distinct Deaf cultural identity)

Bicultural identity? Elements of both strategies: cultivation of a distinct cross-cultural identity and protection from a singular threatened identity

Marginal identity? Lack of any strategy or positive group identity. Vulnerable to negative self-concept and feelings of discrimination, which would explain low psychological well-being

Cochlear implants

- In this study, CI did not explain level of psychological well-being

A further study (not yet published) found:

- Neither age nor age of cochlear implant surgery explained level of psychological well-being
- For older people (age >25) having a CI was significantly associated with hearing identity and not having a CI with deaf identity; having a CI was significantly associated with feeling limited by hearing loss
- Young people (16-25 years of age) with and without CIs presented a mixed picture of identity

Implications

It is important in educational practice to support the identity formation of deaf children – no matter the communication mode used – and take account of other individual differences.

It may be the case that support for a flexible bicultural identity that embraces deaf culture and use of sign language would benefit young people with CIs, particularly those who have persistent difficulties of communication and social participation (and who may be at risk of marginal identity).