Negotiating deaf–hearing friendships: coping strategies of deaf boys and girls in mainstream schools

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Abstract

Background Increasingly, deaf students are educated in mainstream school environments. This poses a question of how deaf children negotiate the demands of forming friendships with their hearing peers. The present study was designed to examine coping strategies of 35 deaf children attending full or partial mainstream school settings.

Method Using a qualitative analysis design, a range of coping strategies used by the children was described based on parents’ reports. The relative success of these coping strategies in establishing relationships with hearing peers was assessed by examining strategies that increased the social success of deaf girls and boys.

Results The results showed differences by gender in the effectiveness of coping strategies used by the participants. Deaf girls who were confident and frequently asked for clarifications or who were comfortable playing alone tended to achieve good relationships with hearing peers. In contrast, deaf boys’ relationships with hearing peers benefited mostly from the boys’ ability to perform well in sports.

Conclusions These findings are discussed in light of existing research on coping and current debates on the benefits of mainstreaming for deaf children.

Introduction

Hearing loss affects many dimensions of experience, including psychological and social functioning. One area of development that demands close examination is the social relationships that deaf children form with their hearing peers. Today, children with disabilities increasingly share educational environments with hearing children. In the USA, over 40% of deaf and hard of hearing children attend mainstream schools (Holden-Pitt & Diaz 1998); in the UK, the number of mainstreamed deaf students is approximately 85% (Watson et al. 1999).

Placing deaf children in mainstream schools increases opportunities for contact between deaf and hearing students (McIntosh 2000). This poses a question of what is the quality of the relationships formed between students with a different hearing status. To fully examine the effects of education in the mainstream’s ‘least restrictive environments’ on deaf students, research has started to focus on the social dimension of the educational experience (Stinson & Antia 1999; Gregory 2001).
Although many deaf children educated in mainstream schools achieve good academic outcomes (Kluwin & Moores 1985; Stinson & Antia 1999), they also show signs of greater isolation and psychological difficulty compared with children who attend schools primarily with other deaf peers (Vostanis et al. 1997; Stinson & Antia 1999). One study assessing the social status of students in a mainstream school reported that 39% of deaf students were 'rejected' by their peers compared with 13% 'rejected' hearing children. Moreover, deaf students were well aware of the rejection and rated themselves as less desirable than their 'accepted' peers on a measure of self-worth (Cappelli et al. 1995). Another study found that deaf children tended to be neglected by their hearing peers rather than actively disliked, and that their friendship nominations were not reciprocated (M.M. Yetman, unpublished doctor dissertation).

The primary barrier to deaf children’s relationships with hearing peers is communication difficulties. Deaf children’s ability to hear and understand spoken language varies greatly, depending, among other things, on the extent of their residual hearing, communication competence, type of amplification used, and the acoustic properties of the environment. Even when deaf children receive extensive oral training, untrained listeners may not always understand them, and for the children’s communication to be successful a significant effort may be required. Combined with impatience on the part of hearing children, unclear speech may constitute a major barrier to deaf–hearing communication (Foster 1998).

In addition to communication difficulties, studies suggest that deaf children often lack social skills appropriate to peer interactions. Various explanations have been offered for this finding, including the fact that many hearing parents do not realize for a long time that their infants are deaf and therefore do not address their communication needs early on, and unsatisfying play interactions between deaf and hearing children (Marschark 2000).

Another factor that affects deaf children’s social interactions in mainstream settings is a frequent misunderstanding of their communication needs. For example, when a deaf child asks for information to be repeated, hearing children may perceive such request as either a lack of comprehension (incompetence) or lack of attention (indifference). Similarly, the need for physical contact (e.g. tapping someone’s shoulder) to attract a deaf child’s attention or the necessity of facing one’s audience to facilitate speech reading may violate social rules of hearing people, placing deaf children at risk for peer rejection.

Although at greater risk for encountering social difficulties compared with hearing children, deaf children’s social experiences in mainstream schools vary widely (Christiansen & Leigh 2002). A study of children with cochlear implants showed that many deaf children succeed in forming close and satisfying relationships, in spite of the challenges posed by deaf–hearing interactions (e.g. Bat-Chava & Deignan 2001). Another study of children using hearing aids found that although overall, deaf children’s social status was lower than hearing children’s, the same proportion of deaf children was voted ‘popular’ as when children were selected from the list of hearing peers (22%; Cappelli et al. 1995). Studies also found that degree of hearing loss is typically not related to deaf children’s adjustment, suggesting that other factors may structure children’s social experiences in the mainstream (Cappelli et al. 1995). Similarly, the wide variability of social outcomes manifested by deaf children in mainstream settings suggests that deaf children’s interactions with hearing peers may be effectively shaped by the use of specific adaptations.

Coping strategies

Research on coping offers several models describing responses that counter the impact of stressful situations on individuals. Folkman & Lazarus (1988) propose a distinction between problem-focused (outer-directed) and emotion-focused (inner-directed) coping. Problem-focused coping refers to strategies that employ planful, assertive behaviour directed at the stressor, whereas emo-

1Oral training teaches deaf children strategies to maximize their oral communication skills (e.g. speech articulation and speech reading, and the use of residual hearing).
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Coping, hearing loss, and gender

One's ability to cope may be moderated by a number of person-related factors, such as age and gender (Rudolph et al. 1995). Typically, women use emotion-coping strategies more frequently than men (Hamilton & Fagot 1988), in accordance with stereotypical gender roles that prescribe more directive behaviours for men and more cooperative behaviours for women. Men typically use an interaction style described as ‘constricting’, i.e. aimed at shaping the behaviour of others. In contrast, women’s interaction style is described as ‘enabling’, i.e. aimed at pleasing others and facilitating cooperation (Maccoby 1990). In this way, interpersonal styles that girls and boys develop as a function of gender can interact with styles of coping, resulting in boys’ more frequent use of primary (outer-directed, i.e. directed at the stressor) and girls’ use of secondary (inner-directed, i.e. directed at one’s emotional response to the stressor) approaches to stressful situations.

How does gender affect interactions between deaf and hearing children, and deaf children’s ability to cope with these interactions? Being a deaf girl or a boy may affect peer interactions in several ways. One area shaped by gender is the nature of socialization within same-sex peer groups. Research shows that boys’ groups are typically larger and less intimate than girls’ groups; for example, team sports are a frequent setting of boys’ social activities. Girls, in comparison, favour more intense ties with others, with a majority of interactions occurring in small groups (Maccoby 1990). Deaf children’s ability to communicate typically decreases in large group settings; this results in deaf children’s preference for play in dyads (Lederberg 1993). Therefore, deaf girls may find the more personal peer interactions easier than deaf boys who face communication in larger groups more frequently. On the other hand, the team sports in which boys typically participate may place less emphasis on verbal interactions, making communication easier for deaf boys.

Another area in which deaf–hearing contact may be affected by gender is interactional styles. Research shows that deaf students frequently achieve success with their hearing peers when they are confident and tell their peers specifically what they can do to make interactions more effective.

2Deaf children have to divide their attention between speakers and the environment to receive visual information as a supplement to speech (e.g. lip reading and contextual cues). As a result, deaf children typically prefer to play in dyads where the co-ordination of visual attention is easier to achieve compared with play in groups.

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(Stinson & Liu 1999), or when they initiate interactions (Charlson et al. 1992). For girls, however, displaying assertive behaviours may counter gender-role expectations. Unlike boys, who rely more on coercion and less on reward, girls are encouraged to behave in a non-directive and submissive manner (Ansari 1989; Goodyear 1990). Lloyd (1999), in a study of deaf children’s strategies of managing communication breakdowns, found that deaf children are generally less likely than hearing children to ask for clarification when presented with ambiguous information. It is possible that asking for clarifications is even more difficult to achieve for deaf girls than boys, which may in turn impact on their quality of communication with hearing peers.

In this study, we assessed the coping strategies of deaf children attending full or partial mainstream school settings, based on parents’ reports of the children’s interactions with their peers. First, we sought to describe a range of coping strategies by which the children responded to social situations in school, using a qualitative analysis design. Second, we assessed the relative success of these coping strategies by rating the quality of the children’s peer interactions. Finally, the adaptive responses and their outcomes were analysed separately for boys and girls, to investigate the impact of gender on coping processes of deaf children. Quotes from our interviews are used to illustrate the association between use of coping strategies and children’s peer relationships.

Method

Participants

Parents of 35 deaf children between 5 and 11 years of age (mean = 8.5 years) participated in the study. There were 20 girls (57.1%) and 15 boys (42.9%) in the sample. The majority of the children was of a middle class background (95.8%) and resided in suburban settings (51.4%).

The children’s hearing loss ranged from severe to profound; their average PTA level was 102 dB. Twenty-five (71.4%) children used cochlear implants and 10 (28.5%) children used hearing aids for amplification; the average length of use was 4.5 years for cochlear implant recipients and 6.4 years for children with hearing aids. All children used speech for communication; 30 (85.7%) used oral communication exclusively and five (14.2%) used sign or gestures in support of spoken language. Thirty-one (88.6%) children attended mainstream schools full-time, three (8.6%) children attended mainstream classes part-time, and one (2.8%) child attended a school for oral deaf children full-time.

Procedure

The children’s parents were interviewed as part of a larger study on the psychosocial development of deaf children conducted at a hearing rehabilitation agency in the Northeast USA (Bat-Chava & Deignan 2001; Bat-Chava & Martin 2002). Between December 1996 and May 1997, parents of 51 deaf children who have had either a cochlear implant or a hearing aid for at least 2 years were invited to participate in the study. Of these, 37 parents (72.5%) completed in-depth interviews about various aspects of their children’s social life. The response rate was higher for families of children with a cochlear implant (78.7%) than for children with hearing aids (61.1%), probably because these families were more involved with the agency. Of the total interviews collected, 35 interviews (94.5%) contained enough information to be included in this study.

The interview script was based on Achenbach’s (1991) Child Behaviour Checklist (CBCL), a semi-structured measure assessing children’s social func-

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3 The severity of hearing loss is typically expressed by the pure-tone average (PTA), which is the average of the pure tone thresholds of 500, 1000, and 2000 Hz. A higher PTA indicates a more severe hearing loss. A PTA from 25 to 40 dB is classified as mild, from 41 to 70 as moderate, from 71 to 90 as severe, and from 91 and up as profound. Children who are born with a less than a severe hearing loss can hear some speech without hearing aids, although sounds are muffled and incomplete. A child born with a severe or profound hearing loss does not hear speech without hearing aids and thus is not likely to develop oral language and speech spontaneously.

4 Of the 31 children attending mainstream classes, two children attended special education programmes for children with disabilities. These programmes were not attended by other children with a hearing loss.
Coping strategies of deaf boys and girls

Analysis

Using a qualitative analysis design described by Miles & Huberman (1984), several variables were constructed to assess children’s communication in mainstream settings in general and their interactions with hearing peers in particular, how well the children developed relationships with hearing peers, and the coping strategies that facilitated or hindered their success.

Peer relationships An ordinal scale was developed to rate the quality of the relationships between the deaf child and his or her hearing peers, including categories of good (3), fair (2), and poor (1) relationships. The scale was developed using responses to interview questions that asked specifically how positive were the children’s relationships, and whether the parents viewed these relationships as close. The questions, adapted from the Competence section of the CBCL, offered these possible responses: ‘about the same’, ‘worse than’, or ‘better than’ other children’s peer relationships. In addition, transcripts were examined for any information describing peer relationships in response to other questions.

Coping strategies A descriptive data matrix was constructed to identify deaf children’s strategies employed while interacting and communicating with their hearing peers in mainstreamed settings. The categories created to differentiate the children’s strategies were guided by theories of coping among children with and without disabilities, research on mainstreamed deaf children, and additional themes that emerged from the interview transcripts. They included the following: (1) social confidence, assessing whether the children displayed confident or assertive behaviours towards their peers, including assuming leadership roles and being outspoken; (2) requesting repetitions, assessing children’s ability to request repetitions of spoken statements from their peers; (3) solitary activity, assessing deaf children’s ability and preference for playing alone; and (4) excellence in sports, assessing the children’s skill in sports activities. Their performance was averaged across sports. Finally, the size of the children’s coping repertoire was measured by counting the number of strategies used across all four categories, resulting in a score of 0–4. To determine the reliability of the variables thus created, the two authors independently coded eight (22.8%) interviews. Agreement rate was 90.6%. All disagreements were resolved by discussion. The rest of the interviews were coded by the first author alone.

The variables assessing the use of coping strategies of deaf children were rated for their presence or absence in the children’s coping repertoire. Then, relationships between coping strategies and the quality of peer relationships were examined to identify strategies that contributed to the children’s success in mainstream settings. Finally, coping strategies and peer relationships of deaf boys and girls were assessed separately to identify differences in coping styles based on gender.

Results

Coping strategies of deaf children

Social confidence About half of the children (n = 17, 48.6%) acted with confidence when socializing with hearing peers. These children frequently initiated interactions, acted as leaders, spoke out for themselves, and asserted their needs when necessary.

Solitary activity The majority of the children (n = 25, 71.4%) were quite comfortable being alone. These children were able to occupy themselves with solitary pursuits such as reading, video games, arts and crafts, or individual sports activities (e.g. horse-back riding).

Requesting repetitions Few children (n = 9, 25.7%) were comfortable asking their peers to repeat verbal statements. Because many hearing peers showed impatience during social interactions, ask-
Excellence in sports About half of the children \((n = 18, 51.70\%)\) did very well in team sports. When compared with their peers, these children performed the same as or better than other children their age.

Deaf children’s relationships with hearing peers

The distribution of children’s scores on the measure of peer relationships showed that most children established satisfactory relations with their hearing peers. A third of the children \((n = 12, 34\%)\) had good relationships, a half \((n = 18, 51\%)\) had relationships characterized as fair, and five children \((14\%)\) had poor relationships with their peers. Moreover, the quality of the children’s relationship was not related to the degree of their hearing loss, measured by PTA levels \([r = -0.04, \text{not significant (n.s.)}]\), nor to the type of hearing device they used [cochlear implant or hearing aid; \(t (35) = -0.54, \text{n.s.}\)]. However, the children’s relationships tended to improve with age \((r = 0.28, P = 0.09)\) and tended to relate to the size of the coping repertoire, such that the more coping strategies the children used, the better peer outcomes they experienced \((r = 0.27, P = 0.11)\).

Gender differences in coping strategies of deaf children

There were no differences between girls’ and boys’ success in establishing relationships with their hearing peers: \(\text{mean}_{\text{girls}} = 2.14, \text{mean}_{\text{boys}} = 2.28; t (33) = 0.60, \text{n.s.}\). The frequencies of coping strategies used by deaf boys and girls were also similar. When boys’ and girls’ strategies were examined separately, however, we found that different coping strategies were associated with better peer relationships.

Coping strategies of deaf girls

For girls, being confident with their peers was associated with better peer relationships: \(t (19) = -4.39, P < 0.001\) (mean_{confident} = 2.66, mean_{not-confident} = 1.75). One mother described her daughter who frequently sought out friends and new social situations: ‘Melody’s always outside [the house]. She’s always looking for someone to play with, it doesn’t matter who . . . If she has a birthday party, or anything, you know, she’s the first one who wants to go. She never says “no, I don’t want to go. I’m uncomfortable.”’ Looking for social interactions rather than withdrawing resulted in little difficulty establishing friendships: ‘Melody had made some nice friendships and she had fit into the class [and] socially she is doing very nicely. The ability to assert oneself seemed to help deaf girls overcome perceptions of difference from other children that can sometimes hinder friendships. One mother stated: ‘[Kayla] is very sure of herself . . . Once a little boy told his sister, “you see, she’s the girl with that machine [cochlear implant].” And [Kayla] turned around and said, “Well, yes, I need it because I can’t hear properly.” She was sure of herself. And she always tried to get into groups and get friends.’ Kayla’s assertiveness paid off and her relationships with peers were described as ‘very good’. Her mother said: ‘Kayla has some very close friends.’

In contrast, deaf girls who were self-conscious of their hearing loss often acted shyly with other children and had difficulty establishing friendships. One mother reported: ‘Emily is not as social as she would like to be . . . Even with the girls on the block, whom she already knows, she is hesitant to go to their houses . . . it is hard for her to initiate. But once they start [playing], she is just fine, and if she hears that somebody likes her . . . She needs that reassurance.’ Similarly, another girl was described as very self-conscious when in a group of peers: ‘Lauren doesn’t like any kind of attention drawn to herself. She’s not that comfortable speaking out in school . . . She doesn’t want to embarrass herself, she [doesn’t] want to say the wrong thing.’

It was difficult for Lauren to establish friendships: ‘I would say Lauren’s close to a couple of friends, but in general . . . she’s not close to a large group of kids.’

Deaf girls who were confident were more likely to ask other children for repetitions during con-

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\(^5\) All names have been changed to protect the anonymity of the participants.
Coping strategies of deaf boys and girls

The quality of deaf boys' relationships with their peers was not directly associated with their hearing peers' confidence, the ability to request repetitions, or with the ability to play alone. Because the boys' sample size was smaller than the girls', there may not have been adequate power to test statistical effects. However, there was anecdotal evidence showing that assertiveness helped deaf boys overcome initial barriers to friendships with hearing children. One mother reported: 'Jerry has to break the ice and explain to them what [his hearing loss] is about . . . Once they make both strategies part of their coping repertoire, four (80%) had good relationships with their peers, and one (20%) had relationships characterized as fair.

Although many deaf girls engaged in sports and performed well compared with hearing peers (n = 11, 55.0%), the girls' athletic ability was unrelated to the quality of their social relationships: t (18) = -0.90, n.s. (mean good-at-sports = 2.27, mean not-good-at-sports = 2.00).

**Coping strategies of deaf boys**

The quality of deaf boys' relationships with their hearing peers was not directly associated with being confident, the ability to request repetitions, or with the ability to play alone. Because the boys' sample size was smaller than the girls', there may not have been adequate power to test statistical effects. However, there was anecdotal evidence showing that assertiveness helped deaf boys overcome initial barriers to friendships with hearing children. One mother reported: 'Jerry has to break the ice and explain to them what [his hearing loss] is about . . . Once they break the ice, if they're in the same class or the same sports group or whatever, [there is] no problem.'
Similarly, advocating for one’s needs and requesting repetitions was often helpful. One mother commented: ‘Damian is his own advocate . . . he always wants to know what’s going on if he can’t hear it and he will always try to find someone to give him that information, I don’t think he misses any information . . . and he’s had wonderful friends . . . He’s always had kids who will tap him on the shoulder or get his attention.’

The single most effective strategy for deaf boys to achieve good relationships with hearing peers was to excel in sports. Deaf boys who participated in sport activities and did as well as or better than other children had significantly better relationships than boys who were less good in sports: $t(11) = -2.54, P < 0.05$ (mean good-at-sports = 2.71, mean not-good-at-sports = 1.83). One mother explained that sport activities take a centre stage for boys during this age: ‘Jerry gets along with other children . . . the same or better [than other children]. Because he’s a very athletic kid. And for boys at this age, being athletic . . . is such a plus.’

Another boy also benefited from his athletic skills, which helped him gain respect of his peers: ‘Scott’s very good at sports. He really excels in them. He’s always the first one picked on a team. He plays on the soccer team. He plays on the baseball team. For a boy, that’s a very helpful thing. And he’s also the biggest kid. He’s like a cool kid; everybody thinks he’s a really cool kid.’

Some deaf boys struggled when engaging in team sports because their ability to hear was compromised during sport activities. One mother said that her son does less well in sports than other children because ‘Mark observes too much. He has to observe what’s going on. I know he doesn’t get the whole instruction. Especially in sports like soccer . . .’ Mark’s father agreed: ‘It’s worse because now as you’re running, you have the wind, and you’re breathing, and you can’t hear . . . And your coach is screaming and yelling on the sideline.’ Not being able to participate in sports could make deaf boys less sure of themselves. Mark’s mother said: ‘I don’t think he has the full confidence yet – in the sport itself, and then in himself.’ Because much of boys’ socializing takes place during team sports, Mark had a difficult time making friends: ‘For Mark, new friends is hard . . . I used to see it in baseball. That they couldn’t understand him so they’d walk away.’

**Discussion**

This study examined coping strategies used by deaf children during interactions with hearing peers, identifying those strategies that enhance deaf–hearing friendships and promote the integration of deaf children into hearing environments. We found that overall, the children in our study had few difficulties establishing relationships with their hearing peers, regardless of the severity of their hearing loss or amplification device (cochlear implant or hearing aids). The fact that no differences were found between the two device groups supports the claim that cochlear implants can be effective in bringing the children’s functioning to the level of children with hearing aids (Spencer 2002).

Most children who are mainstreamed have good oral communication skills. It is possible that our findings, showing satisfactory social relationships established by deaf children with their hearing peers, reflect the relatively better communication skills of the children in our sample compared with deaf children attending other school settings. Finally, we found gender differences in the coping strategies that facilitate deaf children’s success when interacting with hearing peers. These results point to the different settings in which girls and boys socialize, characterized by unique communication requirements that, in turn, affect the deaf boys’ and girls’ peer relationships.

Like previous studies, this one demonstrates that older children have better peer relationships than younger children, a result that may be explained by the good communications skills of deaf children who practise their oral skills longer (e.g. for longitudinal improvements in communication and socialization skills of deaf children, see Y. Bat-Chava et al., unpublished manuscript). The literature on coping, however, also suggests that children faced with challenges learn to cope better with time and develop adaptations specific to the situation at hand (Fournet et al. 1998). This suggestion is also supported by our finding that the size of the children’s coping repertoire increases as children age, making older children cope more successfully.
Because of the exploratory design of this study, no standard measure of coping was used. Instead, a variety of strategies was assessed, including strategies focused on the stressor (outer-directed strategies): the children’s social confidence and requests for repetitions, and strategies focused on the children’s response to the stressor (inner-directed strategies): the children’s ability to play alone. The children’s performance in sports, which emerged as a predictor of satisfactory peer relationships for the boys in our study, may not be as easily categorized along the dimensions of inner- and outer-directed coping. Recent research introducing the concept of leisure coping, however, may shed some light on these findings. Iwasaki (2001) found that engaging in leisure activities, such as sports, had a positive impact on student coping above and beyond the impact of general coping (coping not associated with leisure). These positive outcomes may develop because people experience a sense of freedom and control that help buffer the effect of stressful events. In addition, friendships formed during leisure activities may provide social support and increase a person’s self-esteem (Iwasaki 2001).

Contrary to some studies that claim women are more likely to employ inner-directed strategies than men, we found no such differences by gender. Instead, we found that all children benefited from using a variety of strategies. This finding is consistent with research describing the benefits of flexible applications of one’s coping repertoire according to situational demands (Kluwin et al. 1990; Fournet et al. 1998).

We found significant relationships between the girls’ ability to apply inner-directed and outer-directed coping strategies and their success in establishing and maintaining good relationships with hearing peers. Deaf girls who were confident and who were able to request repetitions when faced with difficult communication situations were more successful in their interactions with hearing peers. Similarly, deaf girls who were comfortable being alone on occasion had better social relationships than girls who lacked the ability to play alone. In contrast, the peer relationships of deaf boys benefited most from the boys’ ability to perform in sports. The differences we found between the two gender groups seem to support the contention that boys’ and girls’ social activities occur in different settings. Although we did not assess the nature of communication occurring in each of these settings, the finding that girls benefited from active communication strategies, such as assertiveness and requests for repetition, suggests that in social settings frequented by girls, the emphasis is on conversations, whereas boys’ interactions occur around activities such as team sports, which do not require as much verbal communication. Another explanation for these gender differences in coping is suggested by research on gender socialization.

The nature of boys’ interactions has often been described as competitive, thus placing importance on boys’ status achieved through performance in sports or other activities, compared with a relatively more cooperative nature of interactions among girls (Maccoby 1990).

It is important to note that our findings may not be easily generalized to other deaf children. There is a great variability in deaf children’s ability to communicate orally, regardless of the actual degree of hearing loss. In this study, the children’s speech and comprehension skills were not assessed on their own or as a factor in the formation of peer relationships or in their coping skills. However, a recent study using some of the same children participating in our study showed a relationship between the children’s communication ability and social success achieved with primarily hearing peers. The evidence showed significant relationships between the children’s objective assessments of speech and language, parental reports of communication ability, and parental reports of social success (Y. Bat-Chava et al., unpublished manuscript). Future studies need to address more closely the effects of hearing loss, oral language proficiency, and skills such as coping on deaf children’s ability to form satisfying relationships with others.

In addition, our research is limited in that parental reports were used as a single data source describing the deaf children in our sample. Future studies should incorporate accounts of the children themselves, as it is frequently found that parents’ perceptions of their deaf children’s relationships with others may differ from reports collected from the children themselves or from the children’s teachers (Lobato 1983; Mitchell &
Quittner 1996). One step in this direction has been made in an ongoing follow-up study examining the continued development of the children in our sample, now aged 10–15 years. Using a standardized measure (The Self-Perception Profile for Children, Harter 1983), the data emerging from this study show moderate to high rates of agreement in child and parent reports of the children’s social relationships. Agreement rate of responses diverging no more than 1 point on the 4-point scale was 98.2%. However, children’s agreement with the perspectives of their parents may vary with age. In a different study, Gregory and colleagues discussed the frequent discrepancies between the perspectives of young deaf adults and their parents regarding the children’s social life (Gregory et al. 1995).

Finally, to adequately assess how deaf children cope with socialization in mainstream classrooms, characteristics of the school setting and the peer community should be examined. Because coping is a dynamic construct, assessing a person’s adjustment to an environment that includes particular stressors, future research should take into account variations in school peer culture regarding perceptions about disability and accommodations of difference. Research combining assessment of personal coping strategies and characteristics of school settings may generate effective interventions to improve relationships between deaf and hearing children in mainstream school settings. With increased understanding of the children’s needs and of the environments in which they participate, mainstreamed deaf students may start to achieve the social benefits of integration in addition to academic success.

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