DEAF IDENTITY AMONG ALUMNI OF OPTION SCHOOLS IN THE U.S.

by

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Abstract: This descriptive study surveys deaf identity of alumni of Option schools in the United States. The issue of deaf identity is addressed and the importance of deaf role models in Option schools is presented.

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Introduction

Imagine being a child born with a hearing loss into a family who values the traditions and customs of the hearing majority world. Such is the case for 95% of children who are born deaf or hard of hearing (Glickman & Carey, 1993). The world today is becoming more diverse and multicultural. Many individuals, whether they are deaf, Latino, blind, or an immigrant, have a difficult time trying to resolve the contradicting cultural expectations that they face in today's world. An individual who is deaf or hard of hearing is no exception. Many deaf and hard of hearing people suffer conflicting thoughts about their culture and the involvement in two cultural groups: hearing and deaf (Maxwell-McCaw & Zea, in press).

Oftentimes a child who is born deaf or hard of hearing to hearing parents may grow up in a hearing dominated family and learn the customs and values of hearing culture. This child may utilize hearing aids or cochlear implants to improve their listening skills and learn to listen and talk, similar to other members of their family. As this child progresses through childhood, they may attend a private school for the deaf with other children who are also deaf or hard of hearing and learning to listen and talk just like them. Perhaps this child maintains an identity dominated by a hearing culture and continues to go about everyday life not knowing about another potential identity: deafness. Later, this student may be mainstreamed into an educational setting where they are the only child with a hearing loss who utilizes a hearing device. This child continues to function in the hearing world thinking they are the only student who has a hearing loss. Once this child makes the connection that there are other students who are deaf or hard of hearing just like them, they may tap into the other piece of their identity that they have been missing growing up: a deaf identity. Next, the child has a desire to want to learn more about these other people who also have a hearing loss and perhaps pick up on values and customs of that new culture. After

high school, this student may feel the need to go to a college with other students who are deaf or hard of hearing and learn more about the history of that culture. As a result, this child may learn the language of Deaf culture and begin to use American Sign Language and communicate with peers in this language. This child learns more about deaf identity while maintaining a hearing identity imparted by family. This person may function equally in both the deaf and hearing worlds. As such, this person now possesses a bicultural identity.

This scenario is often the case for many children who are deaf or hard of hearing who grow up in a private school for the deaf, learning to listen and to talk. Do these children grow up to also value the beliefs and customs of deaf culture and function in both worlds equally? What are the identities of alumni of private oral schools for the deaf? These questions are proposed in the present study. To address these questions, the parameters with which culture and identity are defined must be addressed.

Deaf Culture

Culture is defined by Parasnis (1996) as a way of life. Culture is an integrated pattern of human knowledge, beliefs, and behavior that is acquired as a member of society. It includes the ideas, assumptions, and values of a group, and shapes all that we do.

There are two different ways to view deafness: deafness as a disability and a medical pathology, or deafness as a culture with its own values, traditions and customs (Wald & Knutson, 2000). Deaf culture is passed on through social interactions and language in the deaf community. Being a member of the Deaf culture is contingent on many factors such as knowledge of the language, hearing status of family members, cultural competence, and personal identification. Qualities needed to be a member of Deaf culture are not absolute. Being born deaf or hard of hearing does not automatically mean that one is a member of Deaf culture. Indeed, Wald &

Knutson (2000) say that Deaf cultural identity is not based entirely on hearing status and instead it is defined as a combination of self-perceptions and the associated feelings an individual possesses about him/herself in regards to a cultural group. With this in mind, it is possible to maintain a Deaf cultural identity regardless of having a hearing loss or not. On the other hand, an individual who is deaf or hard of hearing could have a mild to moderate hearing loss yet still possess a strong Deaf cultural identity (Maxwell-McCaw & Zea, in press).

Deaf Identity

Identity is how individuals perceive themselves and how the individual is defined by others. Thus, while a personal choice, identity is shaped by outside influences as well. Self discovery on the part of the individual will mold identity, as will responses from other people to that individual, the environment the individual functions in, and the sum of that person's experience over time. Identity formation continues throughout the life span. As a result, individuals typically have multiple identities related to their roles in life (Baumeister, 1997). Identity is a portion of psychological functioning that is essential for a sense of well-being and personal development that is positive (Leigh, 1999).

Progression of an individual's self-identity as a person who is deaf or hard of hearing is a long process of self-discovery and oftentimes there is no diffusion of Deaf culture from parents to children unless an individual is born into a Deaf family. Because the majority of children who are born deaf or hard of hearing are born to hearing parents, they often learn knowledge of Deaf culture and its values and beliefs from their peers who are also deaf or hard of hearing. Parasnis (1996) describes this as a lateral transmission of culture since it is from peer to peer, rather than vertical, parent to child.

The identity of deaf or hard of hearing individuals develops based on the extent to which being deaf or hard of hearing is most important in daily life. A person's deaf identity depends on parental hearing status and often how parents describe their children (Leigh, 2009). For example, because most children who are born deaf or hard of hearing are born to hearing parents, those children may not grow up learning about deaf culture or about their deafness. Instead, they may be immersed in the hearing world and learn spoken language. The parents of these children may fail to describe their child as having a hearing loss, even though this is an important part of who that child is. On the other hand, if a child who is deaf or hard of hearing is born to deaf parents, a stronger deaf identity may be imparted to the child because of the values and beliefs of the deaf parents. Thus, whether or not a deaf identity is a core identity for an individual depends on the extent to which being deaf is salient in that individual's life.

The perception of individuals who are deaf or hard of hearing has shifted slightly away from a pathological perspective, as persons with a hearing loss and being disabled, to a sociocultural model of deaf people as a minority group with its own culture, language, historical traditions and values (Parasnis, 1996; Maxwell-McCaw & Zea, in press). Not all individuals who are deaf and hard of hearing support deaf culture values, yet all individuals who are deaf or hard of hearing are forced to interact with the hearing majority culture around them. As a result, many individuals who are deaf or hard of hearing have been through experiences which force them to change their cultural behavior and thinking through contact with the hearing majority culture. It has not been until the last thirty years that researchers have attempted to classify the limits which constitute Deaf culture and establish ways to formally assess identity for deaf individuals. In addition, the viewpoint of identity as a social and cultural construct has become

important for identity development in children and adults who are deaf and hard of hearing in the past few decades.

Measures of Identity done in the past

Many attempts have been made in recent years to measure social identity in individuals who are deaf or hard of hearing (Weinberg & Sterrit, 1986; Glickman & Carey, 1993; Stinson & Kluwin, 1996; Bat-Chava, 2000). The interest in cultural identity and its implications for psychosocial adjustment has generated cultural identity models and scales with the purpose of assessing cultural self-perceptions regarding life adjustment. These efforts focused primarily on the choice of social relationships with hearing or deaf peers as the means to study identity (Maxwell-McCaw & Zea, in press). A 1993 study done by Kannapell supported that identity for individuals who are deaf and hard of hearing is primarily influenced by language choice, either spoken English or American Sign Language (ASL). In response to rapid changes to the field of deaf education, Glickman and Carey (1993) found it necessary to create a reliable and valid measure that looks at the cultural identity of people who are deaf or hard of hearing.

Prior to Glickman & Carey (1993), Weinberg and Sterritt (1986) developed a measure whose aim was to explore whether an able-bodied identity is associated with positive or negative outcomes, compared to a disabled identity or dual identity. A Deaf Identity Scale was created and composed of three subscales: Hearing Identification, Deaf Identification and Dual Identification. Each subscale had five statements asking about the individual's aspiration to associate with, and their similarity with deaf, hearing, or both groups. Each participant's primary identity was then established by comparing their total score on the Hearing Identification, Deaf Identification and Dual Identification subscales. The subscale where the participant obtained the highest score was considered their primary identity. The authors of this study present deaf

identity in a disability framework model. Having a hearing identity would allow an individual to feel able-bodied. Possessing a Deaf identity would mean an individual is more disability related, whereas a dual identity implies identification with peers who are deaf and hearing (Leigh, 2009). The study found that 58% of the sample had a dual identification, 24% had a deaf identity and 18% had a hearing identity. A limitation of the Deaf Identity Scale used for this study is that there were only five questions for each subscale, making it difficult to measure individual factors and how they may affect one another and an individual's identity. The scoring system for this scale was also a weakness because the participants were only able to answer true or false for each item, as opposed to using a Likert-type scale where an individual is provided with a variety of choices for their answer. Another limitation of this study is that the authors only looked at participants who used total communication (i.e., both speech and sign language). The participants for this study were recruited from a total communication school and ranged in age from 10-15 years. Therefore, it is hard to draw conclusive evidence to apply to adults who attended a school advocating oral communication.

A different model used to assess identity in adults who were deaf or hard of hearing was presented by Bat-Chava (2000). By means of a short questionnaire, the presence of three types of deaf identities was researched (culturally deaf, culturally hearing and bicultural). Four variables assessed which individuals associate with which identity: the importance of signing, importance of speech, group identity, and attitudes towards deaf people. The author used a cluster algorithm to separate the identities based on these four variables and put each individual into an identity category of Deaf, Hearing, or Bicultural. The results of this study revealed that one third of the sample identified as culturally deaf, a quarter had culturally hearing identities and another third had bicultural identities. An immediate limitation of this study is that the author used a cluster

analysis to classify the deaf identities and only few questions were used to categorize an individual's identity. Future measures should include more questions and factors to categorize an individual's identity. Further, participants were advocates of sign language and oral communication. Consequently, these results cannot be applied only to one population of deaf people without taking this into consideration.

Deaf Identity Development Scale

Glickman and Carey (1993) were some of the first researchers to create a measure of social identity as well as acculturation among individuals who are deaf and hard of hearing. Known as the *Deaf Identity Development Scale* (DIDS), this scale investigates the psychological process that audiologically deaf people go through to obtain culturally deaf identities and measures how deaf people identify with the deaf community and deaf culture (Maxwell-McCaw & Zea, in press). The model of Deaf/Hearing cultural identity uses racial and ethnic identity development scales as a theoretical foundation and is based on the model of how identification with Deaf community and culture develops in deaf people (Glickman & Carey, 1993; Leigh, I.W., Marcus, A.L., Dobosh, P.K. & Allen, T.E., 1998; Leigh, 2009; Maxwell-McCaw & Zea, in press). Glickman & Carey (1993) recommended four discrete types of deaf identities which individuals who are deaf and hard of hearing progress through (Fischer & McWhirter, 2001). The four identities are (in order of stage progression): *hearing, marginal, immersion* and *bicultural.* Each cultural identity of the DIDS is measured by 15 item subscales. Individuals who take the DIDS are then assigned an identity type according to the highest score on the subscales.

In the first cultural orientation of *hearing*, an individual who is deaf or hard of hearing adopts the hearing norms as a reference point for normality, health, and spoken communication. This individual strives to function similarly to a hearing person, and the role of deafness in one's

identity is not emphasized. The second stage covers the culturally *marginal*; those who show

neither a clear preference for a hearing nor a deaf way of life. The identities of these individuals

appear without clear concepts of hearing or deafness. The third kind of Deaf cultural identity

reflects *immersion* within Deaf culture, an uncritical identification with Deaf persons, and

degrading of all hearing values. The fourth phase is an integration stage where the individual

possesses a *bicultural* identity. These individuals embrace Deaf culture and recognize the

strengths and weaknesses of both deaf and hearing people and successfully integrate both

cultures into their lives (Glickman & Carey, 1993; Leigh et. al., 1998; Fischer & McWhirter,

2001; Leigh, 2009; Maxwell-McCaw & Zea, in press).

Although the DIDS was found to be a valid means of measuring variations in identity

patterns in the Deaf community, there appear to be a few limitations to this scale (Maxwell-

McCaw & Zea, in press). The first is that the DIDS model implies that an individual who is deaf

and hard of hearing and affiliates themselves with the hearing world is said to be pathological

and that these members would essentially be "self hating" (p. 4). On the other hand, an

individual who has a strong Deaf identity would have an inclination to remain fixated to the Deaf

community and have a narrow mindset and show anger toward hearing people. The DIDS was

limited in that it did not allow researchers to look closer at the slight variations in attitudes within

individuals who are deaf and hard of hearing. Maxwell-McCaw and Zea (in press) also criticize

the DIDS due to the fact that the overall design as well as its individual subscales had the

tendency to mix several factors of identity together (i.e. attitudes, behaviors, psychological

identification) within each subscale. This made it difficult for researchers to investigate the

connection that the different dimensions had on each other since they were not separated.

Deaf Acculturation Scale

Given limitations in the previous scales created to measure identity of deaf individuals, Maxwell-McCaw and Zea (in press) developed a new measure, The Deaf Acculturation Scale (DAS), with the intention of assessing the identities of deaf and hard of hearing individuals. They sought answers to questions such as: *How do individuals who are deaf and hard of hearing agree on a balance of experiences with both the Deaf and hearing worlds? How do the different factors associated with identity and acculturation interrelate amongst one another in individuals who are deaf and hard of hearing?* The authors wanted to develop an acculturation measure designed specifically for individuals who are deaf and hard of hearing that is both multidimensional and bilinear.

Acculturation in the DAS is connected to social identity, but differs in the fact that it "involves a process of the psychological and behavioral change that occurs as individuals engage in ongoing contact with a new culture" (Maxwell-McCaw & Zea, in press). For example, a deaf individual who knows sign language may participate in a culture behaviorally, but not identify with it psychologically and instead prefer to identify with the hearing community. On the other hand, a deaf individual may show great pride in their Deafness, but may not maintain a high level of cultural practice in that culture, and instead, have several hearing friends and function solely in the hearing world.

The design of the DAS was created by modifying the Birman and Zea Acculturation Scale (Maxwell-McCaw & Zea, in press) making it relevant to individuals who are deaf and hard of hearing. The Birman and Zea Acculturation Scale appealed to the authors since individual factors which contribute to a person's identity are broken up by subscales. This allows the researcher to examine how each factor may influence the overall acculturation. The structure of

this acculturation scale is one that allows two cultures to be examined separately from one another. In addition, the subscales of this scale are able to measure distinct aspects of acculturation.

The DAS contains two overall acculturation scales: Acculturation to Deaf Culture (DASd) and Acculturation to Hearing Culture (DASh). Each acculturation scale is made up of five subscales that measure acculturation across five different domains. These domains include cultural identification, cultural involvement, cultural preferences, cultural knowledge and language competence. Individual questions within each subscale match important ideas of Deaf and hearing identity as identified by researchers in the respective cultures. The first three subscales: cultural identification, cultural involvement and cultural preferences measure *patrimony* and *Deaf Experience* and *Deaf World Knowledge*. Maxwell-McCaw & Zea's (in press) definition of patrimony draws on Johnson and Erting's (1989) which says that patrimony is voluntary behavioral and attitudinal indicators of membership. They categorized *Deaf Experience* and *Deaf World Knowledge* (DWK) as described by Bahan (1994); these are similar to patrimony, but also include the idea of cultural competence. Bahan (1994) feels that not only is a level of hearing loss important for membership in Deaf culture, but also competence in ASL, and acceptance, compliance, and knowledge about the rules and interactions within that culture.

To go into further detail, the cultural identification subscales of the DAS measure the internalized feelings of the cultural values which are linked with both the Deaf and hearing worlds, along with the feeling of belonging to each culture. For example, in the survey, these questions include *"My participation in the Deaf world is an important part of my life,"* and "*Being involved in the hearing world is an important part of my life.*" The cultural involvement subscales measure the adaptation of cultural behaviors and the extent to which an individual

participates in those cultural activities. For example, "*How much do you enjoy attending deaf/hearing parties/gatherings/events?*" Finally, the cultural preferences subscales measure an individual's cultural preferences in relation to their choice of friends, partners, spouses, and educational and work settings. For example, "*I would prefer my children to be deaf/hearing.*"

The remaining two subscales in the DAS were intended to measure cultural and language competence. Cultural knowledge includes statements like *"How well do you know well-known political leaders in the Deaf community?"* and *"How well do you know names of national heroes?"* and assesses DWK and hearing world knowledge. Questions assessing language competence measure both expressive and receptive proficiency in both ASL and spoken and written English. For example, *"How well do you sign using American Sign Language (ASL)?"* and *"How well do you speak English, using your voice?"*

Maxwell-McCaw and Zea (in press) felt it was important to have a measure that could further investigate the dimensions that contribute to a deaf and hard of hearing individual's identity and acculturation and thus, created the DAS. In their study that tested the use of the DAS, it was found to differentiate between types of acculturation among individuals who are deaf and hard of hearing. It is, indeed, a measure which is bilinear and able to assess cultural identification and involvement with both deaf and hearing cultures separately from one another. The individual subscales in the DAS show strong internal reliability and construct validity (Maxwell-McCaw & Zea, in press). The authors of the DAS report that it serves many purposes for researchers who are interested in understanding how cultural identities influence various subgroups within the deaf community. They also believe that providing this measure to individuals who are deaf and hard of hearing and orally educated with no exposure to the Deaf community, might provide answers to why the younger population of individuals who are deaf

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and hard of hearing are endorsing a hearing identity over older adults who endorse a deaf identity.

Importance of Role Models

In an article by Bat-Chava (2000), the author acknowledges "that more deaf children and adolescents attend hearing schools than in the past" (p. 426), creating a shift in deaf education over the past two decades. The placement of deaf children in mainstream schools, an educational environment which is predominantly hearing, leaves deaf students with few opportunities to interact with deaf peers. Opportunities for an active social life and participation in leadership roles for these individuals can therefore be limited, with a negative impact on self-esteem as well. Introducing deaf adolescents and role-models to deaf peers may lead to a more bicultural identity which could, in turn, enhance these adolescents' psychological well-being (Bat-Chava, 2000). According to Holcomb (1997), there exists a necessity for providing children who are deaf and hard of hearing "access to the deaf community and Deaf culture during their early years. [This allows the children to] develop a solid identity as deaf persons during this crucial period" (p. 90).

Stinson and Kluwin (1996) recognize the importance of creating structured activities within school programs which allow students who are deaf and hard of hearing to come together with hearing students outside of the classroom and become acquainted and feel more comfortable with one another. These early social experiences become critical for perceptions of self in the interactions with others, and a preference for hearing or deaf peers.

Deaf adults are seen as both skilled communication partners and positive role models (Wilkens & Hehir, 2008). The American Deaf community is a community which has supported the idea of increased access for deaf students to Deaf adults for quite some time. However, in

traditional public schools, this access to Deaf adults is not valued. Having this access in a public school could combat the isolation that is often felt by the child who is deaf or hard of hearing and could provide a positive role model for that student. Even more, access to deaf adults can give students who are deaf or hard of hearing the ability to form relational networks and interact with others who also have a hearing loss.

Parents play an important role in the development of a child's self-concept and identity. Because majority of children who are deaf or hard of hearing are born to hearing parents, many have a communication barrier and are immediately set apart from the other members of the family. If a parent is unable to communicate effectively to the child in a language that is understood by both of them, important and meaningful interactions cannot occur. Gestures may be adequate for communicating at a young age, but more sophisticated verbal exchanges are required as the child gets older. If parents cannot be the deaf role model for their child, then teachers must take on the responsibility of providing those role models. Leigh (2009) believes it is important for professionals and teachers of the deaf to be flexible, parent-centered and comfortable with introducing deaf and hard of hearing role models to students. Teachers who are open to the idea of bringing other professionals and adults who are deaf or hard of hearing into the classroom will allow children to learn about the many opportunities available to them. This could also influence the parents' beliefs about deafness and instead of viewing it as a limiting condition, they may begin to see deafness from a cultural perspective and impart this positive image to their child, encouraging positive self-esteem.

Rationale for present study

The present research has discussed the importance of biculturalism in deaf individuals and the development of identity. The Deaf Acculturation Scale as presented by Maxwell-McCaw

& Zea (in press) was administered in a pilot study to a sample of 102 individuals who were deaf and hard of hearing and deemed a reliable and valid measure. The authors indicate that a limited number of oral (or hearing acculturated) participants participated in the pilot study, warranting further research for this population.

Thus, the purpose of the study was threefold; first, to survey the identity of alumni of Option Schools for the deaf in the United States – an oral population. To do so, demographic questions and the Deaf Acculturation Scale were administered to deaf adults. Second, the literature has discussed the importance of role models for the development of the identity for a child who is deaf or hard of hearing. Feedback and opinions were gathered regarding the importance of exposing deaf children to deaf role models at a young age. To achieve this goal, the survey asked the respondents to include their opinions on whether or not they would have liked to have deaf role models at their oral school as a child. Finally, the last goal of this study attempted to look at the use of self-labels for the individuals who are deaf or hard of hearing. The acculturation category assigned to each participant was compared to the self-label that participants chose for themselves.

Methods

Procedure

An initial email requesting permission to disseminate a survey of deaf identity was sent out to the designated contact for all 47 Option School programs listed at www.auditoryoralschools.org. These schools offer an auditory oral education for deaf and hard of hearing children. Forty schools responded with permission to send alumni of age (at least 18 years) the survey. Seven schools did not have alumni of age to participate in this study. In December 2010, individualized messages were sent out to the schools informing them that the

survey was available. A unique letter directed to the participants accessing the survey was

attached along with the web site link to the survey. Upon viewing the first page of the survey,

participants read the description of the study and their rights as a research participant, along with

contact information for queries. This survey was available from December 2010-January 2011.

The survey was activated and filled out by 115 deaf adults; 30 surveys were omitted from the

analysis, 13 omitted because of ambiguity in the demographic responses. A search of these

specific programs listed in the survey responses revealed that they were not an Option School

and therefore were not included in the current study. Another 17 surveys were omitted due to a

failure to identify the Option School they attended as a child as well as other important

demographic data. As a result, a total of 85 participants were included in the data for this study.

Participants

Table 1 shows the distribution of demographic data. The age of participants ranged from

18-60+. Specific ages were not requested, but rather an age range. Forty-two (49.4%) were

female and 43 (50.6%) were male. Fifty-nine (69.4%) of the participants attended Central

Institute for the Deaf as a child, 9 (10.6%) attended Jean Weingarten Peninsula Oral School for

the Deaf, 6 (7.1%) Saint Joseph Institute for the Deaf, 5 (5.9%) attended the Moog Center for

Deaf Education, 5 (5.9%) attended the Memphis Oral School for the Deaf, 4 (4.7%) attended the

Clarke School for the Deaf and 1 (1.2%) attended Sunshine Cottage School for the Deaf. Four

participants had attended more than one school for the deaf as a child, accounting for a total of

89 schools attended. The majority of participants were Caucasian ($n = 78$, 91.8%). The highest

level of education reported for participants varied from high school to a graduate degree: 13

(15.3%) completed high school, 5 (5.9%) had vocational training, 43 (50.6%) had a college

degree and 24 (28.2%) had a graduate degree. The majority of participants ($n = 55$, 64.7%) were

born deaf, 24 (28.2%) became deaf at age 0-3, 2 (2.4%) at age 4-10, 1 (1.2%) had a progressive

hearing loss and 3 (3.5%) did not know at what age they became deaf. Of the 85 participants, 59

(69.4%) had a profound hearing loss, 15 (17.6%) had a severe hearing loss, 2 (2.4%) had a mild

hearing loss, and 9 (10.6%) did not know their degree of hearing loss. Three (3.5%) of the

participants had at least one deaf parent and 82 (96.5%) had hearing parents. Spoken English was

the primary language spoken in the home as a child for the majority (n = 82, 96.5%) of the

participants, 3 (3.5%) had another spoken language, 4 (4.7%) had American Sign Language and

1 (1.2%) had another signed language. Data for high school attended after the oral school

indicated that 44 (51.8%) of the participants attended a hearing school without support (i.e. did

not have teacher of the deaf or hard of hearing), 38 (44.7%) were mainstreamed with support, 7

(8.2%) attended an oral deaf school, 1 (1.2%) attended a day school for the deaf, and 4 (4.7%)

attended a residential school.

Table 1 General demographics of the sample

Gender			Degree of hearing loss		
Female	42	49.40%	10-30 dB (mild)	2	2.40%
Male	43	50.60%	40-60 dB (moderate)	0	0%
			70-80 dB (severe)	15	17.60%
			90-120 dB (profound)	59	69.40%
			Don't know	9	10.60%
Age			Parents hearing status		
18-30	34	40.00%	Deaf parents (at least one)	3	3.50%
31-40	7	8.20%	Hearing parents	82	96.50%
41-50	19	22.40%			
51-60	13	15.30%			
60+	12	14.10%			
Ethnicity			Primary language spoken in home		
Caucasian	78	91.80%	Spoken English	82	96.50%
Latino	0	0.00%	Spoken Spanish	0	0%
Black	0	0.00%	Other spoken language	3	3.50%
Asian	4	4.70%	American Sign Language	4	4.70%
Native-American	1	1.20%	Other signed language	1	1.20%
Other	2	2.40%			
Education			Type of high school		
High School	13	15.30%	Hearing school w/o support	44	51.80%
Voc. Training	5	5.90%	Self-contained classroom	0	0%
College	43	50.60%	Mainstreamed with support	38	44.70%
Graduate	24	28.20%	Oral deaf School	7	8.20%
			Day school for the Deaf	1	1.20%
			Residential School	4	4.70%
Self-label	21	24.70%	Role models at oral school?	N = 60	
Hearing-Impaired	7	8.20%	Yes	20	33.30%
hard of hearing	34	40.00%	No	40	66.70%
deaf	22	25.90%			
Deaf	1	1.20%			
bicultural	0	0%			
other					
Age became deaf			Oral School Attended	N = 89	
born deaf	55	64.70%	Central Institute for the Deaf	59	69.40%
age 0-3	24	28.20%	Clarke School for the Deaf	4	4.70%
age 4-10	2	2.40%	JWPSOD	9	10.60%
age 11-21	0	0%	Memphis Oral School for the Deaf	5	5.90%
after 21	0	0%	Moog Center for Deaf Education	5	5.90%
progressive hearing loss	1	1.20%	St. Joseph Institute for the Deaf	6	7.10%
don't know	3	3.50%	Sunshine Cottage	1	1.20%

Instruments

Survey Questionnaire

The survey was created using Survey Monkey, a Web-based survey software, to quantitatively assess the identity of adults who have attended private Option Schools for the deaf as children. Additionally, this study sought to see the relationship between the overall cultural identity and the use of self-labels. It explored which identity category deaf adults relate to most (hearing, marginal, deaf, bicultural) compared to how an adult self-identifies (Deaf, hearing-impaired, hard of hearing, deaf, bicultural, other). Using Survey Monkey allowed for submissions to be anonymous; no identifying information was requested. As per the guidelines of the Human Research Protection Office of Washington University in St. Louis, in order to maintain anonymity, no information about the identity of the respondent was collected.

Informed consent was obtained prior to the beginning of the survey. Participants completed the survey independently. The typical length of time required for administration was about 15 minutes. The survey was comprised of five sections that addressed cultural identification, cultural involvement, cultural preferences, cultural knowledge and language competence. These sections were made up of forced-choice questions. The next sections surveyed the participant demographics and were also forced-choice questions, with the exception of the question that asked which oral school for the deaf the participant attended as a child. This response was a text box, allowing a typed response. The last section presented one forced-choice question followed by one open-ended question, eliciting comments about deaf role-models in oral schools for the deaf and whether respondents felt that as a student in an oral school for the deaf, they would have liked to have met deaf role models.

Deaf Acculturation Scale (DAS)

As discussed earlier, the DAS has been utilized in a variety of previous studies (Hintermair, 2008; Leigh, I.W., Maxwell-McCaw, D., Bat-Chava, Y. & Christiansen, J.B., 2009) and has been proven to be an effective tool in measuring the identities of individuals who are deaf and hard of hearing. The version of the DAS used for this study was a 58-item scale. Items were scored on a 5-point Likert scale from 1 ('strongly disagree' or 'know it well') to 5 ('strongly agree' or 'not know it well') and two separate scoring methods were used. The first method gave participants a scale value for Deaf acculturation (DASd) and for hearing acculturation (DASh). This was calculated by totaling the averaged scores from each of the individual subscales within the DASd and DASh and dividing by the number of subscales (5). The second scoring method sorted each participant into one of four acculturation categories and allowed the researcher to assign an overall acculturation style through the use of the participants' individual scores on each of acculturation scales (the DASd and DASh). Participants were given a high score (those with scores above 3) or low (those with scores below a 2.9) score on each of the acculturation scales (DASd and DASh).

Participants were then classified into one of the four acculturation styles by combining the two scores. Those with a (a) high DASd and low DASh were assigned as deaf acculturated, (b) low DASd and high DASh were assigned as hearing acculturated, (c) high DASd and high DASh were assigned as bicultural or (d) low DASd and low DASh were assigned as marginal. People with a deaf acculturated classification show a clear identification with the beliefs and values of the deaf world. Those assigned as hearing acculturated were people who highly identify with the beliefs and the values of the hearing world. Those with scores above 3 on both scales were classified as bicultural, meaning that they have an open mind about a deaf and a

hearing way of life. Finally, those with scores below 3 on both scales were classified as marginal, showing neither a clear preference for a hearing nor a deaf way of life.

Results

DAS results

Four different acculturation categories were discerned among the participants in this study: bicultural, hearing acculturated, Deaf acculturated, and marginal. Table 2 represents the acculturation category assigned to the participants after completing the survey. Forty-six (54.12%) participants were labeled bicultural, 9 (10.59%) deaf acculturated, 29 (34.12% hearing acculturated and 1 (1.18%) marginal.

Table 2 Acculturation style of participants

Acculturation Style	N = 85	%
bicultural	46	54.12
Deaf Acculturated	9	10.59
hearing Acculturated	29	34.12
marginal	1	1.18

Role Model results

Next, in response to the yes-no forced choice question, *"Did you have any deaf role-models at your oral school?"* 33.3% (*N = 20)* of the sample responded "yes" and 66.7% (*N = 40)* of the sample responded "no." Twenty-five people did not respond to this question. In response to the open-ended question, *"Do you feel that as a student in an oral school for the deaf, you would have liked to have met other deaf role models? Please explain your answer."* Feedback was provided by 48 respondents. A list of responses to this question is listed in Appendix A.

Examples of role-model responses:

- *I think it's important for younger generations to meet older deaf people. The role models can show that being deaf is not necessarily a huge obstacle and one will succeed if they work hard.*
- *Yes because the oral school is not like the real world. It would have been ice to meet other deaf and hoh role models to prepare to be exposed to the real world society.*
- *Quite honestly, I don't really know if I would have. I hardly remember anything from when I was at Moog- I graduated from Moog when I was 6 years old so I was a very young graduate. Therefore, I really can't say whether or not I would have liked to have met other deaf role models 15 years ago.*
- *Yes, it would be nice to have a deaf role model to show the deaf community what they can be capable of doing and that deaf people should step up and do what they dream of to do.*

Self-labels

Questions regarding how individuals labeled themselves were included in both the demographic questions and embedded in the DAS. From the demographic questions, 21 (24.7%) labeled themselves as Hearing-impaired, 7 (8.2%) as hard of hearing, 34 (40%) as deaf, 22 (25.9%) as Deaf and 1 (1.2%) as bicultural.

Table 3 Use of self-labels

Self-label	N = 85	%
Hearing-impaired	21	24.7
hard of hearing	7	8.2
deaf	34	40
Deaf	22	25.9
bicultural	1	1.2
other	0	0

In contrast, on the DAS question, 69 participants selected agree/strongly agree for the question *"I call myself deaf,"* and 34 participants selected agree/strongly agree for the DAS statement *"I call myself hearing-impaired or hard-of-hearing."*

Discussion

There were three goals of this study: to survey the acculturation style of alumni of Option Schools for the deaf in the United States through the use of the Deaf Acculturation Scale, to receive feedback and opinions of the importance of exposing deaf children to deaf role models at a young age, and to look at the acculturation category assigned to each individual compared to the self-label they assigned themselves.

DAS results

This is the first time this instrument has been used on an oral school population. The comparisons presented were thus made with groups which utilized a mixture of styles of communication. In this study, four identities were prevalent among participants: hearing, Deaf, bicultural, and marginal. Twenty-nine participants were identified as hearing acculturated, an identity which may leave them at risk for poor self-esteem. Bat-Chava's (2000) research shows that individuals who are deaf or hard of hearing and identity with the Deaf community have higher self-esteem than individuals who are deaf or hard of hearing and do *not* identity with the Deaf community, but instead try to fit entirely in the hearing world.

As for the 46 participants who reflect a bicultural identity and the nine in the deaf identity category, the implication is that positive psychosocial adjustment is a direct outcome (Weinberg & Sterrit, 1986; Jambor & Elliot, 2005; Hintermair, 2008; Leigh, 2009). Bat-Chava (2000) concluded that individuals who are deaf or hard of hearing who have culturally deaf and bicultural identities have somewhat higher self-esteem than those with identities such as culturally hearing and negative, or marginal, identities.

Despite the fact that all the participants in this study were trained orally and all came from oral family backgrounds, they still engaged themselves in both the Deaf and hearing

cultures; 46 of the participants surveyed identified themselves as bicultural. Hintermair (2008) proposes that a bicultural acculturation is a safe option for overall psychosocial well-being of individuals who are deaf or hard of hearing. Able to maneuver in both worlds and adapt to various situations, these individuals are more likely to achieve a positive psychosocial well-being. In Weinberg & Sterritt's (1986) study, similar results were found: individuals who are deaf or hard of hearing who held a predominant hearing identity had poorer outcomes in terms of academic placement, social relationships, personal adjustment, and perceived family acceptance. Individuals who maintained a deaf identity had better outcomes than hearing identities, but dual identities were linked with the best outcomes on all the measures.

Only one person with a marginal identity was identified in this study. While it is possible that only individuals who felt strongly about their identity and felt competent in English and American Sign Language were willing to participate in this study, previous studies (Hintermair, 2008; Leigh, 2009) also found few individuals with a marginal identity. In Bat-Chava's (2000) study, 22 of the 267 participants had "negative" (p. 423) identities, whereas in Maxwell-McCaw & Zea (in press), only 33 of 629 deaf adults had a marginal cultural identity. Perhaps deaf adults with a marginal identity are not easily found, or it could be that individuals who are deaf or hard of hearing do not have marginal identities.

Importance of Role Models

Responses provided from the participants in this study offer insight as to the importance of exposing children who are deaf or hard of hearing to deaf role models at a young age. A majority responded positively to the idea of role models being provided at their school and said exposure to deaf role models at a young age would have had a positive effect on future goals. One participant wrote that "Yes, it would be nice to have a deaf role model to show the deaf

community what they can be capable of doing and that deaf people should step up and do what they dream of to do." Deaf role models have a powerful impact on children and adolescents who are deaf or hard of hearing and without them, young deaf children may think they are not capable of achieving their dreams.

Another participant wrote, "Yes. There is a lack of self identity within the oral programs. I discovered my identity at age 21 and wished I had learned of this identity at a much younger age to make better choices in life." This particular individual raises the importance of decision making based on identity. Perhaps if children who are deaf or hard of hearing are made aware of the identity choices available to them at a young age, they would be able to make better choices as they progress through adulthood.

One recommendation for children who are deaf or hard of hearing who attend mainstream schools could be to develop strong oral and manual communication skills that would allow them to interact effectively in both the Deaf and hearing worlds as an adult (Hadjikakou & Nikolaraizi, 2007). Other ideas to increase interaction among deaf adults and children would be to add after school, weekend or summer programming, co-teaching, guest lecturing, career fairs, and job shadowing. Educators could expose deaf children to Deaf culture within the general school in the morning (i.e. sign language courses, employing Deaf adults), as well as by participation in Deaf club activities in the evening. All of these options could increase the contact between children who are deaf or hard of hearing and deaf adults.

Use of self-labels

Another goal of this study was to look at the use of self-labels and the acculturation style category assigned to each participant. As seen in tables 2 and 3, participants chose a label that differed from the acculturation category assigned to them. In response to the demographic

questions, 28 participants labeled themselves as hearing-impaired and hard of hearing, while 29 participants were identified as hearing acculturated according to the DAS, reflecting an affiliation with the hearing world. On the other hand, in response to the demographic questions, 56 participants labeled themselves as deaf and Deaf, while only 9 participants were identified as Deaf acculturated according to the DAS, reflecting a strong affiliation with the Deaf community. Even more intriguing is the fact that 1 participant self-labeled as bicultural, whereas the DAS scored 46 participants as bicultural. This low number in self-labeling does not come as a surprise because the term "bicultural" is not a term that has spread throughout the deaf community. However, many more individuals are identified as bicultural according to the criteria set forth in the DAS, even though they attended an oral school for the deaf as children. Why would there be such a discrepancy in self-labeling? Perhaps individuals participating in this survey were unclear about the definitions of the self-labels or unaware of the various labels used to identify an individual who is deaf or hard of hearing.

Practical Importance

How can this research be used in the field of deaf education? This study has provided answers as to the acculturation style of orally educated individuals who are deaf or hard of hearing via administration of the Deaf Acculturation Scale. Positive psychosocial well being is associated with having a cultural anchor whether that culture is hearing, deaf, or bicultural. School is a powerful social context for identity, and critical for its development. Although the oral school fosters a hearing acculturation, what is evident in the results of this survey is that as adults, many oral school graduates are bicultural. Children who are deaf or hard of hearing should be provided access to the deaf community and deaf culture during early years so they can be exposed to more than just an auditory oral hearing culture. The educational system *does*

impact the psychosocial needs of deaf adolescents, and educators need to be aware of their ability shape a students' identity.

The survey has also indicated the importance of deaf role models to deaf adults reflecting on their oral school experience. The comments written by some of the participants give reason to suspect that there exists a need in the field of deaf education for introducing role-models to children and students who are deaf or hard of hearing. It is imperative that these opinions be considered by future educators of the deaf. These findings in the current study may also have practical importance for parents of children who are deaf or hard of hearing in encouraging parents to expose their children to deaf role models.

Limitations

It is important to note that the current study does have some limitations. The population sampled for this study came from private Option schools for the Deaf listed on the Option Schools website. Participants who attended schools other than those listed on the website were eliminated from the analyses. In addition, the sample population for this study was limited to adults 18 years and older; younger individuals who are deaf or hard of hearing may have different view points on Deaf and Hearing culture than those presented in this survey. Finally, as seen in Table 1 of the demographic data, a majority of the participants attended a private oral school for the deaf located in the Midwest.

The questionnaire in this study was administered via an online web-based survey. Although past studies have also presented this questionnaire through an online survey (Hintermair, 2008) the current study did not consider the preferred mode of communication for the participants. Not all individuals who are deaf or hard of hearing are competent in the English language, let alone written language. For this reason, when constructing the items in the DAS,

the language used was simplified and/or reworded throughout the subscales to improve clarity and readability. In addition, the scale was rated at the 6.77 grade level for reading (Maxwell-McCaw & Zea, in press). Nonetheless, it would be beneficial to conduct the survey in the preferred mode of communication (spoken English, signed English, or ASL) to ensure comprehension and produce the most accurate responses.

A final limitation of this study is that the web-based survey was opened to the public before adding the role-model question at the end of the survey; therefore, this question was not made available for the first 25 participants who completed the survey.

Conclusion

In summary, it is interesting to note that a majority of the participants in this study were found to have a bicultural identity, even though they attended an oral school for the deaf as a child, where hearing values were taught. Much of the feedback and opinions offered from participants in this study validate the importance of exposing deaf role models to children at a young age.

In future studies it might be useful to explore what type of assistive device the participants are currently using and compare this to the acculturation category assigned to them. It could be hypothesized that individuals with cochlear implants, who tend to have hearing parents, have greater social identification with the hearing than the Deaf community. On the other hand, individuals with cochlear implants may place extremely high value on having a bicultural identity - they will always be deaf, but want access to as much information about the deaf and hearing worlds as possible. As noted by Bat-Chava (2000), it is a possibility that technologies such as cochlear implants and improved hearing aids make oral communication less frustrating for individuals who are deaf and hard of hearing. A concomitant result, then, could be

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that those children who are deaf or hard of hearing "educated in the mainstream will be less likely to turn to Deaf culture" (p. 427).

Another survey could also consider the mode of communication currently used by the participants. The mode of communication (i.e., Spoken English, signed English, American Sign Language,) is likely to reflect the individual's cultural and linguistic affiliation, as well as having an impact on functioning and personal interactions in everyday situations in the workplace. Adults who are deaf or hard of hearing who grew up learning to listen and to talk may not value listening and talking skills as much now that they are older. This study asked what language was used in the home as a child, but not the current language preference of the participant. Future research may prove that indeed, the language used by participants today differs from the language used in their home when they were children.

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Appendix A

Role-Model Responses

Do you feel that as a student in an oral school for the deaf, you would have liked to have met other deaf role models? Please explain your answer.

1. I would have liked to have, met other deaf role models who had been successfully mainstreamed into hearing schools once I left CID. It was hard being the only deaf student in a mainstreamed school and often isolating, especially in 7th and 8th grades and college.
2. Yes I would like to meet some more Deaf role models because they have positive effect for those who struggle to get their goals. I've met many other Deaf role models, one at my high school and many at Gallaudet University. Many things we faced now compared to the past has changed a lot but still we are getting things slowly in our way to meet the equality of the world. I know it is the same for other race, disabilities, religions, sex preferences, and so many more who are fighting for their rights.
We may not be able to hear, but we can function the same as anyone else besides hearing/talking.
3. That is a good question! I was so hardheaded to be involve with other deaf who doesn't talk. Now, I am a little bit involve in that. I am mostly into the hearing world and extreme extrovert with my church family (hearing church) and volunteer job and hearing world.
4. Yes, it makes them to realize that they are NOT less than other people- we are equal…
5. I met a deaf man who graduate from Notre Dame University and I was impressed with his successful background in work and civic leadership. I managed to emulate him!
6. Yes
7. I think it's important for younger generations to meet older deaf people. The role models can show that being deaf is not necessarily a huge obstacle and one will succeed if they work hard.
8. Yes, would like to have met other deaf role models, it can be inspiration for us all.
9. I might have a chance to get more deaf/hearing impaired people to work instead of collecting money from the government. Also, they can work together better.
10. Yes because the oral school is not like the real world. It would have been ice to meet other deaf and hoh role models to prepare to be exposed to the real world society.
11. I do not remember if we had a deaf role models while I was at CID. I am not sure if the deaf role model would have changed my life with the path I have taken.
12. Yes I do because it would show me all the work we do is worth every effort to succeed.
13. Not really. Why not have a hearing role model instead?
14. I was young when I was at CID and I just looked at it from the point of view that I was being taught how to speak and how to get along in an oral/hearing world. I never considered myself deaf.
15. That question is out for me because I attended oral school for about three years. I learned to talk around the age of 7. The word "role" was not in during my deaf school years till I was old enough to learn what "role" means. Big terms came later for us deaf kids which means we sorta lag a little behind than the hearing kids. I do remember that I have admired, adored, or looked upon this or that person as a role model but all were hearings.

16. I have never met a role models at my school.
17. Quite honestly, I don't really know if I would have. I hardly remember anything from when I was at Moog- I graduated from Moog when I was 6 years old so I was a very young graduate. Therefore, I really can't say whether or not I would have liked to have met other deaf role models 15 years ago.
18. No
19. Yes because I would like to relate my experience with the role model's experience and learn about what and how we relate to
20. Yes, it would be nice to have a deaf role model to show the deaf community what they can be capable of doing and that deaf people should step up and do what they dream of to do.
21. Didn't really matter to me.
22. Yes but at my time they were not very many role models just Heather Whitestone. Also I was a very still young when I graduated. If there was high school at CID and we probably have a lot of role models for advice and more. But houseparents and teachers were still good enough.
23. I was the role model at Memphis oral school and became the national poster child back in the 1980s.
24. Definitely!! Just to expose oral students that there are thousands of D/d/HoH adults are out there!
25. I wish that oral student should accept to meet other deaf role models.. not reject.
26. If any particular attribution of his or her may have that I don't have.
27. No, because my brother who is deaf as well. He grew up with deaf friends and grew up in a deaf community. He doesn't appreciate all the things my parents have done for him or appreciate what technologies out there are there to help him hear again. I, on the other hand, feel like because I have hearing friends and parents that I am able to do more in life.
28. I attended Memphis oral school at a young age and then mainstreamed into preschool and elementary school without support; later received support as a high school student.
29. NO.
30. Didn't affect me.
31. The older students at CID were wonderful examples of role models for me and my parents to see that I can succeed. I attended CID for five years from the time I was 3 to 8. Then I was mainstreamed at the neighborhood elementary and high schools with no classroom support. I am an excellent lip reader that always sat in the front row so to understand the teacher. I was fitted with a hearing aid at the age of 7 in my let year. In 1981 I started wearing a hearing aid in my right ear per a suggestion to an aunt who was a speech therapist. I received my first cochlear implant in 2006 and the 2nd one in 2008. All in all, I went to the "hearing world" path. Occasionally I do attend local AG Bell social events and several CID summer reunions.
32. Yes, the school did arrange miss Heather W. An oral deaf female to come but I was unable to make it. Would love to see more such as Marlee Matlin.

33. Well, I didn't really have anyone to look up to. A lot of people, both deaf and hearing, inspire me in a particular, different way; yet, I didn't really have a role model whom I could always look up to. I enjoy learning from as many people as possible, and their partial aspects of their personhoods contribute to who I am today. As this to say, I don't think I would have liked to have met other deaf role models…
34. Yes. There is a lack of self identity within the oral programs. I discovered my identity at age 21 and wished I had learned of this identity at a much younger age to make better choices in life.
35. Yes, I would liked to have role models. Maybe they could have inspired me to be different than what am today.
36. I do not recall that I had any deaf role-models at my two oral schools. It would be nice if some local CID alumni mingle with residential students.
37. In oral schools, I either had to speak exceptionally good or my parent had to have close connections with other parents in order to meet other deaf role models
38. Definitely.
39. Our school gave us lots of exposures to deaf role models- we even went on a field trip to see Heather Whitestone at one point.
40. I had a deaf role model when I was in middle school. She was my itinerant teacher in a mainstream public school setting. This teacher also had a degree in counseling and after getting to know her well, she inspired me to become a counselor. I have a masters in community counseling but I am working as a school counselor at Sunshine Cottage. So, I am now a deaf role model for my deaf/hearing-impaired students!
41. During my last few years at CID a few deaf adults worked as "houseparents" during the day were fantastic role models. They were college educated and articulate. I feel so blessed to be in touch with them all these years and now we are good friends.
42. There were plenty of other deaf role models. I'm very outgoing and it's easy for me to out-network oral, deaf models.
43. Yes, it would have been good for some kind of support.
44. Yes and no. It's immensely helpful in order to know and realize that some challenges are specific to you, while others are specific to being deaf, and there are many others that *everybody* encounters. But at the same time, it can be isolating to be grouped with other deaf people in any place.
45. Never thought about it…
46. Either way.
47. I looked up to Miss America 1998, Heather Whitestone. She was my role model.
48. Already know several who have become successful in their professions… one as president of Gallaudet University; engineers, occupational therapist, counselors, and such others.

Appendix B

Letter to Participants

To whom it may concern:

I am a second year student at Washington University in St. Louis School of Medicine, in the Program in Audiology and Communication Sciences Department. I am receiving my Master of Science in Deaf Education. Part of the requirements for my degree is an Independent Study done in my second year of school. The title of my Independent Study is An Analysis of Deaf Identity Among Alumni of Option Schools in the U.S.

I have created an online survey on surveymonkey.com for all alumni 18 years and older. This survey will examine the identity of adults who have attended private oral schools for the deaf as children. Assessment of cultural identification and involvement with both deaf and hearing cultures will be studied. The survey includes questions about cultural identity by using a 5 point scale and documents demographics for each participant. Participation will include completing the online survey and answering questions about cultural identity. The survey should take approximately fifteen minutes to complete. Participation is strictly voluntary and anonymous. No identifying information of any kind will be requested. Participants may choose to change their mind at any time about participating in the survey.

If you are interested in completing this survey please go to the following link:

http://www.surveymonkey.com/s/CCWQ6PZ

The survey will be kept online for two months until January 31, 2011. I appreciate you taking the time to complete this survey at your earliest convenience. If you know any other deaf adults who may have attended a private oral school for the deaf as children, *please* send them this link as well.

If you have any questions or comments later, please feel free to contact Sara Johnson at johnsonsa@wusm.wustl.edu.

Thank you again,

Sara Johnson

Appendix C

Survey Questions

Page: Introduction Page

1. An Analysis of Deaf Identity Among Alumni of Option Schools in the U.S

This survey will examine the identity of adults who have attended private oral schools for the deaf as children. Assessment of cultural identification and involvement with both deaf and hearing cultures will be studied. The survey includes questions about cultural identity as measured by using a 5 point scale and documents demographics for each participant. Participation will include completing the online survey and answering questions about cultural identity. The survey should take approximately fifteen minutes to complete. Participation is strictly voluntary and anonymous. No identifying information of any kind will be requested. You may choose to change your mind at any time about participating in the survey.

If you have any questions or comments later, please feel free to contact Sara Johnson at johnsonsa@wusm.wustl.edu. If you were unhappy with your experience please contact my faculty advisor, Justine Preston at preston_justine@yahoo.com.

If you wish to talk to someone else, or have questions or concerns about your rights as a research participant, call Washington University's Human Research Protection Office (WU HRPO) at (314) 633-7400, or 1-(800)-438-0445.

Page: Deaf Acculturation Scale

1. Please indicate the appropriate answer for the comments below.

I call myself deaf.
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

I feel that I am part of the deaf community.
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

I am comfortable with deaf people.
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Being involved in the deaf world (and with deaf people) is an important part of my life.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

My deaf identity is an important part of who I am.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I am comfortable with hearing people.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I call myself hearing-impaired or hard-of-hearing.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

Being involved in the hearing world (and with hearing people) is an important part of my life.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I often wish that I could hear better or become hearing.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I feel that I am part of the hearing world.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

2. How much do you enjoy:

Reading magazines/books by deaf authors.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

Going to deaf events/parties/gatherings.
1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

Going to theater events with deaf actresses/actors.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Watching ASL video-tapes by deaf story-tellers or deaf poets.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Participating in political activities that promote the rights of deaf people.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Attending Deaf-related workshops (e.g., workshops on Deaf culture or linguistics in ASL)

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Going to theater events with hearing actresses/actors.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Attending professional workshops in the hearing world.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Participating in hearing political activities.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Socializing with hearing people.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Attending hearing gatherings/events/parties.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Participating in or attending hearing athletic competitions.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

3. If you could have your way, how would you prefer the following situations in your life to be like?

I would prefer my education to be at a deaf school.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer if my roommate was deaf.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer that my church/temple is mostly deaf.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my date/partner/spouse to be deaf.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my closest friends to be deaf.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my children to be deaf.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my work environment to be deaf.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my children to be hearing.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my work environment to be hearing.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer that my education to be in a hearing school or a mainstream environment.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my roommate were hearing.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my closest friends to be hearing.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer my date/partner spouse to be hearing.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

I would prefer that my church/temple is mostly hearing.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

4. How well do you know (agree means you know it well, disagree means you do not know it well):

Traditions and customs from Deaf schools.

1	2	3	4	5
strongly	disagree	neutral	agree	strongly
disagree				agree

Names of deaf heroes or well-known deaf people.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Important events in Deaf history.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Well-known political leaders in the Deaf community.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Organizations run by and for Deaf people.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Names of national heroes.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Names of popular hearing newspapers and magazines.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Names of famous hearing actors and actresses.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Important events in American/world history.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Names of famous hearing political leaders.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

5. Please indicate the appropriate answer for the questions below (agree means you do it well, disagree means you do not do it well).

How well do you sign using American Sign Language (ASL)?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you understand other people using ASL?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

When you sign using ASL, how well do other deaf people understand you?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you finger-spell?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well can you read other people's finger spelling?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you know current ASL slang or popular expressions in ASL?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you speak English, using your voice?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

In general, how well do hearing people understand your speech?
1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you lip-read?

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you read English?

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you write English?

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

How well do you know English idioms or English expressions?

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

Page: Demographics

1. Gender
   __ Male
   __ Female

2. Current Age
   __ 18-30
   __ 31-40
   __ 41-50
   __ 51-60
   __ 61-70
   __ 71-80
   __ 80+

3. Ethnic Background
   __ Caucasian
   __ Latino
   __ Black (African-American)
   __ Asian
   __ Native-American
   __ Other

4. Level of Education
    __ Completed High School
    __ Vocational Training
    __ College degree
    __ Graduate degree

5. Select the label that you use most often to identify/describe yourself:
    __ Hearing-impaired
    __ Hard of Hearing
    __ deaf
    __ Deaf
    __ Bicultural
    __ "other"

6. Age of Deafness
    __ Born deaf
    __ Age 0-3
    __ Age 4-10
    __ Age 11-21
    __ After 21
    __ Progressive Hearing loss
    __ Don't know

7. Degree of Hearing Loss
    __ 10-30 db (mild)
    __ 40-60 db (moderate)
    __ 70-80 db (severe)
    __ 90-120 db (profound)
    __ Don't know

8. Parental hearing status
    __ Deaf parents (at least one)
    __ Hearing parents

9. Language used in the home (Check all that apply)
    __ Spoken English
    __ Spoken Spanish
    __ Other spoken language
    __ American Sign Language (ASL)
    __ Other signed language

10. Type of High School Attended (Check all that apply)
__ Hearing school w/o support
__ Self-contained Classroom
__ Mainstreamed with support
__ Oral Deaf School
__ Day School for the Deaf
__ Residential School

Page: Role-models

1. Did you have any deaf role-models at your oral school?
___ Yes
___ No

2. Do you feel that as a student in an oral school for the deaf, you would have liked to have met other deaf role models? Please explain your answer.