A Retrospective Narrative of the Social and Emotional Experiences of Growing up with a Unilateral Hearing Loss

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Submitted in fulfilment of the requirements for the degree of Doctor of Philosophy (PhD) in the Faculty of Humanities at the University of the Witwatersrand, Johannesburg, South Africa.

Supervisor: Prof. Claudine Storbeck

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Declaration

I declare that this thesis is my own unaided work. It is submitted for the degree of Doctor of Philosophy in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university.

_____

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Abstract

Unilateral hearing loss (UHL), commonly known as 'single-sided deafness,' constitutes an ignored and under-researched population group. The limited existing research has established that persons with UHL tend to experience challenges in various social, emotional, language and academic areas, and thus persons with UHL experience more problems than previously realised. This study aims to address this gap by exploring the socio-emotional experiences of three persons with UHL. In addition, the researcher's personal narrative as a person with UHL is included to provide another perspective. The participants were interviewed which provided narratives The theoretical framework of Bronfenbrenner's Bioecological model (1977-2009) and Vygotsky's (1962-1998) theories of language were used to interpret the influence of a child's surrounding social and cultural environments, and their interactions. The narrative data were analysed and interpreted using coding and categorising processes. Findings from the personal narratives revealed themes of anger, isolation, frustration as well as, indicated that children with UHL require assistance regarding disclosing their hearing loss. Additionally, topics such as 'teasing', 'disturbing experiences during hearing loss diagnosis' and 'feelings of loneliness' were also revealed. This study established that a child's surrounding social and cultural environments play a significant role in shaping their attitudes and perceptions of their unilateral hearing loss, and not all of the participants experienced disabling social challenges. Those who have intervention opportunities such as counselling, develop more effective communication and coping skills required for persons with UHL. In addition, links between interventions and coping skills were also revealed. Recommendations for future research include investigating the links between a child with UHL, intervention and coping skills, with a particular focus on their quality of life experiences. Significantly, there is a need for intervention programmes that address the social and emotional needs of children with UHL on an individual basis.

Keywords

Unilateral hearing loss; hearing related quality of life; Coping skills; Expressive Language; Stories; Autoethnography; Narrative Inquiry.

Dedication

I would like to dedicate this thesis to:

My parents, Ishaq and Kayroon Osman, and my sisters, Sumaiya, Maryam Bibi, Ayesha and Fathima for their unwavering support.

My late grandfather, Suliman Moola.

All my family members and friends, who supported me through this journey, with their well-wishes and prayers.

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List of Figures

Figure 2.1:	A Conceptual map	49
Figure 2.6:	An audiogram showing a Unilateral Hearing Loss profile	67
Figure 3.1:	Various systems that exist in a child's context	121
Figure 3.2:	Bronfenbrenner with the theories of Vygotsky	139
Figure 7.1:	Diagram of themes and categories	352
Figure 8.1:	Model to Recognise Personal Experiences	444

List of Tables

Table 2.1:	Unilateral Hearing Loss and Language scores	52
Table 2.2:	Unilateral Hearing Loss and communication skills	54
Table 2.3:	Results of Unilateral Hearing Loss and Social	56
Table 2.4:	Results of Unilateral Hearing Loss and emotions	58
Table 4.2:	Analysis Step 1: Common Themes of Reflections	169
Table 5.1:	Abbreviations used in transcription of the stories	181
Table 7.1:	Findings	352

Contents

Abstract 3

Keywords 4

Dedication 5

Acknowledgements 6

List of Figures 7

List of Tables 7

Prologue 17

CHAPTER ONE 19

INTRODUCTION 19

1.1 BACKGROUND TO THE STUDY 19

1.2 MOTIVATION AND RATIONALE FOR THIS RESEARCH 22

1.3 PURPOSE OF THIS STUDY 24

1.4 AIMS AND OBJECTIVES OF THE STUDY 25

1.5 RESEARCH QUESTION 25

1.6 RESEARCH METHODOLOGY 26

1.7 THE USE OF NARRATIVES 27

1.8 AUTOETHNOGRAPHY 28

1.8.1 Stories as a Research Method 30

1.8.2 Placing my autoethnographic account alongside other stories of people with UHL 31

1.9 THEORETICAL FRAMEWORK 34

1.9.1 Phenomenology 35

1.9.2 Bronfenbrenner's Ecosystemic theory 37

1.9.3 Vygotsky's theories of Language 38

1.10 USE OF REFLECTION IN RESEARCH 39

1.11 CONCEPT CLARIFICATION 40

1.12 LITERATURE REVIEW 43

1.13 ETHICAL GUIDELINES 43

1.14 DELIMINATION OF THE STUDY 45

1.15 OUTLINE OF THE STUDY 46

1.16 CONCLUSION 47

CHAPTER TWO 48

LITERATURE REVIEW 48

2.1. INTRODUCTION 48

Search I: What information is available regarding children with UHL and their language scores? 50

II: In what ways can UHL impact on a child's communication skills? 49

III: In what ways can UHL impact on a child's social experiences? 49

IV: What info is available regarding the emotional development in children with UHL? 49

2.2 SYSTEMATIC SEARCH OF THE LITERATURE 50

2.2.1 Method 51

Search I: What information is available regarding children with UHL and their language scores? 52

Search II: In what ways can UHL impact on a child's communication skills? 54

Search III: In what ways can UHL impact on a child's social development? 56

Search IV: What info is available regarding the emotional development in children with UHL? 58

2.3 CONCLUSION 59

2.4 THEMATIC DISCUSSION 61

2.5 UNILATERAL HEARING LOSS (UHL) 62

2.6 PREVALENCE OF UHL 63

2.7 DIFFERENCES BETWEEN A PRE-LINGUAL AND POST-LINGUAL HEARING LOSS 66

2.8 EARLY HEARING DETECTION AND INTERVENTION (EHDI) 68

2.9 HEARING NEEDS 71

2.9.1 Listening in noisy situations 72

2.9.2 Sound localisation 73

2.9.3 Head shadow effect 73

2.9.4 Attention and fatigue 74

2.10 AMPLIFICATION OPTIONS FOR CHILDREN WITH UHL 75

a) Hearing aids for children with UHL 75

b) Cochlear implants for children with UHL 77

c) FM systems 78

2.11 SOCIAL DEVELOPMENT 80

a) Language Development And Communication Skills 80

b) Parents and siblings as social circles 82

c) Friendship forming and maintaining 84

d) Isolation 88

2.12 UHL AND EMOTIONAL DEVELOPMENT 91

2.12.1 Acceptance of a Hearing Loss 93

2.12.2 Disclosure of a hearing loss 94

2.12.3 Recognition of differences 95

2.12.4. Self-esteem 95

2.12.5 Confidence 97

2.12.6 Identity 98

2.12.7 Personality Development 101
2.12.8 Anger and Aggression 102
2.12.9 Anxiety in children with UHL 103
2.12.10 Coping skills 105
2.12.11 Hearing Related Quality Of Life (HRQOL) 107
2.13 CHILDREN WITH UHL AND ADDITIONAL DISABILITIES 110
2.14 CONCLUSION 112
CHAPTER THREE 113
THEORETICAL FRAMEWORK 113
3.1 INTRODUCTION 113
3.2 PHENOMENOLOGY 115
3.3 BRONFENBRENNER'S BIOECOLOGICAL MODEL 119
3.4 LIMITATIONS OF THE BIOECOLOGICAL MODEL 126
3.5 VYGOTSKY'S SOCIO-CULTURAL THEORY 127
3.6 LANGUAGE AS A PSYCHOLOGICAL TOOL 128
3.7 VYGOTSKY AND EMOTIONS 131
3.8 VYGOTSKY AND CHILDREN WITH SPECIAL NEEDS 133
3.9 CRITICISM OF VYGOTSKY 137
3.10 BRONFENBRENNER AND VYGOTSKY 138
3.11 CONCLUSION 141
CHAPTER FOUR 142
RESEARCH METHODS 142
4.1 INTRODUCTION 142
4.2. RESEARCH DESIGN 142
4.3 NARRATIVE INQUIRY 144

4.4 DATA COLLECTION 145
4.4.1 Unstructured Interviews 146
4.4.2 Memos 148
4.4.3 Purposeful sampling 149
4.4.4 The Interview Process 151
4.4.5 My participants 153
a) Jill 153
b) Jack 154
c) Jane 154
d) The Researcher's own context 155
4.4.6 My relationship with the participants 156
4.5 AUTOETHNOGRAPHY: MY PERSONAL JOURNEY 157
4.5.1 Reflections 159
4.5.2 Poems 161
4.5.3 Art - paintings 162
4.5.4 Autoethnographies and self-Indulgence 164
4.6 DATA ANALYSIS 165
4.6.1 Data analysis process 167
4.6.2 Coding and categorising 172
4.7 BIAS AND SUBJECTIVITY 174
4.8 TRUSTWORTHINESS 175
4.9 ETHICS 178
4.10 CONCLUSION 179
CHAPTER FIVE 180
PRESENTATION OF FINDINGS 180

5.1 INTRODUCTION 180
5.2 JILL'S STORY 181
5.3 JACK'S STORY 220
5.4 JANE'S STORY 247
5.5 CONCLUSION 275
CHAPTER SIX 276
MY UHL STORY 276
6.1 HERE IS MY PERSONAL STORY (Background To Researcher's UHL) 276
6.2 MY DIARY RECORDS 283
6.3 REFLECTIONS ON MY DIARIES 296
6.4 POEMS AS PART OF AN AUTOETHNOGRAPHY 299
6.4.1 Personal Poems written by me 300
6.4.2 Pulling the poems together 330
6.5 PAINTINGS 331
6.5.1 My Paintings 331
6.5.2 Discussion 339
6.6 CONCLUSION 341
CHAPTER SEVEN 342
FINDINGS AND DISCUSSION 342
7.1 INTRODUCTION 342
7.2 DATA ANALYSIS PROCEDURES 343
7.3 INFORMATION AS PER BRONFENBRENNER'S BIOECOLOGICAL MODEL 349
a) Jill's UHL Context 349
b) Jack's UHL Context 349
c) Jane's Context 350

d) Researcher's Context 350

7.4 THEMATIC ANALYSIS 351

7.4.1 Attitude to a hearing loss 354

7.4.1.1 Jill's attitude to her hearing loss 355

7.4.1.2 Jack's attitude to his hearing loss 357

7.4.1.3 Jane's attitude to her hearing loss 359

7.4.1.4 My personal attitude to my hearing loss 362

7.4.2 Anger and frustration 364

7.4.2.1 Jill's anger and frustration 365

7.4.2.2 Jack's anger and frustration 367

7.4.2.3 Jane's anger and frustration 369

7.4.2.4 My personal experiences with anger and frustration 371

7.4.3 Communication and language skills 374

7.4.3.1 Jill's communication skills 374

7.4.3.2 Jack's communication skills 377

7.4.3.3 Jane's communication skills 380

7.4.3.4 My personal communication skills 383

7.4.4 Social Skills 385

7.4.4.1 Jill's Social skills 386

7.4.4.2 Jack's Social skills 387

7.4.4.3 Jane's Social skills 389

7.4.4.4 My own personal thoughts regarding my social skills 391

7.4.5 Isolation and loneliness 394

7.4.5.1 Jill and Loneliness 394

7.4.5.2 Jack and loneliness 396

7.4.5.3 Jane and loneliness 396

7.4.5.4 My experiences with loneliness 398

7.4.6 Coping Skills 399

7.4.6.1 Jill's coping skills 400

7.4.6.2 Jack's Coping Skills 402

7.4.6.3 Jane's Coping Skills 405

7.4.6.4 My coping skills 408

7.5 DISCUSSION 410

7.6 CONCLUSION 412

CHAPTER EIGHT 414

CONCLUSION & RECOMMENDATIONS 414

8.1 DISCUSSION OF KEY FINDINGS 415

8.1.1 People with UHL and disclosing their hearing loss to other people 415

8.1.2 Persons' understandings and attitudes towards their UHL loss 418

8.1.3 People with UHL and specific communication needs 420

8.1.4 UHL and social experiences 423

8.1.5 Teasing and Isolation 424

8.1.6 People with UHL and their experiences with anger and frustration 427

8.1.7 People with UHL and how they cope with hearing limitations 430

8.1.8 Hearing Related Quality of life (HRQOL) in Children with UHL 433

8.2 UNEXPECTED FINDINGS 437

8.3 STRENGTHS AND LIMITATIONS OF THE STUDY 439

8.4 STORIES OF THE PARTICIPANTS AS THEY RETROSPECTIVELY REFLECTED ON THEIR EXPERIENCES GROWING UP WITH UHL 442

8.5 CONTRIBUTIONS 443

8.6 IMPLICATIONS 446
8.7 ADDITIONAL RECOMMENDATIONS FOR FURTHER RESEARCH 448
8.8 REFLECTIONS ON MY PHD 450
8.9 CONCLUSION 454
REFERENCES 456
9. Appendices 499
A: Consent Forms 500
B: Systematic literature search Tables 503
Table 9.1: Unilateral hearing loss and language scores 503
Table 9.2: Unilateral hearing loss and communication skills 518
Table 9.3: Unilateral hearing loss and social 529
Table 9.4: Unilateral hearing loss and emotions 547
Table 9.5 Additional Results 550
Table 9.6: Existing Literature Review Articles 552

Prologue

They said I was not different

They said I was the same

So I was treated with same differentness

And treated as though I was plain

School was the plan

A normal was the scan

When friends and play didn't work

Isolation was the land

Difficulties and confusion

Lay dormant in the rise,

Until growth and opportunity

Begged sunny skies

They said I was not different

And how wrong could they be

I was anything but normal and plain

But they just couldn't see.

Rizwana Osman (2016)

I have had a unilateral hearing loss (UHL for short) for as long as I can remember. I was never made aware of it, and neither was I told about its limitations. Instead, I was treated as though I was 'normal'. This study includes an autoethnography about my personal journey with a unilateral hearing loss as an "invisible" disability (Bess & McConnell, 1981, p. 109). It will include how I felt when I could not make

any friends, when I missed information and when I just couldn't cope in groups and noisy settings. It was only until I experienced certain interventions, that I realised that in my journey, I have the potential that I have dreamed of, and that I just needed to learn to set myself free. This autoethnography presents my personal journey with UHL, alongside the UHL stories of three other people. In this study, these stories are compared and contrasted to each other and against existing research, in order to reveal insights into the lived experiences of people with UHL. and how I learnt to set myself free.

CHAPTER ONE
INTRODUCTION

"I have never regarded the loss of hearing in one of my ears to be an abnormality or a disability. However, one ear requires special treatment, and I am careful about swimming without earplugs, and I cannot scuba dive. I need to make certain adaptations when I'm in the lecture theatre or auditorium, I like being closer to the podium or speaker. I need to position myself to the right of a speaker to be able to hear better. Most people do not have to do this, so do I have a disability?" (taken from my personal reflections 09.2013).

1.1 BACKGROUND TO THE STUDY

Hearing impairment can be regarded as one of the most prevalent worldwide disabilities and one that has been documented to influence a person's social and emotional development (Kuppler, Lewis, & Evans, 2013). According to the World Health Organisation (2015), around 5% of the world's population, which translates to about 360 million people experience a certain level of hearing loss. Of this figure, 328 million adults in the world experienced some sort of hearing loss, and 9% are from the sub-Saharan Africa region (World Health Organisation, 2015). Furthermore two-thirds of these people live in low and middle income countries, where people experience restrictions in healthcare and education facilities (World Health Organisation, 2016). Although this high incidence/prevalence of deafness previously gave recognition to fields of 'deafness', up to now little attention has given to children with UHL, leading to them being described as an ‘invisible minority’ within the Deaf of the population (Bess & McConnell, 1981, p. 109).

Although, children with UHL can be identified by audiology tests and routine screening procedures, they are seldom recognized in terms of their developmental challenges. In this study, developmental challenges refers to the challenges that a child experiences at specific stages, which if not achieved, can lead to later difficulties. Historically, it was assumed that children with UHL were considered to be minimally affected by their hearing loss, and information that was provided concentrated mainly on topics of preferential seating (Bess & Tharpe, 1984). Moreover, many parents and professionals concentrated on areas such as speech, language and amplification options, thereby overlooking any significant social and emotional challenges (Lieu, 2004; Lieu, Tye-Murray, Karzon, &

Piccirillo, 2010; Bess, Tharpe & Gibler, 1986).

However, research dating from as far back as the 1980's confirmed that children with UHL are susceptible to various social, emotional, communication and behavioural challenges (Bess, 1984). These studies also confirmed that children with UHL represent an under-researched and 'ignored' population (Bess & Tharpe 1984, p. 206-208; 1986). They reasoned that many professionals and researchers focus predominantly on complete deafness, or severe, profound hearing disabilities, and consequently overlook mild hearing loss. Although UHL as a subfield of deafness has previously been given very little recognition, the minimal research that took place confirmed that children with UHL are more likely to experience difficulties in areas of academia, language, communication and socialising (Bess & Tharpe, 1984; Stein, 1983; Lieu, et al., 2010; Most & Tsach, 2010).

According to Ladd (2005), when a child experiences meaningful and positive social relationships, research has confirmed that they experience healthier levels of psychological functioning than children with poor social relationships and experiences. Additionally, these positive social experiences lead to even better academic performance (Ladd, 2005). Furthermore, positive social relationships are known to be correlated with better social and emotional functioning (Most, Ingber & Heled-Ariam, 2012).

However, research has revealed with children with UHL are predisposed towards experiencing fewer and less meaning social relationships. Consequently, these low levels of social functioning are known to be associated with feelings of depression, anxiety and isolation, and children with these experiences are also known to be less able to cope with certain challenges (Most, 2007; Weisel, Most & Efron, 2005; Kent, 2003). Additionally, it has been documented that the communication challenges which children with UHL experience further exacerbate their social challenges (Most, 2007). Communication challenges such as difficulties listening in noisy environments, sound localising, hearing loss disclosure and assertive skills are a few factors that can compromise a child's with UHL social relationships. Consequently, these challenges can further influence a child's social and emotional functioning, and have the potential to impact on their

general quality of life experiences (Kiese-Himmel, 2002; Greenberg & Kusche, 1998; Marschark, 1993; Marschark & Knoors, 2012).

In the last three decades, children with UHL have been given increasing attention by researchers in the field of deafness, such as Lieu, McKay, Hintermair and Fellinger. These researchers focused on areas such as amplification options, speech and language skills, and levels of self-esteem, but very few studies have concentrated on the quality of a child's experiences with a UHL (Fellinger, Holzinger & Pollard, 2012; Hintermair, 2008; Lieu, 2004; McKay, 2006). More recently, research has also began to focus attention on a child's quality of life (Hadjikakou & Stavrou, Streufert, 2008; Borton, Mauze & Lieu, 2010). Research has revealed that qualitative reports regarding the experiences of children with UHL are minimal, and although it is difficult to establish the quality of a person's quality of life experiences, in this study specific attention will focus on the types of descriptions that the participants use to describe their experiences using a narrative approach, that recognises a person's verbal and nonverbal expressions. In addition, their language, facial features and tones, will also be considered to help gather possible understandings of their quality of life experiences.

For the purposes of this study, all children with UHL, regardless of gender, age or race will be discussed under a general term "children with UHL", which will also be used to refer to research which involves children. Additionally, the term "typical hearing" will be used to describe children with bilateral hearing abilities. However, when I present my autoethnography, the term "normal" will be used to refer to children with bilateral hearing abilities, since this word formed a very prominent part of my inner thoughts and emotions. To add more, the word "normal" will only be used in certain parts of the participants' narratives, such as only when they personally used it. Other phrases such as 'person/s with UHL' and 'children with UHL' will only be used in discussions of certain contexts. Given that this study interviewed three adults with UHL, and asked them to reflect on their experiences, the term 'child' will be used to refer to their childhood experiences, and the term "people with UHL" will be used to refer to their experiences as adults. In addition, throughout the study, the abbreviation UHL will be used to refer to a unilateral hearing loss. This chapter will present an overview of this study, its aims, rationale

and theoretical frameworks, which will be used to inform its findings and discussions.

This study endeavours to present stories of the real-lived experiences of people with UHL from authentic personal perspectives. This contrasts directly against previous studies by Archbold, Yen Ng, Harrigan, Gregory, Wakefield, Holland and Mulla (2015), which focused on this topic, but used the opinions of parents, teachers and professionals, as sources of information. Stories of children with a hearing loss from parents' perspectives can be seen in websites such as Parents of Deaf children (see http://www.podc.org.au/) and Arizon Hands and Voices (see http://azhv.org/). These works concentrate mainly on the parents' experiences and emotions, and do not discuss the children's experiences from their viewpoints. In addition, this study includes a personal autoethnographic story of my UHL experiences, which resulted from a cancerous tumour. Both these aspects of presenting research from personal perspectives and including my own autoethnography render this study unique.

1.2 MOTIVATION AND RATIONALE FOR THIS RESEARCH

Initially, I was personally motivated to embark on this study for the following reasons. I was diagnosed with cancer in my right ear at the age of two, and subsequent chemotherapy and radiation resulted in the complete loss of hearing in that ear. During my childhood, I was included in mainstream schools, but there were little or no support/intervention programmes. This resulted in my exclusion from various social settings because I could not hear what was going on, and as a result, I experienced a range of social, emotional, and behavioural challenges, such as low levels of self esteem or confidence, and a tendency to withdraw. These challenges informed the goals of this study, which is to draw attention to the psychosocial needs of the unrecognized UHL population.

Consequently, I propose that children with UHL are more than often overlooked, due to their abilities to hear in one ear only, and that their unique/unusual and misunderstood hearing needs often go unrecognised by teachers and professionals. Furthermore, as a result of my personal experiences, I developed

the perception that the UHL sub field of deaf studies represents a under recognized field, which many professionals are still unaware of in terms of various social and emotional consequences.

Other reasons that can be presented to justify this study, include claims by parents and professionals that children with UHL can cope in mainstream classrooms with little or no interventions, other than preferential seating. Since UHL falls outside the boundaries of specific disabilities, like deafness; children with any mild or unilateral hearing loss are often overlooked (Most & Tsach, 2010), and this often leads to a lack of recognition.

Another reason for the study is that previous research in the field of unilateral hearing loss has typically relied mainly on the opinions of parents and teachers, and gave little consideration to the child's lived experiences with UHL. In contrast to those studies, this study approaches the UHL from a personal, narrative point of view, with the aim of giving weight to people's personal experiences with UHL (Young & Temple, 2014). Furthermore, quantitative studies by Bess, Tharpe, Klee, Davis-Dansky and Lieu dating as far back as the 1980's, can also be used to justify the need for this study. In the 1980's, Bess and Tharpe (1984) were amongst the first researchers on UHL to establish a high failure rate and a need for extra learning support among children with UHL (Lieu, et al., 2010). In 1988, Oyler, Oyler and Matkin (1988) confirmed that the failure rate of children with UHL was 24%, and that almost 59% of children with UHL face various academic and behavioural challenges (Brookhouser, et al., 1991). Later in 2002, Borg, Risberg, McAllister, Undermar, Edquist, Reinholdson, Wiking-Johnsson, Willstedt-Svensson (2002), also reported that children with UHL in the pre-school phase, experience significant language delays.

Further statistics that provided evidence of certain challenges that are associated with UHL, confirmed that 24-35% of children with UHL failed a grade, as compared to 3 % of typical hearing counterparts (Bess & Tharpe, 1986; Klee & Davis-Dansky, 1986; Lieu, et al., 2010). These statistics also established that another 22-59 % of children with UHL demonstrated needs for learning support or special assistance (Bess & Tharpe, 1986; English & Church, 1999; Lieu, 2013), and confirmed that children with UHL were prone to various social, emotional and

behavioural challenges (Bess & Tharpe, 1986; English & Church, 1999; Lieu, 2013; Fellinger, et al., 2012, p. 1037; Wiefferink, Rieffe, Ketelaar, Raeve, & Frijns 2013; Kuppler, Lewis, & Evans, 2013). Moreover, these studies concluded that children with UHL were more likely to experience significant communication and educational difficulties (Bess, Dodd-Murphy & Parker, 1998, Tharpe & Bess, 1991), and also substantiated claims for further assistance to be provided to children with UHL.

Whereas the above mentioned studies convince me that children with UHL experience significant challenges in social, communication and emotional domains, research by Brookhouser, Worthington and Kelly(1991), English and Church (1999), Harris (2014), Eriks-Brophy (et al., 2006), and Vaccari and Marschark (1997), despite providing convincing evidence that, although the recognition of UHL has improved since the 1980's, little has been done to address subsequent challenges. Although various endeavours to help this population included IEPs (individual education programmes), Lieu (et al., 2010) demonstrated that even with early intervention programmes, children with UHL still experience increasing challenges as they grow older. After taking in a lot of this information, and realising the worthy contributions of this topic, I decided to embark on a qualitative exploration of UHL from a social and emotional perspective.

1.3 PURPOSE OF THIS STUDY

The purpose of this research is to present the real-lived experiences of four people with UHL based on reflections of their past childhood experiences. Similar to phenomenology, which is the study of the human experiences and focuses on various levels of consciousness, this study endeavours to present the personal experiences and experiences of three adults with UHL, as well as, my own personal experiences (Husserl, 2013). This story will include curated personal pieces of writing, art and poetry, which will collectively be used to present an insider’s perspective of UHL from my perspective.

1.4 AIMS AND OBJECTIVES OF THE STUDY

The main purpose of this study is to explore the lived social and emotional experiences of four people with UHL from a qualitative point of view. By presenting an analytical evaluation of their stories, this study hopes to create greater awareness to the personal experiences of people with UHL in the South African educational context. Additionally, this study aims to discuss how each participant managed the specific challenges presented by their environment, and also to pay specific attention to how these four people coped with UHL in mainstream environments. Based on the findings generated from the personal stories of people with UHL, I also hope to establish how the social and cultural contexts of the South African environments, influenced the experiences and relationships of these four people. Overall, this study aims to present an accurate portrayal of the personal narratives of four people with UHL.

1.5 RESEARCH QUESTION

In order to address the aims of this study, a single research question is presented:

Upon reflection, how do adults with UHL remember their social emotional experiences as a child with UHL?

To explore this research question, the following open-ended question was asked:

"Tell me about your hearing loss when you were growing up?"

This open-ended research question captures the goals of a qualitative research design, which invites people to share their personal perspectives and opinions, and allowed the researcher to pursue various details in the participants' stories.

Additionally, this open-ended question allowed the researcher to use these critical details to contribute to 'thick and rich descriptions' (Flyvbjerg, in Denzin & Lincoln, 2011) of the participants' experiences. Furthermore, through this open-ended question, the researcher could map out the participant's personal journeys with their unilateral hearing loss, with due focus on meaningful experiences and

events. Hence, based on this discussion, a qualitative research design lent itself to this study.

1.6 RESEARCH METHODOLOGY

A qualitative research design, as defined by Denzin and Lincoln (2011) refers to a practice that places a researcher into the context of a study, and which allows for the integration and interaction, between a researcher's personal ideas and those of the participants. This "naturalistic approach" (Denzin & Lincoln, 2011, p. 3) allows researchers to study phenomena in their natural environments, and also allowed me to include subjective materials such as personal poems, writing and artefacts in my autoethnography.

Additionally, a qualitative research design accommodates data collection tools such as interviews, which allows researchers to focus attention of personal stories and subjective experiences of others. In consideration of the aims of this study, and falling under the umbrella of a qualitative research design, narratives were chosen as a suitable method, with which to give voice to the participants' and my autoethnographic stories of UHL.

According to a Hasidic proverb by Chinen (1992, p. 2)

> *"Give people a fact or an idea and you enlighten their minds; tell them a story and you touch their souls".*

With this in mind, I embarked on this journey to explore the social and emotional challenges, related by three adults with UHL, as they reflected on their childhood experiences. In order to help me achieve these aims, I chose to use a storytelling tool, to present their lived experiences of the four participants with UHL. Additionally, I chose to present my own story in an autoethnographic manner, in order to allow for my story to be written from a ‘first person point of view’ (Ellis, 1998). Within a qualitative framework, stories enabled me to focus on the personal meanings and messages of each of my participants narratives, whilst giving due consideration to surrounding social and cultural evidence (Ellis, 1998; Clandinin & Rosiek, 2007).

1.7 THE USE OF NARRATIVES

Narratives, often referred to as autobiographical stories of people's experiences, are also known to focus on human pain, rather than simply descriptions of a person's life (Bruner, 1990; Riessman, 2008). According to Feldman, Skoldberg, Brown and Horner (2004), narratives are used by people to tell their own personal stories, as they try to make sense and establish meaning of their past experiences. As people talk about their personal experiences and feelings, they create personal stories, and also learn to attach meanings to those experiences (Clandinin, 2006; 2007). Similarly, Clandinin and Connelly (2000, p. 20) refer to narrative inquiry as a way of understanding and inquiring into the personal experiences of people through processes of 'collaboration between researcher and participants, over time'.

In this study, the Ellis's (2004) defines narrative as a method that allows for the authentic presentation of stories will be used. This definition was chosen since it includes that narratives can provide a way for readers to understand stories, as though they are living them. In this respect, this involves recognition of talking, actions, and various forms of expression, written or artistic pieces. In this study, this definition is expanded to include possibilities for the researcher to engage and interact with the participants regarding their personal stories and meaning making process (Clandinin, Huber, Menon, Murphy & Swanson, in Farrel, Kagan & Tisdall, 2015).

Reasons for the use of narratives in this study, is that the above definition allowed to me adopt a dual role of a researcher and also as a participant with a UHL in this study. This dual role allowed me to interact with the participants as they presented their personal narratives, and also share my experiences, and contribute to the meaning-making process. Other reasons included that since narratives are not bound to time, certain contexts, narratives as a method allows participants the freedom to choose what aspects of their experiences of focus on, and what to leave out (Conelly & Clandinin, 1990; Chase, 2011). In other words, this allows the participants to experience feelings of control over their stories, as they choose

which aspects of their experiences that were meaningful to them. Another key strength of narratives, which is based on Dewey's philosophy of experience, is that researchers also need to take cognisance of surrounding social, cultural and contextual factors. Dewey (1938) claims that, narratives as a method, is not simply restricted to focusing only on a person's experiences, but rather needs to take cognisance of surrounding social and cultural information, which play pivotal roles in how a person's experiences are shaped and expressed, such as the type of support and facilities that are made available to them, depends on their social and cultural contexts. These need to be recognized when interpreting peoples' stories as they can influence peoples' meanings and experiences. This claim renders narratives as an effective method for this study, since a large focus is placed on the various participants' social and contextual information (Gubrium & Holstein, 2009).

However, in order to allow the researcher to effectively obtain the personal narratives from the participants, data collection tools that aligned themselves to narrative purposes needed to be used. For the purposes of this study, data collection tools of unstructured interviews used, and three adults with UHL, were interviewed and asked to reflect on their experiences whilst growing up with a hearing loss. These interviews focused on eliciting "thick descriptions" (Lincoln & Guba, 2013, p. 109) regarding the person's experiences with UHL, which enabled me to present detailed stories of their personal experiences. Additionally, during the interview process, I performed a reflective interview which involved reflecting on myself as a participant with UHL This involved questioning my previous beliefs and experiences, and also comparing them to the participants' stories. These personal reflections occurred thematically and on each participant, and will be discussed in further detail in Chapter Seven. The data analysis process began as soon as the interviews had ended, and included repeated readings of our conversations surrounding a person's UHL. This eventually led to the presentation of their own UHL stories and my own personal autoethnography.

1.8 AUTOETHNOGRAPHY

Initially, I only intended to include the stories of the three participants with UHL,

and during the course of the study, a need arose to share my own personal autoethnography of living with UHL. An autoethnographic approach was chosen primarily to present my own life experiences with UHL alongside the stories of three other people with UHL for its strengths of recognising various forms of information and presenting stories in an authentic manner that allows many people to relate to and appreciate them. Reasons for choosing an autoethnographic method include that it recognises the people present stories in a way that aims to help others understand and appreciate various cultural differences and experiences (Ellis, 2004). This contrasts directly with previous statistical and quantitative research. Additionally, through my autoethnography, I could compare and evaluate the various life experiences of the participants regarding their hearing loss, and this also helped add further details regarding my personal story (Lincoln & Guba, 2013; Ellis in Harvey, 1998).

It is important to note that this study is not simply about presenting stories, but is rather using them as a method, with which to explore relevant experiences analytically and within relevant theoretical frameworks. This study presents a qualitative exploration of UHL experiences, through the use of certain methodological, theoretical and analytical tools (Ellis, et al., 2010). These stories will be examined through the theoretical lens of Bronfenbrenner, Vygotsky and phenomenology in order to understand possible influences of UHL on the participants' life, from their perspectives and their personal meanings/interpretation of their experiences.

To connect my previous experiences related to my unilateral hearing loss, I included current reflections and vignettes in this autoethnography. According to Barter, & Renolds (2000), vignettes are used in research to explore actions, experiences, and also present people with a way to express themselves in a less anxious way. Ellis (2016) refers to this as a meta-autoethnography. In this type of autoethnography, as researcher, I go back to original diary records and poems, and use them to present autoethnographic accounts of various experiences in my autoethnographic story. This concept allows me to reflect on past experiences, reflect on the participants' answers and stories, and also, to ponder about questions that I had not asked during the interviews. Additionally, this method of

critical reflection on previous experiences allowed me to move back and forth between my current position and my previous experiences, which allows for a more evaluative stance to be presented in my autoethnography (Ellis, 2016).

Instead of presenting simple descriptions, I analyse my story in terms of the same themes, questions that I posed to the participants, and this adds a more intense turn to my autoethnography. Various reasons for choosing to use an autoethnography in this study, include its strong focus on personal stories, its ability to allow people to develop deeper understandings of themselves and others, and moreover, allows them to reflect back on their own, and other people's experiences (Ellis, 1998, 2016).

Other strengths of autoethnographies are that it centres around people's life stories, and presents them using their own personal voice. This leads to a story that is very close to its original voice, which helps preserve the authenticity of stories (Manning & Adams, 2015). One particular strength of autoethnographies that renders it very suitable for this study is that it contextualizes stories in terms of Bronfenbrenner's bioecological theory, which recognises the influence of surrounding people, relationships and systems (Manning & Adams, 2015). Moreover, as the autoethnographer, I retrospectively selected and analysed my personal experiences, alongside the other participants in order to establish any similarities and differences that exist within the UHL culture. All these characteristics collectively allow for the presentation and sharing of people's stories, in a way that enables them to reach out and share their experiences with a larger community. Additionally, with my personal story regarding my experiences with UHL, as well as, my reflections on myself and others, renders autoethnography a suitable methodology for this phenomenological study.

1.8.1 Stories as a Research Method

In this study, stories are used as a reflexive tool that presents the narratives of people with UHL, in order to give voice and call for the recognition of their experiences. In discussions surrounding storytelling, researchers state that this method has been used for centuries to document people's experiences, discoveries and can also be used as a framework to learn and understand various areas of life (Kent, 2015; Eastmond, 2007). A well-known author such as Chinua

Achebe, who wrote "*Things fall apart*" (Bacon, 2000), stated that people need to write their own stories for themselves. Bacon or Achebe explains that stories can be seen as attempts to reach out and establish links with others in the world and that telling stories represents a type of power. Achebe writes that in order for people to take back the power and empower themselves with a voice, they need to speak out and write their own stories (Bacon, 2000). Bacon (2000) explains that storytelling depends on the element of "power" and the party or people who win, usually win the power to tell their stories. Likewise, in the UHL context, the power to narrate about their childhood UHL experiences, were often given to parents and teachers instead. Therefore, this study allows the participants' with UHL to reclaim their voice through their narratives and to empower themselves with choice and control over their stories.

Achebe concludes that it is important to hear stories from the other side, as the picture will be incomplete if the stories of those who lose are excluded (Bacon, 2000). He explains that "it's of interest to everybody, including the winners to know there's another story" (Bacon, 2000, para. 14). In the same way, this study can be seen as one that gives voice to another side of communities. In this study, stories are presented in ways that gives voice back to the people, and this enables people to understand, empathise and feel connected to one another. In order to do so, I used direct quotations from the interviews, and also allowed the participants a significant amount of power and control over their stories. Alongside the stories of the three participants, my own autoethnography also provided a means for me to take power and control over my personal story.

1.8.2 Placing my autoethnographic account alongside other stories of people with UHL

Autoethnographic methods move away from research norms of objectivity, by including first person accounts, and taking cognisance of the subjective stories of people by using their spoken words, thoughts, feelings and interactions (Ellis, et al., 2010). In this way, autoethnography fits into a postmodernist moment that was stimulated in the 1980's by social scientists, who began the fight for the use of stories in research. Consequently, Ellis (et al., 2010) began to consider stories as

meaningful and valuable tools, which could be used in research to present new knowledge. In addition, this new knowledge can be particularly valuable and useful to communities who resonate with the realities that are presented. Moreover, these researchers were looking for ways to allow people to respond positively to their work, to engage with an audience, to concentrate on personal meanings and to evoke feelings of empathy (Ellis, et al., 2010; Holman Jones in Denzin & Lincoln, 2005).

From the outset, for the purpose of research rigour, the research design did not include my personal story. However, my personal story of UHL emerged as a result of personal feelings that I experienced when working with the stories of the participants. It became unbearable to remain silent when my story could be told in parallel to the participants' stories. As a result, my personal story was allowed to emerge alongside the personal narratives of three other UHL persons and will be presented using an autoethnographic method. Initially, I interviewed three participants and transcribed their interviews. After these two processes I reflected on myself. As I engaged continuously with the data, I also experienced personal feelings that I also wished to tell my own story with UHL, and after considerable readings of Ellis (2004), I decided to include my personal autoethnography in this study. This autoethnography, empowered me to take control of my own story, but also added another layer to the data, which includes my personal thoughts and reflections, as I tried to make sense of the participants' feelings and experiences. In addition, I also tried to understand events from their points of view. Ultimately, the inclusion of my personal story with UHL alongside three other stories of people with UHL, serves to render this study unique to the field of UHL.

My personal story with UHL is informed by reflections, diary writings and various pieces of art and poetry. These personal pieces of art are curated into themes of communication challenges, anger, social and behavioural difficulties, and are presented in my personal narrative. These themes allow for attention to be paid to the participants' language and interactions as they experienced their UHL. In this autoethnography, I am a researcher, an artist, a poet, a narrative writer, and throughout as a person with UHL. Furthermore, I blend my story, with the stories of the participants which collaboratively challenges dominant views of society. In

this autoethnography, I use a layered approach, as I move repeatedly between my personal and my participants' experiences, which I also contrast against relevant literature (Ellis, 2004). These layered accounts are used to compare my story against the three participants' stories with a view to uncovering any similarities and differences. These layers are presented in the form of pieces from my diaries, poems and paintings, and also include my personal feelings as I transcribed the interviews. These personal pieces help readers to engage with the data and details, which emerge during the research process (Ellis, et al., 2010). This translates to a detailed and descriptive autoethnography that draws attention to its interpretive nature and allows readers to enter and understand the experiences of UHL.

This autoethnography will concentrate on themes and categories that emerge with the other narratives and this will allow me to draw attention to similar and different experiences. Moreover, I will use these powerful narratives to investigate the unique situation of children with UHL, with a specific view on how they integrate themselves into various mainstream environments. Additionally, I also pay attention to similar themes, coping skills which they have developed in attempts to empower themselves to take control of their environments, and co-exist in mainstream environments. Overall, I will study these evocative narratives to try and understand how these participants with UHL experienced mainstream settings and how they helped themselves cope with relevant challenges. Hence, research tells us, that "the beauty of a good story, is its openness", and this study beckons readers to share in the experiences of people with UHL (Coles, 1989, p. 47). This openness aims to present readers with opportunities of choice, where they can decide what to take or leave from these stories All of these narratives will be interpreted with theories from Bronfenbrenner and Vygotsky, as these theoretical frameworks allow for a consideration of surrounding social and cultural environments.

1.8.3 Autoethnography and Ethics

Autoethnographies are criticized by quantitative research for their dependence on human experiences and emotions, and a lack of objective and rational research

(Ellis, 2004). But a different principle applies to autoethnography. The principal of 'generalizability' refers to the responses that emerge from the readers (Ellis, et al., 2010). Here readers are responsible for determining whether they can resonate or differ from the stories presented. Regarding my personal subjectivity to the topic, I understand and acknowledge that the feelings presented in my personal autoethnography are subjective and that autoethnographies are seen as a method that utilises these subjective experiences in order to present real stories (Ellis, 2004). Additionally, I believe that this autoethnography has valuable information to offer communities who are interested in hearing loss, and according to Ellis (2004), autoethnographies are judged as per this principle. Moreover, I also aim to resist imposing my views upon readers regarding UHL experiences, by acknowledging the discrepancies that exist between various stories and my experiences (Fox in Ellis & Bochner, 1996, p. 330).

1.9 THEORETICAL FRAMEWORK

A theoretical framework is described "as the lens through which you view the world" (Henning, Van Rensburg and Smit 2004, p. 25). The theoretical framework of any research project is important as it forms the lenses through which information and findings in a study are viewed and interpreted. The choice of a theoretical framework can influence the type of results that a researcher finds (Clandinin & Rosiek, 2007). Since this research was based on a quantitative exploration of children with UHL in South Africa, the results would possibly be presented in the form of numbers and statistics. However, considering that my research aims to present the personal stories of people with UHL from a qualitative, naturalistic perspective, a theoretical framework that is conducive to the nature of such results is needed.

Hence, the phenomenological approach, together with the theories of Bronfenbrenner and Vygotsky, were chosen. Phenomenology was chosen for its focus on recognizing personal experiences and consciousness, (Husserl, 2013) and Bronfenbrenner for his ecosystemic perspective that allows for a recognition of various environmental considerations. Additionally, Vygotsky's theory of language and meaning (1986). was chosen as it allowed me to use the

participant's exact expressions to arrive at meaningful themes and findings. In the next few paragraphs, a brief introduction into these theories and how they shall add value to this study shall be discussed.

1.9.1 Phenomenology

According to Husserl (1962), phenomenology focuses on the human experiences in the world, and searches for meaning and expressions of consciousness. He argued that experience and consciousness are intricately related, and need to be recognized from a first-person point of view. In this regard, he sought to develop a way of thinking that concentrated solely on human experiences, with a focus on how people experience certain objects and how those objects exists on their levels of consciousness (Smith, 2015). Husserl (1962) looked for a method that recognized how people experience the worlds in terms of their awareness and subjective experiences, and turned towards phenomenology, "as a concept of directedness of consciousness towards its objects", which recognises humanistic values (Smith, 2013, p. 193). Similarly, Merleau-Ponty (in Spurling, 2014, p. 17) recognized the element of intentionality, as a form of "consciousness that is in original and primitive contact with the world". He (Merleau-Ponty, 2013) adds that man experiences different levels of consciousness and being in the world, and these can influence one's experiences.

In Husserl's writings, he (1970, p. 18) stated that, "I seek not to instruct but only to lead, to point out and describe what I see." and this statement, captures an accurate focus of this current study. In this study, interpretive phenomenological analysis (IPA) will be used in this study to analyse the participants' stories, which will then be presented against a background of theories by Bronfenbrenner and Vygotsky. This IPA framework allows for a detailed exploration of the phenomena of UHL, as it is experienced by these participants and myself (Eatough & Smith, in Willig & Rogers, 2017). This approach that focuses on an individual's experience is well suited to the aims of this study since it allows for a detailed analysis of each participant's story as they are told. Additionally, it recognises their surrounding contextual environments, various relationships and systems and attempts to

present a holistic overview of the person's story. This phenomenological approach is also known for its strengths, such as its emphasis on human values, researcher openness and its concentration on depth and rich human experiences (Merleau-Ponty, 2014). However, whilst researchers focus on extracting meaning and investigating human experiences, this introduces an element of personal bias. In order to help researchers using IPA to guard against allowing their personal biases to influence their findings, Husserl (1970) recommends that ‘bracketing’ be used. This tool refers to the conscious recognition of thoughts and feelings that could possibly influence the data, and will be discussed further in Chapter 3.

In this study, phenomenology was chosen because firstly, it is linked to a hermeneutic way of thinking that focuses on the interpretiveness of information (Ricouer, 1970). This allowed for a deep and extensive exploration of the participant's and my own interview, with a view to interpreting relevant findings. Secondly, phenomenology was chosen for its recognition of the participants and my own social worlds of education and family, and its consideration of various social, cultural and environmental influences. Thirdly, IPA investigates personal experiences which is also closely aligned to existential phenomenology. This branch of phenomenology concentrates on the qualities and characteristics of a person's life, in terms of their intra- and inter-personal feelings, and the words that they choose to express themselves with (Ashworth & Chung, 2007). Finally, IPA admits that obtaining accurate information regarding a person's life experiences, is not entirely possible, since research methods are subject to personal opinions, interpretations and inductive reasons (Ashworth & Chung, 2007). IPA can thus be seen as double method, where participants try to make sense of their experiences, whilst simultaneously, researchers, are also trying to make sense of the information that the participant is presenting (Larkin, Watts & Clifton, 2006). Through this process, researchers try to access peoples lived experiences and meanings in an attempt to present them as accurately as possible. On the whole, phenomenology can be seen as a theoretical and interactive method, that is based on the descriptions of people as they experience a certain phenomena. Thereafter, a 'second order' description is experienced by researchers, as they too experience the phenomena that is being investigated (Giorgi in Ashworth &

Chung, 2006, p. 82). Hence, based on the strengths of phenomenology, which are its focus on human experiences and consciousness, its awareness of the researcher's subjectivity and its close connection to qualitative research, phenomenology was found to provide a solid grounding on which to base this study.

In this study, I followed these steps in order to allow for it to be grounded in a phenomenological approach.. Firstly, I gathered concrete qualitative data, relating to people's core experiences of a certain phenomena. Secondly, I used the process of bracketing, also known as ‘phenomenological reduction’ (Holloway, 2005) to guard against my own personal subjectivity influencing the data in any way. Thirdly, information was transcribed to lead to common themes and findings. Finally, stories were presented with the view of demonstrating how people experienced a certain phenomena (Holloway, 2005; Polit & Beck, 2014). A combination of these steps, along with a phenomenological analysis of the data, can possibly lead to the effective presentation of the life stories of four adults with UHL. Overall, Van Manen (1990) states that phenomenology is most effective in studies that examine how people experience their worlds from their points of view, and is valued for its ability to allow the data to speak directly to readers. Since this study focuses on the lived experiences of four adults with UHL, and aims to bring their experiences close to readers, phenomenology provided a effective means to achieve these aims. More details regarding the use of phenomenology in this study will be further discussed in Chapter 3.

1.9.2 Bronfenbrenner's Ecosystemic theory

Urie Bronfenbrenner, a theorist in the field of children with disabilities, developed the bioecological theory which allows for the observation of certain systems, their interactions and influences in the person's life. Bronfenbrenner (in Moen, Elder & Luscher, 1995, p. 638) uses a "set of Russian dolls" to describe the bioecological model. He explains that just as smaller dolls are nested into bigger ones, so too is a person's individual system nested into greater, surrounding 'interlinked' systems (1979, p. 3). He expands on this by emphasizing the interactions and influences

that take place within these systems, and put forward suggestions that children are greatly influenced by the people and situations that they have direct contact with. Considering that the purpose of this research is to pay attention to how a person with UHL interacts with these systems, their subsequent impact on the person, and these interactions influence on the person's story, this theory finds relevance in this study. This theory enables me to examine the participants' stories in a holistic way, with a detailed emphasis on that person's journey with UHL.

1.9.3 Vygotsky's theories of Language

Vygotsky's theory's of language (1986) places attention on how people construct and manage their interactions and meanings using language, and Bronfenbrenner's (2005) bioecological theory allowed for a consideration of social and cultural influences on the participants'. Hence, Vygotsky's and Bronfenbrenner's theories allowed me to move further than simply presenting their experiences (Smith & Osborn, 2008), but recognizes the participant's active roles in their social and cultural environments. Theories that were investigated during the course of this study were Vygotsky's theories of language and Bronfenbrenner's bioecological theory. Both these theories were chosen for their considerations of surrounding social and cultural contexts, and Vygotsky's (1962) theory of language was particularly useful for its attention to the use of language a tool with which to facilitate and manage social interactions.

Similarly, Vygotsky adopts a social-cultural view to his theories, and referred to language as a psychological tool that is used by children and adults. Throughout his writings, Vygotsky explored areas of language, learning and child development. Vygotsky (1978) explained that during interactions, adults use tools of language to mediate and interact with children. The results thereof can be seen in the child's improved learning and development. Similar to Bronfenbrenner, Vygotsky believed that children are products of their social and cultural environments. However, he added that learning needs to be seen as a collaborative activity that occurs between a child and an adult. With this, he argued for a need for 'meaning', and explains that children need to sense a type of

meanings in their learning and interactions (Smagorinsky, Hansen & Fink, 2013). He concludes that this allows them to develop their own personal meanings.

According to Vygotsky (1997b, p. 345), "Education is just as meaningless outside the real world as is a fire without oxygen, or as in breathing in a vacuum". With this statement, Vygotsky (1997b) highlights the importance of helping children establishing meaning in their learning, and also explains that teachers are responsible for creating these links between learning and meaning, and need to help children in this regard. This focus on the need for personal meanings, represents a strong point that renders this theory applicable to this study. Just as Vygotsky stressed the need for personal meanings and social interaction (Smagonrinsky, 2012), the interviews are analysed from a social-constructivist point of view, with a specific search for personal meanings.

The overarching aim of this study will be to explore the personal meanings that people create for themselves regarding their hearing with a view to understanding how these meanings informed their experiences. Overall, an application of Vygotsky's theories enables special attention to be focused on areas of language and social interactions, which informs people's personal meanings and experiences.

1.10 USE OF REFLECTION IN RESEARCH

In this study, the reflections that take place during the interviews by both myself and the participants, will be considered. Reflection can be seen as a tool for creating meaning for oneself, and according to Sören Kierkegaard (n.d).

> *"Life can only be understood backwards, but it must be lived forward".*

This quote points to reflection as a tool, which can be used to inform, reorganise and incorporate new experiences into one's current thinking schemes, as well as, to inform future decisions (Branch & Paranjape, 2002). Reflection, referred to as a tool of sociological introspection, reflects a "conscious awareness of awareness, or self-examination" (Ellis 2016, p. 97). In other words, this implies developing a skill to consciously think about your thinking, which actually furthers one's psychological, emotional and personal growth (Branch & Paranjape, 2002). In this

study, the participants' will present reflections of their experiences with UHL in their narratives. I will also reflect personally on my own experiences and feelings with UHL. These reflections are important as they provide a window into the participant's thoughts and feelings, which also assist when attempting to understand their meaning making.

As I reflect on myself and the participants during the interviews and data analysis procedures, this will create different layers to this study, thereby adding more depth and dimension to this study. Hence, as participants reflected on themselves and their unilateral hearing loss, the discussion of these reflections, allowed me to explore their relationships to their hearing loss, possibly adding further to the depth of this study.

1.11 CONCEPT CLARIFICATION

In the interest of clarity and understanding, it is important for certain concepts to be clarified in order to facilitate a better understanding of the subject field. In the following points, I will define a unilateral hearing loss, and include a general definition of 'social and emotional' needs in relation to this subject. Moreover, it is important to grasp a general idea of the concepts that will be constantly referred to in this research, which can be viewed as necessary in order to understand the nature and message of this research.

a) Unilateral hearing loss

UHL also known as "single-sided deafness" is defined by Tharpe (2008, p. 10) as a high-frequency loss in the poorer ear, or a flat 40-50 dB loss, or little or no hearing in the poorer ear. Similarly, Oyler and Mckay (2008) define unilateral hearing loss as a permanent hearing loss that ranges from mild to severe, and which occurs in one ear only (World Health Organization, 2015, online). In the current study, UHL will be defined as any hearing loss ranging from slight to profoundly deaf, and which occurs in one ear only.

b) Development

This study focuses predominantly on the development of children with UHL within mainstream contexts, particularly focussing on their social and emotional experiences. Bronfenbrenner (1979, p. 6) defines development as a "person's evolving conception of the ecological environment, and his relation to it". He further explains that development can be seen as the "lasting change" that is experienced based on a person's interactions with other people and their environments (1979, p. 3). With the narratives presented in this study, I aim to explore the participant's experiences with a view to establishing personal meanings of their hearing loss and their experiences, and I will also attempt to understand how certain experiences influenced the development of their thoughts, expressions and actions.

c) Social experiences

A person's social experiences are usually informed by significant social relationships that are experienced in infancy. During this stage, babies development attachment and bonding skills that further influence the development of social and emotional competences, and also their personalities. These processes will be further discussed in Chapter Two, with a specific view on how children with UHL experience their social relationships..

d) Emotional experiences

As per the above discussion, a child's early developmental processes of attachment and bonding further influence the development of their emotions, which subsequently play a significant role in their social and emotional experiences. In this study, the areas that will be focused are how the participants with UHL experienced their hearing loss on an emotional level, and how it influenced their interactions. This will include observing their attitudes and descriptions of their hearing loss, as well as, how they approach the subject of disclosing their hearing loss. These areas all play a significant role in how a person experiences their hearing loss on an emotional level. Attention will be paid

to exact words and phrases that participants use to describe their hearing loss, and also to their facial and body expressions while discussing it.

The autoethnography will also discuss my personal attitudes and relationships to my hearing loss, and how it has evolved. Overall, I will try and understand what possible experiences influenced the development of the descriptions and perspectives of the participants hearing loss, and how it further influenced their social and emotional experiences. This will possibly help me present a thorough description of the participants' UHL social and emotional experiences.

e) Mainstream

In this study, the term "mainstream" environments/settings can refer to environments where people share similar thoughts, values, and also engage in many similar activities. In this study, since people with UHL are only able to hear in one ear only, their experiences interacting with people in mainstream environments where many people hear with both ears, will be discussed. These discussions will aim at gathering an overview regarding the personal thoughts and feelings that a person with UHL experiences with interacting in mainstream environments and the personal meaning that they allocate to these experiences.

f) Language and Communication

According to Chomsky (1986, p. 3), language refers to those "aspects of form and meaning" "which are understood by a particular component of the human mind". Other theorists such as Skinner (1957) argued that language is a by-product of a child's environment, and that language skills are learnt through association. Since language represents one of the main mediums through which many people express themselves, in this study, careful attention is placed on the words and expressions that the participants chose to describe their personal stories. The choice of their words and expressions often provided further information pertaining to how the participant experienced a certain phenomena. When a person combines their use of certain words, symbols or actions, in attempts to transfer messages to another, the process of communication takes place. Since people

with UHL experience a restricted amount of auditory input, this study focuses significantly on how the participants with UHL communicate with others, and how these affect their experiences.

1.12 LITERATURE REVIEW

In the literature review, I will undertake an extensive search of the topics "unilateral hearing loss", "social" and "emotional" order to available literature in the field of UHL. The literature review will be informed by a systematic literature search of the *Scopus, Pubmed* and *Ebschost* databases. This will involve a specific set of inclusion and exclusion criteria that will present me with a set of results, which will be evaluated according to relevance to this study. The systematic literature search will be guided by questions regarding UHL, such as language, expression, social, emotional and communication skills, and specific interest will be paid to articles that approach UHL from qualitative perspectives. Additional results via grey searches will also be used to inform this process, and evidence generated with be discussed under thematic headings. Overall, the purpose of this review is to identify gaps in the field, and to determine what literature regarding UHL, and social and emotional experiences is available.

1.13 ETHICAL GUIDELINES

Prior to beginning this study, this project gained ethical clearance from the University of Witwatersrand. Like most other research projects, I will need to demonstrate that during this study, I abided by certain ethical measures, and that, the findings of this study are worth paying attention to. Ethical principles that needs to be adhered to in qualitative research are respect such as: beneficence, non-maleficence and justice (Greenwood & Levin In Denzin & Lincoln, 2008). These principles are collectively applied to ensure the studies abide by certain ethical measures, and also present an element of protection for the participants. In this study, these principles were applied in the following manner.

Respect can be seen as the principle placed to ensure that participants are

treated in a moral and respectable manner. In this study, participants were requested to sign consent forms that ensured them of their confidentiality, and also presented them with an element of personal protection. Additionally, these consent forms assured the participants that interview records will remain inaccessible to the public for a few years after the study, and thereafter destroyed.

The next principle of beneficence which refers to the manner and treatment of the participants, but this concept includes maintaining their confidentiality (Orbs, Eisenhauer & Wynaden, 2001). Closely linked to principles of respect, autonomy and social justice, this principle refers to the actions of a research, and emphasizes that researchers are morally and ethically obliged towards working towards the benefit of others (Orb, et al., 2001). This includes denying certain people the opportunity to engage in research, due to their vulnerability. This can refer to very young or very old people, as well as, to those who are sick or who have been traumatised. In this study, the participants' were approached before the interview, to verify their readiness to share their personal stories.

Additionally, the participants were addressed before the interviews, and informed of principles of autonomy. Regarding this measure, they were assured of complete confidentiality, a right to be informed of the study, as well as, rights such as being able to withdraw from the study at any moment without any repercussions. In this study, this principle was honoured by informed consent forms. The consent forms in a qualitative study, also need to include the social justice principle. This refers to the moral conduct of the researcher and his/her actions, and assure that participants are selected fairly, and treated with care and sensitivity (Greenwood & Levin, 2008). Also known as, non-maleficence, which translates to 'do no harm', this term prescribes that, researchers are responsible for treating participants with care, love and dignity (Beauchamp & Childless, 2009).

Another key element of consideration, is that researchers need to ensure that the results of a study are distributed in an equal manner (Greenwood & Levine, 2008). However, in this study the participants were not selected in a fair manner, but were purposefully selected as having a UHL. Although the participants were not chosen in a fair and elective process, they were treated with care and sensitivity, and an fair and equal access to this study, will be provided through journal

publications regarding its content.

Collectively, these principles refer to a few ethical measures that will be adhered to in order to ensure participants that they will be treated in moral ways, and also to assure them of their confidentiality, privacy and autonomy. To assure readers that this study is worth paying attention to, the researcher will conduct repeated listening and readings of the interviews, and will also obtain peer reviews of the interviews, in order to ensure that the researcher has interpreted the data as accurately as possible. Being a qualitative study, I also needed to ensure that this study complies with other ethical principles such as those of trustworthiness (Bryman, 2015; Shenton, 2004). These principles, namely dependability, credibility, conformability and transferability, will be discussed in Chapter four.

1.14 DELIMINATION OF THE STUDY

Unlike surveys which concentrate on large amounts of people, ethnographies focus only on a few participants, while aiming to gain to more deep, detailed and comprehensive understanding of the lives, experiences and situations of certain populations. It is recognisable that a key limitation of this study is that it is based on the interviews of only three people with UHL. This small number is not an accurate representation of the people with UHL in South Africa, and its findings cannot be generalized to larger populations. However, considering that the aim of this study is to present the personal stories of people with UHL regarding their lived experiences, this small number allows me to delve into various details that surround their personal stories, as well as, allows me to pay detailed attention to elements of change and growth in their stories. Additionally, the participant's parents, spouses, children and friends were excluded from this study since the voices of other persons may have served to possibly influence the participants' stories. Moreover, this restriction helps preserve the authenticity of this project.

1.15 OUTLINE OF THE STUDY

Chapter 1 - INTRODUCTION

This chapter discusses the background to this study, its purpose, rationale and objectives, relevant research methods and presents a brief overview of the theoretical framework, literature review and certain important concepts.

Chapter 2- LITERATURE REVIEW

This chapter presents extensive searches of UHL with three different search engines, with the view to emphasizing relevant qualitative studies in the field. In this chapter, potential gaps in the knowledge base are highlighted, and relevant social and emotional topics are discussed.

Chapter 3- THEORETICAL FRAMEWORK

This chapter presents discussions regarding Bronfenbrenner's bioecological theory and Vygotsky's theories of language and meaning. This chapter discusses the relevance of these models to this study, as well as, highlights any similarities and differences that exist between them. Moreover, attention will be paid to how these models add value to this study, and can be used to highlight certain processes.

Chapter 4- RESEARCH METHODS

This chapter describes the research design and the methodology used by this study, with a view demonstrating its relevance to the research question. This chapter also presents information relating to data collection tools, processes of data analysis, as well as, discusses significant ethical measures.

Chapter 5- PARTICIPANT'S STORIES

This chapter presents the personal narratives of my UHL participants.

Chapter 6- MY STORY

This chapter discusses my personal journey with UHL, and presents my personal autoethnography. The study of a person's personal story, often leads to a study of that person's life and the way in which he/she experienced the world (Conelly & Clandinin, 1990). In this autoethnography, detailed with pieces of poetry,

reflections, diary records and paintings are shared in order to capture my personal experiences with UHL.

Chapter 7 - DATA ANALYSIS AND FINDINGS

This chapter discusses the data analysis process, with a specific focus on the relevant theories that informed the findings. Specific discussions will also include the use of codes and categories, with which I identified patterns and contrasting evidence from the interviews.

Chapter 8 - CONCLUSIONS AND RECOMMENDATIONS

This chapter concludes by reflecting on this study, as well as, reinforces the further needs for more extensive research in this field. It ends with recommendations regarding how children with UHL can be more effectively accommodated in mainstream settings, and various strategies that professionals can employ, to ensure progress regarding their social and emotional development.

1.16 CONCLUSION

In conclusion, as I embark on this journey to explore the lived experiences of four adults with UHL, this chapter provided an introduction to the literature that is available regarding children with UHL, as well as, also discusses the lack of research that focuses on their social and emotional needs. This chapter also provides an overview of the literature concepts and theoretical frameworks that will be used in this study, and discusses how a phenomenological approach can be applied to this study. Other topics that are discussed in this chapter, refer to the research design, ethical considerations, and how the use of an autoethnographic method is well suited to the aims of this study. Overall, as I moved forward in the exploration of the social and emotional experiences of four adults with UHL, this chapter introduces many issues that can be seen as critical to this study, and which also enables readers to gain a good understanding of the chapters that will follow. The following chapters will discuss the availability of qualitative literature in the field of UHL, and also further explore the theories of Bronfenbrenner, Vygotsky and phenomenology, in order to demonstrate how these theories are used to analyse and interpret the findings.

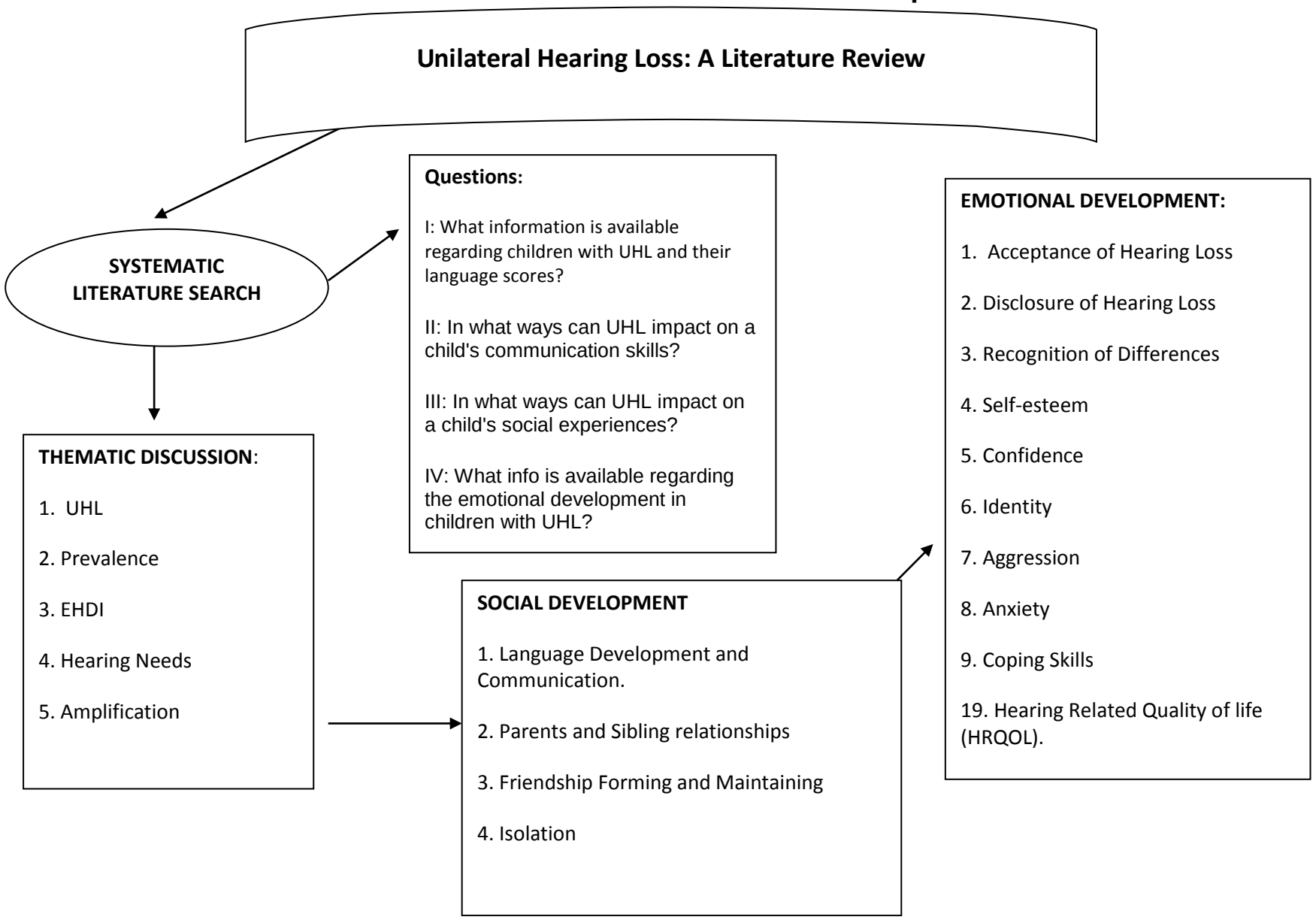
CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

The following chapter presents a literature review of the UHL topic in respect of various social and emotional areas. Due to the scarcity of qualitative evidence in the field of UHL, it became necessary to include literature regarding deaf children and those with other types of hearing loss in the literature review. This literature review consists of two parts. The first part presents a detailed description of a systematic search of three databases, namely, *Scopus*, *Pubmed* and *Ebscohost*, with the aim of establishing literature available in the UHL field. It pays specific attention to articles that presented hearing loss from personal perspectives and focused on qualitative research methods. The second part presents a thematic discussion of core social and emotional areas related to children with UHL, such as language, communication, identity and self-esteem. These categories were informed by those presented during the participants' narratives. In this part, focus is placed on hearing-related challenges and language and communication skills, with a view to understanding the impact on various social and emotional areas. Areas of socialising in groups and a child's overall quality of life will also be discussed. The following conceptual map presents an overview of this chapter.

Table 2.1 Conceptual Map



2.2 SYSTEMATIC SEARCH OF THE LITERATURE

Unilateral hearing loss (UHL) has previously been viewed as having minimal consequences, prone towards identification at later stages, with specialist advice limited to preferential seating for children with UHL (Fitzpatrick, Whittingham & Durieux-Smith, 2014; McKay, 2002) and little information to parents regarding listening in noisy settings or sound localisation challenges (McKay, 2002). This review aims to assess academic literature that has generated knowledge about the social and emotional functioning of children with UHL in an unbiased manner. The three electronic databases were searched using specific terms relating to unilateral hearing loss, social and emotional topics, as formulated in the questions below. The term "unilateral hearing loss" covered all references to studies on mild to severe hearing impairments, with “children” defined as 0-18 years of age. Additionally, the keyword “social” included areas of language, communication, socialising, friendships and group activities, whilst “emotional” considered areas such as self-identity regarding hearing loss, self-esteem, acceptance of hearing loss, aggression, anxiety, theory of mind/false belief, coping skills and quality of life. Although inclusion criteria considered both qualitative and quantitative studies, this systematic search also considered studies internationally and in other languages, provided an English version was provided. Information was categorised according to evidence, methodology and outcomes, and preferences were given to the reported experiences of children with UHL. Articles that focused purely on auditory testing or made comparisons of hearing aids, cochlear implants or adults, including on children with other disabilities, were excluded. However, one needs to bear in mind that this literature search differs from a "systematic literature review" since it focuses on four different searches, and does not subscribe to a PICO (population, intervention, comparison and outcomes) format (Kitchenham, 2004). The reason being that these literature searches are aimed at establishing the type and amount of research that were specifically available in the UHL field.

Overall, this review presents empirical, scientific and social scientific findings about the functioning of children with UHL. Although there is a strong focus on qualitative information in this thesis, other kinds of knowledge such as quantitative studies and questionairres are also considered, in order to present a more comprehensive

picture. Normative and strategic knowledge are also considered, with abstracts of articles examined to establish their relevance to the study, and thereafter whole texts scrutinised. The following tables and discussions present an overview of the articles found during each specific search. The term "hearing aids" is mentioned in the exclusion criteria in order to avoid a large number of results on measuring the effectiveness of amplification devices. More detailed tables of the results, and reasons for including or excluding certain articles, can be found in Appendix B, Tables 9.1 to 9.6.

The following questions were used to help align the objectives of the systematic search with the nature of this study.

a) Social Functioning

Language skills acquisition in children with UHL.

3.1 How does UHL impact on a child' language acquisition?

3.2 How do you measure language skill acquisition?

In what ways can UHL impact on a child's communication skills?

In what ways can UHL impact on a child's social development?

b) Emotional functioning

What information is available regarding the emotional development in children with UHL?

2.2.1 Method

Online databases that were referred to me as reputable and were used with specific search terms. The following table displays the screening process, and reveals the reason for articles being included or excluded.

Search I: What information is available regarding children with UHL and their language scores?

The first search on language was performed, as a child's ability to use their language skills to socialize, learn and communicate plays a critical role in their social and emotional experiences. The reason being that children depend on language for learning and to interact with other children and adults (teachers).. Additionally, a child's ability to use language as a communication tool is linked to healthy levels of independence, confidence, identity and also to their levels of self esteem. Since children with any level or kind of hearing loss (unilateral or bilateral) are prone towards experiencing challenges regarding their development and use of language, it became necessary to include a search for literature regarding children with UHL and language skills. Results from this search, can possibly verify whether and how do children with UHL do experience language and communication challenges, and also how do they influence the development of various social and emotional areas. Additionally, information from this search can possibly contribute to better understandings regarding their social and emotional experiences of the participants with UHL.

Table 2.1: Unilateral hearing loss and Language scores

Database	Search Terms	Exclusion criteria	Results	Relevant	Available to use
Scopus	Unilateral hearing loss AND Language Scores	Hearing aids Cochlear implant Adults	17 Results 9 Relevant 8 Irrelevant	9 2 unavailable	7
Pubmed	Unilateral	Hearing aids	13 Results	9	1

	hearing loss AND Language Scores	Cochlear implant Adults	9 Relevant 4 Irrelevant	8 repeats	
Ebscohost	Unilateral hearing loss AND Language Scores	Hearing aids Cochlear implants Adults	5 Results 5 Relevant	5 1 unavailable 4 repeats	0
TOTAL			35	23	8

From a total of 35 articles, 12 did not make the inclusion criteria and three were unavailable, leaving only 20 remaining. From these, 12 were repeated, one was unavailable, and only seven were found to be relevant. Of the seven, three used OWLS; two used the Oral Composite scales, Oral Expression scales, and the Listening Comprehension scale; one used the WIAT II, CELF, WASI, WISC, the Bender Gestalt, Sentence Repetition and the Reynell Development Language test; and only one study by Vohr Topol, Girard, Pierre, Watson and Tucker; (2012), focused on Language outcomes and service provision of preschool children with congenital hearing loss. This study used the Vineland Adaptive Behaviour test in parent interviews, and confirmed lower scores in areas of communication and socialisation regarding children with UHL (Vohr, et al., 2012). In general, it was difficult to draw a conclusion due to lack of standardisation between the use of tests and the differences between the populations. The results revealed a lack of qualitative data in the UHL field. For a more detailed list regarding the articles that were included and excluded, please refer to Appendix B, Table 9.1. The following question aimed to establish literature that specifically addressed children with UHL and their communication needs.

Search II: In what ways can UHL impact on a child's communication skills?

The inclusion of a search for literature regarding UHL and their communication skills was required present a more thorough understanding of children with UHL and their communication skills. This area is closely connected to a child's language skills, which plays critical roles in a child's social and emotional experiences. Although, this category is not included in the topic and aims, it represents a critical area that needed to be considered, as the exclusion of this section may have resulted in a weaker exploration of the participants experiences.

Table 2.2: Search Results (Unilateral hearing loss and communication skills)

Database	Search Terms	Exclusion criteria	Results	Relevant	Available to use
Scopus	Unilateral hearing loss AND Communication skills	Hearing aids Cochlear implant Adults	13 Results 4 Relevant 9 Irrelevant	4 1 Repeat 1 Unavailable	2
Pubmed	Unilateral hearing loss AND Communication skills	Hearing aids Cochlear implant Adults	13 Results 6 Relevant 7 Irrelevant	6 3 Repeat	3
Ebscohost	Unilateral hearing loss AND Communication skills	Hearing aids Cochlear implant	3 Results 3 Relevant	3 2 Repeats 1 Unavailable	0

		Adults			
Total			29	13	5

Overall, from the 29 articles, 16 were excluded as they did not make the inclusion criteria. From the remaining 13, six were repeated results from the previous search, and two were unavailable. From the remaining five articles, the first one by Kishon-Rabin, Kuint, Hildesheim and Ari-Even Roth (2015**,** *Delay in auditory behaviour and preverbal vocalization in infants with unilateral hearing loss*) investigated the preverbal vocal skills of infants with UHL and compared to those infants with typical hearing abilities. They confirmed that babies with UHL can experience preverbal vocal delays, and this can result in negatively influencing their language skills in their first years.

The second article by Fitzpatrick, Durieux-Smith, Gaboury, Coyle and Whittingham (2015, *Communication Development in Early-Identified Children With Mild Bilateral and Unilateral Hearing Loss*), assessed children with UHL on a variety of quantitative scales and confirmed that a hearing loss can impact negatively on a child's communication abilities. Additionally, they reinforced the value of early identification and amplification.

The third article, by Lieu (2004, *Speech-language and educational consequences of unilateral hearing loss in children*), assessed the impact of UHL on a child's speech and language abilities with the *EDLINE* database between 1966 and 2003, and concluded that school-going children with UHL will experience academic and behavioural issues, reinforcing the need for extra assistance and interventions. The fourth article, by Fellinger, Holtzinger, Beitel, Laucht and Goldberg (2009*,The impact of language skills on mental health in teenagers with hearing impairments*) used a series of linguistic assessments to establish a link between a hearing loss and levels of mental distress, concluding that children with hearing loss experience more social challenges regarding forming and maintaining friendships.

Finally, an article by Peckham and Sheridan (1976), based on a follow-up at 11 years of 46 children, who were identified at seven years with a severe unilateral hearing loss. This study was published in 1976 and found to be outdated.

From the minimal results regarding children with UHL and their communication needs, especially with the absence of qualitative data, a conclusion was reached that the communication needs of children with UHL require further research attention. For a more detailed list regarding the articles that were included and excluded, refer to table 9.2 in Appendix B.

Search III: In what ways can UHL impact on a child's social development?

Table 2.3: Results of Unilateral hearing loss and Social

Database	Search Terms	Exclusion criteria	Results	Relevant	Available to use
Scopus	Unilateral hearing loss AND Social	Hearing aids Cochlear implant Adults	38 Results 11 Relevant 27 Irrelevant	11 3 repeats 3 unavailable 1 outdated	4
Pubmed	Unilateral hearing loss AND Social	Hearing aids Cochlear implant Adults	34 Results 7 Relevant 27 Irrelevant	7 5 repeats 2 unavailable	0
Ebscohost	Unilateral hearing loss	Hearing aids Cochlear	15 Results 6 Relevant	6 3 repeats	2

	AND Social	implant Adults	9 Irrelevant	1 unavailable	
Total			87	24	6

Overall, from a total of 87 articles, 63 were found not to meet the inclusion criteria. From the remaining 24, 11 were repeated articles, six were unavailable and one was outdated. From the six remaining articles, the one by Roland, Fischer, Tran, Rachakonda, Kallogjeri and Lieu (2016, *Quality of Life in Children with Hearing Impairment: systematic search and Meta-analysis*) presented a systematic search regarding children with hearing impairments and concluded that such children experienced decrease levels regarding their quality of life. The article by Bess and Tharpe (1999, *Minimal, progressive, and fluctuating hearing losses in children. Characteristics, identification, and management*) involved a chapter from the book *Minimal, Progressive, And Fluctuating Hearing Losses in Children*, and was found to be of minimal use.

The article by Cetin, Uguz, Erdem and Yildririm (2010, *Relationship between quality of life, anxiety and depression in unilateral hearing loss*) evaluated the quality of life in patients with UHL, and reinforced the findings that those with hearing loss experience lower levels regarding their quality of life. The article by Mckay (2006, *Management of young children with unilateral hearing loss*) also provided an overview of what UHL is, and thus proved to be of minimal use. The second last article, by Oyler and McKay (*Unilateral Hearing Loss in Children)*, provided an overview regarding intervention and amplification options for children with UHL.

The last article by Borton, (et al., 2010) focused on the quality of life experiences of children with UHL. From this specific search, only Borton (et al., 2010) used focus group interviews to provide qualitative information from the personal perspectives of children with UHL. Additionally, they used the generic paediatric hearing related quality of life (HRQOL) survey, to establish how children with UHL rated the quality of their experiences (Borton, et al., 2010). In general, these results revealed a clear

lack of research into UHL and social skills, particularly in qualitative research. For a more detailed list regarding the articles that were included and excluded, refer to Table 9.3 in Appendix B.

Emotional Functioning

Search IV: What info is available regarding the emotional development in children with UHL?

Table 2.4: Results of Unilateral hearing loss and emotions

Database	Search Terms	Exclusion criteria	Results	Relevant	
Scopus	Unilateral hearing loss AND emotions	Hearing aids Cochlear implant Adults	8 results 4 Relevant 4 Irrelevant	4 3 Unavailable	1
Pubmed	Unilateral hearing loss AND emotions	Hearing aids Cochlear implant Adults	2	0	0
Ebscohost	Unilateral hearing loss AND emotions	Hearing aids Cochlear implant Adults	1	0	0

Total			11	4	1

Overall, from the 11 results, seven did not make the inclusion criteria, and from the remaining four, three were unavailable with only the last remaining article, by Tharpe, Sladen, Dodd-Murphy and Boney (2009, *Minimal hearing loss in children: Minimal but not inconsequential*) usable in the literature review. This summary of research regarding children with UHL and mild bilateral hearing loss, discussed hearing aids and audiological management, with educational and psychosocial considerations. For a more detailed list regarding the articles that were included and excluded, refer to Table 9.4 in Appendix B.

Overall, this systematic search revealed a clear gap with research regarding the real life experiences of children with UHL. More specifically, there was also a minimal amount of research regarding the social and emotional experiences of children with UHL especially from qualitative and personal perspectives. Additionally, there was a need for standardised testing procedures to evaluate children with UHL, their language abilities and the influences on their perceived quality of life. However, this systematic search included an additional piece. Additional grey searches resulted in a few articles, and these results can be viewed in table 9.5 in Appendix B. I applied and evaluated these articles with the same literature review criteria, and the results of this evaluation can be seen in Table 9.6 in Appendix B. These additional processes were carried out to enhance the literature review process and to support current findings.

2.3 CONCLUSION

In this systematic literature search, the *Scopus, Pubmed* and *Ebscohost* databases were searched with specific terms and exclusion criteria. The four searches which target UHL and language scores, communication skills, social skills and emotions, resulted in a total of 161 articles. From this total, only 63 were relevant, and after sifting through unavailable, outdated and repeated articles, only 19 could actually be used in the thematic discussion session. In order to expand on this number I applied

the same criteria to articles from my existing list of literature reference, and arrived at a further 17 articles. Collectively, all these are used in the thematic discussion section to inform discussions regarding the social and emotional functioning of children with UHL. In general, it was established that minimal qualitative information from the personal perspectives of children with UHL exists, and that future research needs to address that gap.

During the literature review process, additional articles were found during various *grey* searches, and these results were evaluated in the same manner as the previous *Scopus, Pubmed* and *Ebscohost* searches. I applied these results to the same inclusion and exclusion criteria (see Appendix B, Table 9.5). Since I had been collecting literature in the field of UHL prior to this degree I had a database of articles that were deemed relevant to the thematic discussion section. These have been used to inform the following discussions, and can be viewed in Appendix B, Table 9.6.

However, towards the end of my PhD period, I found a few articles via grey searches (Google scholar) that spoke directly to the social and emotional experiences of children with UHL. Articles namely, the "Academic and Social Experiences of School Aged Cypriotic children with Unilateral Hearing Loss" by Hadjikakou and Stavrou (2016), and "Quality of life measure for adolescents and children with hearing loss" by Streufert (2008) were amongst these results. Although there are a few similarities between these articles and my study, such as that they both focused on social, academic experiences and challenges, and also included direct statements from the participants, the differences lie in the data collection methods and participants. The study by Hadjikakou and Stavrou (2016) used semi-structured interviews to investigative themes of social and academic challenges in 18 children with UHL in secondary schools and Streufert (2008) used focus groups and questionnaires to establish the ‘Hearing Related Quality of Life’ (HRQOL) experiences in children and adolescents. More specifically, Hajikakou and Stavrou (2016) used a pre-set number of questions for participants to answer about their interactions with their teachers, friends, hearing loss disclosure and preferred communication settings. On the other hand, Streufert (2008) conducted open-ended interviews with two groups, children

aged 7-12, and adolescents from 12-17, and followed this with an HRQOL questionnaire. Streufert's (2008) study is similar to mine since we both used open ended interviews, and also identified common themes of communication, friendships, people's attitudes to a hearing loss and challenging environmental situations. However, Streufert (2008) focused on the HRQOL experiences of a larger group of children and adolescents with UHL and used focus groups and questionnaires as data collection tools.

Another finding was a Master's thesis by Harris (2014), which focused on the social-emotional development of children with a hearing loss. Although this study included children with UHL and sought to establish links between a child's language and their social and emotional development, it approached the topic from a quantitative perspective. This study utilised assessment procedures of Penn Interactive Play Scale, the Social Competence and Behavior Evaluation, and the Behavior Assessment for children, and concluded that even though children with a hearing loss are able to access hearing aids, mainstream schools and early interventions, social and emotional challenges still occur.

Converse to these findings, my study concentrated on the life stories of only three people with UHL, and included my own personal autoethnographic of living with UHL. In my study participants were interviewed on an individual basis, which allowed them to speak openly, and were presented with only one open ended question. This method allowed them to control and present their life stories in any way they pleased. Most importantly, the study by Hadjikakou and Stavrou (2016) was based in Cyprus, where some children with UHL were afforded opportunities for support and individual attention. Conversely, my study was based in the South African multicultural context that included a wide heterogeneity of races, cultures and communities. Hence, this study provides stories of personal accounts of real lived experiences of three people with UHL in the South African context.

2.4 THEMATIC DISCUSSION

In the following section, a brief overview is given of the definition of UHL, the

relevance and importance of early identification of children with UHL as well as various amplification options. Thereafter, a detailed discussion of the development of language, social skills and the emotional development of children with UHL will be presented. In order to adequately explore how a child develops socially and emotionally, an exploration of various stages of Erikson's psychosocial model will be included. The sections of a child's social and emotional competence, the development of their identities, trust, and personality will also be included, as these may provide an understanding of how children develop socially and emotionally, and how children with UHL can differ from these standards. Moreover, these categories will be used to inform the data analysis process, in order to help readers understand the experiences of how these four adults with UHL developed socially and emotionally. Finally, this chapter will conclude with a discussion of research regarding the quality of life as experienced by children with UHL, and draw attention to needs for coping skills. According to Oyler, Oyler and Matkin (1987, p. 18)

> *"Historically, the involvement of hearing health professionals in the management of children with unilateral hearing loss has been limited. The conventional approach was to identify the cause of the hearing loss and to assure the parents that there would be no handicap. "*

This statement captures a common attitude that is displayed by many professionals towards children with UHL. This literature review challenges this view, with an argument that as a result of a hearing loss many children with UHL are predisposed towards experiencing setbacks regarding their language and communication skills. These setbacks further influence their functioning in areas of social skills and emotional development, and can largely impact on quality of life. In order to fully understand the development of these areas it is necessary to provide a definition of UHL.

2.5 UNILATERAL HEARING LOSS (UHL)

Unilateral hearing loss (UHL) is defined as a category under minimal hearing loss,

which falls within the audiogram just below typical hearing, and can be defined as mild, moderate, severe and then profound (Tharpe, 2008). Similarly, the American Speech and Language Association (2016) also define UHL as normal hearing in one ear, but a hearing loss that ranges from mild to profound in the other. Most definitions of UHL include a minimal hearing loss, and even include progressive hearing loss in one ear only. Although, researchers began as early as in the 1980s to argue that a 'minimal' hearing loss is not 'inconsequential' (Bess & Tharpe, 1986), this field still requires more attention.

In 1986, Bess and Tharpe (1986) demonstrated that children with minimal hearing losses performed poorly in various academic and social environments, such as the 'listening in noise' task (Bess & Tharpe, 1986; Tharpe, Sladen, Dodd-Murphy, & Boney, 2009). Nevertheless, despite calls for the recognition of a minimal hearing loss, researchers have yet to attend to the UHL field. Evidence of the preference to attend to fields of complete deafness and hard of hearing can be seen in the availability of statistical information.

2.6 PREVALENCE OF UHL

Most statistical information concentrates on people who are either deaf or hard of hearing but neglects to record statistics of those with minimal hearing losses**.** According to the World Health Organization (WHO, 2012), various types of hearing loss can be attributed for around 5 % of the world's population. In 2008, the World Health Organization (2012) estimated that the number of people with a hearing loss of >40 dB globally, increased from 120 million in 1995, to around 278 million, making it one of the most prevalent conditions in the world. UNICEF also reported that as many as 718,000 babies were born globally with or likely to acquire a bilateral hearing loss (>dB), translating to almost 2,000 daily (Swanepoel, Storbeck & Friedland, 2009). However other reports suggest that this number is actually 798,000, and that almost 90% of babies born with a hearing loss live in low and middle income countries (Olusanya & Newton, 2007; Swanepoel & Storbeck, 2008; Swanepoel, et al., 2009). Overall, most international statistics emphasise high

numbers of people living with some kind of a hearing loss, and these are known to increase when including the UHL population (WHO, 2012).

UHL falls into a wider field of deafness, and unlike certain other physical disabilities, deafness or any level of hearing loss can be perceived as an invisible disability, the prevalence of which is difficult to determine. Difficulties diagnosing this hearing loss are often routed to a lack of screening facilities that identifies this type of hearing loss, as well as a tendency amongst professionals to overlook it (Lieu, 2013; Kuppler, et al., 2013; Ross, Holstum, Gaffney, Green, Oyler & Gravel, 2008; Fortnum, Davis, Summerfield, Marshall, Davis, Bamford & Hind, 2001). Additionally, a delayed-onset of congenital hearing loss, often leads to an increasing number of children only being diagnosed with UHL at school (Lieu, 2013; Kuppler, et al., 2013; Ross, et al., 2008; Fortnum, et al., 2001). The prevalence increases when considering those children who acquire a hearing loss from other causes, such as infections, trauma or various medications (Lieu, 2013; Kuppler, et al., 2013; Ross, et al., 2008; Fortnum, et al., 2001). Overall, the prevalence of UHL is difficult to determine in low income countries, such as South Africa.

According to reports, statistics from the American Community Survey in 2012 (in Walter & Dirmyer, 2012) focused on hearing loss in the USA between the years 2008-2010, and established that 0.6% of children under the age of 17 were either deaf or hard of hearing. In addition, 3.5% of the total population also experienced some form of hearing loss, 1-3 per thousand children had been born with a mild or profound hearing impairment, and one in a thousand newborn babies had been identified with UHL. In the United Kingdom (UK) it was reported that almost 10 million adults and 45,000 children experience some level of hearing loss, and that 1 in 6 people experience negative impacts associated with it (Hill, Holton & Regan, 2015).

In developing countries, such as South Africa or Nigeria, It is estimated that almost 90% of the 718,000 babies born annually will not have their hearing screened (Olusanya & Newton, 2007). Many researchers concur that children in developing countries are more likely to experience a hearing impairment than those in higher income countries, and one of the reasons can be poor screening facilities (Stevens,

Flaxman, Brunskill, Mascarehas, Mathers & Finucane, 2013; Fellinger, Holzinger & Pollard, 2012). Of the few studies on hearing screening facilities in South Africa by Theunissen and Swanepoel (2008) used 86 questionnaires to establish screening facilities and equipment in 86 local hospitals. However, the mere 44 responses from the 86 questionnaires indicated that only 27% of hospitals conducted some level of newborn hearing screening, and fewer than 2% practiced universal newborn hearing screening (UNHS). Only 27% of South African hospitals offered some level of screening, and from the participating hospitals only 34% (15 of the 44) had at least one piece of screening equipment. Most hospitals lacked necessary screening equipment and experienced a shortage of adequately trained staff, namely audiologists and ear, nose and throat (ENT) specialists (Theunissen & Swanepoel, 2008; Fagan & Jacobs, 2009). Overall, these shortages impact on the amount of children who are diagnosed with UHL and also further influence statistics regarding later referrals.

Considering the shortage of effective screening in South Africa's public hospitals, and since most statistics focused on deaf children, it was difficult to establish a confirmed prevalence of children with UHL. However, a few studies have focused on the treatment of certain numbers of children, and brought forward statistical information regarding UHL. One such, by Friderichs, Swanepoel and Hall III (2012), evaluated the effectiveness of universal newborn screening programmes at eight clinics in the Cape metropolitan area, screened 2,018 babies and arrived at the conclusion that 16%, that is 323, fell into the category of UHL (Friderichs, et al., 2012)

The Statistics South Africa (Statssa) Census 2011 established that 3.6% of South Africans had a hearing disability, of whom 2.7% had a mild hearing loss, and 0.7% a severe form of hearing loss. Another study reviewed patient files at a paediatric auditory evoked potential clinic in Pretoria, between January 2007 and December 2011, and found hearing loss in 73% of the examined files (Swanepoel, Johl & Pienaar, 2013, p. 2). This included 76% permanent hearing losses, of whom 8% had UHL and 75% of the 8% had only detected their hearing loss after three years of age. Three out of every four children assessed by this clinic presented with some

level of hearing loss, of whom 69% were bilateral and 7% UHL (sensorineural hearing loss, auditory neuropathy sensori disorder or mixed). A more updated report, by Storbeck and Young (2016), indicated that of 532 cases being treated at the Hi Hopes centre between 2006 and 2011, 514 had bilateral hearing loss, 13 unilateral hearing loss, and 5 were uncertain cases. Additionally, 102 were offered services for newborn hearing screen and accepted. This procedure resulted in identifying 29 children as deaf, of whom 3 had a UHL. One UHL child was also identified between four to six months of age and only 40% after 24 months, of whom four out of the 13 had UHL. Overall, Storbeck and Young (2016) recommended more effective screening programmes. Similarly, Mahomed-Asmail, Swanepoel and Eikelboom (2016) called for more effective follow-up programmes to ensure that hearing impairments would be diagnosed and followed-up. The current situation in South Africa involves a lack of screening facilities, a low number of follow-up procedures, and a limited amount of statistical information regarding children with UHL. Hence, as a result of these few services, there is a limited amount of statistical information, which makes it difficult to establish a confirmed, national prevalence of UHL.

2.7 DIFFERENCES BETWEEN A PRE-LINGUAL AND POST-LINGUAL HEARING LOSS

According to Gleason and Ratner (2009), pre-lingual deafness refers to when a child loses their hearing before learning to speak. This usually occurs around their first years. This period is known as the 'optimal period' for language development, and audiologist believe that assist at this stage can result in positive effects on a child's communication skills (Paul & Whitelaw, 2011, p. 7). Regarding UHL, a child who loses hearing in their one ear before acquiring their language skills, also falls into this category of pre-lingual deafness. On the other hand, if a child loses their hearing after acquiring language skills, this is referred to post-lingual deafness, and can also apply to children with UHL (Gleason & Ratner, 2009). In this respect, audiologists believe that it is critical for children to have their hearing loss identified as early as possible, as this can impact on their overall development. This will be discussed in the following section.

In order to test a child's hearing abilities, audiologists use certain tests and procedures, such as Pure-Tone Testing to establish their pure tone average (PTA) score, which evaluates a person's ability to hear soft sounds. Other tests are speech discrimination testing, which focuses on a person's ability to hear speech in background noises, the Auditory Brainstem Response (ABR) tests, or Otoacoustic Emmissions (OAEs) which tests the functioning of the middle ear. Information from these tests is mapped on audiograms to display a person's hearing abilities (Paul & Whitelaw, 2011). This test uses a graphical format with two main components, namely the frequencies that are measured in hertz, and the intensity of the sounds heard (Paul & Whitelaw, 2011, p. 4; Waldman & Roush, 2010, p. 16). It is important for parents to gain an understanding of audiograms and the various levels and types of hearing loss as this information can help provide amplification and intervention options. The following audiogram depicts a sensorineural UHL, with the difference in hearing abilities visible.

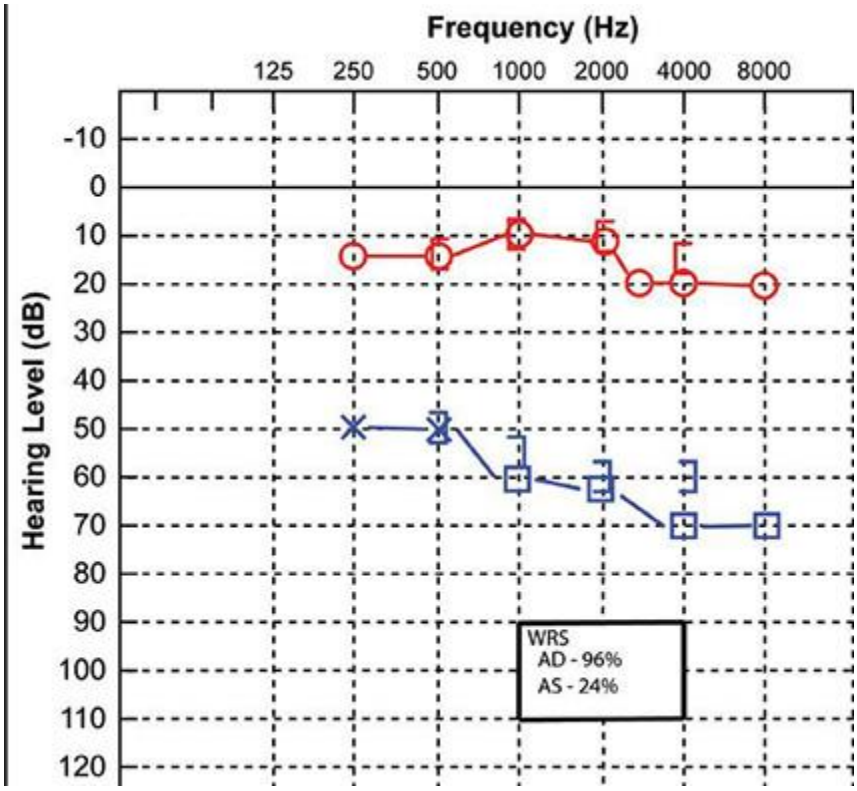


Figure 2.6: An audiogram showing a unilateral hearing loss

(Taken from Marovich, McCall & Fowler, 2014)

This audiogram shows the various hearing abilities of a person with UHL. The right ear, represented by the O in the top line indicates that a person will have complete hearing abilities with this ear, as well as being able to listen to high-pitched f and s sounds. Conversely, the left ear, represented by the X, has hearing abilities that fall into the moderate hearing loss category of 40 - 70 decibels. A unilateral hearing loss can range from minimal to profound in one ear only, and be caused by a range of multiple factors such as birth defects, nerve damage, noise or even head injury. Overall, a range of factors such as type, level and the period in which a child's hearing loss is detected play pivotal roles in a child's development, and also influence intervention and amplification options.

2.8 EARLY HEARING DETECTION AND INTERVENTION (EHDI)

Early hearing detection and intervention (EHDI) refers to a practice whereby newborn babies' hearing abilities are screened as early as possible. Even though this is a common practice in high income countries, many low income countries experience challenges in this area. This section will provide an overview of the benefits of EHDI, as well as discussion of the current South African situation. A particular focus will be placed on South Africa's current challenges in implementing the EHDI programme.

The age at which a child's hearing loss occurs plays a pivotal role in the development of his or her language, social and emotional skills. Children with UHL are not an exception to this rule, and studies by Yoshinaga-Itano, Marschark, Storbeck and Fitzpatrick are amongst a few that addresses the value of having a hearing loss identified as early as possible (Storbeck & Young, 2016, Yoshinaga-Itano, Sedey, Coulter & Mehl, 1998). Others, such as those by Marschark, Spencer and Yoshinaga-Itano reinforce the need for early identification and argue that the social, communication and emotional barriers can be reduced if a child's hearing is identified in the early stages (Marschark & Spencer in Marschark & Spencer, 2010, p. 2-3; Yoshinaga-Itano, 2004; Hyde, 2005). Although the definition of early stages varies between countries, Yoshinaga-Itano (et al., 1998) found that the identification

of a hearing loss before six months of age allows infants with correct support to develop language and cognitive skills on par with those of children with typical hearing. Additionally, these children also demonstrated higher levels of social-emotional skills and functioning (Yoshinaga-Itano, et al., 1998; Yoshinaga-Itano, 2014).

More recent findings, by Pimperton, Kreppner, Mahon, Peacock, Stevenson and Kennedy (2016), support those that children whose hearing loss has been identified at early stages rate higher in language skills. On the other hand, those identified after six months demonstrated below average language skills and experienced significant delays in social, emotional and cognitive processing (Yoshinaga-Itano, et al., 1998; Olusanya & Newton, 2007; Yoshinaga-Itano & Thomson, 2008; Olusanya, 2008). Although the need for early identification programmes is recognised internationally, and most research points to its benefits, many countries have yet to implement effective screening programmes that identify all types of hearing loss as early as possible.

The Health Professional Council of South Africa (HPCSA) is responsible for the regulation of guidelines and practices regarding the early detection and intervention of a hearing loss, and advocates the early identification, diagnosis and treatment of newborns' hearing loss as early as possible (HPCSA, online. This organisation also embraces policies of the Joint Committee for Infant Hearing (JCIH) and the American Academy of Paediatrics' (AAP). However, controversy has arisen over claims that South African guidelines have been influenced by these policies and that they may not be relevant to the Republic's cultural context, with which screening and intervention policies should be implemented (HPCSA, online). Nor, it can be argued, can policies developed in America be fully implemented in South Africa due to differences in economy and infrastructure.

EHDI programmes also play critical roles in the establishing of a country's hearing loss statistics, and considering that America, as a high income country, has a functioning and effective EHDI programme, South Africa cannot be placed on the same level. In America, reports suggest that almost 97.9% of the total occurring births are screened for a hearing loss, and 96.1% of babies are screened before one

month of age (Summary of 2014 National CDC EHDI Data, 2016, online). In contrast to these figures, fewer than 10% of the one million babies in South Africa will have their hearing screened (Swanepoel, et al., 2009; Statistics South Africa, 2011), and hence the criticism that policies from America cannot be applied to the South African context, needs to be recognised.

In respect of international hearing loss statistics, it has been voiced that many other developing countries lag behind these statistics (Swanepoel, Delport, & Swart, 2007). Statistics reveal that around 120 million babies are born annually in developing countries, of whom 718,000 are reported as having a bilateral hearing loss, which leads to an estimated prevalence that only six babies out of a thousand babies are recognised as having some level of hearing loss (UNICEF, 2006). In South African private hospitals it is estimated that only three out of every thousand newborns are identified with a hearing loss (Swanepoel, et al., 2007), however, only 7.5% of public hospitals had screening facilities, with fewer than 1% being provided with universal screening (Theunissen & Swanepoel, 2008). These statistics point to a short supply of EHDI services in South Africa, and other statistics confirm that.

Although UHL is defined and considered in EHDI policies, the HPCSA states that only when screening facilities are functioning at effective levels regarding bilateral hearing losses can they be altered to include children with UHL (HPCSA, online). Additionally, considering that South Africa has a restricted amount of resources, children with a bilateral hearing loss often receive more attention over the needs of children with UHL. In other words, although the HSPCA policies discuss the treatment of both bilateral and unilateral hearing loss, they emphasize that the identification of bilateral hearing loss more strongly than a UHL.

An additional area of concentration is that, although babies may pass initial screening tests, policies need to be altered to recognise that many children are susceptible to late onset or a progressive hearing loss (Brookhouser, Worthington, & Kelly, 1994). In other words, this implies that children can develop unilateral or bilateral hearing losses, later in childhood, and these also need to be identified as early as possible. Additionally, the JCIH in the HPCSA policies states that children with UHL need to be considered at risk for bilateral hearing loss. Brookhouser (et al.,

1994) and Murphy and Radford (2006) provide evidence to indicate that children with UHL are susceptible to late-onset and progressive hearing loss in the other ear, which then places them into the category of bilateral hearing loss. Both these areas are significant areas of concern, and need to be recognised by EHDI policies.

Overall, the HPCSA policies need to be altered to recognise that children UHL require additional attention in terms of EHDI programmes and support services, and that children with UHL, also need to be viewed as at-risk for developing a bilateral hearing loss. Additionally, EHDI services in South Africa need particular attention since many hospitals are underequipped and understaffed (Theunissen & Swanepoel, 2008), or have poor follow-up rates (Swanepoel, Hugo, & Louw, 2006). These poor follow-up rates impact negatively on the statistics of children with UHL in South Africa, and this lack of legislation and formal policy, inadequate use of technology, and a dire need for systematic integration all prevent data management systems from operating optimally (Theunissen & Swanepoel, 2008). In conclusion, although EHDI of a hearing loss has been strongly recommended by most countries, South Africa is still experiencing significant challenges in this area, which need to be addressed.

2.9 HEARING NEEDS

As a result of hearing loss, children with UHL are predisposed towards experiencing certain specific hearing challenges, such as listening in noisy situations, localising sound and the head shadow effect. Additionally, as a result of constantly exerting themselves to listen to auditory information, many tend to experience high levels of fatigue, whilst collectively the challenges impact negatively on quality of life. In the next section, the hearing needs of children with UHL will be discussed with a view to supporting the argument that they require specific support interventions that are tailored towards meeting their unique hearing needs.

2.9.1 Listening in noisy situations

One of the most common challenges that children with UHL experience, is to listen, interact and understand speech in noisy environments. Background noise negatively impacts on a person's ability to recognise and recall spoken words (Kjelberg Ljung, & Hallman, 2008; Reeder Cadieux & Firszt, 2015), as tasks become more difficult when children try to participate and listen simultaneously (Bess, 1985; Crandell & Smaldino, 2000; Smaldino & Crandell, 2000; Klatte, Lachmann, & Meis, 2010; Klatte, Meis, Sukowski, & Schick, 2007; Ljung & Kjellberg, 2009; Kjellberg, et al., 2008). Playgrounds and social events are potentially noisy environments, with classrooms specifically dominated by activities of listening, comprehension and oral activities that relate to academic success through ability to listen and work with peers.

There is a significant amount of conflicting research regarding hearing abilities and performance of children with UHL in noisy environments. Although most confirm that children with UHL experience significant challenges in noisy situations, opposing viewpoints argue that they perform as well as their friends with typical hearing in such situations (Griffin, 2015). Reeder (et al., 2015) found that when listening in noisy situations they perform more poorly, even if information is presented by the teacher while facing them (Reeder, et al., 2015). Other studies evaluated abilities to decipher speech amidst noise (signal to noise ratio), and concluded that children with UHL need at least 2-9 dB better signal to noise ratios in order to help them to hear effectively (Ruscetta, Arjmand, & Pratt, 2005). Although there are minimal qualitative studies regarding this subject, one particular study by Hadjikakou and Stavrou (2016), confirmed that all eighteen of their participants with UHL, experienced noisy environments negatively. Some commented that in noisy situations, they "would try to pull out somewhere quiet", "I would go somewhere else", or "I would try to make friends, to draw back and talk to them" (Hadjikakou & Stavrou, 2016, p. 36). Other statements in Borton (et al., 2010, p. 7) included that when he was in noisy environments, he "needed to concentrate really hard to listen". All of these statements reveal that when in noisy situations, many children with UHL experience significant difficulties, which renders many unable to cope, leaving them to withdraw.

2.9.2 Sound localisation

Sound localisation is listed as one of the major concerns by audiologists, as various social and learning activities leave many children with UHL unable to identify where various sounds originate (Rothpletz, Wightman, & Kistler, 2012; McKay, 2006). Since all auditory information is targeted to one ear it can hamper a child's performances in various social and academic domains. Challenges such as understanding speech in noise or from a distance also fall into this category (McKay, 2006).

Other researchers, such as Chiari, de Goulart, Nishihata, Vieira and Caporali (2012), Firszt, Reeder, Dwyer, Burton and Holden (2015), also concurred that children with UHL can experience social setbacks as a result of poor sound localizing skills. However, Rothpletz (et al., 2012) point out that not all children with UHL are equally vulnerable to sound localising setbacks, and that some can even localise sounds just as well or better than those with typical hearing. They reasoned that a child's performance regarding their sound localising abilities depends greatly on background noise and surrounding environments. Overall, sound localising refers to a skill which many children with typical hearing develop naturally, but with which many with UHL experience challenges.

2.9.3 Head shadow effect

The ‘head shadow effect’ (Weaver 2015) occurs when sounds are directed to a person's deaf ear, and he or she needs to turn or change position in order to allow for them to be absorbed by the hearing ear. Additionally, it is explained that sound will reach the closer ear quicker and be "higher in amplitude" (Weaver 2015, p. 20). People with typical hearing are able to detect the differences in a sound’s timing and volume due to their abilities to hear and evaluate sounds from both ears (Watson, Gregory & Powers, 2013; Rothpletz, et al., 2012). Unfortunately, children with UHL experience restrictions in this regard, and since they are unable to repress noise in one ear many tend to over-concentration on verbal information (Watson, et al., 2013). As a result of over-concentrating, many children with UHL are predisposed to experiencing high levels of fatigue from listening to conversations taking place on the wrong (deaf) side of the head.

2.9.4 Attention and fatigue

Previous research has concentrated on topics such as deafness and language skills, and in the process overlooked topics such as fatigue associated with hearing loss. More recently, professionals have come to acknowledge that many children with hearing loss expend more energy and time listening, and as a result experience high levels of fatigue, stress and anxiety (Edwards, 2007; Zekveld, Kramer, & Festen, 2010; Kramer, Kapteyn, & Houtgast, 2006; Bess, et al., 1998). Research by Hornsby (2013), Bess, (et al., 1998), Hicks and Tharpe (2002), Nachtegaal, Smit, Smits, Bezemer, van Beek, Festen and Kramer (2009), and Ringdahl and Grimby (2000) support the hypothesis that children with UHL experience various speech and listening difficulties, especially in poor acoustic conditions, consequently leading to elevated levels of fatigue (Hornsby, 2013; Bess & Hornsby, 2014).

Since many children with hearing loss expend more attention and effort on listening activities they take longer to interpret and respond to auditory information, rendering them susceptible to high levels of stress, anxiety and fatigue (Bess, et al. 1998; Yoshinaga-Itano, et al., 1998; Hicks & Tharpe, 2002; Hornsby, 2013). Conversely, opposing arguments state that children's fatigue levels can be misinterpreted, and that children can simply be inattentive, bored, tired, or lacking in motivation and interest, and these characteristics can be misunderstood as high levels of fatigue (Hicks & Tharpe, 2002; Caldwell, Mu, Smith, Mishory, Caldwell, Peters, Brown & George, 2005).

One particular qualitative study by Streufert (2008), included a child's personal views of his experiences with communication-related fatigue. He expressed during an interview that he sometimes has “to work extra hard to hear what’s going on” (Streufert, 2008, p. 33). This direct personal statement can be used to reinforce claims that children with UHL are more susceptible to high levels of fatigue, and require assistance regarding this issue. Bess and Hornsby (2014) suggest that in order to help children in this area, teachers need to be more alert for children presenting characteristics associated with fatigue, as well as, be knowledgeable of ways to help children manage these levels. Moreover, they stress that schools need to invest sufficient attention to this area (Bess & Hornsby, 2014).

Although there is an increasing interest in the fatigue levels associated with hearing loss, Bess and Hornsby (2014) report that fatigue scales that specifically focus on this population have yet to be developed (Hinds, Hockenberry, Tong, Rai, Gattuso, McCarthy, Pui & Srivastava, 2007). Although fatigue scales have been developed for both children and adult chronic health conditions, none exist for the hearing impaired population (Bess & Hornsby, 2014). Moreover, further research is also needed for ensuring that people actually do suffer from high fatigue levels (Hinds, et al., 2007). Overall, there is no consensus regarding fatigue or the performance of children with hearing loss, even though the dominant opinion states that as a result of a hearing loss children need to expend more time, effort and energy on listening tasks. Although some research, confirms that the use of hearing aids, helps reduce fatigue in children with a hearing loss, this field still remains a contentious area, because there is a great tendency to overlook symptoms and characteristics of UHL (Hornsby, 2013).

2.10 AMPLIFICATION OPTIONS FOR CHILDREN WITH UHL

One of the benefits associated with the early identification of a hearing loss, is that the sooner a child is identified with one the sooner he or she can be provided with amplification options. Debates over hearing aid options for children with UHL tend to dominate discussions of amplification options. However, these debates divert attention from the far more important issue of whether children with UHL actually benefit from the devices. With research having failed to establish which amplification device is most beneficial for children with UHL. In the following section I discuss the two types of hearing aids that professionals deem suitable for children with UHL, as well as the possibilities of children with UHL receiving cochlear implants.

a) Hearing aids for children with UHL

The topic of hearing aids for children with UHL represents a conflicting field, since researchers disagree greatly regarding the positive associated benefits. The two hearings aids available for children with UHL are the ‘bone anchored hearing aid’ (BAHA), a surgical implant in the temporal lobe that picks up sounds and transfers them to a working cochlear, and the contra lateral routing of signal hearing aid

(CROS) that involves a microphone which picks up sounds and sends them to a receiver on the better hearing ear (McKay, Gravel & Tharpe, 2008). Researchers differ on the use of these two hearing aids, with some suggesting that children using the CROS experience better sound localising abilities, and others that the use of BAHA has a more positive impact on the head shadow effect (Valente, Valente & Mispagel, 2006).

Other arguments posit that children with UHL experience improved speech discrimination in noisy environments through the use of the BAHA hearing aid (Wazen, Ghossaini, Spitzer, & Kuller, 2005). Some studies also reported that children with UHL experience improved social functioning and a better quality of life (Banga, Doshi, Child, Pendleton, Reid & McDermott, 2013), whereas others found that the use of hearing aids assisted children in noisy environments, supported them in the development of language skills and helped in social, talking and listening activities (D'Alessandro, Sennaroglu, Yucel, Belgin, & Mancini, 2015; Myrthe, Bosman, Snik, Mylanus, & Cremers, 2005).

As a result of differing opinions not all professionals encourage the use of a hearing aid for children with a hearing loss. Some argue that the benefits are restricted to quiet and controlled environments (Hällgren, Larsby, Lyxell, & Arlinger, 2005; Sarampalis, Kalluri, Edwards, & Hafter, 2009; Picou, Ricketts, & Hornsby, 2013), and others are supported by reports of poor results from traditional hearing aids. It was also argued that the amplification of unwanted background noises ironically served to exacerbate listening tasks (Healy, Yoho, Wang & Wang, 2013). Moreover, a major concern regarding the use of a hearing aid is the question of whether the child with UHL actually wishes to use it (Borton, et al., 2010). It was discovered that some children with UHL experience needs to fit in with the majority of their hearing peers, and regardless of whether a hearing aid benefits them or not, some may choose not to use the device (Borton, et al., 2010). Reasons for non-use of hearing aids can possibly be to social pressures, discomfort or even, inner-needs to fit in with the majority of their peers. On the whole, evidence does not yet exist regarding whether children with UHL do benefit from the use of hearing aids, in noisy environments or otherwise (Picou, et al., 2013). Hence, in alignment with Bronfenbrenner's

bioecological theory, professionals need to treat children with UHL on an individual basis, especially determining whether or not they benefit from a hearing aid.

b) Cochlear implants for children with UHL

Another option available to children with UHL is a cochlear implant, with debates tending to be over amplification and obscuring the more important issues, such as whether children with UHL qualify for cochlear implants, and whether they should be included in policies. Quantitative studies by Jacob, Stelzig, Nopp and Schleich (2011) reported positive results from 13 children with UHL who had used cochlear implants, whilst others found better listening in noise and sound localisation abilities, without any interference in their hearing ear (Firszt, Holden, Reeder, Waltzman, & Arndt, 2012; Boyd, 2015). Conversely, studies by Buechner, Brendel, Lesinski-Schiedat, Wenzel, Frohne-Buechner, Jaeger and Lenarz (2010) investigated the use of cochlear implants in five persons with UHL and ipsilateral tinnititus (perception of noise or ringing on one side of the head). They arrived at the conclusion that although the tinnititus was sufficiently reduced, only a few participants reported positive benefits of the cochlear implants. This led to a suggestion that the benefits associated with a cochlear implant differ according to persons, abilities and levels of hearing loss, and could not be used as an overall recommendation for all persons with UHL (Buechner, et al., 2010).

In recent discussions surrounding the use of cochlear implants, concerns arose regarding the inclusion of children with UHL in policies. Agnes Allen, the vice-chair of the Scottish Cochlear Implant Programme reported that although CROS and BAHA devices were more common and recommended for children with UHL, there were no criteria them to receive them in Scotland. She added that she was aware of a few participants with UHL who self-funded their cochlear implants or had healthcare insurance schemes. However, research was determining whether they would provide significant benefit to persons with UHL who had received minimal benefit from CROS amplification devices (A. Allen, personal communication, January 28, 2016). Similarly, the Quality Standard for Cochlear Implantation in South Africa (2011) neglected to include children with UHL as part of their implantation programme, and

University of Cape Town's audiologist Lucretia Peterson stated that they were excluded in South African cochlear implantation policies. Rather, their use depended on a range of factors, such as duration of hearing loss and integrity of auditory pathway, and then only for children with bilateral, moderate or severe to profound levels of hearing loss qualify (L. Peterson, personal communication, January 27, 2016).

c) FM systems

An FM (frequency modulator) system is another amplification device which is available to children with UHL. This device involves a teacher or parent using a mike that transmits the sound to a speaker that is situated close to the child. A child can receive sounds via ear-level receivers or speakers, and these can improve a child's signal-to-noise ratio (Pillet, 2009). However, research regarding children with UHL and their use of fm systems reveals a few concerns such as background noises, and the enhancement of surrounding sounds. Regarding FM systems, it was established that the speakers enhance sounds in a child's hearing impaired ear, and this can interfere with listening abilities from their functioning ear.

Another point of consideration is that the level of classroom acoustics can also interfere with the effectiveness of FM systems. Research has recommended that classroom acoustics need to kept at a low level in order to enable children hear teachers more easily, and also to help teachers reduce needs to strain their voices (Pillet, 2009). Another crucial point of consideration is that FM systems need to be physically carried around, and this introduces both physical and emotional setbacks (Anmyr, Olsson, Larson & Freijd, 2011). Anmyr (et al., 2011) stated that not only were children reluctant to carry an additional device to assist them with their hearing, but more significantly, this device rendered them vulnerable to embarrassment, mockery and ridicule (Anderson & Goldstein, 2004). Findings from their study established that children with a hearing loss thus often opted to struggle with hearing related challenges rather than use an fm system (Anmyr et al., 2011). Due to these setbacks, many children are reluctant to use FM systems, and many choose to abandon the device entirely in the face of social pressure. One child mentions in Borton (et al., 2010, p. 9) study: “I don’t use FMs anymore because I don’t feel I

really need them and the fact that I just want to be seen as a normal person". This statement captures an emotion that is common to many children with UHL, that the prevalence of emotional setbacks need to be significantly considered in future research.

In order to address this, Mckay, Gravel and Tharpe (2008) recommend that instead of requiring children with a unilateral hearing loss to carry FM systems around with them, a suitable alternative would be to instil surrounding speakers in classrooms. These speakers can benefit both children with and without a hearing loss, as well as, assist teachers who strain their voices in order to enable children to hear them (Mckay et al., 2008). However, this is seen as an expensive suggestion that is not a possibility in many developing countries, such as South African public schools. In this regard, professionals recommend the use of a personal ear-level hearing, which is also linked to FM systems. This amplification device is more cost-effective than surrounding speakers, does not require a child to physically carry it around, and is thus more concealable. Moreover, this device is tuned specifically to each child's individuals hearing needs, and these reasons render it a popular choice (Mckay, et al., 2008). However, a variety of research results confirms that not all children with UHL are equally vulnerable to the restrictions associated with UHL, and that not all children benefit from hearing aids or any other amplification device. In accordance with Bronfenbrenner's bioecological theory, parents are advised to discuss their child's specific hearing needs with professionals in order to make informed decisions regarding amplification devices.

Overall, research regarding children with UHL and their use of amplification devices is inconclusive as to which device can be seen as most effective, and further research is required to verify the most effective amplification system. Moreover, it is understandable that as a result of their hearing loss, many children with UHL may find themselves in compromised situations regarding their social and communication abilities. In the next section discusses literature and research findings that are available regarding children with UHL, and their social, emotional and communication needs.

2.11 SOCIAL DEVELOPMENT

According to Erikson (1963), social competence emerges when an infant and involves trying to get people's attention, communicating their needs through sounds and behaviours, including trying to initiate contact with other people. Here, infants also show desires for personal attention, and also tries to coordinate interaction. Children develop this category throughout their childhood and eventually progress to a stage of emotional independence from caregivers, including a sense of responsibility. In order support children in these stages, they require skills that enable them to develop socially on both intra- and interpersonal levels. The terms interpersonal refers to a child's relationships with other persons, whereas, intrapersonal refers to a child's relationship with their inner self. In mainstream communities, language is recognised as the predominant form of communication and self expression that enables children to develop sufficient relationship on both inter and intrapersonal levels.

a) Language Development And Communication Skills

Language development has for many years been recognised as one of the most critical areas of child development, with various researchers reinforcing the invaluable need for adequate language skills (Lederberg, Schick, & Spencer, 2013; Bess & Tharpe, 1984, 1986; Lieu, 2004). In discussions surrounding the development of language and communication skills, great interest has been raised over establishing the extent to which UHL can impact on a child's language and communication skills. In the following section I discuss the conflicting results in this field of how language development can be impacted on by a UHL.

In arguments surrounding the language development of children research suggests that, regardless of level, any hearing loss can cause a child to experience significant delays in language and communication skills (Moeller, Tomblin, Yoshinaga-Itano, McDonald Connor, & Jerger, 2007; Lederburg, et al., 2012; Mayberry, 2007; Mayberry, del Giudice, & Lieberman, 2011; Goldberg & Richburg, 2004). When considering children with UHL, most studies argue that by the age of three some deaf children are already performing on levels below their hearing peers, especially in areas of language comprehension and verbal expression skills (Marschark &

Knoors, 2012; Jose, Mondelli, Feniman & Lopes-Herrrera, 2014; Fischer & Lieu, 2014, Lieu, 2004; Lieu, et al., 2010; Borg, et al., 2002, Ead, Hale, De Alwis & Lieu, 2013; Vohr, et al., 2012; Lieu, Tye-Murray, & Fu, Q. 2012; Hintermair in Marschark & Spencer, 2016).

In order to understand when children with UHL begin to experience language and communication challenges, Lieu's (2013) conducted a study where he examined babies and their utterances of two-word phrases. This study confirmed that the utterances of babies with UHL were delayed by an average of five months (Lieu, 2013; Borg, et al., 2002). Similar results were produced by Kishon-Rabin, (et al., 2015), who also established that when compared to babies with typical hearing, those with a UHL experienced delays in communication and auditory skills. Moreover, those babies with UHL also experienced delays in areas of auditory and preverbal vocal skills (Kishon-Rabin, et al., 2015). Both these studies support the argument that infants with UHL experience greater risks regarding their early auditory and communication skills, and information from these studies can be used to reinforce suggestions for early identification and interventions.

Other studies that were also deemed to be of value to this study, was the study by the Colorado Home Intervention Program. This program performed a longitudinal study of the language skills of children with UHL, and found that at one year of age, 27% of 15 children with UHL experienced a language delay, and another 7%, experienced a borderline language delay (Lieu, et al., 2010). Another study by Lieu, Karzon, Ead & Tye-Murray (2013), confirmed these findings, that when compared to children with typical hearing, children with UHL performed at lower levels in areas of language and communication. Overall, most language studies that performed longitudinal comparative studies between children with UHL and those with typical hearing concurred that as a result of UHL, many children are predisposed towards various language and communication delays.

Converse to the above mentioned studies, other researchers have argued that although many children with UHL do experience delays regarding their speech and language development, many are able to bridge the gap with their typical hearing peers (Lieu, 2004; Fitzpatrick, et al., 2015). For example, a study by Fitzpatrick (et

al., 2015), examined 20 children with UHL, and focused on those whose mild or unilateral hearing loss was identified in the early stages, and who produced language scores that were comparable to similar aged, typical hearing peers. However, they reached a conclusion that only the children who fell into the three to four year old age group scored lower on their language tests, and that the remaining of the participants who were older than four years of age, were able to bridge the language gaps with their typical hearing peers (Fitzpatrick, et al., 2015; Sangen, Royackers, Desloovere, Wouters & Van Wieringen, 2015). This study indicates that although many children with UHL experience significant language delays, some children are able to bridge their language gaps as they grow older. Why did some do this and others did not, is unknown.

Language and communication challenges of children with UHL, is a significant theme in this study. On the whole, the area regarding children with UHL and their language development represents a conflicting area, with variables such as social and cultural contexts, and parental language, needs to be considered. I argue that researchers need to move beyond the language and communication challenges and recognise that even though some children with UHL may not experience setbacks in these areas, a large portion of children with UHL do.

In other words, language delays influence how children express themselves, communicate with others, and can also influence the development of their identities, emotions and feelings, and also impacts on how they establish themselves in a specific community (Hintermair, 2016). In the following sections, a child's various social circles and relationships will be discussed with the aim of presenting how the language delay of a UHL child can impact on their social experiences.

b) Parents and siblings as social circles

In Bronfenbrenner's bioecological model, parents and siblings are represented in the systems closest to the individual. These are responsible for a child's first interactions and play significant roles in the development of social and emotional abilities (Calderon, 2000). At this level, interactions with a parent are crucial for the development of communication, reading, writing and language abilities, and play a pivotal role in the development of healthy levels of socio-emotional functions.

However, situations regarding children with UHL may be seen as challenging and overwhelming by parents who are uncertain of their child's needs and abilities (Fitzpatrick, Grandpierre, Durieux-Smith, Gaboury, Coyle, Na & Sallam, 2016). Personal interviews by Fitzpatrick (et al., 2016) revealed that in situations regarding children with UHL, many parents feel unsupported and inadequately advised. A lack of valid information and appropriate advice appears to be one of the main causes of this, as found by Fitzpatrick (et al., 2016) in parents who expressed needs for specific information related to children's needs. Similarly, Hintermair (2016) confirmed that when parents are left unsupported during the hearing loss diagnosis process, this often leads to higher levels of social and emotional challenges in children with UHL. Overall, it can be argued that in order for parents to support children with UHL they need to be empowered with skills and information, regarding how to effectively manage and interact with their child with UHL.

Social relationships in the family expand to include siblings, who represent one of the first social systems in a child's life. Through sibling relationships children learn to socialise, communicate and interact with others, specifically to learn skills with which further friendships with other children can be nurtured. They also learn to establish areas of interest and to identify and manage possible conflicts (Sherman, Lansford & Volling, 2006). Siblings play a crucial role in a child's development of self-esteem, identity, communication and negotiating skills (Sherman et al., 2006). However, when the hearing and communication needs of a child differ greatly from their siblings this can have direct consequences on their relationships. Since most children with UHL are vulnerable to poor social and communication skills many can experience different communication needs from their siblings. Communication needs, such as ensuring that one is speaking to the person's hearing ear, and that the person hears what is said, are a few. If not managed in appropriate ways these communication differences can perpetuate the differences between children with UHL and their siblings and lead to their exclusion. Hence, it is important that from as early as possible, the siblings of children with UHL are made aware of the differences in their hearing and communication needs, and this can allow for the development of rich sibling relationships (Woolfe, Want & Siegal, 2003).

Considering the important role that siblings play in a child's life it becomes imperative that siblings are included in any UHL support programmes. Careful attention needs to be paid to nurturing communication, sharing and interaction patterns between a deaf child and their siblings, as success in these relationships, often predetermines the success rates of other social relationships (Woolfe & Smith, 2001). Overall, the value of both parent and sibling relationships to children with UHL have been discussed. It is observable that deaf or hard of hearing children require continuous forms of support from their parents and siblings, in order to enable them to develop their social and emotional skills (Hintermair, 2016). Regarding children with UHL and their social and emotional development, the development of these skills can allow children with UHL to successfully nurture healthy, positive relationships, which can further allow them to manoeuvre through various other social relationships.

c) Friendship forming and maintaining

Another very important social relationship in a child's development, refers to the child's friendships. Friendships, also known as 'peer relationships', play important roles in the developmental of a child's self-esteem, identity creation and emotional regulation skills, and ultimately impact on a child's quality of life (Ladd, Kochenderfer, & Coleman, 1996; McElwain & Volling, 2005; Hintermair, 2016). This social relationship can be seen as critical to any child's social development, and appears on the same level as parents and siblings in Bronfenbrenner's bioecological theory (Buysse, Goldman, & Skinner, 2002). The close positioning of friendships in Bronfenbrenner's model, highlights the value of social relationships in this system. In actual fact, it is through these relationships that children learn to interact and negotiate with each other, and also how to defend themselves. However, similar to sibling relationships, when a child's hearing and communication needs differ from their friends, this can impact negatively on a child's peer relationships.

When a child forms friendships in school, it has been noted that the type and quality of friendships which a child experiences can influence the development of various social and emotional domains. For example, a child's peer relationships play a critical role in the formation of their identities, and also influence the development of a child's coping mechanisms, communication methods and theory of mind abilities

(Ladd, et al., 1996). Additionally, like a child's sibling relationships, their peer relationships play a role in securing a child's psychological abilities, and protecting him or her against bullying, teasing and ostracisation (Kochel, Ladd, Bagwell, & Yabko, 2015; Ladd, et al., 1996; Ladd, Kochenderfer-Ladd, Eggum, Kochel, & McConnell, 2011). In general, a child's peer relationships play significant roles in a child's social and emotional development, and this area needs to be recognised as a critical area in any child's development.

Since children with UHL can hear with one ear only, their ability to form and maintain friendships is significantly challenged due to their abilities to only hear only on one side. As discussed in the social and communication section, children with UHL, tend to miss pieces of auditory information which influences their abilities to both learn and socialise. Although qualitative research regarding children with UHL and their friendships is limited, one particular study by Borton (et al.,2010) provided relevant information. Borton, (et al., 2010) revealed that children with UHL often rated poorly in social categories, and that their friends complained of having to move to the other side of the person in order to allow themselves to be heard. These findings were verified by personal statements from children with UHL, who expressed that they struggled "getting along with other children" or that they were often "teased" (Borton, et al., 2010, p. 9). Other sentiments included that in various social situations they believed that they were ignored when they were simply not heard (Borton, et al., 2010). Consequently, out of fears of embarrassment, children with UHL said that they pretended to understand what was being said in order to avoid potential situations of ridicule or self-doubt. These statements indicate that although Borton (et al., 2010) only included a small amount of children with UHL, these children confirmed that as a result of their hearing loss they experienced significant social and emotional challenges.

Additionally, Borton (et al., 2010) included the viewpoints of the parents of children with UHL. In qualitative interviews, these parents described their children as being isolated, and who preferred individual interactions with only a few friends (Borton, et al., 2010; Stevenson, Kreppner, Pimperton, Worsfold, & Kennedy, 2015; McKay 2006). They also included that their children were often reluctant to participate in

structured activities, and evidence by Fellinger, Holzinger, Beitel, Laucht and Goldberg (2009), confirmed that when asked to reflect on themselves, children with UHL rated themselves as having a lower number and quality of social groups or friendships.

Another qualitative study that included specific expressions from children with UHL about their social challenges was Hadjikakou and Stavrou (2016). In this study, one child with UHL expressed that when present in noisy environments, he "wouldn't like to stay and ask other people what they were talking about" because he could sense people's impatience, and stated that "the other persons would get fed up, and they would not answer to my questions" (Hadjikakou & Stavrou 2016, p. 36). This statement directly reveals a negative social consequence of a hearing loss. Once again, similar to Borton (et al., 2010), this study indicates that although it may only refer to one child's experience, it still represents a significant social experience that needs to be taken cognisance of, in order to enable professionals to help other children with UHL. In general, these are only a few studies that emphasize that children with UHL can experience significant social challenges regarding forming friendships from a qualitative perspective.

Converse to the above mentioned information regarding children with UHL and their social challenges, comparative research regarding deaf children revealed that they rated on similar patterns and levels of peer acceptance and social relationships as their typical hearing peers (Wauters & Knoors, 2008; Nunes, Pretzlik, & Olsson, 2001; Most, 2006). Additionally, these studies included findings that deaf children were not disliked by their typical hearing peers, and Hadjikakou and Stavrou (2016) also reported from interviewing 18 children with UHL, that most children reported positive social and academic experiences, with minimal challenges. Clearly, an inconsistency regarding research in these fields exists, even though most studies argue that as a result of communication challenges most children with UHL experience difficulties nurturing and maintaining friendships. Due to the critical role that friendships play in a child's social and emotional development, it becomes important to consider their roles in the development children with UHL.

Closely related to the area of friendships, is the area of children and their

participation in group work. During group work, children learn that in order to survive socially they need to learn to work as part of a team or group. Group work is a fundamental teaching tool to encourage communication, learning, social and negotiating skills, as well as for stimulating critical thinking (Fung, 2014; Cohen & Lotan, 2014). This forms a crucial part of a child's growth and development, and having discussed the value of friendships for social and emotional purposes, one can argue that these benefits can also be applied to group work activities. During group activities children develop a sense of value and learn to feel accepted, acknowledged and recognised. Additionally, these elements can contribute to the development of children's' identities and self-esteem, and enable children to deal constructively with stress and anxiety challenges (Reynolds, 2013). During group activities, it is noticeable that children who make direct and recognisable contributions to the task at hand are more accepted and likeable. On the other hand, those who score on average levels in group activities are not as recognised or as popular (Murray & Greenberg, 2001; Cohen & Lotan, 2014). Collectively, these elements can impact on the quality of a child's social, emotional and learning experiences, and needs to be recognised as critical area in a child's development.

In order to reap the benefits of group work, children require adequate verbal and communication skills to ensure their fair competition. Having discussed children with UHL and challenges regarding language and communication skills, children with UHL may find themselves in compromised situations regarding their roles in such activities. Previous discussions discussed that as a result of a hearing loss, even if it's in one ear only, children are prone to experiencing communication challenges such as following group conversations, unclear speech or missing information. This can be referred to as a problem of directionality, which occurs when children with UHL struggle to follow conversations because of the various directions from which auditory information is being presented. This aspect plays a critical role in their performances as a group member. When a child with UHL fails to participate on equal terms as other group members since they are susceptible to missing pieces of information, it can negatively influence their roles and status to compete in the group. (McCoy, Tun, Cox, Colangelo, Stewart & Wingfield, 2005; Picou, Ricketts & Hornsby, 2011; Marschark, 2003; Marschark & Knoors, 2012).

Research in the fields of children with UHL and their social activities, confirmed that children with UHL who have poor social skills are specifically more vulnerable towards being left unrecognised and isolated during group activities (McKay 2006;Bess, et al. 1998). This tells us that the social setbacks experienced by children with UHL can influence their participation in many other areas such as friendships and group work, which can significantly impact on their social and emotional experiences. Additionally, this can further influence their social and emotional development, and can impact on their self-esteem, confidence which can possibly lead to feelings loneliness and isolation. Although a limited amount of research regarding children with UHL and their participation in group work exists, this topic can draw information from studies, which concentrated on children with UHL and their social, communication and friendship forming skills, due to the overlapping of categories.

On the whole, it can be argued that even though children with UHL may encounter significant challenges regarding their friendship forming and group participation skills, research has confirmed valuable benefits of these activities. Generally, friendships can be seen as a fundamental need for human interaction and connection, pervading all ages, races, barriers and disabilities, and when a child finds him/herself restricted in hearing and communication abilities this need for human interaction might be threatened.

d) Isolation

When a child is inadequately equipped with social skills, they may find themselves cut off and rejected in group settings. Consequent to this, many children may find themselves alone, depressed and isolated from social activities. Studies dating from as far back as 1948 have revealed that when people with a hearing loss interact with friends, they reported feeling "disconnected and out-of-tune" (Knapp, 1948, p. 207). Additionally, it was established that as a result of a hearing loss, many children may experience feelings of neglect and rejection, which may actually place them "at risk for developing mental health problems" (Antia, Jones, Luckner, Kreimeyer, & Reed, 2011, p. 490). Since children with UHL can hear with one ear only, this often leads to them concentrating mainly on verbal content in order to grasp intended messages.

Consequent to this, many children with UHL may neglect visual information and conversational cues, which can result in negatively influencing their performances in a group settings (McCoy, et al., 2005; Picou, et al., 2011; Marschark & Knoors, 2012; Holtgrave, 2008; Knoors & Marschark, 2012).

More recent research that focused on children with hearing loss and their feelings of isolation were studies by Fellinger, Holzinger, Sattel and Laucht (2008), Most (2007) and Most (et al., 2012). These studies reported that one of the most significant feelings experienced by people with hearing loss was that of 'loneliness', and that many children with a hearing loss expressed desires for successful social relationships. Most (2007) reported that consequent to unsatisfactory social relationships, many children found themselves isolated (Martin, Bat-Chava, Lalwani & Waltzman, 2010). Supporting the argument that children with a hearing loss can experience setbacks in social relationships, Wauters and Knoors (2007) added that they found that children with hearing loss did not experience as deep relationships as did their peers, and that many were prone to feelings of rejection and loneliness. Wauters & Knoors (2007) also confirmed that these children were more prone to view themselves as ‘victims’, and that many experienced fewer friendships than their hearing peers. Additionally, they also added that children with a hearing loss were found to be more likely to withdraw from social activities (Wauters & Knoors, 2007). Further supporting evidence was provided by Theunissen, Rieffe, Kouwenberg, Soede, Braire and Frijins (2011). They confirmed that children with a hearing loss presented with higher levels of depression than their peers with typical hearing as a result of negative feelings such as isolation (Theunissen, et al., 2011).

However, these arguments also stated that although some children with hearing impairments described themselves as lonely, this was not applicable to all children with a hearing loss (Most, 2007). Comparative research by Wauters and Knoors (2007) established that deaf children experience no differences in popularity and peer relationships, and that they rated on the same levels in social competence skills as their hearing peers. On the whole, although most research pointed to social challenges and feelings of isolation occurring in many children with UHL, these findings cannot be applied to all children with UHL. Since children vary in their

personalities and individual characteristics, those with stronger and more social personalities, may be able to cope more effectively with social setbacks resulting from a hearing loss.

Considering this is a qualitative study, qualitative evidence was needed to verify findings. Qualitative evidence regarding children with UHL and feelings of isolation were minimal, and only one study by Hadjikakou and Stavrou (2016) provided usable evidence. This study reported that seven out of eighteen participants with UHL complained of loneliness and isolation. These findings were verified with personal statements from the participants, who expressed that they "only have a few friends". Additionally, other expressions included: "I do not have any contacts with my classmates, I feel terrible, I am alone," and that "I don't do anything during breaks, I am all alone" (Hadjikakou & Stavrou, 2016, p. 31). Although these are only a few personal statements, these statements present the realities experienced by a few children with UHL. Moreover, these statements highlight that inadequate social and communication skills, can often predispose children towards social challenges, which can often result in feelings of rejection and isolation.

Overall, research regarding children with UHL and their experiences with isolation is inconclusive, and in order to gain more comprehensive pictures of children's social interactions, Most (et al., 2012) call for further research to include children's personal reports, interviews and observations. They added that further required research needs to aim at empowering children with UHL with skills such as being able to communicate hearing needs, being assertive and being able to disclose a hearing loss (Most, et al., 2012). They reason that these skills can possibly empower children with UHL to take control over their lives, and could ultimately help to address feelings of exclusion and isolation (Most, et al., 2012).

In conclusion, this section discussed the social aspects associated with having a UHL. It began with discussions about a child's language skills, and established that consequent to a hearing loss, many children with UHL are prone to experience setbacks in their language and communication skills. Consequent to these setbacks, research reveals that children with UHL may find themselves in compromised situations in various social relationships, and inadequate social skills may render

many children with UHL susceptible to feelings of rejection and isolation. This discussion concluded that further research is needed to recognise the social setbacks experienced by children with UHL, as well as, move forward towards equipping them with improved social and communication skills. Overall, it was established that poor language and communication skills can affect various social areas of life, which ultimately impacts on a child's emotional development. Hence, in this endeavour to explore the various social and emotional experiences associated with a UHL, it is important to gain an overview of children with UHL, and their emotional experiences.

2.12 UHL AND EMOTIONAL DEVELOPMENT

According to Erikson's (1963) psychosocial model, a child's emotional development starts as a baby, and includes subtle expressions and a broad array of emotional expressions. These expressions progress to include more social emotions such as ‘happiness’, ‘sadness’, ‘guilt’ and ‘shame’, and around the ages of 18 to 24 months, children begin to distinguish between and comprehend good and bad feelings. Here they also start to recognise feelings of independence. During these processes, emotions progress into an understanding of complex rules and emotions, and children also begin to use cognitive strategies to validate and manage their emotions. The final stage of emotional competence in Erikson's psychosocial model includes, being able to recognise subtle expressions of emotion, understand sarcasm and other non-verbal cues. This also includes, a good understanding of various emotional feelings and expressions, and here children can also employ a variety of emotion regulation strategies. In other words, at this stage, children develop adequate language skills, which enables them to constructively express themselves and their emotions. Erikson's stages of emotional development presents a central category of human development, and in order to allow me to recognise the personal experiences of four adults with UHL, I need to recognise their experiences regarding their emotional development.

Previously many communities were guided by a medical model of deafness, which

focused on trying to determine the causes and treatments (Middleton, Hewison & Mueller, 2001). This model viewed deafness whether unilateral or bilateral, as a condition that needed to be treated or cured, and also neglected to pay attention to elements of interaction and the psychological impact of a hearing loss. Opposing this model of deafness, contemporary research is now paying increasing attention to the social model with its emphasis on the social and emotional impact of a hearing loss (Bess, et al., 1998 Calderon & Greenberg, 2003). Emotion as a concept has for a long time been difficult to define due to its abstract nature, and many theorists and philosophers differ in their views of it. Some believed that emotions play a pivotal role in determining and motivating a person's behaviour, whereas, others believed they are responsible for disrupting it (Izard, 2013). On the whole, many theorists have referred to emotions as a concept that involves thoughts, feelings, physiological responses and in many cases can be expressed in external behaviour.

As mentioned in Erikson's (1963) psychosocial model, the emotional development of a child begins during the birth process and early years as he or she learns how to develop relationships and manage emotions. It can be explained that through interactions with others children develop their identities, sense of values, and begin to understand their positions in their communities. Moreover, Denham, Bassett, Way, Mincic, Zinsser and Graling (2012) explain that a child's ability to understand their emotional experiences, and differentiate it from others has been identified as a valuable skill that is linked to social and academic success (Denham, Zoller, & Couchoud, 1994; Denham, Blair, DeMulder, Levitas,Sawyer, Auer-Back Major & Queenan, 2003; Fellinger, Holzinger, Aigner, Beitel, & Fellinger, 2015). However, a hearing loss can influence the development of a child's communication skills which in turn can affect the development of their emotions.

In research regarding children and their emotions, Denham (et al., 2012) pointed out that children who lack sufficient emotional understandings of themselves and others are at a clear disadvantage to their peers. These children are prone to misunderstanding others and themselves, and may present behaviour challenges, whereas those with typical hearing are generally equipped with emotional skills of sharing, giving, receiving, and negotiating, and usually perform better in social

relationships (Denham, et al., 2003; Raver, 2003). A lot of research substantiates the claim that children with a hearing loss experience challenges regarding their emotional development. For example, research by Rieffe (2012) claims that deaf children tend to use less effective strategies to regulate their emotions than did their hearing peers (Rieffe, 2012). Similarly, Fellinger (et al., 2015) claimed that the prevalence rate for mental challenges in deaf children was two to three times higher than that for children with typical hearing, and one can reason that this is also linked to difficulties in recognising and regulating different emotions (Fellinger, et al., 2015).

On the other hand, controversial research put forward that regardless of a hearing loss, many deaf children were able to differentiate between the basic emotions of happiness, anger, sadness, fear and negative emotions. This placed them in a category where their emotion development was rated as average (Rieffe, 2012). Overall, most research indicates that children with a hearing loss are more prone to experience challenges developing and regulating their emotions. Similarly, considering that children with UHL often find themselves in compromised situations as a result of their hearing loss, it is understandable that many can experience specific challenges developing regulating emotions. The next section will present an overview of how children with UHL experience their hearing loss on an emotional level.

2.12.1 Acceptance of a Hearing Loss

As children with UHL grow and develop they become more aware of their hearing loss and its restrictions. In order for children with UHL to accept their need for assistive amplification tools and specific communication strategies it is important for them to accept their hearing loss on a deep emotional and personal level. According to Montanini (in Marschark & Clark, 1993, p. 59), "the acceptance of a hearing loss" is an important step in the mental and emotional health of people (Li & Moore, 1998). During a child's early schooling career he or she begins to ask questions on who they are and where they belong. This usually begins with the realisation that they may be different from their peers (Edwards, n.d.). A healthy acceptance of a hearing loss can lead to positive levels of confidence and a more mature acceptance of any

hearing loss limitations (Montanini, 1993).

Additionally, these healthy levels of confidence and acceptance helps children grow and learn to compete in healthy ways. However, not all children with UHL are afforded with opportunities to accept their hearing loss, and instead of acknowledging the limitations of a hearing loss many resort to covering their hearing loss, consequently, many resort to withdrawing or blaming external factors.

According to Knudsen, Berg, Nielsen, Naylor and Kramer (2010), a person's acceptance of their hearing loss links directly to their abilities to ask for assistance, and also, to take a positive outlook on their disability. Conversely, a person who refuses to accept their hearing loss can possibly find themselves, in a realm fighting to 'normalise' themselves. Overall, the acceptance of a hearing loss can be seen as one of the more important factors needed for healthy levels of psychosocial wellbeing and living adaptations to a hearing loss (Manchaiah & Stephens, 2013).

2.12.2 Disclosure of a hearing loss

The topic of a child accepting hearing loss can be divided into two areas, namely being able to disclose it to others and being able to perceive their difference in a positive light. It can be argued that one's ability to cope with restrictions lies closely in being able to disclose the status. West, Low and Stankovic (2016) researched disclosure of hearing loss and presented three categories which can be used in various contexts to communicate a person's hearing needs. The first category, 'multipurpose disclosers', are those who share information regarding their hearing loss do so in a positive manner. This occurs when a person makes a clear effort with clear phrases to communicate their hearing needs to people. The second category, 'basic disclosers' refers to people who only use certain words or phrases when sharing information regarding their hearing loss. The third category, 'non-disclosers' refers to people who keep their hearing status completely hidden from people. West (et al.,2016) established that males fell predominantly into the first group, and stated their hearing loss in an objective manner. However, this study neglected to consider a mixed gender group, where boys and girls were both able to disclose their hearing

loss on equal levels (West, et al., 2016). On the whole, this study established that people with a hearing loss benefited from learning about the support and accommodation that others experienced consequent to disclosing their hearing loss.

2.12.3 Recognition of differences

An important area of consideration regarding children with UHL, and their emotional functions, is their ability to recognise his/her differences in a positive manner. Since children with UHL are closer to children with typical hearing, it makes it difficult for them to accept their hearing loss as a disability. In the process, many children with UHL are socialised to deny having a hearing loss in order to appear as 'normal' as possible. This includes choosing to not wear a hearing aid. In Nussbaum's (2004, p. 298) study, he describes "normal" as a "construction" that people create to protect themselves from differences, which they perceive to highlight their inabilities to fit in. People with differences are prone to viewing their disabilities with a sense of shame, and many believe that by pretending to be without such differing characteristics they can possibly be seen as "normal". These statements can easily be applied to the UHL population, when some children feel as though hearing aids perpetuate their differences and act as a barrier against developing feelings of being "normal" (Borton, et al., 2010). In the process, and out of fear of being seen as different, many persons with UHL choose to leave reference to their hearing aid. These experiences of a hearing loss tie in closely with the development of a child's self-esteem, confidence and identity.

2.12.4. Self-esteem

A child's self-esteem begins to form early in infancy, and depends greatly on interactions with parents, siblings and peers (Desselle & Pearlmutter, 1997; Woolfe & Smith, 2001; Stinson & Foster, in Spencer, Erting & Marschark, 2000). It can be argued that children with healthy levels of self-esteem are known to be more capable and confident when dealing with social matters, life challenges and stressful situations (Kurtzer-White & Luterman, 2003). Conversely, people with low levels of

self-esteem were found to be less confident when dealing with stressful situations (Theunissen, Rieffe, Netten, Briaire, Soede, Kowenberg & Frijns, 2014b; Warner-Czyz, Loy, Evans, Wetsel & Tobey, 2015). Referring to the general value, acceptance and appreciation of oneself, self-esteem can influence the way in which one views oneself, one's abilities and interacts with others (Theunissen, et al., 2014b).

However, as previously discussed, as a result of a hearing loss, children with UHL are prone to experiencing setbacks regarding their communication and social skills, which can further impact on their self-esteem and identity processes (Wie, Pripp & Tvete, 2010). On the other hand, research has established that children who perform poorly in social areas are prone to experience low levels of self-esteem and high levels of loneliness (Bess, et al., 1998; Most, et al., 2012). Accordingly, Most (2006) discusses specific instances that occur during social activities, when children with UHL can experience the impact of hearing loss limitations. Most (2006) explains that in situations that involve children with UHL missing important pieces of social information, struggling to follow conversations or those, or who simply feel excluded, are reasoned to be common causes of low self-esteem levels. A statement from Borton (et al., 2010, p. 8) highlights this, "….when I was younger I used to cry about it because I felt like I missed out on things". This statement reveals that when children miss pieces of auditory information, a gap in social information can negatively influence a child's inner thinking and feeling, and subsequently can lead to lower levels of self-esteem (Rachakonda, Jeffe, Shin, Mankarious, Fanning, Lesperance & Lieu, 2013; Fischer & Lieu, 2014; Most, 2006; Oyler & McKay, 2008). Overall, healthy levels of self-esteem are needed for better social experiences and interactions, for healthy levels of self-confidence and for a better quality of life. Although many researchers cite the challenge of communication as one of the main causes of low self-esteem levels there is a lack of both qualitative and quantitative evidence to prove this.

2.12.5 Confidence

A child's confidence level work hand-in-hand with their identity and self-esteem levels. It can be argued that there is an intricate connection between health identity levels, self-esteem and self-confidence levels, and research dating as far back as 1993 and 1998 by Bat-Chava, (1993) and Bess (et al., 1998) has identified close link between strong identities and healthy levels of self-esteem. Children with healthy levels of identity and self-esteem are often described as confident and assertive, and good communication skills are critical to helping children to achieve these healthy levels of confidence (Leigh, Maxwell-McCaw, Bat-Chava & Christiansen, 2009). Montanini (in Marschark & Clark, 1993, p. 61) explains that "flexible communication" skills, can almost "guarantee satisfactory interpersonal relationships", and that these areas need to be recognised by professionals when examining the development of children with any kind of hearing loss.

Since children with UHL are predisposed towards experiencing communication challenges as a result of their hearing loss, they may also experience setbacks regarding their inter- and intrapersonal relationships, which can also impact on their levels of identity, self-esteem and confidence. To further explain these challenges, when children with UHL are faced with conflicting situations, they need to be able to confidently assert themselves and negotiate constructively with their opponents. However, when children with UHL find themselves in compromised situations such as being unable to effectively hear and respond to all auditory information, this can possibly result in low levels of self-esteem and self-confidence which ultimately impacts on their social and emotional experiences with themselves and with others. Moreover, a high level of communication skills not only helps children develop more confident pictures of themselves and their interactions, it also enables them to cope with hearing loss limitations in more positive and constructive ways. Instead of being faced with isolation and anxiety, children with UHL who are confident enough to manoeuvre themselves through various social situations, tend to develop coping skills with more ease (Montini, 1993).

However, similar to research regarding children with UHL and their levels of self-esteem, research that directly focused on and measured levels of confidence in

children with UHL was difficult to find. Certain authors like Kuppler, Lieu, and Marschark only mention low levels of confidence as a characteristic of a hearing loss but neglect to focus on it as a critical area of development. Overall, there is a clear shortage of research that specifically focuses on children with UHL and the development of their self-esteem, confidence and identity, which collectively need to be recognised as a core area of a child's emotional development.

2.12.6 Identity

The process of developing a strong and healthy sense of identity represents an important developmental step for all children. Identity as defined by Erikson (1980, p. 109) is the “cornerstone” of a person’s “unique development”, which links to unique values, ideals and belief systems. In Erikson's psychosocial model, the stage of "identity vs. role confusion" focuses on adolescents when they are faced with physiological changes (1963, p. 261). During this stage, they try to determine their identities, specifically on how they perceive themselves and are perceived by others. Erikson (1980) adds that identity is a process to be nurtured throughout a person's life, and is greatly dependant on social and emotional experiences as a child. Similar to children with typical hearing, children with a hearing loss also need to socialise, identify with, and feel a sense of belonging to social groups (Van Gent, Goedhart, Knoors, Westenberg, & Treffers, 2012; Calderon & Greenberg, 2003; Schlesinger, 2000). According to Erikson (1963), as children grow and develop their identities, they reach a stage called ‘role-confusion’. This stage occurs late in adolescence, and involves a teenager trying to establish him/herself regarding their tasks, occupations and interests. In other works, here teenagers try to make sense of their own personal presence and identity, in attempts to ensure inner stability while simultaneously trying to maintain societies’ standards (Erikson, 1963).

During a child's development, the process of developing a strong and healthy identity is intricately linked to their self-esteem and confidence levels, and since children with UHL are prone to experience challenges in these areas, many children with UHL struggle to develop healthy levels of identity. To further explain these challenges, children with UHL tend to find themselves in a unique situation in which they cannot

completely identify with their typical hearing peers, with complete hearing abilities, nor can they identify with their profoundly deaf peers since they are not completely deaf. As a result many children with UHL can experience setbacks trying to develop healthy identity levels since they fit into neither of the more commonly recognised groups/communities.

Research that focused specifically on children with UHL and the development of identity was difficult to find, since most research focuses on the identity of children who are completely deaf. However, one study by Barlow, Turner, Hammond and Gailey (2007) researched people who developed a hearing loss or deafness later in life, and similar to children with UHL, they established that that population believed that they belonged in neither the world of the deaf nor the hearing. Similarly, a study by Cetin (et al., 2010, p. 256) confirmed that as children with UHL grow older, they become increasingly aware of their hearing loss and its limitations, and many find themselves in vulnerable positions which lead to feeling of 'shame' and ’incompleteness’. These negative feelings influence the development of a child's identity, which further impacts on their abilities to identify and socialise with other children.

According to the Social Identity Theory (Barker, 2009), people go out and look for people who are similar to them. In other words, children try to find other children with similar personalities, interests and experiences, which also serves to enhance their levels of self-esteem and confidence. However, since children with UHL experience different hearing and communication needs from the majority of children with typical hearing, it becomes challenging for them to find children with whom they can identify with. In order to address this challenge of struggling to fit in with both deaf and hearing worlds, it has been recommended children with UHL need to socialise with both deaf and hearing communities in order to help them develop healthy images of themselves in terms of their hearing and communication needs (M. Hintermair, personal communication, March 5, 2015; Keilmann, Limberger & Mann, 2007).

Another area of concern regarding children with UHL and their needs to fit in is the topic of a hearing aid. In order to fit in with typical hearing children, many children with UHL tend to approach hearing aids with a negative mindset and as a result

many experience negative feelings towards a hearing aid (Borton, et al., 2010). This mindset reveals that instead of seeing it as a device that may assist them in hearing, many may see it as an 'alien' device that further perpetuates their differences to their peers with typical hearing. Consequently, these feelings can also influence their identities, and thus it has been recommended that it is important for a child with any hearing loss to be supported in the development of their feelings and identity with their hearing loss.

One important suggestion would be to facilitate situations where children with UHL have sufficient interaction with deaf peers. This suggestion is specifically critical to a child with UHL personal and self development, since it serves to influence the development of their identities, security and cultural affiliations with the deaf population (Woolfe & Smith 2001). Moreover, it is believed that these interactions can familiarise children with UHL with both types of cultural affiliations can possibly impact positively on the development of their identities. Moreover, instead of focusing on children with UHL deficiencies, these interactions can highlight a child's strengths and capacities, and in turn can lead to a sense of empowerment and control (Van Gent, et al., 2012).

Ultimately, all these areas of a child's self-esteem, confidence and identity play a crucial role in the development of a child's social self, and can either have positive of negative influences of their social and emotional experiences. When examining the identity development of children with UHL, it is advisable that professionals pay careful attention to areas such as socialising challenges of deaf persons, and their feelings of shame or embarrassment regarding their hearing loss, and also their attitudes towards hearing aids, in order to assist them towards developing healthier levels of identity. Since this study uses the retrospective narratives of four adults with UHL, the analysis section will pay significant attention to the participants' descriptions of their selves, and more specifically how they related to others. In this regard, Erikson's (1963) stage of 'identity vs. role confusion' will be applied to the participant's narratives where possible, in order to gain a clearer understanding of their identity development experiences. This aspect is specifically important to take cognisance of when examining the personal experiences of people with UHL.

Reasons for this can be that due to the above mentioned identity challenges that children with UHL can experience in childhood and adolescent phases. Additionally, these narratives can possibly help professionals understand the experiences of children with UHL, which can possibly allow for appropriate supportive measures.

2.12.7 Personality Development

In the 1950's, Erik Erikson described personality as the life-long development of various social and emotional elements. This included social and emotional competence, attachment, temperament and trust, which all proceed through a predetermined number of stages (1950). These stages begin as an infant and proceed to a stage marked as ‘early adulthood’. These stages include the development of certain milestones, emotions and personal feelings, and when a child falls short on a certain stage, it can impact on their development in further stages.

One of the critical stages of emotional development that is found in Erikson's psychosocial model, is the category of ‘trust and attachment’. In this category, Erikson (1963) notes that infants begin by forming attachments with adults, and this represents one of a child's first relationships of trust. These relationships progress into partnerships, from which children also try to achieve independence from, and also learn to enjoy other social relationships. Development in this category progress includes learning to maintain and balance relationships between their peers and parents, and finally moves onto romantic and intimate relationships. However, when child experience challenges in the areas of attachment and trust, these children experience challenges socialising, balancing relationships between their peers and friends, and also may experience significant challenges nurturing romantic relationships.

Additionally, Erikson (1963) notes that when exploring the development of a child's personality, their abilities to abide by requests by themselves and others, represents a significant milestone, and requires careful consideration. During this period, children develop increasing level of autonomy and assertiveness. When they find that themselves unable to strike a balance between their own feelings and other

people's requests, this may result in children turning to aggressive behaviour.

2.12.8 Anger and Aggression

During social interactions, children with UHL can often find themselves setback due to being unable to hear and process auditory information as quickly as their typical hearing peers. When this happens, children find themselves unable to meet requests that are made, defend their social standing or cover up for missed information, and this often results in children with UHL experiencing high levels of anger, frustration and anxiety. Similar to children with typical hearing, research revealed that a child's ability to express him/herself verbally is directly linked to levels of aggressive behaviour and feelings of anger (Harris, 2014; Hefferman, Coulson, Henshaw, Barry & Ferguson, 2016; Rieffe & Terwogt, 2000, 2006). Although research in the field of deafness has verified the link between deafness, social, emotional difficulties and anger, most research concentrates on the use of hearing aids to help people deal more constructively with anger (Barker, Quittner, Fink, Eisenberg, Tobey & Niparko, 2009; Theunissen, Rieffe, Kouwenberg, De Raeve, Soede, Briaire, & Frijns, 2014a). Thus, majority of research concentrates on anger surrounding topics like hearing aids, communication and emotion regulation and most neglect to discuss anger on its own.

Only a limited amount of research exists regarding anger as an emotion and children with UHL. Of the few qualitative studies that were available regarding children with hearing loss and anger, Barlow (et al., 2007) explored qualitative stories of children with UHL and their experiences with anger. Barlow (et al., 2007) established that children with UHL are prone to experience feelings of frustration, anger, isolation and depression, but he neglected to discuss possible measures to help address these feelings. Studies that came close to this topic, only confirmed that children with UHL experienced significant levels of anger (Harris, 2014; Hefferman, et al., 2016; Rieffe & Terwogt, 2006). However, not all studies supported the argument that children with a hearing loss are predisposed towards experiencing higher levels of anger. Studies by Konuk, Erdogan, Atik, Ugur, and Simsekyilmaz, (2006) and one by Remine and Brown (2010) established that children with a hearing loss experience similar levels

of anger as did children with typical hearing. This finding nullifies claims that children with a hearing loss are more predisposed towards experiencing high levels of anger

Other studies such as the one by Theunissen (et al., 2014a) focused on the use of amplification, and established that even with the use of amplification, children with a hearing loss are susceptible to experiencing more behaviour challenges such as aggression than their typical hearing peers. It is interesting to note that even though there is a clear lack of research that focuses specifically on children with UHL, their experiences with anger and ways to assist them, only one study focused on children with a hearing loss and their experiences with anger. Eschenbeck, Gillé, Heim-Dreger, Schock and Schott (2016) established that regarding anger, girls with a hearing loss displayed needs for significant needs for social support such as counselling. On the other hand, boys focused on using various forms of social media, and entertaining to cope with their anger (Eschenbeck, et al., 2016). Although both these strategies can be used as suggestions for the UHL population, these both require further research to verify their effectiveness.

Overall, there seems to be lack of specific qualitative research regarding children with UHL, and their experiences of anger. Therefore, in this exploration of the personal stories of four people with UHL, and given the argument that children with a hearing loss are predisposed towards experiencing higher levels of anger than their hearing counterparts, it is important to pay attention to this area during the analysis of their stories.

2.12.9 Anxiety in children with UHL

According to Abramowitz and Braddock (2008), anxiety can be both healthy and unhealthy. Although healthy anxiety refers to a normal and controllable concern of daily activities, unhealthy levels of anxiety refer to excessive and uncontrollable worries. This free-floating anxiety is often channelled towards events or issues that are beyond the individual's control and can impact negatively on their behaviours and thought patterns. Regarding children with UHL, anxiety can often be related to the missing of important auditory and social information and cues, or being unable to cope with auditory, learning and responding demands.

Research reveals that when children are unable to grasp adequate auditory information during social interactions, they often experience feelings of a lack of control in their environments, and this predisposes them to experience high levels of anxiety (Edwards, 2007; Tambs 2004). More specifically, when these children for example those with UHL, are unable to hear certain environmental information, they may find themselves in vulnerable areas in which they lack the assertiveness (agency) and emotional skills to protect themselves. This claim can be verified by studies which revealed that as a result of psychosocial, language, communication and emotional difficulties, many children with UHL can experience higher levels of anxiety (Cetin, et al., 2010; Edwards, 2007; Tambs, 2004; McKay, 2006). Additionally, research by Tambs (2004) established that when children with a hearing loss experience social isolation, this predisposes them towards experiences higher, unhealthy levels of anxiety, when compared to their hearing counterparts.

Similar to the areas of aggression, language and various emotional challenges, research that specifically focuses on the experiences of children with UHL is limited, and that of the few articles that do mention anxiety, these only serve to mention anxiety as a characteristic of hearing loss. For example, in this chapter's literature review, articles by Lieu, Cetin, Roland and Borton, concentrated on areas that are related to anxiety, such as depression and quality of life, but neglected to focus specifically on anxiety in children with UHL. This made it difficult to establish that any research exists that specifically addresses children with UHL and their experiences of anxiety. Thus further research is needed to fill this gap.

Overall, although there is a clear lack of qualitative research regarding children with UHL and their experiences with anxiety, it is important to pay attention to elements of anxiety and aggression during their treatments. For reasons that a child's experiences with anxiety, will not only influence significant social and emotion interactions and relationships, but will also impact on the child's quality of life. So in the exploration of four stories of people with UHL, as they retrospectively present their personal stories, it is important to pay attention to any hints of experienced anxiety. This is important because as a strong emotion, anxiety has the potential to influence other important social and emotional experiences.

2.12.10 Coping skills

As children with UHL or any other hearing loss progress in their academic careers, they experience a range of social and emotional challenges, such as identity, anger and anxiety challenges. Many of these were previously discussed with views to exploring how they impact on children with UHL and various of their social and emotional experiences. In light of these challenges, many children with UHL try to employ various coping skills in attempts to survive socially and emotionally alongside their peers. According to Garnefski, Kraaij and Spinhoven (2001), coping skills play significant roles in a child's experiences and well-beings, and refer to words, thoughts, actions or feelings that allow a person to deal effectively with the challenges on hand. Through these strategies children learn to regulate their cognitive and emotional reactions and can range between skills developed in childhood, to those learnt as an adult. These coping skills also refer to "what a person actually thinks or does to manage the demands of a particular encounter", and when applied to children with UHL, can reveal a specific set of methods that focus on their needs (Folkman in Cummings, Greene & Karraker, 1991, p. 5).

During a child's social interactions, he/she learns to consciously manage negative feelings such as anger, aggression and sadness in socially constructive ways, particularly through language. However, since children with UHL experience significant auditory setbacks, many do not develop coping skills as quickly as their hearing counterparts. In order to establish literature that recognises these differences, a systematic search of the literature was conducted. This review confirmed that a minimal amount or research regarding children with UHL and their coping skills exists Even though a significant amount of literature draws attention to the need and importance of coping skills during childhood, there is a clear neglect regarding the coping skills of children with UHL.

In order to expand on this search, other searches regarding this topic were performed, and this led to an area of grey literature. These searches were performed with the terms "coping skills" and "unilateral hearing loss" and resulted in 53 results. The results of this search revealed that most articles concentrated on guidelines for

audiologists, and the effectiveness of hearing aids. Only a few articles, namely, "*Building resilience in children with hearing loss in general education classrooms: A guide for parents and teachers of the deaf*" by Micucci (2015), and Garnefski and Kraaij (2012) "*Cognitive coping and goal adjustment are associated with symptoms of depression and anxiety in people with acquired hearing loss"* explored the coping skills of children with a hearing loss. Moreover, none of the articles specifically explored children with UHL and their coping skills from qualitative perspectives.

Although the two articles by Micucci (2015) and Garnefski and Kraai (2012) did not focus specifically on the UHL population, they provided applicable information. Micucci (2015) explored various areas such as family, student and school, and looked at how deaf children can be helped cope specifically in these areas. This included examples such as seating arrangements and focused mainly on what strategies teachers could employ to support children with a hearing loss. Additionally, Garnefski and Kraai (2012) studied how people adapt psycho-socially to an acquired hearing loss, and concluded that this population experienced significant auditory and social needs, which called for specific coping skills. In general, although these two studies focused on the topic of coping skills, they did not provided relevant information for this study since discussions did not focus specifically on children with UHL and coping skills.

Only one specific study by Martin and Bat-Chava (2003): "*Negotiating deaf–hearing friendships: Coping strategies of deaf boys and girls in mainstream schools*" provided relevant information. This study established that children were flexible and employed a variety of coping skills, and that the effectiveness of a child's coping skills increased with age. More specifically, Martin and Bat-Chava (2003) established that girls with a hearing loss benefited from acting confident in their social relationships, and also by learning to ask for repetitions. Although boys with a hearing loss have reported that they feel compromised on the sports ground, and that they benefitted from engaging in sporting activities. In addition, Petitpas, Cornelius, Van Raalte and Jones (2005) confirmed that children who engaged in sports experienced better social relationships, leading to better levels of self-esteem and social relationships. Similarly, Iwasaki (2001) explained that sport provides

opportunities for children to experience a greater sense of autonomy, which enables them to further develop their coping skills. However, Martin and Bat-Chava (2003) stated that there is no standard measure to evaluate coping skills in children with a hearing loss, and that a need for this exists.

Overall, none of these studies specifically focused on the experiences of children with UHL, and their coping skills. Given that research by Bess, Hintermair, Cetin and Borton has confirmed by children with UHL are prone to various social and behaviour challenges, they require coping skills that enable them to manage challenges related to these areas. I agree with Martin and Bat-Chava (2003) that future research needs to expand to take cognisance of a variety of school, social and community situations in order to provide a comprehensive understanding of a child's coping skills. They include that a joint consideration of a child's coping strategies and the environment can possibly benefit children with a hearing loss and possibly also lead to better quality of life experiences (Martin & Bat-Chava, 2003).

2.12.11 Hearing Related Quality Of Life (HRQOL)

A person's quality of life can be seen as individual perceptions about specific life situations (World Health Organisation, 2017), notably their cultures, beliefs, value systems, including their physical, social and emotional well-being. This is a particularly difficult area to assess, since it's an abstract term that deals with a person's actual living experiences, and more specifically with their intra- and interpersonal relationships. Regarding children with a hearing loss, research has revealed that many professionals concentrate intensely on the language, cognition and hearing skills, and this often leads to a neglect of their social and emotional experiences (Warner-Czyz et al., 2015). When this neglect occurs, it impacts negatively on a child's general quality of life and can also lead to certain emotional and mental challenges, such as social isolation (Warner-Czyz, et al., 2015; Polat, 2003).

Although minimal research regarding children with UHL and their HRQOL exists, research in neighbouring fields of social, emotional and communication difficulties,

can be used to gain possible insight into the HRQOL of children with UHL. For example, research from Britain and Austria established that as a result of a hearing loss, deaf children are twice as likely to develop internal mental difficulties, and that mental challenges existed even when parents and teachers held a positive views of their children's school and social activities (Hindley, 2005; Fellinger, et al., 2008). More specifically, these studies revealed that children with a hearing loss are more prone to be bullied or socially isolated, as well as also predisposed towards certain stigmas (Fellinger, et al., 2008; Meadow-Orlans, Sass-Lehrer & Mertens, 2003). Although these studies did not focus directly on the HRQOL topic, their findings can serve to inform parents and other professionals who deal with children with hearing loss. This information can be used to help parents and professionals further understand the social implications of having a hearing loss, and also possibly recognise how these experiences can influence a child's HRQOL. Moreover, this information can possibly be used to inform future policy and decision makers, and also inform classroom principles that work towards an inclusive education policy.

There are only a few studies that focus on HRQOL of children with a hearing loss, and one particular article by Lieu (et al.,2010) presented a comparative investigation of the HRQOL in both children with typical hearing and those with a hearing loss. In this study, he (Lieu, et al., 2010) assessed 35 children with UHL, 35 children with typical hearing and 45 children with a bilateral hearing loss, and argued that both children with UHL and bilateral hearing loss experienced lower levels of HRQOL. However, he stressed that the statistical difference between both these groups and their experiences were minimal, and this led to the conclusion that not all children with UHL are equally vulnerable to lower levels of HRQOL (Lieu, et al., 2010).

Other research that also focused specifically on the HRQOL of children with a hearing loss was Roland, Fischer, Tran, Rachakonda, Kallogjeri and Lieu (2015). This study presented a systematic search of literature that supports the argument that children with UHL experience lower levels of quality of life. However, they stressed that the quality of life of children with UHL can improve with suitable interventions (Roland et al. 2016). Hearing aids are often seen as the most suitable intervention for children with UHL, and although many children have reported that

they do improve the HRQOL, others maintain that they have a less than satisfactory impact on the quality of their lives (Briggs, Davidson & Lieu, 2011). In general, the impact of hearing aids on a child's HRQOL still remains uncertain and Cetin, Borton and Roland called for further research to substantiate their findings regarding the quality of life of children with UHL.

Other areas that can have a direct impact on a child's quality of life, are their language and expressive skills, which influences their abilities to express themselves and understand others (Fellinger, et al., 2008; Peterson & Siegal, 2000; Theunissen et al., 2014a). Difficulties in these communication areas can lead to social isolation, stigmatisation and aggression, and influence the quality of a child's social and learning experiences (Theunissen, et al., 2014b; Warner-Czyz, et al., 2015; Most, et al., 2012; Mathers, Smith, & Concha, 2000; Tambs, 2004; Cetin, et al., 2010). Collectively, all these factors can have a strong influence on a child's overall quality of their life experiences. More specifically, when children resort to aggressive or disruptive behaviour in order to express themselves, this often further negatively impacts on a child's quality of life (Barker, et al., 2009; Cetin, et al., 2010).

Overall, most of the studies in the UHL and deafness areas focus on identifying and treating hearing loss. More specifically, a large majority of research in these fields focus on establishing the effectiveness of hearing aids and other amplification devices, which leads to qualitative research being minimal. Only a few studies, namely those by Hadjikakou and Stavrou (2016), and Borton (et al., 2010) focused on personal experiences of children with UHL, that lent themselves to HRQOL area. Personal statements in these studies included one child expressing that, "It's difficult to have a hearing loss" and "It can be embarrassing when I talk to others and I cannot understand" (Hadjikakou & Stavrou, 2016, p. 36). These statements reveal direct feelings associated with having a hearing loss, and can be used to gain insight into that child's HRQOL experiences. More specifically, Hadjikakou and Stavrou (2016) established that most children with UHL experienced negative feelings towards their hearing loss, which further informed their perceptions regarding their quality of life experiences. On the whole, a minimal amount of qualitative research regarding the quality of life levels in children with UHL exists, and Lieu (et al.,2010)

states that further research is required to verify links between a hearing loss and low levels of HRQOL.

2.13 CHILDREN WITH UHL AND ADDITIONAL DISABILITIES

When a child has a hearing loss, their abilities to listen, hearing, respond and interact can be severely compromised due to the restricted amount of auditory information. However, when a child with a hearing loss has an additional disability, this can present additional sensory challenges that require additional coping strategies. Qualitative research regarding children with UHL and additional disabilities is limited, and from the small amount of available research, most present statistical information. Studies by Fortnum and Davis (1997), Willey and Meinzen-Derr (2013), and Chilosi, Comparini, Scusa, Berrettini, Forli, Battini, Cipriani and Cioni (2010), were amongst a few studies that provided quantitative evidence regarding children with a hearing loss and other disabilities. For example, Fortnum and Davis (1997) and Willey and Meinzen-Derr (2013) established that 9.5% and 12% of deaf children were reported to experience visual disorders. Other disorders such as neurodevelopmental, cognitive neurodevelopmental, autism spectrum disorders, and also language and attention disorders were commonly investigated in children with a hearing loss. Research by the Gallaudet Hearing Institute (2005) confirmed that almost 30-40% of children with a hearing loss experience an additional disability. Similarly, Willey and Meizen-Derr (2013) reported that children with UHL also tend to experience language delays, and this is regardless of the advances in newborn hearing screening, and the introduction of support and intervention strategies. On the whole, although there is a significant amount of statistical information regarding children with a hearing loss and additional disabilities, I was unable to find any qualitative reports in this area.

Although there is a growing concern from educators, to effectively identify, assess and assist children with UHL, and who have an additional disability, certain factors hamper researcher's abilities to do so (Guardino, 2008). Firstly, a major obstacle for researchers in this field, is that children with UHL and who have an additional

disability, are frequently left unidentified, and this impacts on the manner in which they are handled both in and outside of classrooms (Bruce & Borders, 2015). Secondly, due to the limited amount of information regarding the identification and placement of children with UHL and additional disabilities, researchers find themselves unable to research this field (Guardino, 2008). Together, these two factors make it very difficult for researchers to research this field.

One particular study, by Bruce and Borders (2015), who investigated children with a hearing loss with additional disabilities, purported that in order to effective assist and support children in this area, a few factors need to be considered. This includes a thorough consideration of their classroom and playground situations and practices. To explain, the placing of suitably skilled professionals and programmes that focus on the identification of their strengths were constantly emphasized as possible support strategies (Bruce & Borders, 2015; Ewing & Jones, 2003). Bruce and Borders (2015) concluded that a consideration of these factors, can possibly assist the child in his/her attempts to cope with learning, language and communication challenges (Bruce & Borders, 2015). Similarly, Ewing and Jones (2003) also called for further research regarding the training of professionals to meet the needs of children with a hearing loss and additional disabilities. Ewing and Jones (2003) argued that the appropriate placed of children in this category, along with appropriated trained and skilled professional, are a few considerations that need to be regarded as vital for the support and development of children with a hearing loss and additional disabilities. In the same way, Guardino (2008) called for evidence-based research that focuses on the effective assessment, identification and placement of children in this category. On the whole, the presence of an additional disability in children with UHL, presents not only additional learning and communication barriers, but can also predispose children towards further language, social and emotional challenges and delays. On the whole, I was unable to find any qualitative research regarding children with UHL, and their experiences of having additional disabilities.

2.14 CONCLUSION

This study focuses on a retrospective qualitative exploration of the lived experiences of four people with UHL. Being born into a world dominated by audio communication, children with UHL find themselves caught between trying to cope and manoeuvring between various hearing multicultural environments. Due to differences in hearing and communication needs, children with UHL might experience more restricted relationships with hearing peers than their peers with typical hearing (Hauser, Lukomski & Hillman, 2008). This chapter began with searches via a systematic search of the literature in order to establish what qualitative research exists in the UHL, and which studies can be used to support the exploration of the social and emotional experiences of four people with UHL, as they retrospectively present their stories of UHL. Thereafter, this chapter provided a thematic discussion regarding the social and emotional development of children with a hearing loss, and searched for research that specifically focused on children with UHL. These discussions provided a background of information that will be considered when analysing the participants' stories, as the researcher attempts to explore the personal experiences of the participants with UHL.

This literature review established that as a result of social, emotional and communication challenges, areas such as a child's identity, self-esteem and confidence can be negatively affected. It was also established that as a result of hearing loss limitations, surrounding social relationships will also be affected. Moreover, the thematic discussion discussed how UHL can influence a child's experiences of factors such as identity, anger and anxiety, which can then impact on a child's quality of life. This led to the discussion of coping skills and HRQOL and called for a need for policies and programmes to focus on the support of children with UHL in order to help them develop effective coping skills. Finally, the HRQOL of children with UHL was discussed in order to establish the level and quality of children with UHL and their experiences, and affirmed that not only is there a lack of qualitative research regarding this field, little or no research that focuses specifically on children with UHL and their HRQOL exists. Overall, in the exploration of four stories of adults with UHL, this literature review confirmed that minimal qualitative research exists in various social and emotional fields.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

In presenting and exploring the experienced life stories of four adults with a unilateral hearing loss (UHL), from an autoethnographic viewpoint, voice is given to their personal social and emotional experiences of living with UHL. This study employs qualitative methods and narrative inquiry to help personalize their stories and explore their lived experiences as the participants reflected on their childhood experiences. In order to create a framework that allows for both the recognition of the stories of four adults with UHL, and also to create a platform that allows for their personal feelings to be shared, a combination of various theories will be used. Theories of phenomenology, Bronfenbrenner's ecosystemic theory and Vygotsky's sociocultural theories will collectively be employed as a framework with which to explore these qualitative stories.

According to Donald Schön (in Grimmet & Erickson, 1988), storytelling can be seen as a medium that facilitates the process of reflection and meaning-making, and also adds richness and depth to a person's story. He added that:

> "…. storytelling is the mode of description best suited to transformation in new situations of action.... Stories are products of reflection, but we do not usually hold onto them long enough to make them objects of reflection in their own right.... When we get into the habit of recording our stories, we can look at them again, attending to the meanings we have build into them and attending, as well, to our strategies of narrative description"(Schön, 1988, p. 29).

In other words, Schön attempts to discuss the critical role that stories play in our lives, by discussion the importance of being able to tell stories from a teaching point of view. Schön (1988) explains that people tell stories in order to enable themselves to reflect on them so as to help themselves create and inform their personal meanings. Additionally, without the process of reflection, these stories can weaken to

mere descriptions of events, which results in a lack of depth and richness that is required by stories to be meaningful. In this study, the participant's stories and their reflections on their unilateral hearing loss, will be presented within narrative theory, and story of the researcher will be presented as an autoethnographic narrative. These methods were chosen for their abilities to present stories as accurately as possible, and also for their recognition of people's personal experiences and feelings. These methods and themes will be further explored in the following chapters.

In order to enable for the recognition of the personal stories and experiences of the four participants, a phenomenological approach provided the conceptual framework for this study. Additionally, the theories of Bronfenbrenner and Vygotsky, provided a firm theoretical framework with which to ground and analyse the findings from these stories. What is more, is that the participants transcripts need to be investigated in relation to their surrounding social and cultural contexts, in order to establish their personal meanings and messages. To achieve this, Vygotsky's theories of language as the predominant tool of self-expression and interaction, will be investigated in order to establish how the four participants expressed themselves regarding feelings of their hearing loss. Since, language can be seen as the main tool with which people create and influence their social worlds, it becomes necessary to pay special attention to the words and meanings that the participants attributed to their hearing loss. However, this study will not pay attention to the phonic and grammatical rules and structure of the three participants' expressions, but will rather focus on their choice of words and possible meanings. According to Fairclough (2003), peoples' expressions and texts need to be analysed in terms of social relationships and power. He (Fairclough, 2003) explains that these concepts influence a person's personal experiences and relationships, and plays a key role in the development of their personal meanings. Since this study, focuses greatly on personal meanings and experiences, it finds relevance in theories that focus on personal ideologies, meanings and experiences. Hence, the following chapter will explore the above mentioned theories with the view to demonstrating their applicability to this study.

3.2 PHENOMENOLOGY

Phenomenology, coming from the Greek work *'phainomenon',* means 'appearance' and aims to work with people's experiences regarding their levels of consciousness (Kolak, 2001, p. 480). Within psychology and areas of humanity, phenomenology is seen as a "descriptive, qualitative study of human experience" that takes cognisance of people and their levels of consciousness as they experience life (Kolak, 2001; Wertz, 2001, p. 125). One can say that phenomenology is the study of the relationships between a person's levels of consciousness and their experiences with a specific phenomenon or object (Giorgi, 2006).

Founded on the philosophies of Husserl, Heidegger and Merleu Ponty, this framework purports that people can learn and grow from recognising the personal meanings and messages found in human experience. Historically, Husserl (2001) a German philosopher, is known for advocating a descriptive type of phenomenology, argued phenomenology concerns itself with trying to understand how people experience things in terms of their consciousness and awareness (1962). He asserted that human consciousness formed the core of human experiences and emotions, and that through consciousness, people can reflect on and access their prior personal experiences with a certain phenomena (1962). Additionally, through phenomenology, people are able to arrive at personal understandings, interpretations, which allow them to further investigate the underlying order, structure and coherence of their own and other people's experiences. Furthermore, through phenomenology, readers can derive meaning from a joint understanding from descriptions of both the person's inner feelings, and external worlds.

Phenomenology recognises that although researchers cannot directly access people’s experiences, they can attempt to access people's personal meanings by examining their personal, lived experiences. In order to explore these lived experiences and feelings, many researchers employing a phenomenological approach, turn to interviews as a method of data collection. This choice is often influenced by Husserl's (1970) idea that a true understanding of lived experiences can only be retrieved through individual-based interaction with persons associated with a certain phenomena. In this study, interviews were used as the method of data

collection, which provided a firm grounding for phenomenology in this study. Phenomenology, made up of two Greek words "phainomenon" and "logos" (Schrag, 1958). "Phainomenon" means "that which shows itself in the manner in which it is", and "logos" refers to allowing things to be seen, though discourse (Schrag, 1958, p. 119). This approach is particularly relevant to this study, since I will interact individually with the participants' during these interviews, in order to elicit rich and evocative stories regarding their experiences with a UHL. These stories will be based on personal discourse and expressions, and attempt to communicate events as they were experienced. These interactions were governed by principles of privacy and confidentiality, which enabled participants to share their personal thoughts and feelings in an open and safe environment. Although phenomenology realises that researchers cannot access people's true experiences, interviews are recognised as a method that allow researchers to come as close as possible towards achieving accurate understandings of these relevant experiences (Larkin & Thompson, 2012).

Additionally, even though interviews are often seen as methods that allow researchers to directly access a person's thoughts and feelings, by collecting and examining their verbal and non-verbal expressions, opposing arguments state that interviews cannot be seen as accurate portrayals of the person's experiences. Due to the presence of bias inherent in personal beliefs and opinions, Eatough & Smith (2008) argue that these elements influence the accurate portrayal of peoples' stories. In order to guard against the potential of subjective influences and biases affecting the accurate presentation of stories, Husserl (2001) introduced the terms of "bracketing" and "transcendental phenomenology". Husserl (2001) explains that bracketing can be seen as a process of guarding against the personal self, since it involves pulling the phenomena apart to facilitate its inspection (Giorgi, 1999; LeVasseur, 2003). Additionally, it also involves inspecting the phenomena outside its environmental influences in order to facilitate the presentation of stories that are free from any explicit influences (Giorgi, 1999; LeVasseur, 2003). Similarly, the second term "transcendental phenomenology" links to bracketing, and refers to an intentional form of consciousness which researchers use to suspend and set aside their personal beliefs, in order to thoroughly engage the phenomena being focused on (Husserl, 2001; Van Manen, 2016). This involves researchers needing to practice

personal introspection, reflection and have a conscious awareness of their subjective feelings that could possibly influence the accurate presentation and analysis of data.

When applied collectively, both these terms focus on the preservation of the data, in order to uphold its authenticity and to preserve the exact and accurate meanings that are shared in personal stories (Van Manen, 2016). In addition, another term that is similar to the above terms is Husserl's (1970) term 'epoche'. Like 'bracketing' and 'transcendental phenomenology' focused on guarding against subjectively influencing the data, this term also involves the conscious regulation of a person's subject thoughts and experiences, in order to allow for an accurate portrayal of the person's story.

In this study, the phenomena was the unilateral hearing loss (UHL), and since I personally experienced this phenomena, I needed to become more aware of my own subjective thoughts and feelings, and consciously guard against them influencing the presented story (Van Manen, 2016). In order to do so, I wrote down personal thoughts and feelings in journals, then reflected on these writings after significant periods had passed. This allowed me to look at my own writing with a new open mindset with the view to identifying any subjective influences that may interfere with the data, and also, possibly identify new thoughts and information. Thereafter, I also investigated feelings regarding my unilateral hearing loss by questioning myself regarding my personal feelings about my unilateral hearing loss, and this allowed me to acknowledge that I needed to consciously be aware of these feelings during the interviews. These processes allowed me to investigate the lived experiences of the participants with UHL as openly and confidently as possible with minimal fear of subjective influences. Moreover, procedures allow for a more authentic reception of the person's story, as well as, for a more coherent and thorough story to be presented.

This qualitative study embraces an autoethnographical and phenomenological approach to the field of UHL, in order to uncover how four adults with UHL experienced their hearing loss. These stories will focus specifically on describing relevant social and emotional experiences as related to their hearing loss, and the researcher will engage with the participants in an inter-subjective meaning making

process (Larkin & Thompson, 2012). In order to use interpersonal phenomenological analysis (IPA) (Husserl, 2001). in this study, this study required an open research question which allows for the exploration of various levels of consciousness and experiences. The research question,

> *"upon reflection, how do adults remember their social and emotional experiences as a child with UHL?"*

This question invites the participants to explore relevant experiences regarding the phenomena. Moreover, in order to answer this question, the researcher will be required to collect a type of qualitative data that satisfies the nature of this question. In this study, unstructured interviews were chosen as the most effective way to help the participants explore their personal experiences and meanings. Additionally, this method provided a type of data that helped me to establish common qualitative themes and findings. All these methods work in line with the aims of a phenomenological study, and overall, I agree with Larkin and Thompson (2012) that researchers are responsible for reflecting on their interpretations, and for presenting the participants experiences as accurately as possible.

A branch of phenomenology that is also applicable to this study, is hermeneutic phenomenology. This type of phenomenology recognises researcher's needs to reflect on themselves and their interviews, and is also known as interpretive phenomenology (Ricouer, 1970). Additionally, what renders this approach applicable to this study, is that it seeks to understand a person relationships and understanding of the world that they exist in, and to also explore their experiences and meanings that they assign to them (Larkin & Thompson, 2012; Langfur, 2014). This approach, also known as Dasein analysis, is very similar to Bronfenbrenner's bioecological theory, ties in directly with the aims of this study, which is to explore the experiences of four adults with UHL. Moreover, both these theories allow for a recognition of surrounding social and cultural environments, and relationships, which could influence the participants and their personal meanings.

Furthermore, the phenomenological method enabled me to focus my attention on the stories and themes that arose from these interviews, which allowed for a deep and

thorough analysis of people's stories and experiences (Larkin & Thompson in Harper & Thompson, 2012). Although many phenomenological researchers recommend that discourse analysis should be considered when using interviews to collect data, phenomenology allowed me to look beyond the data for more meaningful information and messages (Willig, 2013). Another considerable difference is that unlike discourse analysis, which focuses on literary clues and objective aspects of a person's verbal expressions, phenomenology allowed me to move further and delve deep into a person's inner meaning and experiences. Overall, regarding data analysis of this study's data, phenomenology provided an effective means with which to explore and investigate the personal meaning and messages of peoples' stories and lived experiences with UHL.

Since this study endeavours to explore the lived experiences of four people with UHL, a phenomenological approach was chosen. Reasons for this choice, were its strong focus on the recognition and presentation of the experiences of people with a certain phenomena. Other reasons include its emphasis on presenting stories as accurately and authentically as possible, and on how people establish their own personal meanings. Overall, this study found grounding in a phenomenological approach, with its emphasis on peoples' experiences and meanings.

3.3 BRONFENBRENNER'S BIOECOLOGICAL MODEL

Bronfenbrenner established himself in human development research in the 1960s with a bioecological model, also known as the ecological model from the 1970s. Bronfenbrenner and Evans (2000) attempted to recognize the surrounding social and cultural influences in a child's life, as a way to gain a better understanding of their learning abilities and experiences. Additionally, this theory also placed a significant emphasis on the individual’s central role in a range of systems, which takes cognisance of the person's current influences, experiences, and recognises the interplay of various social and cultural forces on a person's development (Bronfenbrenner & Evans, 2000, p. 117). Bronfenbrenner proposed that this model can provide a multi-dimension approach with which to understand how a person develops, and also can provide insight into how various environments can influence

a person's physical, psychological and cultural development (Bronfenbrenner, 1994). Bronfenbrenner's bioecological theory was chosen for certain significant strengths. Firstly, it recognized the surrounding social and cultural forces that can impact on a person's development, secondly, it's consideration of how various primary and secondary relationships interact and influence a person in their thoughts and experiences, and finally, this theory allowed for the recognition of a person's inner experiences as they tried to establish meaning in their lives. In the following paragraphs, this model will be explored in respect of its various levels.

The bioecological model, frequently used to explore a child's development from a holistic perspective, is often described as "a set of nested structures, each inside the other like a set of Russian dolls". It presents a picture of various systems in a child's life, in which each system is nested into the other (Bronfenbrenner, in Peterson, Baker & McGaw, 1994, p. 39; 2009), namely: ‘microsystem, mesosystem, exosystem, macrosystem and chronosystem’. The subsystems impact on an individual in 'two-way' interactions between the various systems, in a "bidirectional" reciprocal process (Bronfenbrenner & Morris, 2006, p. 799). The following figure presents a graphic image of this model and uses arrows to illustrate the bidirectional interactions of this model.

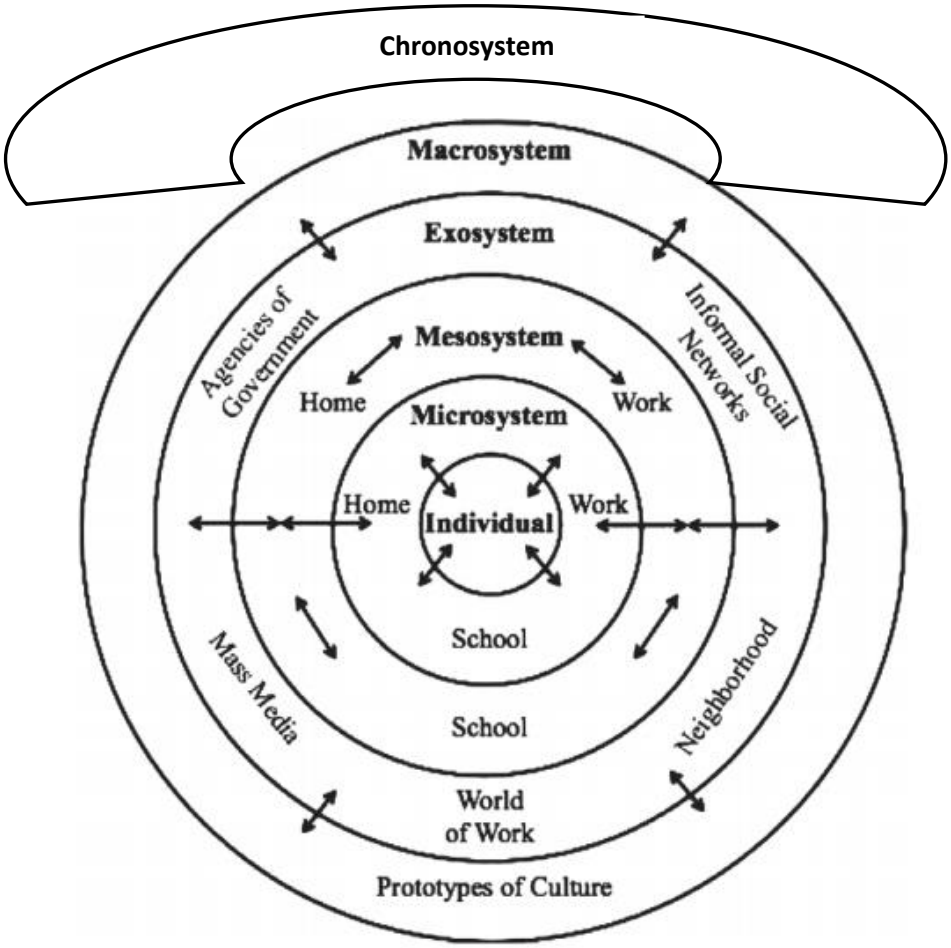


Figure 3.1: Various systems that exist in a child's context.

(adapted from Bronfenbrenner, 1979; Mullins, Molzon, Suorsa, Tackett, Pai & Chaney, 2015).

a) Microsystems

The microsystem is positioned closest to the child, recognising immediate, close relationships that involve the parents, teachers, siblings and friends (Berk, 2000). The first and the innermost system can be seen as a "pattern of activities, roles and interpersonal relations" that are experienced by the child in particular social and cultural settings (Bronfenbrenner, 1979, p. 22). Referred to as the "centre of gravity" and “core” system around which other systems exist and interact, it includes elements such as a child's cognition and internal social and emotional experiences (Bronfenbrenner, 2005, p. xvi). Since this level is the closest to the person concerned, it presents a level that needs to be critically examined. It is at this level

and through their interactions with others that a child's meanings and journeys are formed and shaped. In this study, careful attention will be paid to the way that the participants describe themselves, their surrounding family members and friends, and also how they describe their relationships with these persons. This can possibly provide significant information regarding the participant's personal self, feelings and ideas. Furthermore, an important characteristic of the microsystem, is its four defining properties. A microsystem is characterised by its proximal processes, such as interactions; 'personal characteristics, context and time, and when a participant's experiences are examined under these headings, their stories can provide valuable qualitative information' (Bronfenbrenner, 2005).

b) Mesosystem

The second system, the mesosystem, recognises interactions that take place between two or more systems in a person's life, such as parents, siblings, school or teachers. Levels in the microsystem, are often characterised as being co-dependent, for example, between teachers and children, and depending on their interactions, they can influence a child's development in significant ways. This level plays a critical role in a child's development, since a child's interactions informs both their psychological development of identity and self esteem processes, and also plays a crucial role in the development of their future careers. In this study, it is important to consider this system, because South Africa is made up of a melting pot of cultures, religions and races, and interactions between the micro systems of these various cultures which can impact on a child in different ways. In other words, due to differences in race, religion, gender and culture, children can experience the same phenomena such as a hearing loss differently. Moreover, the participants' narratives will also vary in accordance with their various micro systems, and their interactions that were experienced. These interactions are importance, since they can further enable the researcher to develop a better understanding of the participants and their experiences as a person with UHL.

c) Exosystem

The third system, the exosystem, refers to systems that do not actively engage the

child, such as parents' social groups, employment conditions, or extracurricular activities. This can be represented by a larger social context that includes decisions taken at levels that do not involve the person concerned. This system is important because although it does not directly involve the child, it can still have an indirect impact on his or her development (Onwuegbuzie, Collins, & Frels, 2013). For example, a parent's employment status may not directly involve a child, but it does impact significantly on that child's experiences in the home environment. Interactions in this system are mostly governed by shared community, cultural norms and values, which are then represented in the next level, the macrosystem.

d) Macrosystem

The second to last system, the macrosystem, refers to social and cultural values of different contexts. Bronfenbrenner (1994, p. 40) refers to this system as an "overarching pattern of microsystems, mesosystems and exosystems characteristics of a given culture or subculture". It does not remain static but changes with time (Onwuegbuzie, et al., 2013), allowing for particular attention to paid to the surrounding socio-economic conditions, education, healthcare, social and cultural norms and values of a society. Changes on this level impact on the functioning of the other systems (Bronfenbrenner, 1977), allowing researchers to contextualise people, situations, and events.

In his writing, Bronfenbrenner (1994, p. 40) introduces the term 'societal blueprint', which points to the cultural norms and values, rules, regulations, and practices of certain societies. In order to overcome the challenges and limitations of certain communities rules and regulations, Bronfenbrenner (1994, p. 40) recommends that people need to look beyond barriers of cultural, class and socio-economic positions, for the "social and psychological features" that appear at the macrosystem levels. In this regard, researchers are advised to move beyond obstacles and oppressions and pay attention to the lived social and psychological experiences that influence people. Similar to typical hearing children, children with UHL also experience specific social blue prints. In South Africa, the 'societal blueprint' is visible in many cultural communities, and this plays a pivotal role in the way that children are raised in their specific communities. In other words, children develop culturally relevant norms and

values, that are specific to their cultural and religious communities, and when researchers choose to investigate the lived experiences of people in these communities, it is crucial that researchers move beyond these cultural barriers, in order to access people's inner personal meanings.

e) The Chronosystem

Finally, the chronosystem represents the time dimension in the bioecological model, defined by Bronfenbrenner (1994, p. 40) as a system that focuses on change over the developmental process in both the person and their environment. This takes into account changes in a person's physical, biological and psychological systems as time passes, and also looks at the changes in the environment, such as economic status, employment, family structure and lifestyle (Bronfenbrenner, 1986; 1989). Other changes that need to be considered are physiological ones, such as birth, death or marriage, political, national or international, and also a child's stages at school. The main aspect of this system is to recognize how changes over time can alter or change relationships and interactions between a person and the environment, and this presents critical information that researchers need to consider when examining people's personal experiences. When looking specifically at the South African context, it is important that researchers recognize the different types of regimes that dominated South African politics. In this regard, Black people were marginalized and disadvantaged by the Apartheid laws. However, 1994 signalled the end of this era and a new president was democratically elected. Hereafter, President Nelson Mandela assured all South Africans that they will be treated equally. The political changes that dominated South Africa during these years, plays a critical role in a person's development.

This level of Bronfenbrenner's (1994) bioecological model links to Vygotsky's theories of development, where he introduced the concepts of ‘ontogenesis’, ‘microgenesis’ and ‘sociohistory’ (Wertsch, 1985). These categories refer to the changes that a person experiences, and recognizes that depending on surrounding social and cultural contexts, people will describe these changes in various, descriptive ways. Additionally, these categories link to the descriptive and story-like nature of this study, and when applied to the participant's stories, can serve to

enhance their messages and personal meanings. Collectively, both these theories links to phenomenology, since they both call for a recognition of surrounding socio-cultural influences in a person's life, and when applied together, can allow for a thorough investigation of the four participants' experiences.

Collectively, all Bronfenbrenner's levels and systems highlight the need to recognize and explore the personal characteristics of people, such as their interests, hobbies, personal contexts, relationships and their experiences over various time periods. Since a person's behaviour, habits and reactions are often influenced by time periods, it becomes important to take cognisance of periods such as different socio-economic conditions, public facilities and developmental stages (Cunningham & Rosebaum, 2015). A collective recognition of these systems, allows researchers to focus more intensely on the participants systems, with the view to establishing how these elements could have impacted on their experiences (Bronfenbrenner & Morris, 2006).

In this regard, as the researcher in this study, I pay particular attention to the personal characteristics of the participants such as their personalities, interactions, the time and context of events that they deem significant to them. Together, information from all these levels can help provide information regarding their reactions to and attitudes to their UHL status. Moreover, this can possibly provide valuable information regarding their social and emotional experiences, as a person with UHL. Hence, a collective understanding of these systems and levels can possibly enable me to gain a better understanding of the participants and their experiences.

In summary, Bronfenbrenner's bioecological model was discussed in great detail, with a specific emphasis on the interactions and influences between the systems. The combined use of this model's systems allows for a thorough recognition of the various systems in the participant's lives, as well as, allows for the holistic presentation of the participant's stories. Although Bronfenbrenner's theory has been credited with various strengths, such as its recognition of environmental factors as well as its consideration of a person's relationships and interactions, criticisms have been levelled against it.

3.4 LIMITATIONS OF THE BIOECOLOGICAL MODEL

In Bronfenbrenner's (2005) book: *'Making Human Beings Human'*, he found a few shortcomings in his own model regarding 21st century lifestyles and demands. Having originally developed the model in the 1960s and 1970s he observed that both parents are now required to seek fulltime employment in order to survive financially. In the light of these circumstances, questions pertaining to whether parents would be able to provide the necessary support and intervention for a child's development were asked. In addition, He observed that a characteristic of 21st century lifestyles was the loss of extended families, and that the increasing number of single-parent families might serve as a challenging factor that prevented parents from providing children with sufficient support and interactions.

Another criticism of the bioecological model included the failure to address a major question: "does 'exposure' to 'progressively more interactions with persons, objects and symbols over extended periods of time' necessarily produce an adult who is a good parent?" (Bronfenbrenner & Evans 2000, p. 119), in order to establish whether interaction with systems guarantees a well-developed person. Bronfenbrenner (in Rosa & Tudge, 2013) points out another criticism of the model, that is, whether a focus on human development dependent on surrounding environmental factors is incomplete because it neglects a consideration of individual characteristics and contributions. This criticism draws attention to a person's personal capacities which are necessary in order to provide a more comprehensive understanding of him or her in the relevant environments.

Although many of these questions remain unanswered, the use of Bronfenbrenner's bioecological model, with its consideration of an individual's biopsychological characteristics and environmental influences, still has many strengths and was found to be applicable to this study. Overall, considering that the aims of this research are to explore the personal, lived stories of people with UHL, with the intention of giving voice to their experiences, this model proved useful in several ways. It recognised surrounding social and cultural influences as well as elements of change and development when investigating a child's development (Bronfenbrenner, 1994).

Hence, this study uses Bronfenbrenner's bioecological tool to help present the real life, social and emotional experiences of people with UHL. However, the use of Bronfenbrenner's model did not allow for sufficient attention to be placed on language, personal meanings and perspectives. To address this shortcoming, attention was focused on Vygotsky's theories of language and the social creation of meaning.

3.5 VYGOTSKY'S SOCIO-CULTURAL THEORY

The Russian developmental psychologist, Lev Vygotsky (1896-1934) explored child development, cognition and language, and in the process developed theories on the child's surrounding social and cultural environments. Vygotsky (1997a) argued that these were important factors in education, and like Bronfenbrenner he argued that parents, teachers, siblings and social environments interacted and actively played central roles in the child's learning and development (Vygotsky, 1978). His theories of education, language and learning were formulated more than 60 years ago, but researchers still choose to use it for several reasons. Firstly, Vygotsky (Davydov & Kerr, 1995) insists that education involves human interaction in the teaching and learning process, and this process needs to prioritize the development of a child's personality. Secondly, Vygotsky asserted that the development of a child's personality is intricately linked to their creative potentials and that the education system is responsible for providing opportunities that foster creativity in children. Thirdly, Vygotsky put forward the idea that a child is in part an outcome of teaching and learning, and draws attention to the development of inner values and belief systems (Davydov & Kerr, 1995). The fourth idea lends itself to recognising the need for collaboration between the teacher and the child. The fifth idea emphasises that the processes of teaching and learning need to be directly linked to a child's unique and specific personality, needs and development. Education, therefore, cannot simply focus on uniform processes, but needs to take into account special and unique circumstances (Davydov & Kerr, 1995).

Throughout Vygotsky's theories he reinforced the value and importance of language and communication skills, and stressed the necessity of social and cultural

interactions for learning and development processes. Since this study places a large focus on the participants' use of language and their personal expressions, it is important to take cognisance of Vygotsky's theories of language. Regarding language, Vygotsky dedicated a large part of his research to understanding the relationship between thought and speech, and this study uses his theories to explore the participants' stories. The use of the theories of Bronfenbrenner and Vygotsky allow me to focus on and analyse the participants' use of language and descriptions of their interactions and perceptions, which also allows me to unpack and dissect their expressions (Lantolf & Thorne, in Van Patten & Williams, 2007). This theoretical framework allows me to investigate the participant's personal meanings and messages, and also assists me to present their stories as accurately as possible. In the following section, I unpack Vygotsky's theories of language, emotions, and his opinions regarding the management of children with special needs.

3.6 LANGUAGE AS A PSYCHOLOGICAL TOOL

In Vygotsky's (1997a, p. 105) early writings on language, he stated that, "it is through others that we become ourselves". This statement captures a strong message that Vygotsky viewed language is a tool which people use to interact and establish themselves with others. Vygotsky (1978) believed that language is the medium through which a child manoeuvres, learns and interacts with environments, thereby creating his or her own social world and social character. Vygotsky (1962) referred to language as central to any form of social interaction, and which should be seen as a powerful tool of learning and intellectual development (1962). This led Vygotsky (1986) to coin the term that language can be seen as a "psychological tool" for development. Vygotsky (1986, p. xxiv) explained that language can be based on a principle of cause and effect, and uses the metaphor of a tool to explain its relationship to language. As with tools, which humans use to build objects, language can be used to build a person's psychological world through socialising, communicating and interacting with others. Whilst 'material tools' are directed outward, towards mastering the external world, 'psychological tools' are directed inward, towards mastering the individual's psychological processes. However, unlike physical tools, psychological ones have a "semiotic nature", since they represent

active meaning-making processes (Vygotsky, 1986, p. xxv). In agreement with Vygotsky, I contend that language can be used as a tool to create and maintain inner and outer relationships, as well as to facilitate cognitive and social development (1978). Vygotsky's ideas on language find particular relevance to this study, since the main medium through which the participants' will communicate their stories, is through their language. During the course of the interviews, special attention will be focused on how they describe themselves in terms of their hearing loss, as well as, how they describe their attitudes and experiences regarding it. Additionally, a special focus will point to how they used language to build their social worlds, and mediate their interactions. Overall, attention will not be focused on grammar and language rules, but rather on how they used language as a tool with which to express themselves.

Similar to phenomenology, Vygotsky (Lloyd & Fenneyhough, 1999) linked language to people's consciousness and awareness, and described it as a tool that enables people to access various levels of consciousness. Vygotsky (1980) explained that mental functions are consciously regulated by language skills, such as activities of thinking about thinking, or reflecting on thoughts and experiences, and that a person's development of their mental functions depends on the level and quality of their interactions. Vygotsky (1980) referred to higher mental functions as mental activities that develop as a result of mediation with an adult. On the other hand, lower mental functions, a prerequisite for higher mental functions refer to man's basic needs of human survival. Vygotsky (1980) discusses that a child's use of language enables them to develop skills in the higher mental category, and also provides a medium for them to further develop their personal selves in various areas of interest. In this regard, attention will not be focused on the participants' and the levels of mental development, since the aim of this study is to present the lived experiences of four adults with UHL. However, special attention will be focused on their reflections and thoughts, since this can possibly help me gain a better understanding of their personal meanings and experiences.

Further issues that were discussed in Vygotsky's writings of language as psychological tools of development, were themes of social interaction, inner and

social speech. Regarding social interaction, Vygotsky (1978, p. 57) explained that "every function in the child's cultural development appears twice: first socially, and later, on the individual level". Here, Vygotsky (1978) tries to explain that when a child interacts social, he/she experiences these relationships, interactions, thoughts and feelings, first on a social level. Thereafter, a child moves these thoughts and feelings to an individual level, where he/she experiences them on an inner level (Vygotsky, 1978). This ‘inner speech’ is referred to as a form of inner or self-speech and reflections, and these abilities influence a child's ability to reflect on themselves and their interactions. Vygotsky (1978, 1986) believed that inner speech is gained and shaped by social interactions, which further influences the development of future inner speech. Vygotsky (1962) explained that inner speech has its own unique function of linking to a person's inner meanings, whereas external speech only reveals a person's thoughts. Additionally, Vygotsky (1987) maintained that inner speech is conducive for cognitive development and actual language speech abilities, and that a child's social environment plays a critical role in the development of their inner speech patterns. Additionally, this skill plays a critical role in the development of a child's personal meanings, and during the interviews, special attention will be place on expressions that could possibly be seen as inner speech. In this study, through my inner speech, I was able to think about and critically reflect on the narratives. This also allowed me to focus on the participants' reflective thoughts and inner expressions, which is crucial for this study, as I endeavour to uncover the personal experiences associated with living with UHL.

Vygotsky's ideas of language were explored in the 21st century by authors such as de Geurrero (2004) and Upton and Lee-Thompson (2001). Both these authors agreed with Vygotsky's ideas of language and inner speech, and de Geurrero (2004) argued that it is through language that children learn to successfully internalise their social worlds and experiences. This can impact positively on their abilities to express themselves and their experiences. However, de Geurrero (2004) criticises Vygotsky's theories for neglecting to describe and define the actual process of internalising speech, and for failing to recommend ways to achieve it. However, researchers need to bear in mind that since 'inner speech' cannot be seen or measured, this makes it one of the most difficult areas to research, (Vygotsky, 1986).

I agree with de Geurrero that Vygotsky needed to pay more specific attention on a child's intrapersonal relationships, i.e. relationships with their personal self, and investigate how these relationships influence their external social relationships. Given that Vygotsky died at 38 years of age, many of his works are incomplete, and he was unable to further investigate children's inner thoughts and speech patterns (Davydov & Kerr, 1995). This study reinforces the claim that people's language and interactions with others influence and shape their values and belief systems, ultimately playing a key role in their development. Language skills help determine who a person will become, including aspects of personality, notably, areas of emotions, cognition and behaviour.

3.7 VYGOTSKY AND EMOTIONS

Vygotsky held specific views of thoughts and emotions, which he explored from a social-constructionist viewpoint. Social-constructionist theorists focused on how people created knowledge and meaning, and how these influenced their existences (Burr, 2015). This social-constructionist view of learning creates room for human interpretation and supports the call that information, constructed on social and human levels, can be used by people to help them relate to each other and circumstances. In this regard, Vygotsky viewed emotions as feelings as being jointly created by people, through mutual interactions. Vygotsky also viewed emotions as being susceptible to a person's social and cultural settings, and this links directly to Bronfenbrenner's bioecological theory and phenomenology. Additionally, Vygotsky (1998) saw emotions as an element that is not unchangeable or passive, but rather is subject to a variety of social, cultural and historical influences. In other words, he explained that how a person feels about a certain phenomena, often depends on their surrounding circumstances, and called for the recognition of emotions being interconnected to surrounding environments (Vygotsky, 1988).

Vygotsky's views of emotions find particular relevance to this study, because one of the aims of the study are to uncover various emotional experiences of four participants with UHL. This theory allows me to try and establish how the participants' social and cultural settings influenced their attitudes and beliefs of their

hearing loss, and how the participants experienced their hearing loss in their specific cultural settings. Given that South Africa is made up of a variety of different races and cultures, it becomes imperative to consider these when examining the participants' experiences.

Another strength from Vygotsky's theories of emotions, that render it applicable to this study, is that he called for a "monistic" approach to emotions (Van der Veer & Valsiner, 1991, p. 357). This means that emotions can be viewed as a single concept, that jointly recognises both emotions and cognitive perspectives in children and adults (Vygotsky, 1962; Van der Veer & Valsiner, 1991). This unified approach allows for a deeper understanding of the thought processes that often accompany a person's emotions. Vygotsky (1962, p. 8) reasoned that that when emotions and thoughts are separated, this can lead to a presentation of them as "... an autonomous flow of thoughts thinking themselves, segregated from the fullness of life". In other words, Vygotsky (1962) explained that when thoughts and emotions are completely independent of each other, this can result in a person feeling isolated, and can also lead to a lowering of that person's mental functionality. I argue that the separation of thoughts and emotions can lead to perceptions of one as cold and unavailable, and can also serve to isolate the person from social interactions and events. Hence in this study, in order to pay attention to the participants' emotions, special attention was given to their verbal expressions. These verbal expressions are viewed both as their thoughts and feelings, and also allow me to delve deeper into the participants' experiences in order to gain a more holistic understanding of them.

Another strength of Vygotsky's (Rieber & Carton, 1987) theory of emotions, is his attitude that in order to gain an accurate understanding of messages, people cannot rely solely on the verbal words, but rather need to consider surrounding social cues, such as thoughts, motivations and various non-verbal signs. In his writing, Vygotsky (Bruner in Rieber & Carton, 1987, p. 6.) stated that:

> "An understanding of another's words requires more than an understanding of words alone; it requires that one understands the other's thoughts. However, even this understanding is an incomplete understanding if we do not understand the other's motive, the reason that

> he expressed his thought. In precisely this sense, we take the psychological analysis of any expression to its end only when we reveal the final and most secret plane of verbal thinking, that is, its motivation".

In this quote, Vygotsky (Rieber & Carton, 1987) explains that in order to sufficiently explore a person's words, it is necessary to consider not only surrounding social information, but he adds that people also need to recognise that a person's motivation lies at the root of their expressions. In this regard, Vygotsky tries to explain that at the centre of man's behaviour, messages and communication, lies his personal motivation. This includes a myriad of possibilities as man endeavours to take control of his environment and achieve healthy levels of self-actualization. In this study, the four participants' narratives will be analysed in terms of their own personal motivation, and the goals that they hope to achieve. Additionally, special attention will be paid to ascertain how their UHL status influenced these goals.

Finally, one more strength of Vygotsky's theories of emotions is his interpretivist stance. Vygotsky believed that "interpretivist" frame of reference can be used when investigating people's thoughts, expressions and feelings, since these investigations provide qualitative information that are subject to interpretation (Bruner & Rieber, In Rieber & Robinson, 2004, p. 14). Considering that the aims of this study are to explore the lived experiences of four people with UHL, Vygotsky, along with an interpretivist frame of reference, allow for a comprehensive interpretation of the participants' experiences and their personal meanings (Bruner & Rieber, 2004).

On the whole, this study foregrounds a view that peoples' thoughts, emotions and motivation, as influenced by their socio-cultural surroundings, all contribute to a person's personal meanings. Hence, it becomes critical to consider the role which emotions play regarding a person's thoughts, motivations and experiences, in order to try and understand how they form a background to the participants' social and emotional experiences.

3.8 VYGOTSKY AND CHILDREN WITH SPECIAL NEEDS

In the area of learning and development, Vygotsky (1980) did not neglect children

with special needs, but rather included them in the so-called section of 'defectology' (1980). However, due to the characterisation that this word implies, this study, will replace the term with 'children with special needs'. Vygotsky (Rieber & Carton, 1993a) argued that traditionally children with special needs were treated with attitudes of condemnation that ostracized them. In order to address these attitudes, Vygotsky provided a sociocultural framework for understanding children with special needs, and his book "*Fundamentals of Defectology"* provides relevant information regarding children with special needs. In this book, Vygotsky made specific recommendations regarding the management of children with special needs. Initially, he spoke about using psychological functions to assist one regarding their special needs, and thereafter he spoke about the importance of concentrating on a child's strengths, and their needs for mediation. These will be further discussed in the following section.

In Vygotsky's writing, he wrote about the importance of using higher psychological functions to compensate for any restrictions of sensory information (Rieber & Carton, 1993a). He asserted that consequent to a sensory information restriction, a person can experience feelings of inadequacy and a sense of being 'different'. Such feelings are reported to translate to factors such as: low self-esteem, identity and confidence challenges, which ultimately influence the abilities to cope with other challenges (Rieber & Carton, 1993a). Vygotsky (Rieber & Carton, 1993a) reasons that in order to deal with such situations, children with special needs choose to employ various psychological functions to help compensate for their sensory restrictions. It is interesting to note that, literature from Chapter Two established that as a result of a UHL, many children are susceptible to low levels of self-esteem and confidence, and that many also experience identity challenges. This information can be used to support Vygotsky's argument that as a result of a sensory deficit, children can feel inadequate and different, thereby leading to low levels of self-esteem and confidence. Additionally, since children with UHL rely on only one ear for auditory information, they need to compensate for their unilateral hearing loss, and many children may choose to use language as a psychological tool to help them mediate their ways through various social situations. Other psychological functions that children with UHL can employ to assist them in social situation, will be to become

more aware of body language or other visual cues.

In order to enable children with special needs to take better control of their lives and any feelings in inadequacy, Vygotsky recommends that people need to focus on the potentials of these children instead of their sensory restrictions (Rieber & Carton, 1993b). Vygotsky (Rieber & Carton, 1993b) recommended that for children with special needs, learning and development systems need to focus on their rehabilitation and empowerment rather than on their disabilities and weaknesses. This idea, also known as ‘dysontogenesis’, calls for a recognition of personal capacities and the use of environmental resources to empower people to take action and control in their lives (Kozulin, Gindis, Ageyev & Miller, 2003). In order to do so, Vygotsky (Kozulin, et al., 2003) recommends that children with special needs need to be supported in culturally specific ways to try to develop their personalities and potentials. He added that people should focus on strengthening social and cultural information, and in the process reinforce a person's psychological functions (Rieber & Carton, 1993b). In this section, both of Vygotsky's calls for learning centres to focus on a child's strengths instead of their sensory limitations, and for children to be supported culturally. This can be applied to the South African context, since many South African cities and towns are equipped with various community and learning centres, and the employment of suitably qualified professionals can also serve to support children with various disabilities. Vygotsky's theories explain that as a result of a hearing loss, children can experience feelings inadequacy, and that these children need to be supported by schools and community centres regarding their challenges. In this regard, I also agree with Vygotsky, and when this theory is applied to children with UHL, it recommends that parents and professionals should rather focus on a child's strengths and equipping them with coping skills, rather than on their hearing loss. In order to do so, parents and teachers need to be equipped with up-to-date information regarding the management of children with UHL.

Another strength of Vygotsky's theories regarding children with special needs, is his argument that argued that children with special needs require additional mediation and support in areas of language, communication, social and emotional development in order to compensate for a deficit in sensory information (Rieber & Carton, 1993b).

Vygotsky (Rieber & Carton, 1993b, p. vii) states that "the very basis for successful compensation of defects consists of encouraging the ability to surmount feelings of inferiority and the establishment of self-esteem", helping to strengthen the call for inclusive education. Considering that children with UHL can experience significant setbacks regarding their language and communication skills, an important form of mediation can be an adult intervening to help them cope with these restrictions. In the South African environment, this level of mediation can take the form of counselling, or the provision of extra information both to teachers and parents. Additionally, guidance and support services can also be made available at schools or community centres.

In his writing, Vygotsky refers to counselling as a form of metacognitive mediation, which can be seen as a joint activity where both adult and child pursue certain semiotic goals (Karpov & Haywood, 1998).This refers to forms of mediation where children are guided towards discovering inner potentials, linked to inner speech and self regulation (Karpov & Haywood, 1998). This type of mediation is firmly grounded in interpersonal communication and can be directly applied to children with UHL. Just as children with special needs experience challenges regarding identity, self-esteem and self-concept development, so to do children with UHL. This recommendation also ties in with his advice that learning centres need to focus on a child's strengths, and that children with UHL need to work conjointly with adults in their paths of self-exploration and growth.

One more thing regarding children with special needs is that Vygotsky argued that deafness as a sensory deficit cannot be completely understood by focusing on single aspects in a deaf child's world, and that understanding its needs requires a broader investigation of social relationships (Lloyd & Fernyhough, 1999). Attention should be paid to the negative effects in the social activities that occur as a result of their sensory deficit and they can possibly interrupt the way a child assimilates relevant cultural and social cues, negatively influencing surrounding interpersonal relationships (Lloyd & Fernyhough, 1999). For example, when children with unilateral hearing loss miss significant pieces of information, there may be internalization of feelings of doubt and inadequacy. Hence, similar to Bronfenbrenner, Vygotsky

hypothesises that in order to understand children with special needs attention should be paid to their surrounding social relationships, systems and interactions.

In summary, Vygotsky addressed a strong affective component in his theories, which can be used when analysing the personal lived experiences of people with UHL. Vygotsky recommended that when managing children with special needs, special attention be paid to empowering them with psychological functions, programmes need to focus on their strengths, and that children also require extra mediation to enable them to cope with challenges.

His theories of language, social inclusion, mediation and the unification of one's mental and cognitive abilities render it useful for this study. They share much common ground with Bronfenbrenner's bioecological model, and a striking difference being between these two, is that Vygotsky's theories pay attention to the semiotic nature and meanings of interactions and social relationships. Taken as a whole, this study draws on the theories of Vygotsky because of their strong consideration of surrounding social, mental, cognitive and environmental factors in the psychological development of the individual.

3.9 CRITICISM OF VYGOTSKY

It is clear that Vygotsky recognised the role of social interaction and psychological tools from a sociocultural perspective, and strongly argued for the recognition of language as a tool of learning and interaction. However, critics such as Van der Veer and Ijzendoorn (in Lloyd & Fernyhough, 1999) criticised Vygotsky on several grounds. Firstly, they questioned a rigid distinction between higher and lower mental functions (Lloyd & Fernyhough, 1999), when Vygotsky created a rigid barrier between the two areas with his definition of lower mental functions as being "natural" and "passive". Here, he neglected to consider that mental functions fell into both categories (Lloyd & Fernyhough, 1999, p. 382).

Secondly, Vygotsky was criticised by Forman, Minick and Stone (Derry, 2013, p. 2) for his view of language as a "generalised semiotic system", believed to limit the purpose of language, the diversity of which ranges across different genres, symbols

and methods and the purpose of which extends beyond the boundaries of simple communication.

Finally, Forman, Minick and Stone (Derry, 2013) contend that Vygotsky failed to provide a detailed account of the process of social interaction. Lloyd and Fernyhough, (1999)also expressed that Vygotsky's theories can be criticised on the basis that if a child is simply fed by external circumstances, such as their social and learning interactions, the view makes internalised higher mental processes simply copies of the external environment. However, Vygotsky responded to this problem by stating that "internalization transforms the process itself and changes its structure and functions" and that "social relations or relations among people genetically underlie all higher functions and their relationships" (Vygotsky, 1981, p. 203). Vygotsky's rebuttal to this criticism is that internalisation refers to internal processes that change a person's development. Social relations and experiences are unique to each person, forming the basis for their emotional functioning and development, hence, internal mental models cannot simply be copies of the external environment due to the uniqueness of the processes of internalisation and social relationships.

After careful consideration of the criticisms, Vygotsky's (1962) theories of language are still make a valuable contribution to my research because of the emphasis on social and cultural interaction, as well as on language, thoughts and meaning-making. Although Vygotsky's theories does not pay attention to a child's individual skills or a child's gender, this study will use Vygotsky's theories of language to pay special attention to how the participants' used their own specific skills to nurture and maintain their social relationships (Vygotsky, 1962). Since this study aims to explore the personal stories of four adults with UHL, the use of Vygotsky's theories allows me to pay sufficient attention to the language and personal meanings of the participants, as they present their personal stories with UHL.

3.10 BRONFENBRENNER AND VYGOTSKY

The combined theories of Bronfenbrenner and Vygotsky allow me to pay sufficient attention to the real-life experiences of people with UHL, with a specific focus on

their social and emotional experiences. The following figure shows how these theories can be used in conjunction with each other, forming an all-encompassing whole.

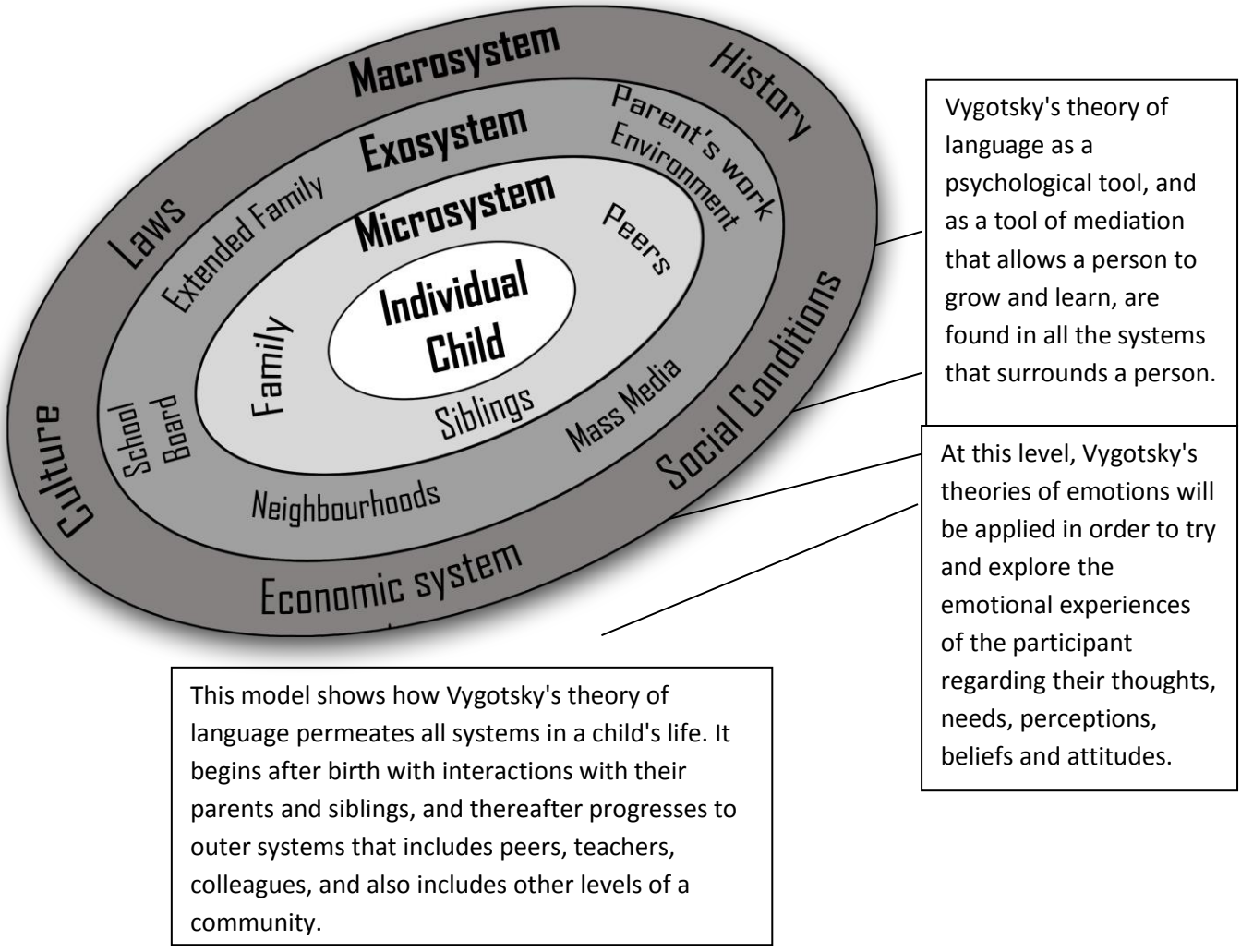


Figure 3.2: Bronfenbrenner with the theories of Vygotsky

These principles find relevance in all levels of Bronfenbrenner's bioecological model, and can be applied specifically to the micro and meso levels as interactions on these

levels impact more significantly on a child's social and emotional development. The figure above presents an interwoven image comprising of Bronfenbrenner's bioecological theory as the basis. In this frame, the theories of Vygotsky are placed on relevant systems in a child's life. Vygotsky's theories of language as a psychological tool and for mediation can be applied to all the levels on Bronfenbrenner's bioecological model, since language is the predominant tool of interaction. This study focuses specifically on language and linguistic interactions, which Vygotsky's theories argue need to start as early as possible in order to create and maintain inner and outer relationships. Hence, the theories of Vygotsky can be applied to all the systems of Bronfenbrenner's bioecological model, and in the process this can serve to enhance this study's data analysis process.

The bioecological model has been credited with various strengths, such as its consideration of primary relationships and interrelationships in a child's life. In addition, it recognises the power of external circumstances which do not interact directly with the child to impact on their development, and that a variety of systems have an impact on a child's development while recognising that children, as individuals, each make their own unique contributions to their systems (Bronfenbrenner & Morris, 2006).

Vygotsky takes the theories of human development further than the systems and their interactions in a child's life, arguing that children play a key role in their learning and development. Children actively engage and interact with various figures in their systems and these interactions serve to alter and shape their thoughts and knowledge systems. Vygotsky discusses the way thoughts influence both a child's verbal expressions and their behavioural actions. In order to understand a child in terms of their development and influences, it is important to consider their social and cultural contexts. Additionally, Vygotsky adds that these social and cultural systems influence a child's thoughts, verbal and behavioural expressions, and ultimately impact on the creation of meanings with which their experiences may provide them. It is through these meanings that children enhance certain processes, events and persons, creating and valuing a person's unique, individual journey.

3.11 CONCLUSION

Since the aim of this study is to explore the personal and lived experiences of four adults with UHL as they reflect on their childhood and learning experiences, a combination of the theories of phenomenology, Bronfenbrenner and Vygotsky's theories provide me with a strong framework with which to explore these personal experiences. Phenomenology allows me to focus on the lived experiences of people with UHL, use interviews to collect relevant information and also to interpret this information based on themes or findings that arise. Additionally, phenomenology challenges me to become more aware of my personal feelings regarding UHL, and to consciously guarding against allowing them to influence information in the study. With Bronfenbrenner and Vygotsky, focus is cast of the surrounding social and cultural circumstances, which also allows me to pay attention to the participants' language, expressions and interactions. Hence, as I journey into further delving into the personal lived experiences of these four adults with UHL, a combination of these theories enables me to present a thorough investigation of their experiences in terms of their interactions and surrounding influences.

CHAPTER FOUR

RESEARCH METHODS

4.1 INTRODUCTION

The aim of this study is to present and explain the stories of four people with a unilateral hearing loss (UHL) from a qualitative, autoethnographic viewpoint, in order to give a voice to their personal narratives and experiences. My own personal story of living with UHL is also included to add an additional layer to this study. In the previous chapters, I addressed how the theories of Urie Bronfenbrenner, Lev Vygotsky and phenomenology will be used as a framework to understand and interpreting the findings in this study. This chapter serves as an explanation for the research procedure that was used in this study.

Having explored existing literature regarding the development of children with UHL and established that a gap exists for qualitative information regarding their social and emotional experience, this chapter describes the research methods employed to collect qualitative data regarding these categories, notably unstructured interviews and autoethnographies. It will present discussions regarding the reasons for the choice of these methods and will focus on the methodological aspects of this study. The first part presents a description of the research aims and design, in order to demonstrate the relevance of qualitative methods, after which I discuss the research tools, data collection strategies, and adherence to issues of ethics and validity.

4.2. RESEARCH DESIGN

Qualitative researchers draw on and search for the subjective and inner details of people's lives and stories, to find pieces of personal information to which others can relate. This can be seen as a way that researchers try to make sense of peoples' personal experiences, and to overcome the limitations of quantitative research that is often seen as objective and impersonal (Rossman & Rallis, 2012; Denzin & Lincoln in Denzin & Lincoln, 2011). Since this study aims to explore the lived experiences of

four adults with UHL, it falls into categories of a phenomenological qualitative exploration, and also an autoethnographic one. Initially, the focus was to explore the lived experiences of the three participants with UHL, but after a strong consideration of my personal feelings regarding UHL, a decision was made to include my personal journey with UHL. Interviews will be used to collect data from three of the participants, and an autoethnography will be used to present my personal journey with UHL.

These choices are in keeping with a phenomenological study, since they both enable a free and open exploration of a person's experiences with a certain phenomena. In this study, a qualitative research design was chosen for various reasons. Since the aim of this study was to explore the lived experiences of four adults with UHL, a qualitative research design firstly, allowed me to interact with the data with a view to paying special attention to both the participants' personal experiences and individual meanings. Consequently this allowed me to generate rich and thick descriptions (Flyvbjerg, in Denzin & Lincoln, 2011). Secondly, a qualitative research design allowed me to focus on the value, meanings, and the internal details and feelings of participants' and their experiences with UHL (Rossman & Rallis, 2012; Denzin & Lincoln 2011). Thirdly, a qualitative research design allowed me to interact with the data, and move backwards and forwards between the data and findings, in order to enable to me to think reflectively and analytically about the data (Rossman & Rallis, 2012, p. 10). Finally, a qualitative research design allowed me to investigate the inner meanings and experiences of people with UHL.

Moreover, qualitative research designs follow a descriptive and explanatory route, and this enabled me to focus intensely of the participants' stories. This involved me as the researcher, playing an active role as I tried to describe and explore lived experiences, meanings and messages of the participants' with UHL. These are a few reasons why this study fitted into a qualitative research design, and in the next section, I will discuss how narrative inquiry was used to present the stories of the four participants.

4.3 NARRATIVE INQUIRY

Historically, narrative inquiry has been used to give voice to peoples' experiences regarding how they experienced the world (Connelly & Clandinin, 1990). This involved combining various approaches to give life to peoples' stories and experiences by providing them with an opportunity to present their personal stories and meanings (Connelly & Clandinin, 1990; Chase, 2011). The narrative inquiry process suggests that people lives are represented by the stories that they tell, and that it is through their agency to share these stories. However, narrative inquiry can be rooted back to various paradigms, namely those of modernism and constructionist, and researchers from various paradigms tend to disagree on its definition (Riessman, 2008). Thus, after substantial research, Riessman and Quinney (2005) advocate that a suitable definition can be the referral of narratives as a way to tell one's own, personal story. Various reasons exist for people wanting and needing to tell stories, and a few of these reasons, are needs to share their experiences with others or using stories to try and make sense of their experiences. Other reasons can be to assist them to record details, analyse events, or even to document events and details into meaning patterns.

Narrative inquiry does not represent only sole stories, but rather approaches these as a collaborative process that includes the researcher and participants (Connelly & Clandinin, 1990, p. 4). This process can be seen as an example of a social constructionist perspective, where people attempt to understand their social worlds through social interactions with surrounding people and environments (Andrews, 2012). A reason behind the choice to use narrative inquire in this study is that through it, I was allowed to engage with various forms of personal and public writing pieces. For example, journal pieces and diary records are amongst a few that allowed me to access the inner social worlds and experiences of the participants. Additionally, in narrative inquiry, I was allowed to collaborate and interact with the participants, and share in their storytelling processes. This 'interactiveness' (Bell 2005) that is found in narratives, allowed me to both play a role of co-creating their stories, and also to better understand the participants' personal meanings and messages. Additionally, in the UHL population, people and children's voices have not been well-documented, and in order to empower persons with UHL, it is important

that they embrace the power of their own personal voices, and take control of their stories. Hence, as I assist them in the co-creation of their stories, this creates a stage where previously unheard voices, are now recognized (Riessman & Quinney, 2005; Gray, 1998).

Another reason for the use of narratives in this study is that the ontology of narrative inquiry allows for a description of human experience as it changes over time. As I concentrated on the participants' stories, through narrative inquiry, I could focus attention on how they described how they themselves change, and also how their surrounding social and cultural environments changed (Clandinin & Rosiek in Clandinin, 2007). This characteristic ties in directly with a social-constructivist perspective, since people depend on surrounding people and environments in the co-creation of knowledge. In other words, through narratives, people come to recognise how they were influenced by surrounding social and cultural factors. This strength adds significantly to the richness of participants' narratives, since it allows the narratives to become usable by various other people in similar cultures or situations. Additionally, Presser and Sandberg (2015, p. 1), add that when people share their personal narratives, they "construct their social worlds" in such an authentic way, that it allows others to appreciate it. Hence, in my endeavour to present the personal stories of four people with UHL, narratives provided a way for me to preserve the authenticity of their stories.

Finally, Downey and Clandinin (2010, p. 388) concluded that, narrative inquiry as a process seeks to understand “any situation as nested within an almost endless array of other situations and, rather than sort them out, it seeks to understand and explore the layers of complexity involved in living a life”. Hence, narratives as a research method provides a way for people to explore and try to understand their personal situations and feelings, and thus provided an effective tool with which to explore the participants' interviews.

4.4 DATA COLLECTION

The topic and focus of a study predetermines the type of data collection tools

needed to provide relevant information. Since the focus of this study lies with investigating the personal experiences of four people with UHL, specific data collections tools are were needed (Polkinghorne, 2005, p. 138). In order to enable the participants to speak in way that allowed their personal stories of UHL to be voiced, I chose to use unstructured interviews, perceived as a valuable and appropriate method to investigate personal life stories (Denzin & Lincoln, 2011). This interview type works in correspondence with the aims of phenomenology, which accentuates the importance of approaching a certain situation without any prior ideas or opinions, and an openness to recognize all types of information that are presented (Polkinghorne, 2013). In order to help me retrieve these personal stories, in an authentic way, unstructured interviews were chosen as a suitable tool with which to do so.

4.4.1 Unstructured Interviews

Interviews are generally seen as tools that are employed by qualitative researchers, as they embark on investigations in various humanity-related fields. In these processes, people are usually asked a set number of questions and are required to answer them to the best of their capabilities. In this study, unstructured interviews were chosen as a suitable tool, with which to explore the personal experiences of three adults with UHL. Reasons for this selection was that, in unstructured interviews, interviewers do not approach an interview scene with a predetermined number of questions but rather use one or a few open-ended questions to allow the interviewees to present their stories in any way they wish (Rossman & Rallis, 2012; Creswell, 2013b). This flexibility allows them to guide, shape and take control of their stories in a way, and this can be seen as a key strength of it. Since unstructured interviews allow researchers to engage and focus on particular themes or questions, whilst exploring direct personal, subjective experiences from the participants' viewpoints, these are perceived as a method that is ideal to help researchers illicit people's personal narratives (Corbin & Morse, 2003; Creswell, 2013b). Additionally, these also allow researchers to access personal or hidden meanings, interpretations of and general attitudes to the phenomenon being investigated (Miller & Glasner in Silverman, 2016).

Another key strength of unstructured interviews is that through the use thereof, researchers can focus on topics related to the inner details and experiences of people's lives (Denzin & Lincoln, 2011). Through unstructured interviews, I could delve deeply into their lives, explore details, and present them as rich, thick and detailed descriptions. This is very significant contribution that interviews make to this study, since the aim of the study is to explore the personal lived experiences of four adults with UHL, as they retrospectively examine their childhood experiences. What is more, is that this approach also allows for the participants to speak about cultural or religious beliefs, and also accommodates emotional experiences of such as grief, trauma, depression

One more important aspect that needs to be considered regarding unstructured interviews, is that through them, perceived friendships tend to develop, which also sometimes further develop into actual friendships. These friendships serve to strengthen bonds of "trust and conversational intimacy", and since, I also shared some of my experiences with UHL during the interviews, the participants welcomed me and they were more willing to disclose intimate details regarding their UHL experiences (Corbin & Morse 2003, p. 338; Miller & Glasner, 2016). Another important point, is that since I also belonged to the UHL population, whenever the expression "I understand" was used to verify the participants' experiences, they concurred that it was an honest sentiment due to our shared experiences of frustration.

However, similar to other research methods, the use of unstructured interviews also has certain limitations, one of which is that some researchers view it as a time-consuming method that usually involves a lot of time, effort and concentration (Seidman, 2013). According to Bryman (2015), researchers who choose to use this tool, are required to move in slow and detailed ways, and inductively analyse data in order to establish any personal meanings or messages from the data (Miller & Glassner, 2016). Additionally, researchers are also required to pay attention to behavioural expressions, silent periods, and topics which participants avoid or concentrate on. These will be discussed in the section on data analysis. In order to address the above mentioned concerns, I worked through the interviews on several

different occasions, using tools such as mind mapping, diagrams and bullet points to help me remember, record and process the data. Working through the interviews on different occasions allowed me to move back and forth between the data, and also enabled me to reflect on the participants and myself.

In summary, this section discussed the pros and cons regarding the use of unstructured interviews as a method of data collection for this study. As the sole researcher I acknowledged risks associated with the use of unstructured interviews, but I was still committed to its use because of their strengths. As unstructured interviews are used in studies that require personal information and thick descriptions, and involve minority populations, I believed that they were the most effective tools with which to gather information. Due to their flexibility, interactive and shared nature, and attention to detail, unstructured interviews were deemed as the most effective method with which to retrieve personal information regarding the lived experiences of peoples with UHL (Seidman, 2013; Ryen, 2016). Although other qualitative methods, such as questionnaires or focus group interviews could have been used to collect data, based on the aims of the study, unstructured interviews were believed the most effective tool to gather information to meet these aims.

4.4.2 Memos

In order to help myself keep a record of details, remember and understand pieces of information while working through the interviews, the tool of memos was employed. Also known as written notes, personal thoughts and information are believed to be valuable to a study because they form a link between thinking and doing, and represent a type of project log (Charmaz, 2006; Creswell, 2013b). According to Maxwell (2012), these are important tools for the development of ideas to monitor the development of a research process, and serve to assure the public of the quality of the research, and include reflections, reactions to information, and the building of "levels of abstraction" directly from data (Charmaz, 2006, p. 3). This can lead to new data emerging which can add to current information and further inform the coding and categorising process.

Two types of memo considered in this study are the ‘analytic’ and ‘thematic’ (Charmaz, 2006), the former focussing on the subject matter and data, with hints and ideas about what themes can be discovered. These also keep researchers close to data and enhance their points of view (Charmaz 2006). On the other hand, the latter, ‘thematic memos’, can be seen as those which integrate data from various sources, and prompt researchers to consider what kinds of themes are emerging. Researchers use them to establish if the information supports or contradicts current knowledge, and to remain alert for any new input that may support their current themes (Patton, 2002, p. 288).

Initially, when I began to record information by taking notes during the interviews this process occurred randomly; however, upon investigation I realised that this could be used to form analytical and thematic memos. I initially compiled analytical memos during the data analysis phase, but then realised that much of the information could be placed in thematic categories, hence I not only used one type of memo but rather blended the use of both. Overall, these memos also served to summarise the messages presented in the interviews, and this helped me understand various pieces of data which belonged to different participants. Additionally, it helped me map out and put the participants’ stories in an adjacent table. My choice of the independent voice of three adults, plus my own, recreated our childhood stories of UHL. The next section provides a brief introduction to how the participants were chosen for this study.

4.4.3 Purposeful sampling

Sampling in research, refers to a process whereby research participants are selected. This process can range from random sampling to snowballing or a purposeful sample (Cresswell, 2013a). Since this study aims at exploring the lived experiences of participants with UHL, I required participants that fitted in a specific category. In this regard, I searched for participants who had been diagnosed with UHL for at least 10 years, and who were able to provide reflections on their experiences as a child with UHL. Participant's whose hearing loss, had been diagnosed for only a short period, could not satisfy the requirements of this study,

since they would have been unable to present life stories as a person with UHL. More specifically, they would have been unable to provide recollections of attending school with a UHL. Additionally, participants who were younger than 18 years of age, could also not qualify, since I would have needed additional parents/guardians permission to interview and interact with them. Hence, in this study, I embarked on purposefully selecting participants, who were 18 years old and older, and who had grown up with a UHL.

In qualitative research, purposeful sampling is used when researchers need to interact and interview people in specific communities. Participants chosen from these communities are often viewed as being able to produce information that could be deemed valuable to specific studies (Creswell, 2013a). However, in qualitative research, these sample sizes are often limited to amounts, as this allows researchers to pay detailed attention to information that these participants present (Riessman, 2008). This is in keeping with the goals of a qualitative research project, since these details can inform thick and rich descriptions that are desired by such researchers. This value of the information which the participants present, is based on the researcher's topic and choice of research design, and also determined by the aims and goals of a study (Patton 2002). However, in contrast to sampling in quantitative studies, sampling in qualitative research is less explicit and often includes minimal guidelines regarding how participants were selected (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015).

In this study, I used an opportunistic and emergent type of sampling in the selection of the participants. This involves a researcher taking advantage of certain situations and using that opportunity to identify possible sources for data collection (Palinkas, et al., 2015). This type of sampling is very unreliable since it depends purely on opportunities for data collection, which researchers identify as they arise. Additionally, purposeful sampling is very controlled and is usually employed by researchers to focus on extremely specified fields. Due to reasons that it becomes very difficult or impossible to identify samples from a large general population, without exercising some form of control, researchers often choose purposeful sampling (Palinkas, et al., 2015). For example, patients with specific mental illnesses

in a psychiatric facility, or children with UHL, who have specific additional disabilities provides suitable situations where purposeful sampling can be administered. Due to small population numbers and a lack of available participants, this type of sampling is used, and is also generally accepted and used by ethnographers (Palinkas, et al., 2015)

In this study, three people were purposefully chosen. I intentionally/deliberately chose to request their personal UHL stories since I already knew these people. Although many of them were acquaintances, whom I had met in passing, they had shared information with me and confirmed that they experience UHL. This incident occurred prior to the interviews, and in passing conversations. Through these conversations, I established that they had experienced a UHL from childhood. I was knew only one participant for a lengthy period, and this participant was also aware of my own UHL. I chose to interview these adult participants, since I believed that they could possibly reflect on their personal experiences growing up with UHL, and provide me with valuable information.

4.4.4 The Interview Process

The interviews took place over a period of three weeks and the transcribing process began immediately after the completion of the final one. During this process I reflected intensely on my own hearing loss, which I used to enhance the themes and findings of this study. These reflections are discussed more accurately in Chapter Six.

Prior to the interview, the participants were contacted telephonically and initial consent was granted. They were aware that I had been researching this subject field, and did not hesitate to consent to being interviewed. Additionally, participants were asked to sign consent forms (see Appendix A) prior to the interviews, to acknowledge maintenance of their confidentiality. In order to enable me to sufficiently access and explore the participants' experiences with UHL, an interview question needed to be specifically suited to this purpose. According to Denzin and Lincoln (2011), the type of research questions asked during interviews are often

determined by the research focus. Since this study focuses on the personal experiences of people with UHL the unstructured interviews began with a single open-ended request: "*Tell me about your hearing loss.*" This question/topic empowered participants to take control of their stories and share them in any manner that they wished (Creswell, 2013b; Miller & Glassner, 2016). Additionally, it allowed them to tell them from a personal point of view, without fear of being influenced, judged or discriminated against.

The interviews took place at the participant's choice of venue, which was either their homes or their work places, and lasted for as long as the participant wanted. The interviews ranged from one hour, and some participants spoke for an additional half an hour. Overall the participants were not restricted in terms of time, and this was communicated to them before the interview. The interviews were recorded both digitally and audio-visually. The digital audio and video recordings provided clear auditory information, that help me transcribe them with ease, and as accurately as possible. Additionally, the audio-visual recording were watched repeated during the data analysis process, and allowed me to record non-verbal behaviour cues, as well as, any other cues that supported or contrasted their presented messages.

Most of the participants began their stories with explanations regarding the diagnosis of their hearing loss, then spoke about relevant social and emotional events. During these interviews, probing requests such as "*tell me more about this*" were used to elicit more information. Interrogative statements, in which I reflected the responses, such as: "*So you tell people?*" or "*You gave up on it?*" helped me to explore certain topics, without causing any harm or insult to the participant. During the interview process, attention was also paid to body language and eye contact, and I constantly maintained a nodding movement to express acknowledgement of having heard their responses. This was intended to confirm that their experiences were valued and supported. The next section provides a brief introduction to the participants and my own background.

4.4.5 My participants

The three participants in this study came from various races, cultures and age groups in South Africa. Uncovering the basic demographics of each helped me to shape the groundwork for introducing their narratives. The rich social and cultural background information helped created a foundation upon which their stories could be shared, and provided specific details that could help in understanding their specific situations. The background cultural information contributed to an exploration of their personal meanings. Pseudonyms, namely, Jill, Jack and Jane were used to protect the identities of the participants, and they will be briefly introduced in the following paragraphs.

a) Jill

Born in the eighties, and having three siblings, Jill (31 years old) was identified by the school nurse as presenting with symptoms of a hearing loss in her right ear. This occurred during the first years at a mainstream primary school when she was only six year old. Consequently, the nurse recommended that Jill go for further auditory tests. Jill's home language was English and due to her abilities to speak, read and write as successfully as her peers, she was able to successfully cover her hearing loss, and told me that she was unsure of her type of hearing loss since she was unaware of whether it was congenital or developed in early childhood. During her early years, Jill lived in an extended family that consisted of various aunts and uncles, and their children in one house. Due to the large population of children and adults in this house, attention was not paid to the manner in which she answered the telephone, or her specific ways of listening to people. During her diagnosis process, Jill was advised that she could not wear a hearing aid, and hence did not do so. Additionally, at ten years of age, Jill was diagnosed with a visual disorder, and needed to use reading glasses during school and learning activities. This factor placed Jill in a category of children with a hearing loss and additional disabilities. Regarding schooling, Jill attended a mainstream primary school, with classes of 25-30 learners. Currently, Jill was undertaking an undergraduate degree through correspondence, and was concentrating of passing that year.

b) Jack

Jack (19 years) old was in a developed country when his hearing loss occurred. He was fortunate enough to have his hearing loss diagnosed as early as possible, at the age of four, and was provided with a good level of healthcare services. These facilities treated Jack and his hearing loss in his left ear, and also provided his parents with helpful information regarding a UHL. This included guidelines on ways to cope with this hearing loss, for example, classroom seating and how to position oneself when talking to people. Jack's first language was English, and he was fortunate enough to have had his hearing loss diagnosed at an early age, and had access to various therapeutic services. Although he was provided with an option of using a hearing aid he reported that the device actually proved uncomfortable and amplified certain sounds that hurt his ear. He therefore chose to leave the hearing aid and learnt to cope with hearing with his right ear. Jack attended mainstream private schools, and his story presents themes of anger and behavioural challenges. Here he shared a few incidents of aggressive behaviours, which he learnt to manage through therapy and counselling. These experiences led to the development of life coping skills and he reported having an active and healthy social life, presenting himself as a well-supported and accepted person. Additionally, at the age of eight, Jack was diagnosed with a Tourette Syndrome. This rendered him applicable to a category of children with a hearing loss and additional disabilities. Jack was currently embarking on tertiary studies, and had not yet decided on a specific direction.

c) Jane

Jane (38 years old) belonged to a previously disadvantaged population group in South Africa and so had been denied access to basic healthcare services. She was unable to indicate when she developed a hearing loss in her right ear, since it was only officially diagnosed in grade 11 (17 years old). Belonging to an African culture, Jane's first language was a native South African language (Zulu). Jane communicated in this language to her parents, sibling and friends, and said that in

order to help herself communicate with people during her childhood she developed lip-reading abilities by herself. Here Jane explained that she depended on her friends and family members to help her communicate with others. In her childhood, Jane recalls that she was punished for not hearing certain tasks or requests, and at mainstream, government schools, she was not afforded opportunities to study in her home language. Jane was only afforded an opportunity to experiment with a hearing aid only in her early adult years, when she began to work; however, she discovered that her use of the device rendered her vulnerable to social bullying and isolation by her colleagues. Reluctantly, she chose to return them, even though they had indeed made a positive difference to her hearing. In our interview she was able to relate her growth with UHL over her life, explaining which areas she felt had been impacted by the hearing loss and it had contributed to changes in her personality and wellbeing. Other than Jane's hearing loss, she did not mention any additional disability. Currently, Jane had accomplished a Master's degree, and was concentrating on embarking on future post-graduate studies in her field.

d) The Researcher's own context

I was born in 1982, and having four siblings, I am 31 years old was still an infant when I experienced my UHL. As a consequence of chemotherapy and radiation that were targeted at a cancerous tumour in my right ear, I completely lost hearing in that ear. Nevertheless, as a four year old child, I attended a mainstream preschool, which subsequently led to a mainstream primary school. I competed alongside my bilateral hearing peers, and did not show any setbacks in reading, language or speech. Although, English is not my mother language, I grew up speaking only English, and it formed our main medium of communication. I experimented with a hearing aid, at the age of ten, and chose not to wear it, out of fear of being different or ostracized for it. Although, I was aware of my UHL status, I was uninformed of its restrictions such as missing information, or challenges interacting in group settings. These brought upon me a lot of feelings of confusion, which further impacted on my social skills. In high school, I found myself at the bottom of the social hierarchy in that I did not have a stable group of friends, nor was I invited to social functions. I attended a mainstream

high school, and based on good academic results, was easily accepted into universities. After completing a Bachelors degree in education, I progressed onto completing an honours and masters degree in the field of learning support and special needs education. I am currently completing a PhD in the field of UHL.

4.4.6 My relationship with the participants

In this study, considering that I knew these participants prior to embarking on this study, it is necessary for me to disclose my relationship status with them. It is important to understand that although I was aware of these persons with UHL, I did not have a close and deep friendship with any of them. During my schooling career, I transferred between schools four different times, due to my parents relocating for work purposes. During one of these transferrals, I was placed in a school for a period of six months, which is when teachers alerted me to the presence of another female scholar, who also had a UHL. Although I was aware of her presence, she and I were unable to form a deep friendship due to her being in another grade, and also that I was only in that school for a limited period of six months. Thereafter, I was transferred to another school, in another province. This is how I came to know Jill. Although we shared the same school for only six months, we lost contact for a large period and only resumed contact, when I approached her for an interview. I contacted Jill only twice to verify the interview data, and to request an audiogram, to which she replied that she no longer has one.

I came to know of the second participant Jack during one of my various places of employment. Jack's UHL was drawn to my attention by a fellow colleague, and although I had since moved places of employment and studies, I had kept Jack's phone number on an old cell phone. It is important to acknowledge that during that period, I did not have any significant interactions with Jack. In 2012, when the data collection process was being administered, I called this number, and coincidentally, he answered and consented to being interviewed. The interview took place at Jack's residence, and other than sending him the interview data to verify, I have had no contact with him.

The third participant, Jane, coincidentally shared her UHL status to me when she offered to help me with transport to a certain work related function. During this short journey, she disclosed to me that she cannot hear in one ear, and that she experienced this from childhood. Although I approached Jane for an interview, I subsequently lost contact with her. But I re-connected with Jane a month later when I changed places of employment. This resulted in me relocating to another province. Jane's interview took place in her work environment, and after contacting her former employer in 2013, she informed me that Jane had since relocated overseas, in order to pursue a PhD in Curriculum Studies in Education. I only communicated with Jane once in 2012, which was to verify the interview transcription and since then have had no contact with her.

In the end, even though Jill, refers to me as a friend during her interview, we were unable to form a significant friendship due to my relocation to another school. Overall, although I was aware of the above mentioned persons having UHL, I did not have any significant relationships or friendships with any of them, and this allowed me to treat all their interviews in a standardised manner. This involved the same level of attention to detail, the participants' language and their descriptions, which further enabled me to standardise how I analysed their stories.

4.5 AUTOETHNOGRAPHY: MY PERSONAL JOURNEY

According to Ellis and Bochner (2000), personal writings play a key role in qualitative research since it facilitates a self-conscious exploration of a person's personal experiences, as they engage in an exploration of languages, cultures and experiences. Similarly, Denzin (1989) views 'personal writing' as a mixture of the genres autobiography and ethnographical writing, and asserts that in this field, the writer plays a personal role which involves writing about their personal life experiences while simultaneously investigating those of others (Holman Jones, Adams & Ellis In Holman Jones, Adams & Ellis, 2013; Reed-Danahay, 1997). Based on these definitions of personal writing, the terms ‘autoethnography’ and ‘ethnography’ are often confused with each other since they both focus on cultures and experiences. According to James (In Atkinson, Coffey, Delamont, Lofland &

Lofland, 2007), ethnography does not involve writing about a person's self or another person, but rather focuses on investigating and writing about cultures and social actions of specific communities. On the other hand, autoethnography can be seen as a qualitative method of exploration that focuses on personal writings, and which also comments on certain cultures or information (Ellis, in Holman Jones, Adams & Ellis, 2013). Other definitions of autoethnography see it as an approach to writing that describes personal experiences in a way that helps people connect with each other, with a view towards enabling better cultural understandings (Ellis, 2004; 2013). This definition is applied to this study, and although there seems to be a variety of perspectives regarding definitions of autoethnographies, most agree that they involve personal writing about real-life experiences. In this study, the definition of autoethnography as a method that enables a researcher to explore his/her personal experiences, whilst simultaneously exploring the experiences of another three members of the UHL population will be used.

In this study, autoethnography was chosen as the main medium with which to present my personal journey with UHL, since the use thereof involved specific advantages. These include that when used in qualitative research, autoethnographies, allow for the voices of a minority population need to be heard. Minority populations, such as people who are deaf, disabled or minority races and cultures, also known as 'marginal voices' or the "others" (Sabiescu, 2013) in a community, are usually left hidden/excluded from the mainstream. Since autoethnographies allow for personal voices to be expressed, it provides a means by which these minority populations can express themselves from a personal and individual point of view (Sabiescu, 2013). Additionally, it can be argued that minority populations are actually created by society, as a result of their differing cultures, abilities, languages, physical features or conditions. These differences result in members from these communities being excluded from the mainstream, and can translate to many people in minority populations experiencing feelings exclusion, and a lack of recognition (Sabiescu, 2013, p. 2).

In the area of deafness versus people with bilateral hearing abilities, children with unilateral hearing loss find themselves as a minority population, trapped between

two dominant fields, since they fitted into neither the mainstream typical hearing population nor with the Deaf. This lack of acceptance can often translate into feelings of exclusion, often accompanied by other identity-related challenges, so in order to help themselves to be heard and recognised various minority populations, such as such as feminists and people with disabilities, have turned towards the use of autoethnographies as a platform to voice their experiences, (Lietz, Langer & Furman, 2006; Reich, 2003). They realised that by using autoethnographies they were able to present and communicate their personal stories in constructive ways that reached large audiences.

Other benefits of an autoethnography are that, unlike previous objective and complex pieces of work which people struggled to make sense of or connect to, autoethnographies provide a range of literary and aesthetic options, such as stories, which allow for various pieces of information such as poems and other forms of personal writing to be used (Bochner & Ellis, 2002). This variety of literary options allows for stories to be presented in invigorating and detailed ways, and helps people connect to them (Sparkes, in Bochner & Ellis, 2002). In this study, only my personal autoethnography includes poems, diary records and pieces of art, since the other three participants did not refer to any of these mediums in their interviews. Additionally, they were not asked about these mediums during the interviews, as this could have resulted in directing or controlling the interviews, which conflicts against the principles of unstructured interviews.

Overall, autoethnographies are an authentic medium for appreciating stories as a method of writing and research, since they can also be seen as a way through which people can learn about different cultures, values and belief systems (Ellis, 2013).. Hence, based on the above mentioned strengths of using an autoethnographic method, I chose to employ it in this study, as a method that would enable me to explore my own and other people's personal experiences with UHL.

4.5.1 Reflections

In qualitative research, reflection can be seen as a term that refers to activities which

involves people thinking about their own choices, behaviours, actions, beliefs and values, and which can also lead to personal and professional growth (Roberts, 2008). According to Socratic credo, "the unexamined life is not worth life is worth living", that this implies that in order for a person to learn and appreciate previous life experiences he or she needs to reflect on them in a constructive manner (Quinn, 2001, p. 155). This ties in with the terms 'sociological introspection and emotional recall', and involves looking back and evaluating one's past words and actions (Sparkes, 2002).

In qualitative research, reflections form a key element since the use thereof allows people to develop a certain level of competence and understanding, which is known to add another layer and additional value to peoples' stories (Miller, Cable & Devereux, 2005). Through the reflective process, people can develop further insights and understandings, which can be seen as valuable contributions to their personal stories. Additionally, these reflections can add a sense of depth and richness to their stories. Although the remaining three participants only reflected on themselves verbally during the interviews, my personal story included poems, diary records and pieces of artworks, which collectively portrayed my personal reflections. As a child with UHL, I found myself reflecting on my experiences and identity, and so discovered that I could express myself through poetry and art. In these pieces, I reflected on emotions and incidents that I experienced, as well as on the meanings of each. These pieces of art and poems, and my reflections on them, are presented and discussed in Chapter Six: my story.

In this study, reflections formed a key ingredient of the participants' narratives, and as an autoethnographer I was required to write in a "self-reflective manner" (Clair in Clair, 2012, p. 19). I needed to repeatedly read and reflect on the interviews, referring to significant points that involved further reflecting on the participant and my own thoughts, leading to "breakthroughs" (Spradley, in Yin, 2011, p. 20). I used probing questions to help the participants reflect on their hearing loss during the interview. Since, I needed to reflect both on my abilities as a researcher and on my situation as a person with a hearing loss in order to guard against allowing my personal feelings influencing the data, I kept records of personal notes and

reflections in the form of a journal. These were used to enhance my autoethnography story as well as, to attempt to draw my attention forms of personal and profession biases. On the whole, reflections played a key role in drawing together information, with one of the areas that many of my personal reflections can be seen being in my poems.

4.5.2 Poems

In qualitative research, poems have often been viewed as writing that is written from inspiration and experiences to reveal a person's core thoughts and emotions, and can also be referred to as "a window to the heart of human experience" (McCullis, 2013, p. 83). The use of poetry in research, especially in human related studies, has increased substantially in the past seven decades, since an increasing number of qualitative researchers began to recognise its strengths. Autoethnographers, for one, pay particular attention to the use of poems, due to strengths is that poetry allows readers to gain internal views into a person's thoughts and feelings. One of the earliest records of the use of poems in writing was recorded by the Greek philosopher, Aristotle. According to Aristotle (cited in Piirto, 2002), poetry presents a direct contrast to traditional methods which simply recorded facts, and rather focuses on writing as a medium of genuine and personal expression.

Various researchers have endorsed the use of poems as expressive ways that speak to people's inner beings, and when used in research, can be used to highlight a person's insecurities and challenges (Faulkner 2016). Other strengths of using poems, include that poetry presents a way for people to express their personal journeys, as they search for companions to share their struggles with. Consequently, this leads to shared meanings, and a meaning-making process. In Faulkner's book, *Poetry as a Method* (2016) she presents poetry as an arts-based method, that creates unprecedented ways of presenting speech. Similarly, other writers such as Furman, Langer, Davis, Gallardo and Kulkarni (2007, p. 302) see poetry as a means that allows people to "communicate powerful and multiple truths about human experience". This also has the ability to translate these personal experiences into something universal and with which many people can experience other experiences

(Furman et al., 2007).

In this autoethnography, poetry is used to add another layer and further depth to the presentation of my personal autoethnography (McCullis, 2013). For the above mentioned strengths, poems were chosen as a medium that would enable me to present an emotional, invigorating and inspirational story. Additionally, through the use of these poems, other readers can possibly also experience emotions that were written about in poems. A decision was made to include my personal poetry since many poems express my life experiences and feelings in a way that cannot be captured by typical writing. Additionally, these poems also allow readers to explore my personal feelings regarding my UHL, and can possibly add more detail to my story. These poems employed metaphors and images regarding my view of my hearing loss, and invite readers to see my hearing loss, as I personally viewed and experienced it. Additionally, they also allow readers to try and understand how it feels to live in between two worlds, the hearing and the deaf. Ultimately, the use of these poems aims to help readers possibly develop deep and compassionate understandings of a person with UHL (Furman, 2006; McCullis, 2013).

4.5.3 Art - paintings

The use of art in research has for a long period been debated. Previously researchers argued as to whether the use of art in research is acceptable, and those in favour of its use, argued that art can be seen as method with which people express themselves (Szto, Furman & Langer, 2005). These researchers often subscribe to positivistic and traditional theories, and also assert that art, as a method of self-expression can capture the essence of human experience. On the other hand, opposing points of view challenge the use of art in research, with arguments that art is a completely subjective medium, and this raises concerns of validity. Despite these two opposing viewpoints, many researchers view the use of art in research in a favourable manner. Researchers such as Bochner and Ellis (2003), state that art can be seen as a medium that when used in research, has the power to motivate conversations, and can also express personal meanings and messages in undocumented and unique ways. Other strengths of the use of art in research,

include that art can be used in personal writing to help writers position themselves in cultural settings and can also work against traditional forms of self-presentation (Bochner & Ellis, 2003, Faulkner, 2016). According to Bochner and Ellis (2003, p. 507), art is a component of research that allows narratives to evolve into a completely new paradigm, with "the artist's intentions, language and emotions of art" recognised and valued as pieces of expression and communication. Other researchers such as Furman (et al., 2007) add that expressive art is becoming increasingly popular with qualitative researchers, for reasons that it presents research in such a way that it values the authentic perspectives of artists. Hence, most researchers seem to agree that art can be used in research to present human experiences in a way that preserves its authenticity (Furman, 2006; Szto et al., 2005). One more additional benefit to the use of art is that by including artworks in a study, it can appeal to large audiences who might otherwise not have displayed an interest in their work (Bochner & Ellis, 2003; Furman et al., 2007).

In this study, I decided to incorporate certain of my art projects for specific reasons of self expression. As a child growing up with UHL, I turned towards art, writing and poetic channels to help me express myself and my personal dilemmas. In this study, these personal pieces collectively presented a visual and creative expression of my inner being and personal experiences with UHL. Many of these pieces spoke to themes that appeared in some of the interviews, and further served to verify other participants' feelings and experiences. Although these feelings and experiences were only verified by two or three people with UHL, they point out that people or children with UHL, can experience these feelings, and that they need to be recognised.

I initially approached painting as a means of expressing myself, and after an intense reflection and contemplation I chose the images of a seascape, an abandoned ship and a sad little girl, to express my personal feelings. These images are based on emotions that I was experiencing during that specific period, and can be used to further explore the emotions expressed in poems and diary records. I included these pieces, as I believed they present a window into actual feelings, emotions and experiences that I had been experiencing at the time of creating them. These pieces

were only written or painted for the purposes of self-expression, and were not created with the aim of being part of an autoethnography. Hence, these pieces can then be seen as genuine and authentic pieces of personal expression of UHL.

4.5.4 Autoethnographies and self-Indulgence

Traditionally, positivist research in the social sciences worked against autoethnographies with a dominant view that saw personal pieces of writing regarding the self as self-indulgent (Sparkes, 2002; Hufford, 1995). This view caused researchers to restrict and minimise their voices and limited their views of autoethnographies as a method that only spoke about the writer's self. These critics argue that autoethnographies are published under a disguise of social research and ethnography, and focus entirely on the writer, without consideration of other people (Sparkes, 2002; Mykhalowvkiy, 1996). Conversely, Ellis (1995) argues that the accusation of 'self indulgence' derives from a misunderstanding of the genre, its definition and aims. Ellis (1995) explains that critics who level this accusation towards autoethnographies restrict their views of social research and fail to recognise that this medium can actually speak to others outside the particular research community.

Similarly, Sparkes (2002) takes the view that autoethnographies can be seen as a positive and effective way to invite people into different ways of reading a story and that instead of receiving a story passively, through autoethnographies people can actively engage with a story, think, feel and experience it as though they are living the experiences narrated. Other strong points of using autoethnographies are that they present a method for people to take ownership of their own, personal stories, as well as, create a platform on which to present them (Sparkes, 2002).

However, due to the strong emphasis on personal stories and experiences, autoethnographist's have been accused of being self-indulgent, and for concentrating too intensely on personal and subjective information. These critiques came from more traditional writers who supported principles of objectivity and distance. Other criticisms accuse autoethnographies of being narrow and some

researchers even suggest that due to the highly personal nature, autoethnographies cannot be called research (Walford, 2004). Since research aims to avoid as much personal influences as possible, autoethnographies can simply be personal creations by the author instead of true experiences.

Arguing for autoethnographies, McIlveen (2008) says that autoethnographies are not simply writing about oneself, but rather include self-criticism and expanding the topic in multiple ways. Sparkes (2002) concludes that although autoethnographies can be seen as self-indulgent stories at certain times, people need to change their evaluation criteria to accommodate new forms of information, by cultivating their own criteria to evaluate knowledge and writing, and by challenging their own personal beliefs and prejudices. Options that researchers can consider are to educate themselves regarding different forms of information and to learn to step back from traditional ways of evaluating it (Sparkes, 2002). Overall, autoethnographies can be seen as a post-modern way of presenting personal stories in research and which invites participants to establish a relationship with the researcher. Moreover, this method can also be used to help people connect and empathise with each other, and this can possibly lead to further insights and meaning (Sparkes, 2002, p. 220-221). In this study, since the researcher also had a UHL, the participants possibly felt more inclined towards sharing personal UHL experiences with the researcher, and also, were more willing to work towards shared meanings and messages. Additionally, the researcher experienced a connection with the participants that would not have existed, had the researcher not had a UHL. Overall, the researcher's own personal autoethnography added value to the study by providing another highly personal story of living with UHL.

4.6 DATA ANALYSIS

Data analysis procedures refer to the course of action which a researcher undertakes to order and bring meaning to the data that has been collected (Denzin & Lincoln, 2011). The data analysis process for qualitative researchers can be seen as a valuable process, since during this process, they reflect, contemplate and engage

with the data on deep and intensive levels (Denzin & Lincoln 2011; Silverman, 2015). Qualitative research specifically requires descriptive and naturalistic forms of data, in order to endeavour to address human-related areas of interest such as feelings, ideas and experiences. In order for researchers to nurture data that address this genre, they need to use certain data analysis procedures. One suggestion is familiarising themselves with the data as early as possible.. This is recommended as it allows qualitative researchers to move back and forth, interact and reflect on the data with a view towards gaining better insight into the data (Miles & Huberman, 1994: Braun & Clark, 2012; Male, 2016). Moreover, that course of action also enables researchers to present thorough investigations of the phenomenon being explored.

Since this study is based on the unstructured interviews of three persons with UHL, and a personal autoethnography from myself, I required data analysis procedures that would allow me to delve into their inner details, understand their personal meanings, and retrieve possible structures from the participants' stories and my autoethnography (Hsieh & Shannon, 2005; Braun & Clark, 2012; Silverman, 2015). Hence, in order to arrive at possible understandings of the participants' experiences, I employed an inductive approach to analysing the data. This approach works hand-in-hand with the unstructured interviews data collection method, and allows for responses that are unexpected and more located in specific contexts (Redwood, Gale & Greenfield, 2012).. Overall, this approach contrasts directly with a deductive approach, where themes and codes are chosen based on previous literature and theories. Conversely, an inductive approach focuses on themes emerging from the actual data, and also accommodates unpredictable emotions (Charmaz, 2006). Since this study is based on the qualitative stories of four persons with UHL, an inductive approach was needed to ensure that themes arose from the data, and not from previous literature.

Additionally, I needed to employ specific data analysis tools that enabled me to make sense of this personal information. Since the data analysis process began simultaneously with the transcription of the interviews, the interview videos and recordings were repeatedly watched and listened to, whilst noting down personal

thoughts and feelings. The process enabled me to gain an overview of the participants' entire interview and their personal stories. This process also helped me identify dominant categories and themes from each interview, as well as, gain a better understanding of the participants' personal experiences. These processes took place with a strong consideration of the participants' personal social and cultural circumstances, and also included meticulous attention to detail.

Additionally, when watching these video recordings of interviews, researchers are encouraged to pay specific attention to the participants' nonverbal behaviour such as their body language, eye contact and personal messages. In this study, since UHL can be seen as a sensitive topic, it is important for me, the researcher to pay special attention to the participants' nonverbal cues, as they may influence or enhance the messages that they present. Additionally, nonverbal cues may present hidden information regarding the participants inner feelings and thought processes, and may also contain clues that either support or contradict what the participant says. I also needed to be alert for any repetitions, or if the participants' accentuate any words. Hence the recognition of the participants' nonverbal behaviour cues represents a critical element in qualitative interviews, as researchers endeavour to uncover personal meanings and experiences. In the following section, I discuss the steps and analytic tools that I used to analyse the data.

4.6.1 Data analysis process

In this study the following data analysis processes were followed:

1. Interviews were read as a whole in order to gain a complete overview of the participants' stories.

2. Thereafter the interviews were transcribed while memos were written down. These represent the earliest forms of reflections on myself and the participants.

3. The interviews were read a second time, with the purpose of dividing and highlighting significant pieces of text.

4. Interviews were watched repeatedly, with the aim of noting down hand movements and body gestures.

5. The memos were categorised into tables, and textual data was integrated with other data that had a similar meanings, focuses or contexts.

6. These integrated meanings were then subjected to further analytical processes of coding and categorising.

7. After repeatedly going through the interviews, the interview data was interpreted in respect of the above mentioned theories and model, and the process of triangulated the data was also applied.

8. Thereafter, I reflected on the participants and their messages, in respect of my own feelings and experiences, and noted these down as part of my autoethnography.

9. These reflections on myself were recorded with a dictaphone, and when I listened to them for a second time, it caused me to write another level of reflections.

These nine levels are explained in a more detailed manner in the following paragraphs.

a) Memos made during transcribing the interviews

Initially the interviews were listened to in order to allow me to gain a complete overview of the participants' stories. Thereafter, notes were made while the interviews were transcribed in a verbatim manner. This process led to a series of thoughts and reflections that were recorded at the bottom of each section, seen as the first phase of the reflective process that further contributed to the development of certain categories. After the transcriptions of all three interviews were finalised, notes from the memos were categorised into a table.

b) Categorising the memos into tables

During this process, common themes such as the diagnosis of hearing loss, school friends, family, siblings and school experiences were identified and tabulated. Relevant information, such as thoughts and reflections from each participant's story, were placed under categories. This table served to collate information from the interviews, structuring and identifying patterns between the stories.

c) Reflections on the participants

The process by which the participants' interviews were repeatedly read, enabled me to reflect further on each participant. At this level, reflections focused on each participant specifically, their meanings, and my reactions to their experiences.

d) Inner reflections on myself and my hearing loss

Working closely with the UHL experiences of others caused me to reflect more intensely on myself. This led to questions such as whether I had accepted my hearing loss, and whether certain challenges that I experienced were the result of a hearing loss, or simply a personality characteristic. Certain of these reflections were recorded with a dictaphone, and when I listened to them after a few weeks, another level of reflections arose. This level represented a painful level, in which feelings of sadness and pain were experienced as I listened to myself speak about my hearing loss. With the above mentioned steps, I established a primary level of categories as reflected in the table below.

Table 4.1: Analysis Step 1: Common Themes of reflections

Fear of disclosing hearing loss	
Diagnosis of hearing loss	
Use of hearing aids	
Being teased	

Being called and not hearing	
Being misunderstood/perceived inaccurately	
Communication difficulties	
Difficulties socialising	
Boring people	
Difficulties learning	
Family Experiences	
Self descriptions	
Low self esteem	
Assertiveness and confidence	
Decision making	
Life coping skills	
Perceived ideas/misperceptions	
Experience	
Overall Personality	
Bilateral Hearing = Being complete	
Remorse/regret	
Dealing with negative experiences	

Future	
Acknowledging limitations	
Most difficult obstacle as a result of your hearing loss	
View of your hearing loss	

These categories enabled me to further process and record details regarding the participants' life experiences, and helped establish common themes. This table proved to be valuable as it allowed me to place each person's specific social and cultural information into specific categories, and so analyse their individual cases.

Furthermore in order to ensure that the interpretation of these interviews are thorough, rich and also included many important details, triangulation of the data was used. In qualitative research, rather than to ensure validity, triangulation is used to ensure that the research results present a more thorough and convincing argument (Flick, 2007; Denzin, 2012). According to Flick (2007) triangulation should not be viewed as a strategy of validation, but rather, as a method that helps enhance the depth and richness of a qualitative research project. In this study, the participants' interviews were triangulated against my own personal interview and with literature findings in order to enable me to arrive a convincing findings. This type of triangulation is referred to as 'data triangulation' (Flick, 2007) and enables researchers to compare the data against each other for the purpose of confirming and comparing data. These processes promote awareness for negative and conflicting information, as well as, in qualitative research, it draws attention to the differences that exist between various cases (Denzin, 2012). Ultimately, by triangulating the data, I could not only compare and contrast the interviews to each other, and to my own interview, but this process could also highlight areas that were avoided in the interviews. In general, the process of triangulation enabled me to provide more thorough and rich discussions regarding the participants' stories, in

respect of this study's theoretical framework.

4.6.2 Coding and categorising

Bryman (2015) advises that qualitative researchers need to begin by reading the interviews as a whole, so as to understand and develop a more complete picture of the person's story. During these initial processes I reflected on myself and on the participants, searching for possible codes, patterns and messages, which helped create initial ideas. The data analysis procedures of coding and categorising were employed, with categories referring to concepts or abstractions, and codes to a short word or phrase that revealed messages behind the data (Patton, 2002). However, due to the intense personal nature of this study and the interviews, computer programmes could not be used to analyse the data which needed to be coded manually. In this study, a process of open-coding also known as in-vivo codes were used to described specific pieces of participant information (Male, in Palaiologou, Needham, & Male, 2016). Instead of approaching the data with a specific set of categories, the open coding strategy allowed codes and themes to emerge from the participants' interviews. This process allows me to ensure that the findings emerge from the actual data and not from my personal subjectivity (Male, 2016). The codes that emerged were mapped out in spider diagrams that served as a reference for each. Other strategies for coding that were used to ensure specific, meaningful codes included looking for patterns or themes, using metaphors, counting and clustering similar information (Miles & Huberman, 1994). In addition, I kept an eye out for links between specific variables with a view to investigating relationships, hidden meanings, and also linked specific data to general concepts and theories (Miles & Huberman, 1994).

The first stage of data analysis involved reading through the interviews transcripts, and the second stage involved re-readings in order to familiarise myself with the data and engage with it on various levels (Miles & Huberman, 1994). Initially, transcripts were briefly read through and studied on deeper levels during the second and third times. These processes allowed for more defined and focused codes and categories to be identified, and codes that best fitted the data were created and displayed in

tabular format. These codes and categories were then reworked at various stages to present more specific themes that were later used to inform the findings (Fereday & Muir-Cochrane, 2006).

With further re-readings of the interviews, these processes later led towards dominant categories and themes. During this second stage, I moved through pieces of text and marked codes and categories with different coloured pens, and this allowed me to pay attention to information that had been repeated, explicitly stated, omitted or surprising (Ryan & Bernard, 2003). During this stage of analysis, data was broken up, separated and dissembled into manageable pieces (Patton, 2002). By reading the interviews repeatedly, I sifted through various pieces of information and managed to identify possible elements of meaning. This also helped me establish patterns between the codes and develop further analytic categories. When the codes and categories were placed together these served to create an initial draft of the story, which upon further investigation led to more common themes (Patton, 2002).

The third stage of data analysis involved a re-reading of the interviews, and a re-watching of the video recordings in order to record any gestures, facial expressions or hand movements. These additional readings and watching stages allowed me to pay more attention to the potential for hidden meanings. Finally, after working through the interviews repeatedly I arrived at a set of codes and categories relevant to each individual case. However, upon closer consideration, I realised that there were patterns and overarching themes in each individual case that linked the participants to each other and to my own story.

Since the interviews presented narratives of people, additional processes of data analysis, such as intrinsic thought and inductive reasoning, needed to be employed (Denzin & Lincoln, 2011). I used inductive reasoning to determine how to move forward and establish the personal meanings and messages from the interviews. I also assumed responsibility for the interpretive claims made in the stories, which also require sufficient engagement with the data (Markham, in Denzin & Giardina, 2013; Creswell, 2013; Saldaña, 2011). When attention is drawn to these claims and interpretations I communicate to readers possible understandings of the stories in the most accurate manner, providing readers with options of making their own

interpretations and opinions. With qualitative research, readers are allowed to make sense of stories for themselves, and this ties in with a social constructionist approach, which focuses on the construction of meaning and understanding (Creswell, 2009).

The data analysis process refers to complex processes which stipulate that researchers need to repeatedly engage with the data on different levels in order to extract meaningful messages and information. In this process, researchers are responsible for coding and categorising information, which finally leads to overarching themes and messages. The data analysis process culminates in the researcher presenting stories in a way that render them accessible to readers. As demonstrated, it refers to an extremely subjective process, whereby various subjective elements such as interests, likings and personalities can influence the data. Hence, in order to address these threats, the researcher acknowledges the possibility of bias.

4.7 BIAS AND SUBJECTIVITY

According to Creswell (2007), in qualitative research that has an autobiographical component it is important for researchers to self-reflect as this may possibly expose certain personal biases which the researcher held, and can help ensure more rigour in their work. Because I was already familiar with the three participants it would be difficult to present a completely objective view of their experiences related to UHL. When they shared similar situations with which I could resonate, it brought about feelings of empathy. One way that I tried to reduce the element of bias was to exercise caution during the coding and categorising process, carefully sifting through all the data and paying attention to many small pieces of data to ensure that I worked through it thoroughly. I then collated the information into tables and a spider diagrams for holistic overviews of each participant to be presented. According to Saldaña, (2016), this procedure can be seen as one way to address bias in qualitative research, since the participants' information is all treated in a similar manner. Another way to reduce bias is to allow another objective person to review the study's codes and categories for accuracy (Creswell, 2007).

Regarding my data and findings I asked two colleagues to read through the presentation of my data and its analysis, as a way to ensure that the information had been accurately presented. However, I understand that since I also have a UHL I am predisposed towards viewing the presented information in a subjective manner. According to Ellis (et al., 2010), autoethnographies as a method are known to be biased and personal, and are often seen as the choice of method that facilitates an expression of personal experience. Instead of pretending that this subjectivity does not exist they advise autoethnographers to acknowledge and state explicitly that they have a personal predisposition to the data. However, Ellis (2004) adds that autoethnographies are often judged according to their abilities to offer something to the readers, and to communicate these subjective experiences. Offerings such as information that can possibly improve their lives or stories with which readers can resonate or simply learn from are a few such examples. Ellis (2004, p. 35) adds that when the writer learns that his or her story has impacted on or made a difference to readers' lives, this can be expressed as being "like manna from heaven". I understand that this research represents a subjective perspective on the field of UHL, but I argue that, as with the writings of Ellis (2004), this study also has something to offer its readers.

4.8 TRUSTWORTHINESS

Qualitative research projects often generate large amounts of data; which results in researchers being unable to conform to the traditional measures of reliability and validity (Bryman, 2015; Shenton, 2004). In qualitative research, trustworthiness can be seen as one of the core elements that needs to be considered when discussing the validity of a study. In order to convince an audience that a study is worth paying attention to, researchers need to answer the question, "How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?" (Lincoln & Guba, 1985, p. 290). This involves a consideration of four elements, namely, credibility, dependability, confirmability and transferability (Lincoln & Guba, 1985).

The first concept, credibility, involves evaluating a study based on the value and believability (Lincoln & Guba, 1985). Researchers need to address questions such as what makes this research valuable, and ensure that its findings are believable. In this study, in order to ensure its credibility and that information provided is worth paying attention to, I applied certain measures. Firstly, the interview data was read through alongside the digital recordings, whilst simultaneous drawing up notes, codes and categories. This process was administered repeated throughout the data analysis and findings processes, in order to ensure that I had sufficiently interpreted the data. Thereafter, the data was constantly reviewed as I moved back and forth between the data and my analysis, in order to ensure that worthwhile discussions were being presented. Additionally, these writings were constantly evaluated in terms of the aims of this study.

The second concept, dependability, refers to the stability of the data, and links to the concept of reliability in quantitative research (Tobin & Begley, 2004; Bryman, 2015). According to Lincoln and Guba (1985, p. 299), dependability refers to a "taking into account both factors of instability and factors of phenomenal or design induced changes". To ensure the dependability of this study, I kept a record of thoughts, messages and communications that I had with my supervisor, and which could have influenced the study. Additionally, I reflected on my feelings regarding the participants and their UHL experiences, and these were also used to inform the data analysis of my autoethnography. These processes were administered in order to ensure that the data and its analysis drew a parallel to the study's focus.

The third concept, confirmability, refers to how neutral and accurate the findings are. In order to achieve this, I needed to demonstrate that the findings arose from the actual data and not from my own positions (Tobin & Begley, 2004; Shenton, 2004). This involved keeping an open mind and being aware of my own personal prejudices, which is further discussed in the coding section. Additionally, I employed the process of peer review, where I approached a colleague who is familiar to the field of deafness, to provide a fresh perspective on the data analysis process. This colleague provided me with feedback from other points of view, which would have been difficult for me to consider, due to my closeness to the data.

The fourth concept, transferability, refers to the question as to whether the findings of a particular study can be transferred to a similar situation and lead to similar results (Bryman, 2015). Although complete objectivity is not possible to achieve in qualitative research, Bryman (2015) advises qualitative researchers to strive towards presenting matters as accurately as possible in order to enable other researchers to repeat this study. In this study, I provided thorough details regarding the selection of the participants, the interview and data analysis processes, which can possible enable other qualitative researchers to repeat this research process with other minority populations. Additionally, since each person's personal story presented unique and different messages, I needed to keep a detailed record of the processes followed, in order to ensure that other researchers could replicate the research process.

Additionally, other verification strategies such as continuously confirming, checking, 'self correction' and 'constant reviewing' were used to ensure the reliability, validity and rigor of this study. Here, I administered procedures such as continuously confirming and checking, to ensure that I had adequately interpreted the data (Morse, Barrett, Mayan, Olson & Spiers, 2002). I also employed strategies of 'self-correction' and "constant reviewing" to help preserve the authenticity of the data. This procedure involved constantly reviewing the data to ensure that the research question worked in congruence with the literature, research methods, data and analysis. Additionally, these processes also allowed me to frequently remind myself of the aims and nature of this study, in order to guard myself from wandering into irrelevant areas. What is more is that, during this process being alert for negative data, as that could also reveal possible findings. These procedures helped me monitor the data in terms of collection and analysis, which enabled the presentation of detailed data analysis discussions (Morse, et al., 2002).

Other strategies were used to ensure the trustworthiness of a study including prolonged fieldwork, and a recognition of the participant's verbal language (McMillan & Schumacher, 2006). Although the fieldwork in this study cannot be referred to as prolonged as in a longitudinal case study, there was a lengthy period between the interviews and the final stages of data analysis allowed for a constant review of the

findings and themes. In addition, I paid special attention and reflected on the participants' information and my own personal feelings regarding the findings, to guard against the subjective interference of my own personal feelings. Overall, the use of abovementioned verification strategies helped me adhere strictly to certain processes in order to ensure the trustworthiness of the data.

4.9 ETHICS

In qualitative research, certain standards need to be applied to ensure that studies remain within ethical boundaries. Initially, after the participants were selected and approached, an introductory letter was presented to them at the beginning of the interviews. This letter communicated the type of study that I was embarking on, notified them regarding how the interviews will be recorded, as well as, informed them of their rights to withdraw without any repercussions. Participants were made aware that since talking about their UHL can be seen as a sensitive topic, they can freely decided whether they wanted to participate. Once the participants had been briefed about this study, they were presented with an opportunity to ask questions before signing the consent forms.

Additionally, the participants were ensured that the researcher was observing principles of beneficence and nonmaleficence during the course of this study. These principles refer to the fact that the researcher is undertaking that they would cause any harm to them, and that I, as the researcher would timeously make information generated by the interviews available to them (Coughlin, 2006). Additionally, the participants were assured of the right of autonomy, freedom of speech or actions, and that they were able to leave the interview process at any given time.

One more important element that was also brought to their attention was the element of 'confidentiality'. Participants were assured that their identities will be protected at all times, and that researchers will at all times guard against the sharing of any personal information unless subpoenaed by a court. It was drawn to the participants' attention that if the researcher broke this confidentiality agreement, it could result in legal action (Corbin & Morse, 2003). Hence, it was communicated that researchers

need to practice care in all situations, and that the documents generated from these interviews will remain inaccessible to the public (Larossa, in Corbin & Morse 2003, p. 338). In this study, in order to ensure that personal details are concealed, pseudonyms and the masking of personal details will be used. Additionally, transcripts and digital records of the interviews were to be kept by the University, under secure locks for a period of five years and thereafter be destroyed. It was only communicate to the participants that only my research supervisor and I will have access to the original data. Collectively, these precautions can help ensure that this study abides by certain ethical rules.

4.10 CONCLUSION

In conclusion, as I endeavour to explore the social and emotional experiences of four people with UHL, this research methods chapter provides a solid background regarding my choice of data collection tools and analysis procedures. Additionally, this chapter explains the choice of an autoethnography for my personal interview, and also provides reasons why unstructured interviews were used to gather data from the three other participants with UHL. This chapter endeavoured to demonstrate how the complexities of qualitative research will be managed in this study, as well as, presented a thorough argument for the use of specific data collection and analysis tools. Special attention was paid to how I was going to ensure the trustworthiness of this study, and also how certain ethical principles will be respected. Overall, this research methods chapter presents an overview of how data will be managed in this study, in order to ensure, a thorough exploration of the lived experiences of four people with UHL.

CHAPTER FIVE

PRESENTATION OF FINDINGS

"There is no greater agony than bearing an untold story inside of you"

Maya Angelou (cited in Campinha-Bacote, 2008, p. 145)

5.1 INTRODUCTION

In this chapter, the research findings are presented and explored. Since the aim of the study is to present and explore the lived experiences of people with UHL it will endeavour to present their individual, personal stories as accurately as possible. Stories of the personal journeys of four adults with UHL will be presented as narratives, including transcribed excerpts from their interviews, along with brief links and descriptions in the interviews. These links will help to make sense of the narratives. Initially, the stories begin with the diagnosis of the hearing loss, then branch into social aspects of the family and school systems.

The chapter begins with Jane's story, followed by Jack's and Jane's, with my personal story presented in the following chapter, presenting a thematic discussion of the stories within the theories of Bronfenbrenner, Vygotsky and phenomenology to frame the social cultural specifics of each case, generate categories and themes, and inform the findings. Overall, a combined approach of social, cultural, emotions, live experiences and verbal expressions allow for a holistic presentation of each person's story. These elements add value to the storytelling method and help uncover personal meanings as reflections on lived experiences.

In the presentation of the participants' stories, certain tools such as abbreviations and descriptions are used, with information in square brackets of non-manual aspects of the answers to enhance the personal messages. A list of abbreviations are presented in the following table, specifically formed for the purposes of these stories and referring specifically to a set of gestures and occurrences.

Table 5.1: Abbreviations used in transcript of the stories

P – Pause	RH - Right Hand
LP- Long Pause	LH - Left Hand
EC - Eye Contact	L2R - Left to Right
SH – Shrugs	[ ] - Non Manual Feature
FF - Fore Finger	RR - Researcher's Response
OH - Over the head	BH - Both Hands
{} added information	

The narratives are referenced in their order of the original interviews, with interview pieces appearing in chronological order and each participant's interview beginning with an unstructured, open-ended request: "Tell me about your hearing loss" to empower them to take control of their story from the beginning. It also allowed for a holistic overview of hearing loss experiences to be provided.

5.2 JILL'S STORY

Jill's story presents a journey about a child, who was born with a hearing loss in her right ear but it was overlooked and only identified at the age of six. The interview began with an explanation of my personal rationale for this research.

RR: Unilateral hearing loss, and erm and at this level, I want to bring to the forefront our social and emotional needs. Now Jill, please can you tell me about your hearing loss?

Jill began:

"Hmm [looks up] let's see, my hearing loss? This is how I explain it. Ya, [laugh]

okay. So basically you have the tree with the roots [uses hands to form a box shape], and then erm [Looks up and thinks] so my root [uses both pointer fingers to make circular hand movements, in an anticlockwise movement that points towards her ears] was erm, I can't say wasn't damaged, but it didn't form properly [FF points and draws a circle]. So now, as, if you have a tree with roots [moves fingers in a parallel motion - to create the image of a trunk], then the roots, then you get the tree trunk, then you get the branches [draws shape of branches with hands], from the branches [moves BH simultaneously outward] [hands make a branching out movement] you get the stems [drops hands to the bottom] and that's how you can hear". [again - moves hands in circular motion pointing to ears when mentioning the word "hear"]. "So my root [stresses the word 'root', and with circular movements pointing to ears] I can't say damaged but it wasn't formed completely, so basically that's the nerve, it wasn't formed [a small rainbow motion with RH to emphasise "formed"]. So no nerve [hand indicating small piece], no trunk [moves hands higher to indicate trunk], no tree" [makes branch movements - hands outwards], no leaves so I can't hear [again - circular pointing to right ear only] [Jill 11-12].

This metaphor captures the image that without a root system a tree cannot survive and since the nerves in her ear had not adequately developed they could not carry the sounds to the eardrum. Jill further explained:

"So I was born with it, but unfortunately when I was born, it wasn't picked up [pointing hand movements with RH - as she paces RH from L2R to express herself], so I was born in ermm [finger on lip and looks up] Orange Field [moves hand out and back onto lip], I don't know what's the hospitals name. Erm so for the first [RH forward and open] five or six years [Hand: L2R motion], I'm not even sure exactly why it wasn't picked up, and at school, we had erm [frowns, wrinkles and scratches forehead], there used to be a nurse who used to come, what was it, health education [hand out] or something? [flicks hand L2R], the nurse used to come".

RR: Hmm, I see.

"Ya, [FF] I remember it was her, but I can't remember her name [points now with whole hand and nods]. But she used to come once a week, or twice a week, or once a month or something [points with whole RH and moves in anti-clockwise circles]. She used to make us do all these health things [makes conducting movements with BH, as if in front of an orchestra]. Stand there by the [RH moves higher-as if to indicate some roof] [Jill 14-15].

With the wooden spoon [covers her right eye with rounded fingers on her RH]. With the wooden spoon yeah. Okay, right [smiles and points, as she waves her FF] so we on the same track. So, she actually picked up the hearing loss [points FF in circular movements to right ear], so [looks to left side] erm I'm not sure if it was class one or class two [points with FF on RH, wrinkles face as she thinks then waves right from L2R], I'm not sure what you call it now, grade one or grade two" [Jill 16].

These passages describe Jill's initial experiences learning about her hearing loss. She described a routine check-up by a local school nurse then her journey regarding the diagnosis of her hearing loss:

> *"So she sent me home with a letter, and erm [closes eyes and rubs forehead upwards and then from L2R in a stroking motion] my parents thought like there was some mix up or something [continues to make rubbing movements across forehead]. They were erm not too happy about it [nods, continues to look downwards towards the left, points to ceiling, changes tone to a little more stern, and adopts a more serious facial expression while nodding]. And ya, we went to school [strokes right side of face]. And then I would say, ya [increases tone, while still stroking forehead and holding a serious facial expression] that's when my nightmare started" [Jill 17].*

Jill began to describe the diagnosis of her hearing loss, with a more serious tone and facial expression. Unlike her previous light tone it dropped a little with many manual features on her face, such as rubbing her forehead, supporting the right hand side of her face with her hands, and rubbing her nose. All of these behaviours can be interpreted as signs of discomfort, which she experienced when talking about this particular topic. It can also to refer to possible levels of anxiety and tension, which she could have experienced during her recollection of the diagnosis of hearing loss. During her recall she described the emotions that she had experienced during that incident. The body language she projected during this part of the discussion can be interpreted as discomfort experienced during that period.

RR: Nightmares?

> *"But I'm using the term [nightmare] loosely [circular movements with RH] in the sense that you go from hospital to hospital, doctor to doctor, because they are trying to figure out what's wrong, and erm" [EC, a rolling like tone is used, RH makes jumping movements from L2R, continuously, till the word "wrong" settles in the middle and points with all fingers] [Jill 18].*

Here Jill described her experience diagnosing her hearing loss as a "nightmare" and explained that she uses this word to describe the large number of medical visits that she was required to attend. Additionally, she used the words "*figure out what's wrong*" to emphasise that those words framed her perception of the surrounding interactions with her.

RR: Oh why, what happened?

"I think that it wasn't too good [looks away, frowns and points with R], because I was like six or seven [looks away, wrinkles forehead, and uses index finger to point upwards], I think I was six, it was class one [looks up], and erm [scratches side of nose with thumb] because I went from this person [RH - jumping movements from L2R] to, you know the specialist. I just remember going [eyes indicate a tired movement, RH rolls onto right side to indicate laboriousness], lots of trips and you going, it's like you actually come to know [BH in front] what they want you to do [big eyes extend BH as if to present something], because they bang this [mimics banging a drum with first the right then the LH], and they do that, sit in the glass box [draws box in air]. Knock on the window [knocking movement] looks away, so ya, I think that wasn't too good [wrinkles face] because it wasn't explained to me" [EC] [Jill 19].

RR: What was that like?

"Actually I can't really remember erm [looks up, frowns - runs eyes from either sides], initially it was a little frightening, because you had all these people coming and putting these big [hand gestured on both sides of her ears - big ear puffs movement] okay now it's like. Okay, now you like, err err you know everything is sophisticated and digitally advanced [extends RH to explain - moves it from L2R], but in those days, you had like these huge [gestured to the ears again] I don't even know what you call them, ear phones? But really huge [runs hands from top of head to ears to emphasises huge], heavy things [increases vocal tone and widens eyes, and focus hands on ears to emphasise head gears], and erm as you can see [runs hand from top to bottom and then to the right side to emphasise size and height], erm I'm short, and small built, so for me, that was heavy [brings hands close to neck-shape of ear phones], and then they tell you listen to this sound and give me that [eyes present a message of boredom] sound [RH - points with all fingers - moves from L2R] and initially [looks away] it was scary because it was never explained to me [SH a little, shakes head in disagreement, and flicks RH to self- to emphasise me], not by my parents [looks away], and okay, when I go there then some of the erm [extends RH to emphasise "there" and then flicks it in jumping movements from L2R], [P, frowns and looks directly at me], what do you call them audiologists [wrinkles forehead and makes direct EC so as to enquire a piece of information], I think, I don't even know people that check your hearing [brings RH up, points to right ear, then to ceiling and drops hand, still frowns, and shakes head] [Jill 20].

Erm [P, and thinks] They would say you going to hear this noise [RH moves from L2R] and when you hear this noise then you must press well not press, knock on a window or bang a spoon or something or whatever it was [extends RH, makes jumping movements, and mimics knocking or banging - simply trying to express those moments]. So [looks away, then brings EC back] ever since then I don't like hospitals till today [wrinkles forehead, shakes head], I'm like very weary of hospitals" [shakes head and lowers tone, big eyes, and keeps still] [Jill 21].

Here, Jill provided descriptions about her experiences with the audiologists. She said that she had been subjected to these procedures without any kind of supportive

information, which she experienced as overwhelming as a child. She also said that as a result of being subjected to numerous audiologist visits she learnt to identify and predict which tests and pieces of equipment were going to be used, and their desired actions.

RR: Why were you scared of the audiologists?

> *"Erm [P] not so much of them [extends RH to indicate other party], it was what they doing to me [rolls hands to herself], you know it was the [P], unknown, you can say [rolls hand towards herself] because erm until then [P - moves eyes to the left then comes back into EC] I never knew [arches eyebrows] I had a problem and here now [eyes move randomly to the left] they telling you that there's something wrong with you [assertive tone]. But I wasn't told outright [says this in a quicker manner], not by these people [extends RH to right side to indicate other external parties], they just did all these tests, and tests, and tests [rolls BH in outward small circles to indicate arduousness of tasks and to signify elements external to her], and erm [LP], you know it's like you going [extends RH to right side] and erm something is done to you, but it's like how when you going to go for an operation, they just take you and put you in the theatre [RH makes a sweeping motion to right side to indicate a brushed off motion], and they do the thing [draws hand in] and they send you out, and you go on your merry way [again RH brushes away from the body draws attention to being seen in isolation] [speaks at a quick pace in a neutral tone] [maintains strong EC and a serious tone during entire piece] [Jill 22].*
>
> *Unknown, you can say [hand gestures] because erm until then [P] I never knew [raises eyebrows] I had a problem and here now they telling you that there's something wrong with you" [Jill 23].*

This interview piece captured Jill's personal recollection of her hearing loss diagnosis as she recalled having been subjected to various tests, but being left uninformed had resulted in fright and discomfort. She used the word "unknown" to emphasise her fear and possible anxiety, also reporting that none of the characteristics associated with a UHL, such as using the telephone with only one ear, or difficulties hearing people speak in noisy situations, were specific enough to warrant her attention. Moreover, it was only through a routine examination by the school nurse that her hearing loss had been identified. She described the emotional impact that she had experienced as a child, and how it served to disturb her, after which she gave further details regarding her numerous medical visits:

> *"We started in place A, err [P - looks away to left-only moves eyes] to the normal Doctor, [P and lowers tone, drops eyes – careful thought] then where did we go*

[wrinkles face, looks at me, but seems to be looking beyond me, in thought], err I don't know if it was place A or place B, *[lowers tone]* it was one of the places, and erm *[P and nods]* ya so, I went, and went, and went *[moves LH in a rolling wheel movement to show repeated visits],* and all these people were like, and erm *[P, looks down, lowers tone], [P]* they didn't pick *up [looks up and LH to right side thumb and FF meet to emphasise nerve]* that my nerve was like not completely formed, *[P and emphasises the words "nerves, not completely formed" in a slow manner]* they felt that no, if you put this hearing aid *[RH points to right ear and sways from L2R],* or if you do that or whatever, those days *[frowns]* it was like really, really *[wrinkled facial expression]* expensive, and I don't think it was even, I don't even *[looks away]* know if there were the normal hearing aid, but anyway *[looks to the top roof, thinks and remembers]* we went to a doctor by the name of Dr X *[comes back into EC and dips head to emphasise doctor's name, and draws emphasis to it], err [P]* he was in Pretoria *[raises eyebrows],* err I think I liked this doctor *[quicker tone, nods, wrinkles forehead to remember]* because he was gentle and I can't remember him, and he finally discovered, not finally, but he was able to tell me what was wrong *[EC and points nose to me]* and he spoke to me, he didn't treat me like erm *[tone softens and tilts head to right side],* not an object. Although, I was six years old *[looks away],* he treated me sort of like an adult, he spoke to me" *[raises LH and loosely gestures to herself to emphasise "to me"] [Jill 27-28].*

RR: Like a person?

"Yes [flicks LH upwards], he spoke to me like a person, yes, that's the correct word *[looks away in thought].* And he told my dad that erm *[P - rubs rubs eyebrow]* don't go to other people, you going to go to other audiologists *[RH first points upwards with one finger and then points with all fingers horizontally and moves in circular movements],* and they going to make money *[raises eyebrows]* out of you because this *[brings RH fingers together and points to left to emphasise specificity "this"]* is what is wrong with your child *[then flips LH open in front of me-to emphasise child]. Er [P]* he said he can't tell my dad *[puts RH finger on lip, looks up and thinks],* he couldn't tell my dad *[flips hand outward]* exactly when *[brings thumb and FF together to emphasise 'nerve', and rolls hand then to right ear]* the nerve stopped developing, it could have been I was born with it *[open hand pointing to right ear],* while I was still in my mother's womb *[full RH pointing down in circular movements],* it could have happened then *[Flips LH over],* it could have happened in the birth *[hand movements flipping],* it could have happened later, because now, there was such a long period *[places hands apart],* he can't say exactly *[brings LH thumb and FF together to emphasise 'this"]* this is what had happened, the nerve hasn't formed, so if you don't have a nerve *[LH opens and points upwards],* you can't do anything, so even if somebody tries to put a hearing aid in *[moves hand to right ear],* it is not going to work *[circular movements to right ear]* because there is no nerve there *[brings FF and thumb together],* so whoever tells you it's going to work *[extends RH out with palm open, and moves it from L2R],* they'll just be lying and making money out of you" *[P].[Jill 29-32].*

Throughout these passages Jill reminded me that she was only a little child, and that this particular doctor had treated her in a more humane manner than the previous doctors, by speaking directly to her. Additionally, he had explained the nature of her hearing loss to her parents and clarified that a hearing aid would not be effective. Jill added:

> *"And after that [flips RH over and drops hand] like, my trips stopped, oh and then I had one other trip [raises RH in direction of shoulder - fleeting movement and drops hand], no, ya, erm he wasn't just an audiologist [no hand movements - serious expression on face - frowning], I think he was an ENT, [speaks at a slower pace, wrinkles forehead and tries to recall details] I think [direct EC], and erm [P] because I [points to self and flips hand outward] had overgrown tonsils, [tone slows down, and becomes softer as she speaks of hospital experiences] I [points to self-neck area] kept getting infections erm, [P and moves eyes to the left], oh ya, it was, it's a bit hazy now [RH moves vigorously from L2R with open fingers], my ear [points to right ear] kept getting, I kept getting [makes circular movements with RH's FF], infections in my ear, pus and you know that type of thing [points RH to left shoulder - open fingers], and err. [P]. I actually can't remember what it was now [place right FF on chin, frowns and looks up in thought], it was something about air not going through properly [RH points to left shoulder, with open fingers, makes circular movements], so he put the grommet" [makes a ring with RH's forefinger and thumb-pushes that forward] [Jill 33 - 34].*

> *"Ya, in the ear [RH points and makes anticlockwise circle to right ear], so he did it [points to the left first with finger], and he explained to them [points to the left with open fingers] why it was being done, and at the same time, I had to have my tonsils removed [curls RH in motion to self], because he said that's what's causing problems with the ears [points to left ear with right forefinger in circular movements] because my tonsils are overgrown and erm he knows I'm six years old [points hand to self in circular motion with open fingers], and err [P and moves eyes to top left side, in thought] so, I went in, [extends RH] because I'm six years old [points to left side], he said he's not going to cut me [points to self with open hand, makes circular movements], I removed it, I don't know, which other way [makes large circular movements around face with RH], so I don't have a scar [points with open RH to self- but now touches chest]. So yeah, [points with RH forefinger to me, then moves finger to rest on right cheek - side of lip] he removed my tonsils because, [P, frown and looks down] ya it was causing problems with the ear [points to left ear OH], and I was too small and I, I, can't really remember [makes circular movements RH - moves from L2R], and ya he did it [looks up and frowns]. That stay was kind of nice in hospital [tone lightens up, looks into the air, frowns and appears to be thinking]. Because the once, we had they blew up the gloves [makes a round shape with fingers in air], and oh ya [points RH to me with OH, makes direct EC], my brother had to go for one too" [Jill speaks in a neutral tone, and uses various hand gestures to emphasise ears and neck] [Jill 35 -37].*

"What did Peter have to go for? [rests chin on hand – and looks up] I think his was also the ear [makes EC and points to left ear with RH, FF], oh, and erm, most important thing [points RH, FF, repeated movements towards me], my family [points to the left- RH, OH] has a history [points circular motions RH, OH] of ear problems" [moves point to focus on left ear, to emphasise the history of hearing loss] [Jill 38].

Here Jill also described the further treatment of her tonsils, accompanied by her brother, who had also required a similar treatment. She explained that it was this gentle doctor who had decided they would not surgically cut her, since she was only a child, and she spoke positively of the hospital visit. More importantly, Jill now remembered that her family also had a history of ear-related challenges.

RR: Oh [LP]

"Not necessarily, erm [scratches right side of nose] about the nerve [points loosely to right ear], I didn't know that, [closes eyes and strokes upwards between eyebrows] later it was brought to my attention that the [moves hand from resting on forehead, extends RH] family has a history of having erm ear problems [with inverted commas hand motions] [strokes side of face and looks down], I'd say, because everybody's [jumping movements with RH, from L2R] is a bit different cause [uses hands to emphasise difference sections], erm" [P and looks up] [Jill 39 - 40].

Here Jill provided a fragment of information regarding her family and their history of hearing loss. She also explained that there was no predominant cause or type of hearing loss and that each case differed.

RR: Okay, can you, in recognising your hearing loss, were there any significant people?

"In recognising it, other than [raises head] erm [looks up and away, wrinkles eyebrows in thought] Mr D's wife, mmmm [looks up, brings RH fisted back to mouth, two fingers, RH touch between forehead, and drop] no not really, because even the GP, didn't pick it up [slide head shake, looks up and away], he said there could be a problem, but erm, ya, I remember that I think almost all, all [RH, OH small flying movement L2R] [keeps eyes up and away] the audiologists asked was when I [regains EC - keeps RH fisted in front of mouth] picked up the telephone, on which ear do I put it?

And they said because you see, because we were in an extended family, living together, [draws a box with fingers to indicate size of family, and to emphasise living together, then hand gestures of rolling wrists to emphasise "a lot of"] we were err, seven kids in total, and erm [a lot of thinking with EC] there was a lot of entertaining being done at home [fingers point down to stress here and now], so there were always people [RH, OH - points fingers to me, with palm upwards], so when the phone rings [sways RH whilst in same position], the children, were allowed to pick it up [points with RH, FF to the left], but err they never

noticed [sways RH, FF from L2R] that err I only picked up [RH points to left ear and drops hand] and put on the left ear, yes. [P] After the nurse brought it to their attention [RH, OH jumps from L2R], then they observed [now points a finger, and circles it to self], then they used to tell me to put it on this ear [tilts head to the right, pinches thumb and FF and positions it close to right ear], on the right ear [softer tone, and opens hand, and casts FF outward to the right].

I used to do that [louder and asserts, shakes head, EC and casts RH to the right - very, loose fist like shape], but I never used to hear anything, and erm [pulls erm, wrinkles eyebrows, finger on side of lip and thinks deeply] there wasn't any [small extension of RH, OH], not really significant [lightly scratches chin] but once like [RH extends and starts to jump lightly], once when we went to that Dr X [closes eyes, scratches side of forehead, and tone of voice softens], and erm he informed my parents [RH drops to right corner to emphasise parents] about the hearing loss [loosely points RH, OH towards herself said in a much softer tone], then I wasn't treated any [RH flips outward], like at home [RH loose in air], I wasn't given any special treatment [hand gestured inverted commas], or you're the child with the hearing problem [hand gestures with RH and LF jumping movements towards the right side to indicate pushed aside], or you know, or it was just, err [P, drops hands, looks away at the ceiling and frowns]. I don't think it was really explained to me, [P, and tilts head and looks up to the left] that I'm different" [makes EC] [Jill 46 -52].

Here Jill added to the story of her hearing loss diagnosis, and provided a brief background to her family context. She explained that existing in a large, extended family possibly contributed to people not noticing that she only answered the telephone with her left ear. She also referred to Dr X as a significant figure, who had finally been able to provide clear information regarding her hearing loss. However, she said that she had not been treated in a different manner, or provided with specific explanations in this regard.

RR: That you're different?

"Not different, in the sense that I have [BH point FF to respective ears in circular movements], not different but in the sense that I, erm [LP and frowns], that's the wrong word, erm [pulls erm] let me see how to phrase this [continues to hold a straight face and look up], not like, I didn't know that I had a problem [points to herself]. My parents didn't pick on it or explain that I can only hear with one ear and stuff [hand gestures], and I went on my merry way [RH moves outward to the right, in a light movement], living life and stuff, and err [P] I always thought [turns head, smiles slightly, and grins a little as she points with RH, points with FF and jumps to the left, where it repeats pointing movements at me]. That people, everybody could only hear with one ear" [points to her right ear in circular movements], [Jill 53-54].

Jill now drew attention to her hearing loss, saying "I had a problem." Up to now she

had referred to her hearing loss as a 'nightmare', something 'wrong' with her, and her being 'different'. It is apparent that the explanations had not been provided to her as a child and she felt greatly unsupported in this regard. However, she used the word "merry" to indicate that she had happy memories as a child, felt happy, and believed that the other children were like her. She smiled while saying this, which indicated that these were happy recollections. Jill continued:

> *"Because like I said my parents never made an issue of it [RH flies outward, head shakes a little, stern tone]. So I assumed that everybody can hear with one ear [arches eyebrows to assert and uses a louder tone]. Like even though this doctor explained it to me [rises up from sloping position, maintains direct EC, throws hands in front], and whatever [BH in the air facing each other, slight circular movement and tosses them outward], I was six years old, so like you grasp it [raises BH facing each other as if to grasp or clap] for the time and now, and one week later, then like you forget [shakes head, RH casts onto right side, then BH are tossed face up and move outwards], life goes on, and like I said my parents didn't [looks to the right, raises LH, palm downwards and drops slightly] erm, [P] actually I can't say they didn't, because I don't remember [LH tosses slightly to left -closed fingers], I can't remember them sitting me down [BH raise, palms facing downwards, move slightly up and down to emphasise position], and explaining you know what you can only hear with this ear [RH gestures towards left ear, loose movements], and you can't hear with this ear [RH moves to right ear], and you must sit in the front [BH thrust a ball forward], and you must do this [repeats ball movement], and do that [tosses RH slightly to the right side], and erm" [P] [Jill 55-58].*

In these paragraphs, Jill explained that she had not been treated any differently, and her parents did not to over-emphasise her hearing loss or its restrictions. Jill added:

> *"Dr X did say, that because I can hear with the left, in school, I must be seated on erm, on the right hand side of the class, to the front, that is better, and erm, ya, he did say that, and like in conversations, and things, if I'm on the right hand side it's better, because, I would be able to hear better, erm, but like ya, they shouldn't make like a big issue of it, and stuff, but I should be made aware of it, this will be better, and you know, and erm like I said, I went through primary school, thinking, that everybody could hear with one ear, and" [Jill 59-61].*

Jill explained that it was only Dr X who had provided her parents with constructive information regarding her seating arrangements at school. He had also cautioned them not to exaggerate it and advised that she needed to be aware of certain limitations, as with her position during conversations. Throughout these extracts Jill spoke about how she had felt disturbed due to a lack of explanations and a

perception of the uncaring attitudes of doctors. However, she explained that it was only Dr X who had made a great difference to her experiences regarding the diagnosis of her hearing loss. He had also provided practical guidelines such as the need for preferential seating in classrooms, and ensured that she was in a position that enabled her to hear people.

Jill detailed her growing awareness of hearing loss:

> *"I used to see people speaking on the telephone and if there's noise, they used to put their ear, their finger in the other ear, I always used to find it very funny* [grins, frowns, shakes head slightly, and slowly looks up with BH raised in front facing upwards], *because I used to wonder why do they do that. And I think I asked somebody once, and they said no, to block out the noise, so I said what noise they said no when they speaking on this ear on one ear on the telephone, you can hear noise with the other ear and that's what made me realize that oh everyone doesn't have this. Everyone is born with two ears, and you can hear with both, you supposed to hear with both, not only one, so then I realised. The person asked me why I was asking, I said no I was just curious, I didn't bring it to that person's attention that I could only hear with one ear. In fact, most of my friends, quite a few of my friends, with the exception of you, I don't think that they know that I can only hear with one ear" [Jill 66 - 71].*

This brief excerpt of the interview provides information regarding her earliest thoughts, feelings and experiences of a growing awareness of hearing loss. It also introduced a prominent inclination in children with UHL, which was to conceal their hearing loss. However, she added that she had not thought it necessary to conceal it, and as a consequence of sharing her attempts to do so she had begun to explain her feelings on becoming aware of it:

> *"I never lost it, I never had it [big eyes to emphasise, strong EC and stern vocal tone, giggles] ya [RH points upwards and outward and drops to fist on lip] [Jill 90].*
>
> *Sometimes I actually think it's better to have one, [EC, frowns and RH, points with FF, and she giggles] you know like when there is so much noise and stuff [Tilts head to the left, and RH waves near right ear], you don't have to" [RH gestures right outwards, and comes back to lips, turns head to face me, with strong EC] [Jill 92].*
>
> *"Ya, [nods] there was a period I think [looks up towards the ceiling and right, turns head upwards as RH floats in front] where oh I wish I could hear with two ears [Straightens head, makes EC and RH points to right ear with all fingers spread open] and because now you think [RH gestures from L2R, jumping movement] everybody's got two ears and they can hear with it [thrusts BH outward] you think now what would it*

be like [BH rise and point], as you say", [RH points to me] [Jill 96].

RR: What would it be like?

"You know, if I had a wish then that {hearing with two ears} would be my wish, when I was small, obviously now you would wish for a million bucks or more" [giggles, with EC, head leans forward, as we both laugh] [Jill 97].

RR: [Laughs]

"Not about hearing [BH fly in air on both sides, then drop, as she straightens out], but erm [BH drop to knees, looks away, wrinkles and frowns], but ya, there was like [BH rise, face each other, she crouches slightly], you can say maybe a phase you go through [BH sweep to the right side] because like it's, [P] it's, it was there for that time [BH dance from top to bottom, together], I can't even tell you, you know how long [BH gesture outwards] six months or a year or something, when you think about it [RH gestures from L2R], oh I wish I could hear with two ears, but it wasn't like every day [leans forward, looks upward and sways as she says]. Oh I wish I could hear with two ears [stern tone], [rocks in a meditative fashion] and what would it be like to hear with two ears, and why don't you take me to this doctor [RH flies in a huge manoeuvre to the far RH side], and why don't you put that in [RH flings to right ear], you know, it wasn't like that" [tone comes back to normal with EC, straightens head and shakes head slightly] [Jill 98-99].

RR: When did you experience that phase?

"Oh God! I don't know [looks up, turns head to the right, wrinkles forehead, and vocal tone is a low type of tone, curls mouth downwards, frowns strongly] I think when I was made aware that [RH fleetingly points to left ear, then moves to middle, RH moves from left ear to middle, points downwards with all fingers] only I can hear with one ear and that the others hear, so maybe erm [drops hands, turns head to the left and looks up, P, as eyes moves from R2L side], maybe [raises shoulders, looks up and LP] high school [head regains position, with EC, frowns, nods and looks at me for affirmation]. Then I used to think ya, okay if I could hear with two ears, how would I handle it?" [no hands, frowns, stern tone, seems to be reflecting back on herself, regains EC] [Jill 100 - 104].

RR: How would you handle it?

"Ya like [much lighter tone] because you so used to hearing with one ear [BH rise to position on sides of both ears] and all of a sudden you have like [BH hands move from ears outwards, Wide eyes, makes strong EC and uses an excited tone], you can hear with two ears [voice emphasises 'ears'], it will be like extra loud [BH move from ears outwards in a large movement] or something [widens eyes and demonstrates explosion with hands], because for so many years [RH bounces from L2R, in a jumping movement], you hearing that way [SH, frowns and looks up, hands drop] so like ya

[frowns and nods], these thoughts go through your head [frowns and sits still with EC]. I suppose [softer tone, not as loud and certain as previous tones, eyes rise and come back into contact] [Jill 105].

I think you're the only friend [head tilted downwards, looks slightly down, nods], that knows I have a hearing problem [pushes head back, still no EC] I think, I'm not even sure, because I don't think I mentioned to anybody, and erm" [P] [looks downward most of the time, eyes scan top to the roof, L2R, and frowns] [Jill 108].

RR: Why didn't you mention it?

"I don't know ah [frowns, makes EC, softer vocal tone - hands still down] [very LP] it never came up or [P, serious facial expression, soft tones, and does not make EC, looks slightly down] I don't know [soft tones, looks down and shakes head]. It wasn't like, [picks self up, louder tone, turns head to the left, and looks up] I don't think I was hiding it. [Stills looks upward to the left - and frowns] Ya, actually I don't even know [tone becomes softer, eyes look to the right]. [Jill 109].

But erm ya I, [P] I don't know why I didn't [makes EC, covers eyes as she scratches forehead] mention it, it was more like erm [P, stops scratching], you get together, you friends [extends RH to the right, then scratches right side of neck as head turns left and looks up], because some of the friends, that were in high school had come with me from primary school, so it's just a friendship that just continues [RH, gestures in the middle, then sweeps to the right, makes EC]. And some people [turns head to the left, looks away] were new and stuff, but like erm [P, frowns, thinks and no EC] [LP, and tilts head to the right, still looks away], I don't know if it, if I mentioned specifically [frowns, looks away, SH], I don't really think, I mentioned to anybody specifically [stills SH, tilts head up and looks up], and I didn't feel like a loss [regains EC, picks RH up and gestures in circular movements outwards] or anything to that effect" [looks away to the right] [Jill 110-111].

In these passages Jill discussed her belief about her hearing loss, stressing that she did not feel as though she had lost anything and repeating her reluctance to mention it to others:

"I'm just trying to think, whether [Looks upwards, arches both eyebrows], besides you erm [very LP, looks up and around] [LP]. No I don't think [frowns, SH slightly, still looks up, very LP], I mentioned to anyone [P, frowns and shakes head] even like in my family [quicker tone], besides my siblings and maybe erm, my younger cousins that were there [moves eyes randomly, neutral tone], they like know about my hearing loss but the other cousins and stuff [frowns]. I don't think they even know, cos it's not like you know, something that you that you bring up in a conversation, or it's not like when you in school, you not going to talk [Strong EC] about what's wrong [accentuates word – wrong] with your body, you talking about like homework, or did you see this programme or fashion or boys or what else was the norm in

those days [looks up, then looks at me], or did you go for this function? You know [tilts head to me, strong EC, neutral tone] [Jill 112-114].

That kind of thing. Talking about [P] like [P, frowns, BH gestures to self - circular movements, looks away] stuff on your body, or parts of your body [BH point to self and gesture outwards, looks up], you can say, it never came up. So I suppose that's why, maybe, if it came up [SH only right shoulder, makes EC, frowns and SH] I might have mentioned it, but I don't really know specifically if I did or not" [SH, frowns, serious, low tone and strong EC] [Jill 115].

As Jill grew aware of her hearing loss, instead of concentrating on its limitations she focused on her interactions with her cousins and friends. She explained that not once had the topic of her hearing simply become a focus of the conversations, hence, when joining social groups she had discussed socially relevant matters. However, when asked about whether her extended family was aware of her hearing loss, she answered:

"Maybe they knew [strong EC, faces me, RH bounces slightly on lap, palms facing upwards] and they were told that [tilts head to the left, EC], mustn't mention it to me [RH gestures -bounces L2R], it might upset me [SH a little, EC, softer tone], or what, but, when, when you with your cousins [turns head to the right, scratches nose] and stuff like, you want to have fun [faces me, EC, and RH bounces to the right] and you playing games [frowns a little and tosses RH to the right, EC] and like I said, you doing nonsense [Turns head slightly to the right, frowns a little, drops hands] and no it's all about fun [SH a little, EC, and turns head to the right], you doing want to do serious stuff. That's what you go to school for [Strong EC, bounces and shakes head], you know, to do serious things [closes eyes, smiles and moves head back], but erm [frowns], ya I don't think they know [SH and frowns]. Or, I can't say they don't think [SH and shakes head, EC], maybe they knew and because they were much bigger [head turned slightly to the right, EC, and RH bounces outward to the right], they were more sensitive to me, but erm [head tilted slightly to the left, SH and frowns], ya I didn't really have problems [shakes head and frowns], because you're a big, noisy bunch [BH rise, palms face each other, jerking movements - emphasises big], and this one will shout that to you [looks up and away, RH jumps to far RH side, louder tone] and, and that [tone becomes neutral, hands come back, EC] maybe if I was younger [direct EC, softer tone] that er er because I was made aware of the problem earlier" [RH palms facing up, gestures and bounces] [Jill 119 - 122].

Jill explained that she believed that her extended family had been aware of her hearing loss, and they were told not to approach or discuss it with her. As she became more aware of her hearing loss and its limitations, the situation changed:

"I don't think the hearing was so good [frowns and nods]. Because sometimes

when somebody will say something [looks to the right, raises right eyebrow raises], there's a lot of noise, then I won't catch it the first time. Then I have to ask them to repeat it, then erm [P], then the second time [RH two fingers point to left ear] I got it. So if somebody is walking away and they shout out instructions, then obviously I hear that, but erm ya, if it's, and especially also if there's a lot of background noise, er er how can I say?" [Jill 122-123].

Here, Jill explained that when she did not hear a person speak she simply asked them to repeat themselves.

RR: When does this usually happen?

"Hmm [holds chin and looks up in thought] generally when I'm concentrating on something, like at work [drops eyes], if I'm busy with something [RH gestures], someone will shout my name [looks directly at me], then I'll answer but if I don't look [Tosses head up] up then [LP, widens eyes and RH points slightly] err er I don't know what they say [makes EC, SH, arches eyebrows], you know so then [looks up] and, and it's also not [BH then bounce from centre to the right - pointing slightly] near, it's a distance [RH bounces again] so [turns head to left,] like erm [turns head to the right, as RH gestures on right side], I'm standing by this cupboard and the person is [turns to the left - points with LH] err err [P] just outside this window" [makes EC again, drops LH and points again to the left] [Jill 124].

Jill explained that when there was a distance of three to five metres between her and the person speaking to her she might experience communication challenges in her work environment. However, when asked about her actions in these situations, she answered:

"Then they'll just have to say it louder [tilts head upward to the left, looks away]. Generally I work with my brother so it's mostly when his erm speaking [EC, and emphasises 'speaking']. Because he'll be looking that [turns head and faces completely left] side somewhere, and he'll be telling me something [turns to face me, EC], and I'm busy with something, so I don't catch what he is saying [turns to face me, head shakes a little, EC], then he'll just say it out louder and ya I got it [Jill 129].

It's very loud and the person is far from me, and they speak, they don't speak loudly, they speak softly, then obviously I can't hear, I think even a normal person, erm not normal, a person hearing with two ears has difficulty in hearing, but if they standing next to me, and they speaking, then I'll hear them, Then I'll say can you speak up, I can't hear you, or if the person is far then I'll either walk to the person or I'll tell them, I can't hear you, so come close. {In big groups} I'll get up and go to the person. I'll walk to the person ya, why, and I'll say, I can't hear you so can I come there or can you come here" [Jill 136].

In these passages, Jill spoke about coping strategies that she employed to deal with hearing loss limitations. She explained that in situations when people speak too quickly, or were positioned on her left hand side, she asked them to repeat, speak on a louder level, or simply resorted to walking towards them. Regarding her communication challenges, she described specific school-related incidents when her hearing played a role. Jill explained:

> *"I actually can't think of like where if I had a problem, but err there is one incident that happened in school. I was in standard seven. There was no teacher in the class [still looking away to the left, frowns and wrinkles forehead], there was a lot of noise and erm, I was in the class, and erm my friends wanted to ask me, I don't know what they were asking for, I can't remember [continues rubbing forehead and looking down], but I remember she had to ask it like five times and err the fifth time, they were so irritated that the four of them screamed, you know. That they shouted it out loud, not screamed, they shouted it out loud [down a bit, looks up and away], and then I like oh okay [stills talks upwards], and I answered whatever it was and err, I know I was a bit upset about that [lower vocal tone, still no EC, frowns and wrinkles forehead], but erm [LP] ya, [SH a little and frowns] that's one incident in my school [looks up, arches eyebrows] career that kinds of stands out, and erm ya [frowns and nods] [Jill 140-142].*
>
> *That didn't make me feel so nice [louder tone, frowns, turns head slightly to right], I think that's, that's when I must have gone through that so called [looks away] stage where you know wishing you could hear with two ears" [Jill 143].*
>
> *"But errm [frowns, wrinkles forehead] that was just the one incident, you know, it stands out. But other than that [rests chin on RH, as head turns upward, eyes look upward as head shakes a little], I don't remember having any other incidents [makes EC,] or [LP] serious problems" [Jill 144].*

This passage revealed a deep, personal experience which seemed to have caused her some distress. She recalled much impatience being levelled towards her, and the helplessness she had felt as a result of not hearing the specific information. Additionally, this incident may have caused her to become more aware of her hearing loss. In order to compensate for limitations regarding hearing loss, Jill began to describe certain coping mechanisms she used:

> *"Erm I [head shakes a little, SH a little, frowns and looks up] don't know like because from young, and erm, cause I know it's the left ear [still looks away], cause I know automatically when I'm walking with somebody, I make sure I keep to their right and erm [LP] it's like, erm, it's not done consciously [louder tones, faces me,*

changes body position]. Because you've been doing it for so long *[RH gestures upwards like steps, in a rigorous manner, strong EC, and louder],* it's like unconsciously that you do it, you don't like *[looks down with straight head],* okay, he's going to talk to me, she's going to talk to me, I need to get onto the right side. it's ya *[SH a little],* it's like unconscious because you've been doing it for so long, it's like part of life *[regains EC, wrinkles nose] [Jill144-146].*

I don't know if that makes sense?" [EC, much softer tone, shakes head and arches eyebrows, smiles a little, as she pushes head forward a little] [Jill147].

RR: Oh no, it does make sense, it happens, it happens naturally. I mean, you go onto the right hand side of the sound, where the sound is coming from.

In these pieces, we both concurred on the strategy of positioning ourselves in a way that allowed us to hear more easily. In addition, this passage introduced the theme of 'coping skills', which developed almost subconsciously. Here she began to describe specific social events and relationships at school.

RR: Okay and what about school life, can you tell me about anything significant challenges you experienced?

"With the hearing loss thing? [keeps head straight, looks up, wrinkles forehead and strokes chin]. [LP, looks slightly to the right, and SH a little] Erm no, not really, because school life is more as you mentioned *[brings RH back to lip, then turns head down, RH on forehead, rests a little and moves out]* it's more academic, so they *[P, and looks up]* you know they *[makes EC]* it's more like who can come out first in the class *[EC and bounces head L2R],* or who has the top score in maths *[SH, EC],* it's more written *[pushes head forward, and stresses "written"]* Like you listen to what the teacher is saying *[head moves from down left right to a little to the centre with EC]* and you got to do your homework, and you get tests, so they testing your knowledge *[RH rises points to right ear, and flicks outward with EC],* not so much *[points to right ear, curling movements]* whether you can hear properly *[RH gestures out towards me, fingers pointed upwards, then relaxes]* or you know erm" *[Jill 152 - 153].*

"I liked sports ya, so we used to play netball, I was good at netball I wasn't too good at volleyball the ball was too hard and I was short, but, ya, I liked netball, I was good at netball, I used to play volleyball it was okay, I liked running. What else did we do in school, those were the only games we had" [Jill 155].

RR: You mentioned at school, that it's, school is not all about hearing?

"Ya because it's not like erm [looks up and changes to finger on lip]. Mostly I was seated at the front of the class [strong EC, stern tone, frowns] so like you there [head pushes forward], you can hear [tilts head upward, looks up], but like erm…[frowns, LP, looks away] sometimes if like [looks down and frowns] you know, if the teacher says something [frowns, serious expression, looks down], like when they speak and you have to take, and if I missed something, then I would ask erm..... when, when, when, more like when we had to take notes [EC, serious tone and frowns] when we were in higher, you know err standard eight, what's it now, grade standard eight, nine and ten [looks at me, winks with left eye, and looks up]. So if I missed anything that the teacher was saying, I just ask my friend [tosses head to the left] or what did the teacher say, or did you get that err because [LP, and looks up]. I could always write very fast [frowns, serious tone], so mostly it was the other students who'd come to check what I had written [small smile]. So erm [looks down], if I missed something, they said I would check with the person sitting next to me, they said, did you get that, or what did the teacher say there [frowns], and then they just say that, or like sometimes they would ask me [head moves back, arches eyebrows and strong EC], that what they said over here because erm [looks up and frowns] there was a teacher in school [keeps head tilted to the right, frowns and still looks up - no hand gestures], who err… err... what was his name? Okay, I won't mention his name, but there was a teacher that used to speak very fast, [arches eyebrows, strong EC, head pushes forward]. He used to talk quite fast, and erm, for some reason I could understand him very clearly, I could understand him quite well, and err, quite a few times students used to ask me [widens eyes, arches eyebrows, EC] like what did he say [frowns, softer tone, and pushes head downward and forward] [Jill 164-168].

You know, [SH, smiles, moves back to original position, lighter tone]. So like I found that, that was like [smiles] funny for me, cause students were asking me" [smiles, broadly, EC] [Jill 169].

It was nice [smiles broadly, nods, EC], you know like erm, people asking me, not in the sense that I think or [body posture rises as RH gestures to point to ear and then to self, looks upwards] I can only hear with one ear [arches eyebrows], and I can only hear him – you don't think about it that time, it's that erm, [LP, looks down, frowns, wrinkles nose] how can I say it. It's like a give and take type of thing" [Jill 170-171].

RR: Give and take relationship?

"You know like I'm strong in maths [body posture rises, RH, closed points to self, louder tone, EC] so I'll help you [RH swings to side] with maths, but I hate chemistry [RH swings to left sides, then bounces, palms facing down to the left, turns head to the left, looks up] or I don't like erm, [looks up, head bobbles around, arches eyebrows, RH gestures on lap], I like most of my school subjects [head turns to the right, frowns, talks to herself], I don't like physics, so you'll help me with physics [head tilts to the left, as RH bounces to point to the left, EC, as she draws RH to point to herself], cause I hate physics [head drops a little and SH]. You know, like that type of thing [RH

sweeps L2R, EC, and SH] [Jill 171].

Here Jill explained that she tried her best to nurture reciprocal relationships with her friends. She helped them in areas where they needed help, and also allowed them to assist her in certain areas. Without any further prompting she moved onto discussing her classroom situation and how it had influenced her experiences:

> *"Er, fortunately when we were [looks up] at school, the classes were very small [tilts head to the left, EC, softer tone], and err, teachers were, [drags 'err' and 'were', looks up], the classrooms were small, [BH move to meet each other near chest, head still up and looks up] and ya, even the role numbers {classroom total populations} [EC, frowns], we were like thirty or I don't think [looks to the left, SH] we were like more than thirty kids, so like you know [looks to the right] the teacher used to speak and everybody could hear, and ya [looks above to the right], when, when we were in high school, the higher grades [stills looks up] that you went too, we got to pick where you sit [head slants to the right, arches eyebrows, EC], you know [RH bounces OH, facing down], and with whom you sit [head tilts to the left], so generally [RH scans level R2L], the so-called [fingers make inverted commas] naughty children would sit at the back [BH move to her shoulders], you know the shockers and stuff, and the good people or [BH wave in level movements from middle to bottom, in repeated movements] diligent workers [arches eyebrows] would sit in the middle to the front [EC], ya [wrinkles nose and SH] so. And erm [P, looks away, frowns, SH slightly], I got along with, erm, [blinks move than usual] I'd say I got along with all my class students [eyes move loosely top to me, frowns]. [LP] In most of the grades, so like erm" [SH a little] [Jill 172 - 174].*

In this piece, Jill described her small classroom population, and how that enabled her to hear the teacher more effectively. Additionally, she reported that in high school she had been able to choose her seating position, then branched out into discussing specific relationships with her friends:

> *"I never had a problem making friends and erm you know, that one is intimidating me or that one's not friendly. In fact there were few students that other students didn't want to be friends with them and I would be their friend. And erm [P, looks away, frowns], I got along with, erm, [blinks move than usual] I'd say I got along with all my class students [frowns]. [LP] In most of the grades, so like erm, ya I never had a problem making friends [frowns, EC] and erm you know, that one is intimidating me or that one's not friendly, in fact there were few students that other students didn't want to be friends with them and I would be their friend [EC and nods]. So [wrinkles nose and frowns] I didn't erm, have problems with that, cause there was a girl what grade did she come to school in [frowns.] [Jill 174-176]*

She couldn't speak English. She used to speak another language, [Shakes head a little]. Okay, nobody wanted to be her friend because now she erm, spoke a different language [wide eyes and Arches eyebrows], so she found it difficult to speak English and err err, people didn't want to be her friend, and err [looks up] so I was her friend and you know I could understand a bit of her language. Most breaks she was always with me, so that friendship kind of stuck" [179-182].

Jill also talked about other friendships:

"I didn't have a problem [shakes head] with anyone, I got along with the naughty children, the troublemakers, the ones that, mostly the ones [hand gestures inverted commas to emphasise "troublemakers"] that never do their homework, I used to help them, I used to let them copy my homework and things like that, so ya [looks to the right, then to me, smiles, tosses RH lightly in the middle]. "I don't think it like played a role, [P, frowns, looks away] because, err, like I said, I never felt like I had [looks at me, arches eyebrows] a hearing loss, and erm… [P, looks away, frowns]. [Lowers tone, frowns, and adopts a more serious attitude] [Jill 184 - 185].

I didn't really feel that I had a hearing loss, [SH, frowns, neutral tone] only when there is, I think that, when I feel it, is like when there is a lot of noise [direct EC]*, erm and you need to hear something that somebody is saying, that's when I feel it [EC, frowns and blinks], when I can't hear [emphasises words, widens eyes, and increases tone of voice, body picks up and RH jumps from left ear to centre, pointing]. Then I feel, so then I feel like okay, if I had two ears maybe I could hear better, but that's the only time it hits, when I can't hear [points to the left side with RH], then. But when hearing normal and stuff, and ..." [Jill 187-188].*

Jill presented herself as a social person, explaining that she did not experience difficulties making friends: "*I never had a problem making friends*," and placed specific attention on an incident when another girl was being ostracised for her inability to speak English. Here, Jill had taken up the responsibility to befriend and include her in social activities, explaining to the other students that the girl was not responsible for her own situation since she could not speak English. These actions point to a human aspect of Jill's personality and show characteristics of love and compassion. Jill presented an image of a well-rounded person who as a result of her hearing loss did not withdraw from social activities, but was rather supportive and caring towards her peers.

RR: What happens when you can't hear, how do you feel?

"Frustrated [answered quickly, frowns, nods and wrinkles nose, RH finger close to chin]. Hmm, [RH finger on side of lip, LP, looks to the right, looks up and away] ya basically

[EC, RH paces from L2R] the [inaudible - vur most - sic] feeling is frustration and now you can't hear [RH swings from right ear to centre], and you know like erm….[P, scratches side of nose and looks away] [LP] ya, it's frustration, because you can't hear, and maybe it's something to do with work, [Looks down, gestures in jumping movements with RH, standing at a cutting angle] and you need to get the work done, the work can't get done because you can't hear what the instruction is, [makes EC, and RH moves in a jumping manner from L2R] so ya, basically it's [EC, frowns, turns head to the left and looks away] frustration, I won't say" [shaking head] [Jill 189].

Jill answered that when she failed to hear people in noisy environments she began to feel frustrated. She used the word "*frustration*" three times when asked about the feeling of not being able to hear, giving an example of when a person asked one to do something and one was unable to do it due to a failure to receive necessary information. This caused her to feel frustrated.

RR: When else do you feel frustrated?

"Mmm, [P] no that's the only time, like I said [tilts head slightly up, SH, and frowns], like when there's lots of noise, and you can't hear, then you get frustrated, [looks down] and err [tilts head to side and bites corner of mouth]. I grip my teeth [tosses head to the left, snicker and smile] erm…." [turns head to the left, then back to centre and RH gently rubs forehead, as head drops completely] [Jill 192 - 193].

RR: And with the people, how do you react with the people?

"Well, mostly, I can't say it's other people, because, I'm working in the family business [points directly and looks directly at me] so mostly the instruction [picks head up, and RH points from L2R like a rainbow motion, EC], comes from my brother so it's mostly with him [widens eyes, arches eyebrows], so there I don't know now [Looks above and away, RH two fingers jump fleetingly in repeated small movements L2R], because he's a sibling [EC], I can, you know like, erm..[LP, finger on lip, looks up] how can I say [finger on lip, in thought] I don't want to be so formal with him [EC], like you know, like sometimes I'll shout and tell him, [sits up and looks up] "you don't know, you don't know I got hearing problem, [Direct EC, much louder tone, as if role playing the scene] I can only hear with one ear, can't you speak up," [really attacking tone] sometimes I would say that when I'm frustrated, or err…[P, tilts head to the right, looks up, and tone softens].

[LP, softer tone, stills speaks upwards, sits up a little]. Sometimes I just tell him, "what you said, I didn't hear you," I'm mumbling, so then ya [EC, turns head to the right and looks away], mostly it's with that, [P, frowns and looks away] erm [LP].

Other than that ya, [frowns very intensely, softer tone, and wrinkles forehead] there's not really much, I know they keep mentioning ya [nods very little, still frowning, with

EC], my hearing only fades when it suits me [smiles with a joking tone] other than that I can hear fine" [smiles and giggles] [Jill 194 - 197].

Once again, Jill's assertive skills came to the forefront as she explained that her work environment mainly involved communicating with her brother. She explained that when she did not hear an intended message she did not hesitate to point out to the speaker that she had not heard it, since she could only hear with one ear. Additionally, she would requested that he repeat it, but louder. When we both laughed regarding the manner in which she dealt with her brother she related other humorous situations that had occurred within her immediate family context:

"That's like a standing joke in the family, [scratches neck and RH makes quick brushing movements from L2R] because for some reason [scratches right side of neck, RH points directly, looks up, arches eyebrows] when I go to bed, when I sleep, [RH finger keeps flicking] and erm, they come, my room is off the kitchen [turns around and points behind her], so for some reason they come and they make, you know noise, they talk and everything, [RH gestures in circles, body is positioned towards right, sitting up, expressions on face - wrinkling, EC] and I don't know for some reason because it's so quiet, I can hear everything they say, and I want to sleep, so I get irritated, [direct EC, and head bobs towards me to assert opinions] so then my brothers say, then what happened, then your ears are working fine" [shakes head, and uses a mocking tone, EC] [Jill 198-199].

This excerpt reveals a light-hearted side to Jill's approach to her hearing loss, such that when family members decided to talk near her room in which she happened to be sleeping and disturbed her in the process, she entertained their humorous statements that, "*your ears are working fine".* Jill further related:

"You know so [head faces down, dips as talking, EC], I said ya [body shuffles back, and LH rests on bed] well, it's funny because it's true [LH rests on head and RH tosses once on right side], what he's saying, like when I go to sleep, [RH finger flicks to the right, direct EC, LH still on head]. Because now maybe I want to sleep, now [widens eyes and accentuates words, gestures BH point from forehead outwards, picks head up] I can hear every single thing they saying [turns to the left, rests LH on bed, gestures with RH closed position from mouth outwards, eyes wide, face full of expression and LH rests on head], every noise they making, so like it irritates me, you know like, sometimes I come out from my room, you know what I'm trying to sleep" [arches eyebrows, mumbles] [Jill 200 - 201].

RR: So how is your relationship, I mean, you mentioned your brother in the business that you work with, how is your relationship with the other the siblings that you have regarding

your hearing loss?

> *"[Scratches right side of head with LH while head is tilted] It's fines, it's not, [looks away, softer tone, wrinkles forehead and SH slightly] it isn't anything different, my sister is married, [shuffles body back, LH fist in front of mouth, looks up] so I don't see her, everyday. I see her now and then, but she's married in town I see her, but err [LP] Peter is Peter is also here so erm, [scratches right side of nose with LH thumb] ya, he's speaks very err… Peter speaks very fast and soft [says fast and soft slowly, distinct difference in tone- more confident - tilts head towards me and makes EC, frowns slightly]. And [giggles, SH a little, and closes eyes] my mum has a problem understanding him, [head tilted to the left] so especially on the eating table because my mum sits next to me [looks down and RH finger flicks L2R to describe position], I sit here, Peter sits here, then my mum here then Peter sits next to her [looks down, RH jumps from L2R cutting position in three jumps], she'll say something to him, I mean he'll say something to her, and she touch me and ask me what did he say, and then I'll tell her, [neutral tone, calm and relaxed]. I don't know now that is [looks up] because I'm so used to the way he speaks, that sometimes I don't know, I'll just tell her no he's saying this, but ya, with Peter it's fine [frowns and looks up], sometimes he gets annoyed [EC], if he says something, like I said he speaks fast and he speaks erm [P] soft. So if he is far and he says something and I don't hear it like the first time, he has to say it the second time, [P, looks up] err… or sometimes you know because he speaks fast and I don't get it the first or second time, [LH gestures 1 or 2] then he gets frustrated or something and says okay, never mind [EC, RH flicks L2R]. Then I get frustrated [gestures LH to self, EC] and irritated because now he is not speaking clearly [Gestures LH to me in a fist, strong EC, facing me], so I can't understand him [flicks hand back to self]. So you know it irritates me when I know, there it's not my hearing loss [gestures BH to ears and brings them to middle, tone is slightly irritated, strong EC], because quite a few other people don't understand him [RH flicks to right side, arches eyebrows strong EC]. So ya [softer tone, SH, tosses RH up and looks up] so there you get erm [looks up and frowns] frustrated and irritated because then he'll say never mind leave it. [RH flicks to behind her, quicker tone, strong EC]. So now you don't know what he wanted you [gestures RH on left from back to front, strong EC], to do or what he was saying, so ya and then you just leave it and" [tone gets softer, SH a little, EC,] [Jill 202 - 205].*

In this piece, Jill described communication challenges that she had experienced in her immediate family environments, explaining that even her mother had difficulties understanding her brother, due to his rapid speech. She explained that when she did not receive the intended messages she asked him to repeat, which caused him to become frustrated and she was left uninformed. This communication challenge occurred as a result not of her hearing loss but of his inability to speak clearly and at an understandable pace. She found his behaviour to be quite "*selfish*" as he was

unwilling to repeat himself more than three times, and this resulted in feelings of frustration and irritation.

RR: And how do you feel when that happens make you feel?

> *"Like I said frustrated and irritated" [wrinkles nose a little, softer, quick tone, no need to think or P, no hand gestures-straight head-looks directly at me] [Jill 206].*

RR*:* Frustrated and irritated?

> *"I just want to like shake him up. [Smiles and demonstrates shaking with BH] so I don't know if that's normal [arches eyebrows] but erm ya [frowns].*
>
> *Ya so [tosses head to the right, then back to centre], ya he does that, but he does that like often, [frowns and strong EC, neutral tone] like if, you don't get. if the first time you don't get it, he'll repeat, you don't get it, then he'll repeat, then ya, you get it, it's fine, but if he must repeat like three times, then [big eyes to emphasise], you know then it's that's too much effort for him, so ya and he's the younger one, he's younger than me" [points to self, direct EC, neutral tone, head bobs as she talks] [Jill 207 - 208].*

RR: So he won't repeat it more than three times?

> *"No he doesn't" [Shakes head, direct EC] [Jill 209].*

RR: And that makes you feel frustrated?

> *"Ya, frustrated, irritated, [looks to the right, and nods] mad I would think like [LP and looks up], erm, you know erm. [P] he knows I have [head tilts downward to the left], like I have I don't generally think I have a hearing problem [head tilts downward to the left, strong EC, and pronounces each word separately], every time I can't hear, it doesn't go through my brain that way [RH flicks towards right ear, speaks assertively] then I would think [RH FF flicks from herself to me, strong EC] that he's so selfish, because his mumbling and talking, [strong EC] his not talking clearing so, the problem is not so much that I can't hear, [RH gestures to self, strong EC, head tilted to me, wide eyes full of expression] he's not speaking clearly. So" [Jill 210].*

Jill's frustration could be seen in her descriptions of her communication with her brother as she described persistent frustration at failing to hear people talk, or when they refused to repeat their messages to her. She described specifically her communication with her younger brother, who would repeat missed information at least twice but refused to do so a third time. As a result she experienced great frustration, and admitted to feeling angry when unable to hear destined messages,

communicating a sense of helplessness.

RR: What about other people? Do you worry about other people being selfish? Are there any other people that are selfish?

> *"Hmmm [looks up, RH FF on lip] I can't really say, [RH tosses gently from L2R, looks up] because we in the business trade so. Erm…. there's no, you know one on one all the time [RH points from herself to me, EC, neutral tone] because, because we in a business, there's different [RH makes circular sweeping gestures in the middle, EC] people coming, in so erm… ya [looks up, RH fingers interchange and bounce, small area L2R] and then the other thing is the language, you know they not speaking err in your language [points, neutral tone, strong EC], my language is English and here they speak so sometimes err, I don't hear what they saying [small expressive gestures with RH, strong EC, body positioned slightly towards me, reasonable tone of expression]. And erm, [looks away] then I'll ask them to repeat it [EC], and most of the time it's not I didn't hear them correctly [RH gestures to left ear], I don't understand what they saying [Wrinkles forehead, EC, SH a little. RH gestures to me] so then you know I have to call somebody to listen to what they saying, they tell me in English [neutral tone, strong EC, expressive hand gestures]. Ya translate so ya [RH raises, then scratches under eye], other than that [wrinkles forehead] I don't think I know anyone being selfish and stuff, so ya, they" [Jill 212 - 215].*

In this section, Jill simply described her interactions with customers in the business, explaining that communication challenged in such an environment were often due to language differences, and here she depended on her fellow workers to translate.

RR: So is it only in the shop environment do you experience this?

> *"No [quickly and loudly, SH] like sometimes you have, you know when it's just two friends sitting together like we are now and the friend is talking or you know it's confidential or discussing a problems or something, err, then one on one there's no problem, it's fine because it's just the two of you" [she talks much louder and more expressively than the previous piece, with strong EC, head bobs from L2R, and RH also bounces from L2R] [Jill 216].*

RR: But then in groups?

> *"In groups ya I don't have really problems, erm [P and frowns, eyes move from L2R], I don't socialise much [slowly, looks at me, and head moves slightly towards me] but I don't think that erm [head tilts to the left, frowns], because of the hearing loss type of thing, I think it's just, my personality, even in school, I never liked group work [RH gestures to indicate group] you know when they used to put you in groups, I didn't like group work [looks away then comes back], because what used to happen*

is, you end up doing all the work [head tips a little towards me] and the others just you know so just kind of sponge of you" [Jill 217].

Although Jill seemed to have presented herself with good socialising skills and a healthy self-confidence she stated that she did not "*socialise much*" and believed that she had a quiet personality. She explained that when she interacted with people on an individual basis she did not encounter any challenges and disliked group activities, not due to her hearing loss but an unfair distribution of tasks and effort. Jill continued:

"So I didn't like group work, but like, you didn't have a choice [head moves gently towards me], you know certain subject you had to do group work, I always preferred working alone [head tilts towards me, arches eyebrows] in school, even now I would prefer working alone, now, [jerks head up, increase in tone] I can't tell you if that's because of the hearing loss [RH gestures to right ear, expression on face, louder] or [LP tosses head to left, arches eyebrows, very expressive] I would say it's more my personality, the way I am, and I prefer working alone" [tone becomes much softer and gentler][Jill 218].

RR: Can you describe yourself at school?

"At school?" [Raises eyebrow slightly, moves head a little towards me - asks for clarity] [Jill 220].

RR: Ya, the person you were then?

"Quiet [quickly, EC] err [LP], I was quiet person, I don't talk too much mm [looks up, neutral tone] ya, not really talk, [turns head to the left, frowns] erm, you see it was so long ago, I don't think I can remember [raises one eyebrow and giggles a little] err, ya a [turns to the right, looks up] good worker, I'm trying to remember what the teachers, used to write in my report [looks upward left, frowns]. Neatly dressed, ya, like I was quiet, [frowns, and SH] erm, I wouldn't say like I was stuck up, because like I said, I got along with all my peers in school [SH, closes eyes, neutral tone], so ya, quiet and helpful, and whatever, ya" [Jill 220 - 221].

Here Jill reflected on school memories and described herself, believing that in school she was possibly seen as a quiet and helpful person who was well liked by her peers. Noticeably, she did not mention any enemies or children who did not like her. However, asked to describe the person she was now, Jill answered:

"Definitely not quiet now [answers quickly in a louder tone, and drops head towards me, arches eyebrows and laughs] erm. "I've been told by quite a few people that I

talk too much. Quite a few, including my family [looks up, head points forward and talks quickly, neutral tone] members, err, [LP] what has changed? Erm, [LP, still head points upward and looks up] what has changed?] Head looks down, RH scratches forehead]. I think I've erm, you can say in some [head shifts up, RH FF rests on lip, louder and more certain tone, still looks away] areas well now that I supposed is personal wise, you become [tilts head to the left, scratches chest and frowns] a bit more confident you know in, that not all aspects of your life [RH thrusts to the right, EC], all areas of your life, you know things that [looks to the right, RH thrusts to the right] like you not good at, like say you not good at cooking [BH thrust towards the sides], then you won't be confident there, but erm [LP, wrinkles forehead and looks up], what else has changed? [LP, still looking up]. Oh yeah, and I don't look at life, the same way I used to look at it in school [moves a little forward, EC] in school everything You know is like happy [hands sign inverted commas] and you know but ya" [arches eyebrows] [Jill 222 - 224].

In this brief narrative extract Jill laughed about her change in self-descriptions, and elaborated on the answer that she no longer described herself as a quiet person. She believed that she had become more wise and confident, adding that she had a better understanding of herself and her strengths, but concluding that she did not look at life the same way.

RR: How do you look at life?

"Reality has intruded [answers quickly, straight head and face, neutral tone], I think, I'm not too sure, but I think [says this slower, frowns and nods head] that I'm a bit of a cynic. I think [nods, wrinkles forehead and looks up] ya, a bit of a cynic like you know [raises one eyebrow, looks up], I don't, oh in school I was very trusting, that definitely has changed, don't trust so easily [head tilted slight towards me, neutral tone, arches eyebrows]. Death [emphasises, arches eyebrows, RH points to me] definitely makes you change, erm [comes back to normal sitting position after a complete shuffle, rests LH on bed, and looks up], what like how err. [Comes back to neutral tone, RH on lip, looks up] basically I think I was all this, I was this same person I was in high school till I was eighteen [BH on lap, arches eyebrows, head points to me] then I lost my dad, and then ya, my whole life came tumbling down [quickly, frowns], and ya, erm, I believe death nothing matures you faster, the only two things matures you very quick, one is death and one is childbirth, [tilts head to me, neutral tone, arches eyebrows, EC] well obviously I haven't experienced childbirth [giggles].

Oh ya, death matures you very very quickly, err ya, cos I literally watched my mother age before my eyes, and then [pulls then] I was very close to my dad also, and any problem, or anything I had, I would discuss it with my dad. My dad was like my friend and err, no so much, I wasn't so close to my mother, I was quite close to my dad, so ya that loss affected me quite bad. Plus [moves head towards

me, EC then looks up] I was not home when he passed away, I was studying, so ya, then you learn to, you have to deal with whatever problems come your way, you have to deal with it yourself [arches eyebrows] so at eighteen certain problems, I think were a bit too young to deal with it, and then people start showing their true colours when I can't say when you don't have a dad, but like ya, the eldest person in the house is gone then people show their true colours so [shifts a little while sitting, and moves to lean on the side of the bed] [Jill 227 - 229].

Like I said, like my whole world came tumbling down, erm [LP, looks up], Initially when I heard my dad had passed away, I actually didn't accept it, you could say, I was like, ya you think it's a nightmare, you know you doing to wake up any moment from, and erm, ya, mmm, I think also I was a very soft person, I used to cry a lot, I think I don't know when my dad passed away [arches eyebrows], I cried goodness knows, buckets, and buckets and buck of tears, I cried so much that someone once told me that I cried myself out when my dad passed away, because I don't simply cry so easily anymore, so I don't know if that made me hard or I just, I can't cry and ya" [frowns, SH and shakes her head – to indicate that she does not understand her personality change] [Jill 232].

In this personal piece, Jill shared how her father's death had affected her, describing the loss as profoundly emotional and one to which certain other factors had contributed. It had occurred when she was 18, when exposed to challenges with which she was not prepared to deal. Additionally, at the time, she was at university, away from home, and was thus not immediately available for his funeral. She had been close to her father and seen him as a type of friend she could rely on. People with whom she had previously experienced positive relationships now behaved differently towards her, and the "*world came tumbling down*". Still unable fully to come to terms with the bereavement she also described herself as a soft person, no longer able to cry for long. She stated that the incident had also made her more resilient, and when asked if it had an influence on her perspective of her hearing loss she answered:

"No [frowns and shakes head] I don't think my perspective of hearing loss changed, when my dad passed away" [BH fly up into the air and drop] [Jill 236].

RR: What is your perspective on hearing loss?

"Hmm, [Very LP, cringes nose, looks up, SH] that's a difficult to answer because I don't really, [blinks and looks up] like I said, I didn't really feel the hearing loss [RH comes up, covers right eye and strokes forehead], you know just one or two incidents that brought it up. But it wasn't recurring [makes a rolling motion with BH] you know,

that made me think about it, so" [Jill 238].

RR: So consciously?

> *"Ya so like I don't really like have [scratches lip, and points to left ear in a fleeting movement] you may say a perspective on it because [SH] I don't" [looks down and away] [Jill 239].*

When asked about her perspective, Jill answered that she did not really feel that her hearing loss had hindered her when growing up. She added that it was only one or two incidents that had brought it to her attention, and thus she did not have a specific perspective on hearing loss.

RR: Okay, tell me can you tell me about your communication, are they any, how do you communicate, the challenges?

> *"Like, talking, erm, okay let me think little bit, last year, the year before, because I'm studying. I did a little teaching practice at the school, [keeps rubbing eye till now, looks up, arches eyebrows] that now you know, you work with little kids. And err I was working with little kids [frowns and looks out] and stuff and err that's kind of like group activity, well ya. [gestures BH circular movements around knees, and throws head back a little] Because I used to talk with the whole class, but this was sort of like a private school, so there weren't so many kids. I don't know if this like plays a role what but whenever if the kids used to speak, then I never used to stand at my height [raises BH to show higher level, and drops hands for a lower level] and let the child, I used to bend down to talk to communicate, you know, but I don't know if that's to do with hearing [RH brushes against right ear and drops] or just common sense" [Jill 240 - 242].*

Jill moved from the topic of her father's death to her current situation, teaching at a local primary school, and explained that she took special care as she was working with young children, and so treated them in a caring manner.

RR: Okay, well we seem to have covered a lot, most of the areas, families, schools, friends, communication, and ya, I'd like to know from you, what do you value most about yourself?

> *"What do I value most about myself? [smiles, grins, arches eyebrows, and nods, holds a statue pose, throws head back and looks at ceiling] personality, I think because with that you can reach out, and I don't think that has changed too much, because basically I think that if you're a warm and caring person, if you have a big heart [raises eyebrows to emphasise] [SH], then, erm, you can overcome anything including communication barriers or erm, any barrier language barrier*

[raises eyebrows, shakes head]. It doesn't have to be a big problem, but if you have a big enough heart [arches eyebrows] and you warm and caring, you care about the person, you go the extra mile [BH gesture outwards, repeatedly] to find out what the problem is, so ya" [she speaks in a neutral tone, moves EC between myself, around and above, arches eyebrows, widens eyes, and seems to speak in a very earnest manner] [Jill 243 - 244].

When asked what she valued in herself, Jill answered that it was her personality, explaining that it was important to have "*a big enough heart*", and to make an extra effort to care for others. She also felt that this loving and caring aspect of her personality had not changed as a result of her father's death, and that she would continue in this regard.

RR: Okay, and what do you think others value in you?

"Oh [laughs, and looks up] that would be a difficult question to err answer, ya I think my caring understanding maybe sometimes, some people take advantage of it, I know when we were younger, my siblings took a lot of advantage of it, [head dips, and arches eyebrows, direct EC] because when we were younger we had turns to work in the business, Sat' and Sun', so we four, so two work on a Sat' and two work on a Sun', and I used to mostly work on a Sat, and the sibling that normally works on a Sunday, was sick or too tired [body sways from side to side gently to indicate points], or something or the other, and they would come and wake me up, I would agree, I never said no. even if they had to do err, project or homework, I used to help them so ya, I think that others value that about me, that I am always willing to help you could say, [speaks in neutral tones, little or no hand gestures - with direct EC] [Jill 245].

RR: Can you tell me more about your siblings taking advantage of you?

[LP, tilts head and looks up] "Hmm, okay, [giggle] that was in school, erm" [Jill 246].

RR: In terms of your hearing loss?

"In terms of hearing loss, [frowns, wrinkles nose and SH] no not more like that, this is in terms of sibling stuff [BH fly in the air], not to do with the hearing loss, not talking advantage of me, in fact if they used to do err certain things and you need to cover for the, then I used to be the one covering [hand signs inverted commas] for them, you know [giggles] [Jill speaks in a neutral tone, hands rest mainly on her knees and she alternates between looks up at the ceiling and looking at me]. Can't say too much I'd be giving away trade secrets" [smiles, giggles and winks] [Jill 247 - 248].

Jill created an impression that she held healthy relationships with her siblings, and

on many an occasion played a helpful role. As the end of the interview neared, and Jill's story seemed to be coming to an end, questions were asked to help her reflect on her experiences with her hearing loss, as well as to comment on how she believed children with UHL could be better assisted and supported.

RR: [loud] Okay, it's okay, I understand. Tell me, based on your experience with hearing loss, if someone had to come to you with hearing loss, with a child with hearing loss, what advice would you give them?

> *"Hmm [looks up and gently strokes side of head] that's a tough one to say, erm, [LP] what advice would I give them [rubs eye gently with one hand][very LP], hmm that not to let the hearing [moves to original seating position - facing me, then begins to talk about hearing loss and uses RH to gesture hearing loss - she uses an OH, facing the left, and makes pointing movements], not to let the hearing loss rule them, not to let the hearing loss define who they are [strong EC, RH moves in circular curving movements to the right and back] and that, erm [LP, strokes lip and looks away to the left]. I'm not saying a hearing loss is not a problem, it is a problem [RH gestures] but if you, I think [scratches chin] if you make a very big deal out of it [strong EC, RH brushes to right side], a child would lose out on [RH turns over - palm faces ceiling] the other aspects of life, [RH brushes to the side] because all their concentration would be on this thing, [BH rise, face each other, and make repeated movements] this hearing loss, and erm, I think it [softens tone a bit, moves head a little back and looks up a bit] would influence a child negatively if you make a very big issue about it. I think a child should be sat down and explained about it, so that the child doesn't, you know, become confused [raises one eyebrow and BH pace close to her lap] and scared of the unknown like I was, explain to them and ya you, teach the child to compensate for what they don't have, and basically teach the child, treat the child like a whole person, like, like I think I was treated fairly, it wasn't made such a big deal of [BH rise to make inverted commas], so that's why I didn't, I never really felt, the loss" [Jill speaks in neutral tones, keeps EC contact but occasionally looks at the ceiling or around - frowns, and also arches her eyebrows] [Jill 249 - 252].*

Jill answered confidently that, firstly, she believed parents should sit down and explain to children what a unilateral hearing loss is, in order to avoid feelings of confusion and fear. However, she added that they should guard against over-emphasising the hearing loss and felt that children should be supported in their ideas and feelings regarding it. In other words, she felt they should not let the hearing loss dominate their lives or allow it to influence their personal definitions. Finally, she added that if parents over-emphasised the hearing loss this might cause the child to neglect other meaningful areas in life. Parents needed to teach a child certain skills

with which to compensate for the hearing loss, and because her parents had not made an issue of the situation she felt that she did not truly feel her hearing loss. Jill added:

> *"Like I was treated fairly, like it wasn't made a big deal of [widens eyes, speaks more quickly, and BH rise into making medium circles in the middle]. You know like they didn't harp on it [BH rise point to ears, then to me] so to speak that you can't hear with your ear [RH closes and moves to LH palm in repeated jumping movements], when somebody is talking to you, go on their right, hand side [RH jumps to the right] when you sitting in class [whispers to imitate a parent], make sure you sitting on the right, you know that type of thing [rises BH to chest -repeated, rigid circular movements], it was when you go to class [RH shifts to the right], see you can't hear with this ear [points to ear], so, oh ya, my parents did speak to me [turns head but keeps eyes on me, points directly to me as she remembers] about it, you see now it came, they did speak to me about it" [smiles, softer tone, direct EC, points to me, and also lowers head and faces me] [Jill 253 - 254].*

Jill used her personal experiences to inform and advise parents of children with UHL. Although Jill had previously asserted that she was not supported with any type of explanations regarding her hearing loss, she remembered at a later stage in the interview. Later in the interview she remembered that she had been provided with supportive explanations:

> *"They did speak to me about it. When they told me in school, in class [RH brushes to the right side] when I go to sit, because they did speak to my teachers [looks past me to the right, gestures with RH, points, circular movements, frowns] but they told me [P] in class, [frowns, head is dipped a little, still looking away] because you can't hear on this side [points to right ear], you mustn't sit on the left hand side of the class [RH jumps to left side, head tilts to the left], but if you can hear on the left, so you can sit in the middle of the class, or you can sit on the right hand side. So when teacher asks you where you want to sit, you must tell them where you prefer sitting, and you must tell teacher that you can't hear with that ear, so they did speak to my teachers, so ya I think that was my dad, my dad did speak and my mum, they were together Ya, we were sitting on the bed" [frowns] [Jill 256 - 257].*

Jill spoke confidently while describing the advice that had been provided to her. She explained that her parent had sat and explained her hearing needs to her, in terms of where she needed to be seated during classroom activities. Additionally, they added that she needed to inform teachers of her seating requirements. When asked how it made her feel, Jill answered:

"Hmmm, [P] how did it make me feel [looks to the right in thought], actually I don't think I can remember, how it made me feel, but see now we talking [looks down and RH FF makes circles in air], memory just struck. Err… can't really say how it made me feel, I think at the time, because I was so young and I wanted to play and stuff [frowns and looks down]. So it was like okay they telling these things [EC, hand gestures] but like I didn't register because like I said, I just assumed that everybody can hear with one ear, [EC, RH circular movements to right ear and middle] so like to me it wasn't like you know such a big deal, but like" [Jill 258 - 259].

Jill answered that she was more focused on playing and interacting with friends than concentrating on hearing loss limitations. She explained that even though these explanations were provided she did not take them personally, and presented a happy and social image of her as a child. When asked if she felt no differences between herself and others she answered:

"Ya, like err… [nods and RH brushes to the side, quick answer -no thought].They did like speak to me and stuff [looks slightly down and away, RH shows stages] but like erm... ya, it wasn't like you know erm I made a big deal of like at the eating table, like oh Jill can't hear. Like everyone, I have to tell her something, you know. Like I said, we were an extended family so everybody used to sit together to have their meal, so like this one shouting, this one talking and so ya" [Jill 260].

RR: And what was the experience with everyone shouting and talking?

"I can't really say because I was also part of that shouting and talking, but like you know when you, you..." [Jill 261].

RR: So you contributed to it?

"Ya, you can say that, because like everyone used to sit together and eat. No sorry, erm, all the kids used to eat together first and then the adults. Because then you must go and do your homework and then the adults are finished, then they come and help you with whatever, whatever homework you didn't do. Or you couldn't manage but like even there, erm…they never used to sit, we had to do our homework in my parents' room. And both my parents used to be there, but my mum used to help us with err school work. If there was a problem. But from a young age we were encouraged to do our work ourselves, we must try and sort out the problem. If we can't, then they'll help us. They never used to like as you sit here, my mum next to me and do your work ya" [Jill 262 - 263].

RR: Spoon feeding basically?

"Ya, we were all like that but only I don't know, only I can start with that, like my

sister, She's like she's used to like working in groups and stuff, erm… I'm not too sure about my brothers also" [Jill 264].

RR: And what about you?

"I like I said, I didn't like to work in groups. Okay now like when you're and adult, you know, if you going to a function to help and stuff, then erm, you don't have a choice. You know because everyone is coming to help. So like ya, I'll do what I need to and then, ya, because like I find that in group activity everybody wants to dictate, but nobody wants to do the work. So then that's why as an adult I don't really like group work too much" [Jill 265 - 269].

RR: Tell me Jill, we, we see, we see life as a journey, we come to the end, now, we see life as a journey, you know what you do, where you come from, how you go forward, how would you see your life as this journey?

"Hmm, [LP, looks up and around] I would see a few regrets in that not to do with hearing loss, things but something's, like, we didn't get to do something's, we didn't do, like erm, [P] one regret would be err, not being able to complete [big eyes and arches eyebrows] what I wanted to study [softer tone], that is still I won't say a sore point, but I'd say it's a regret, erm….ya but other than that I think [Very LP] hmm, at the moment no, my journey my aim now is to finish my degree [RH brushes to the right - to indicate pushing it out of the way, big eyes and arches eyebrows] and take it from there, and see my life differently, because I've been working for the past twelve years, in the same place, same family business" [Jill 270].

So I'm looking for change. Erm.. me becoming more independent, I'd like to see the world, not the entire world, but like some places in the world, hmmm. Erm… not living with my family. In that way, [frowns and tilts head to the left] you know, erm.. because I don't think I've experienced that because I went for one year to study, then too, I stayed with somebody else, I feel I haven't, had that experience or I don't even know what it was to, you know when how when you reading books and stuff, and when you go off to study and that is when you really grow and make your true friends, and college and university and things, I either haven't, I didn't have that opportunity, I'm not bitter about that" [Jill 271 - 273].

Regarding seeing life as a journey, Jill answered that she had a few regrets, but none of them had to do with her hearing loss. She mentioned that due to circumstances she was unable to complete her initial degree, which she seemed passionate about. She answered that, regarding her future, she would first like to complete the degree for which she was registered, become more independent, as well as travel to a few places in the world. She reasoned that she had not truly lived on her own, now was she provided with sufficient opportunities to grow and

discovered herself, so she felt that she would like to see future changes in that regard. She agreed that people generally lived very cocooned lives, and she felt that she needed to grow and develop. Jill added:

> *"You can't experience your life, It's true that's what I'm saying, so like, you know I've been in this town for like, it's a nice town, I like this town, but it's just sometimes like you said with Indian people [fingers show inverted commas] it gets annoying, erm but ya, so I like to see changes, changes for the better, broader changes and ya, because like I said, I've been living at home with your family all the time, so you don't have the chance to grow, so I'd like to see that" [Jill 279].*

RR: What would you like to see happening in the future for children with hearing loss?

> *"Erm….well it depends o the hearing loss also what I would like to see, erm… I know audiologists are there to sort your problems out, not sort your problems out, see what's your problem, but I also feel they should treat especially when it's kids, treat them like children [widens eyes and emphasises children], make it, make it fun, the process of finding out what's wrong, make it fun, so the child's not scared, no fear of the unknown. And erm the child won't think it's like it's something so serious wrong, I'm not saying if it's serious, I'm not saying hide it from the child, but I think that their manners, the way they do it should be improved, and erm… and for kids also in school, okay, erm, when we were in school, err. The schools only used to focus on just academic in tests and this and that. But now days, now days, school is not all about that, especially actually I don't really know about primary and high school, but I know foundation phase, the really low, they test everything how you can see, you can hear, the senses so like the child has a hearing problem, and it's not picked up, it's picked up in school, sometimes, small children can be really cruel. So I think schools should err have like measures or you know erm.. " [Jill 282].*

RR*:* Measures?

> *"Ya like, If they pick up a child that doesn't, like, that has a hearing problem, the child mustn't now be isolated or made a big thing, the other kids must also be told erm.. like if you have somebody like a small child that has to wear glasses, then the other children must like" [Jill 284].*

RR: They must be informed.

> *"Ya like that's the word, the other also like, you know, other kids, if they make fun of that child, the child is not going to want to wear glasses, and it's not going to, obviously going to tell the teacher because then you are carrying tales. Like with hearing aid, the teachers also, the educators also have to be informed, educated about these type of things, and erm, they should treat the child as a whole, but that's what education is about, now! That every child is unique and that every*

child should be treated holistic. Holistically, ya, so I don't know if that answers your question?" [Jill 285 - 286].

Jill recommended that, in the future, audiologists should exercise more care when assessing young children. She explained that children needed to experience the hearing test process as fun and interactive, rather than as intimidating. She also believed that both teachers and children in a mainstream classroom should be informed of the characteristics of a hearing loss, in order to allow them to accommodate children with UHL in social activities.

RR: Yes, no, that definitely, that answers my question quite accurately, is there any questions that you'd like to ask me?

"Hmm, let me get my pad and paper again [smiles and giggles – makes a writing movement]. But how did you, how did you compensate for your hearing loss? But now your hearing loss is also in the right ear?" [Jill 287 - 288].

RR: Also the right ear. Also when I was very young as an infant.

"*Okay, now".*

At the end of our conversation Jill asked me how I compensated for my hearing loss, and I answered by repeating some of the coping mechanisms that she had mentioned in the interview. I answered,

RR: I just had to learn to deal and cope with it, to learn to live, as you said to learn to walk on this hand side of the person, to sit close to the teacher, to sit on the teachers left-hand side, right-hand side of the classes, make sure when conversations, you talking on the right-hand side, but I still feel I missed instructions. I still feel I missed instructions, I miss parts of conversations, and when I miss a part of a conversation I feel isolated. I feel isolated and lonely because it's like you there, but you.

"But you not part of it" [Jill 292].

RR: But you not there?

"But don't you think also when like there's group not group activities, but when you're a group of friends, not everybody is discussing the same thing, but like you and I, we haven't seen each other for a long time so well be having our own conversation and those two will be having there, so even people that can hear with two ears, don't you think they also go through that when there's a group thing going on?" [Jill 293].

RR: When there's a group thing, ya, when there's a group thing, I'm talking about, when

there's one conversation, when there's one dominant conversation. And you don't hear parts of that conversation, that, ya, that impacts on me. It's a noisy, noisy situation, travelling for example I went overseas, travelling on a bus, part of your family members were sitting and discussing, but because of the surrounding noise and because of where I was sitting,

"You couldn't hear ya," [Jill 296].

RR: And it hurt**.**

"It's true what you saying now, now I'm thinking of it too" [Jill 297].

RR: I didn't want to ask people, everyone move up a seat so that I can sit there so that I can hear what you'll are saying, that's over imposing and I don't see myself as over imposing, and I just sat back and.

"Or you look for something else to do" [Jill 298].

RR: No, just [inaudible mumbling] you just leave it, it's just isolating, it's very painful and isolating,

"Now that you mention that, sometimes, ya, isolation wouldn't come to mind, but ya I can relate to what you saying there" [Jill 299].

RR: How can you relate?

"Ya about the group thing, when they talking about it, and then sometimes like, I don't catch what they were saying, so then, like oh what your'll talking about, and they'll carry on talking, and erm.. now who said that?" [Jill 300].

RR: How does that, how does that make you feel?

"Ya, ya, it, it it hurts, and then I would err, what I would generally do, is that I get up and I walk away, you know like I go away, I say okay fine, you'll don't want to tell me, and then I get up and I go away, and then ya I'd do something in my room, till the feeling passes, or wherever I went to, till the feeling passes, and, ya and then like, for that time of the day, you sad, and quiet and reflective, and then the next day is like back to normal, like you forgot about it, so ya that happens, once in a while" [Jill 301].

In this piece, it seemed as though certain important social and communication challenges which Jill had experienced were only expressed after I discussed certain challenges. Here she began to agree with many of my social and emotional challenges, including experiences such as isolation, missing instructions, feeling left out, being unable to constructively assert one' position in a conversation. Moreover,

she began to add further details to these topics.

RR: You said “reflective”, what do you reflect about?

> *"That’s when you think of the hearing loss [points finger to ear to emphasise]. Reflective like, what would it be like to hear with two ears, or, like, what were they talking about, trying and think, and bits and pieces, and put it together, but ya, generally, but generally, generally like, I’m not worried. If they were having the discussion, and if they wanted me to be a part of it, that’s how I would think to myself. If they want me to be a part of it, they would have called me" [Jill 302 - 303].*

RR: They would have accommodated me?

> *"Called me, sat down, had this whatever, discussion with me, but they were having it this way, so, I wasn’t meant to hear or they didn’t want to tell me so, ya, and so there is that bit of anger so, fine [emphasises word loudly]. You know when the children fight" [Jill 304 - 306].*

In this piece, Jill concurred with my expressions of feeling excluded in conversations, when one is unable to hear others speak or misses a piece of vital information. Jill only started to verbalise her feelings after I had introduced the topic. Here she agreed with my experiences of social exclusion and communication challenges, and added some of her own.

RR: I get angry at myself for not being assertive enough to say, to, to in a very calm, confident and acknowledging manner, inform people, I have a hearing loss, please can I sit there, you know, that, I think.

> *"It’s difficult" [Jill 309].*

In the above narrative pieces Jill showed strong agreement with certain of my feelings and experiences. She openly concurred that she had also experienced missing instructions, feeling isolated and excluded from conversations. Jill also referred to her own experiences of missing pieces of conversations. Conversely, she asked people to fill her in on missed information, and if people did not oblige she resorted to walking away. Jill explained that even though she experienced these incidents as hurtful she resorted to walking away and occupying herself with another activity. She would wait for feelings to pass and discovered that she had forgotten

about the incident the following day. During these periods, she also used to reflect on herself, her hearing loss, and her social interactions. When I replied that I got angry at myself for not being able to assert myself and constructively inform people of my hearing loss, she quickly and strongly answered that she understood that it was a difficult task.

RR: It's very difficult, and that's what I'm fighting, it's skills that you learn as a child, you not supposed to learn them when you are thirty, you are supposed to learn it when you are three to seven years old. You are supposed to learn assertive skills, you are supposed to learn confidence skills, you are supposed to learn communication skills, and that's where my argument comes in, that children with unilateral hearing loss are only exposed to fifty percent auditory input. So maybe their hearing loss, doesn't need to be made a big deal.

Upon hearing this, Jill said:

> *"They need to be taught skills to counter that part. It's a valid argument" [Jill 312 - 313].*

RR: That's what I'm fighting, I'm fighting for the recognition that every hearing loss is consequential. I'm sorry, we it's the twenty first century and we can't be pushed under the rug any longer, we need to be acknowledge, our needs need to be made known, and teachers need to take cognisance that you know what we don't need to be completely deaf, or completely blind or completely mute to have special needs. We also have our special needs.

> *"Ya and we need to go to normal schools, not be pushed into, because we got partial hearing loss, they would lump you that way, with special schools or something. But you know what that erm. I'm studying teaching, and it is going, it is coming into schools, okay I'm doing foundation phase, and they are emphasising that, they call it erm.. they call it children with special needs, and erm they are. Government, oh well I don't know who does the books, I'm doing it with ABC Learning" [Jill 316].*

Towards the end of the interview I said that my motivation for doing this study also lay in my feeling as though children with UHL were unrecognised in educational settings. I explained that even though policies that reinforced inclusive education had been set in place, professionals such as teachers were unaware of UHL or how to accommodate children in this regard. Jill agreed with my explanations, commenting that she saw me as "*very passionate*" about this topic, and hoped that this study would help draw awareness to the needs experienced by children with UHL. Jill ended her story on a positive note, filled with reflections on her experiences. She

explained that upon identification, most importantly, children with UHL needed to be informed. She added that professionals should exercise care when handling children with UHL, in terms of using child-friendly approaches and explaining procedures. Finally, at the end, Jill said that:

> *"And we're a multi-cultural, multi-racial society. Let's hope this does something ya" [Jill 329 - 330].*

Jill concluded her narrative with a statement that since South Africa was a "multi-cultural" and "multi-racial" society, professionals needed to take cognisance of surrounding social and cultural contexts when addressing UHL.

5.3 JACK'S STORY

Jack's story of his journey with UHL initially began with a brief narrative of the cause of his hearing loss, and thereafter progressed to a detailed discussion of his social and emotional experiences at school. It pays specific attention to his social groups, how he had experienced support or a lack of it in school, and his coping skills. I began the interview with the following statement:

RR: As you know, I'm researching UHL, and erm, we, I also have a UHL, [listens intently, and twitches when hearing loss is mentioned]. I lost hearing in my ear, when I was about one to two and a half years old. I had a tumour as you know and that cost me hearing in my right ear, and yes, that has allowed me to having a passion for researching this field. So thank you for helping me in my research project. I would like to know Jack, tell me about your hearing loss?

> *"Erm, erm [glances to the left side - looks down, frowns, appears to consider carefully and answers slowly]. I think my parents said I had some sort of growth or something in my ear, that was releasing noctis gases, I don't know. Well actually, not noctis, toxic, then I think they cut it out then obviously I couldn't hear in my left ear. And then recently, I think it was two or three years ago, beginning of the grade eight or nine, I had an operation in my ear for my hearing, and they ended up cutting open my ear. And they checked to see if my eardrum was working, they actually said the skin was too taut, they loosened it, so now I'm supposed to be able to hear better [voice lightens and looks more positive when saying this]. Which I kind of do! Or wait [P and frowns and appears to think carefully], sorry, I would say {grade} nine or ten though, I know my grade eight year, I didn't have the operation and I know I haven't had it in the last two years" [Jack 3 - 5].*

In this small narrative, Jack shared with me the history behind his hearing loss. He immediately began his story with information regarding what he believed had led to his hearing loss, and also referred to more recent ear surgery. He related this information in an unemotional manner, and spoke in short and neutral tones.

Although, Jack did not mention it in the interview he shared with me on a different occasion that at the time of his hearing loss he was currently living in a developed country. In this environment, he accessed first world healthcare facilities, which ensured that he was provided with adequate treatment and information regarding how to manage UHL. He also mentioned that he had undergone another ear operation in grade eight or nine, which actually promised to improve hearing in his impaired ear. He remarked that he believed that this later operation had had a positive effect on his hearing.

RR: Okay, and what was that like for you?

> *"What, the operation?"*

RR: Well not just the operation but the experience, your feelings, your thoughts and feelings at that moment.

> *"I can't say I was overly happy with the fact that I couldn't hear perfectly after the operation, I ended up having to walk around with a bandage on the left side of my head, for a week. So it was kind of frustrating. But, apart from that, I don't really have any particularly strong opinions about it, it's you know, you sort of accept that you can't hear in one ear. And you tell people and then they kind of change appropriately" [objective manner] [Jack 8].*

In this passage, Jack revealed that he was disappointed with the outcomes of the operation, as he had been promised an improvement in his hearing. He also explained that he found walking around with a bandage rather inconveniencing and did not hold any specific opinions regarding his hearing loss. In an objective manner, he explained that he simply informed people of his hearing loss, and that they needed to accommodate him in this regard.

RR: You tell people?

"They speak in my left ear, they look at me expectantly, I say I can't hear in my left ear. They give me the gawk, I can't believe you can't hear in your left ear, I say yes, I can't hear, please speak in my right ear. So it depends, most people I know haven't given me too much or any flak about it, that it's not as I said, not so big a deal" [Jack 9].

RR*:* Most people like?

"Erm, for instance you'll get the occasional teacher that's like what can't you hear or anything? [louder, dominant tone to mimic teacher impatience]. And you sit there [P and looks up] not a very impressed expression. Apart from that it's not that big a deal. Erm the only thing I did have is problems with my parents when me and my brother would argue about which side we stand on them. For some reason my parents insisted I stand on I think [twitches] it was their right side of them, which leads to me not being able to hear them with my left" [Jack 10].

Here, Jack discussed the negative reactions which he received when informing people of his hearing loss. He indicated that he simply told people that he had a hearing loss in his left ear and required them to speak into his right ear. He explained that in such situations he encountered attitudes of shock and disbelief from both children and teachers. However, he explained that he decided not to make a fuss of these reactions, and emphasised that he viewed his hearing loss as "*not that big a deal*". From the beginning of the interview, Jack presented his view of his hearing loss in a positive and neutral manner, and explained that people did not need to over-emphasise hearing loss but simply to accept and learn to cope with it. Thereafter, Jack branched into areas of communication challenges, and shares brief stories about school experiences with his teachers:

"{The teachers were} not purposefully insulting, it's just like a thoughtless comment that they make, so you sit there and it's [P], ya you get over it" [SH and sigh] [Jack 12].

RR: Thoughtless, yes you told me, were there any teachers that helped you?

"Erm, not particularly, most of the time we will for instance, if I am sitting on the wrong side of the class, it's a problem. But with most of my classes, because I'm in the higher grades now, you either get to choose where you sit, or go to the teacher, say 'look I can't hear in this ear, can I please sit somewhere on the left?' Though most of my teachers, know that already, so they will let me sit there, I mean 'cause of where my name is, it's, I normally either end up sitting on the right, right of the class or the left. So the middle is not really a problem. And I've only ever had to sit on the right side of the class once, it was during Geography

when I was in grade nine. And eight, but that wasn't, really a big deal because well" [Jack 13].

RR: And what was that like?

"Ermm ya, I could still hear, the teacher because I'm on the far right of the class forward, so the only way for me to actually you know see what he's doing on the board, is I had to turn my head anyway then I can hear. It does get kind of strange, you hear sound on the wrong side sometimes, I'll end up turning my head so I can hear but, that's about it [Jack 14].

Here, Jack explained that he had learnt almost naturally to position himself on the left side of the classroom, and in an objective manner informed teachers of his hearing loss. He added that in the higher grades he had the option of choosing his seating position and requested to be seated on the left.

RR: Hmm so you experimented with sitting on either sides of the class and stuff?

"Ya, to be perfectly honest, it wasn't all that much different [maintains a straight face], then I would imagine growing up without it, I've got very sensitive hearing in my right ear, I would say, the only one thing that I've noticed about what I can hear in my left ear is high sounds and squeaks and that are very, very painful. So that's the one thing that's for me that's a problem. The other thing is I used to have a hearing aid, but I hated the thing, because they always said the sounds wrong. Cause they, whenever I'd speak to the woman, I'd be like okay, look this I think it's the high mid of the highest section of sound in the high mid that for me was too loud because I can hear that. Or rather it's not that I can't hear it, it's that it hurts when I hear it. And I ya" [Jack 16].

Here Jack introduced the topic of his use of a hearing aid, and in a slightly aggressive tone. He referred to it as something which "*said the sounds wrong*". He "*hated*" the device and found it to be a hindrance rather than an assistance to his hearing.

RR: It hurts?

"For me if the hearing aid was on, and people were speaking to me and they suddenly shouted, or something, it was very, very painful. It was especially if say they had a high voice or something like that. So eventually I just gave up on wearing it [lowers tone]. I just, kind of just got sick of it, at one point" [lowers voice, shakes head and closes eyes] [Jack 17-18].

In this section, Jack explained that he found high-pitched sounds too loud for his

nerves. It was not that he could not hear but that the amplification of certain high sounds by the hearing aid hurt his ear and caused him discomfort. He described a situation in which a person "*suddenly shouted*", and indicated that those sounds were particularly "*painful*" to him, repeating "*very*" to accentuate the pain and discomfort he often experienced through the use of the hearing aid, He concluded that these experiences eventually led him to give up on its use, saying he "*kind of just got sick of it*" in a lower tone while shaking his head and closing his eyes.

RR: So tell me, can you tell me more about that?

> *"For instance, it's my ear I've had lots of problems with wax in my ear so now you put on a hearing aid, you've got a very warm thing in your ear. There's wax in your ear, you having to clean out your ear constantly, it's uncomfortable. Cause it's a moulded piece, and well, it doesn't flexi, nearly as much as your ear does. But then on the other hand, my grandmother who also has a hearing loss, she wears hearing aids sometimes as well and she find it helps for her, but has the same complaints as I do where it's the high mid frequency and the high frequencies, those hurt. A lot" [Jack 19].*

Here Jack introduced his problem of "*wax*" in his ears, describing his experience of many resultant problems, and since a hearing aid created a sensation in his ear it also created the sensation of wax in his ear. A hearing aid was not conducive to sudden head movements and caused him discomfort when he turned his head. He explained that this particular one was inflexible, and his grandmother, who also used one, shared his complaints. However, his grandmother had said she found the hearing aid to be useful, regarding hearing challenges.

RR: So, so the only reason why you got rid of the hearing aid was because it was uncomfortable and moulded?

> *"As far as I can remember, ya so say somebody spoke loudly and they had a high voice, then it hurts, if you had a base voice then it's not a problem. But for me for instance if I am sitting in class and the teacher decides to open her cupboard, that hurts a lot, because the hearing aid picks that up and amplifies it.*
>
> *So now I've got a loud sound that's made louder, you know it's stuff like that – the voice it would hurt, it would run out of battery, if it wasn't seated perfectly, the thing starts squealing. And you're a child, so you move around [enlarges eyes to emphasise this], so it doesn't stay seated for very long. Erm, ya it's things like that, that I eventually just said you know what, it's fine I'll give it up. So there's some*

stuff for instance, which I still can't hear in my left ear for instance, I play computer games, I can't hear anything in my left ear if I put in an earpiece. If I listen to headphones, anything like that, I can't hear in one ear. So generally I prefer sound that away from my ears, they sensitive, it the one thing I've noticed is I've got quite sensitive ears" [Jack 21-24].

In this piece, Jack revealed that his sensitive hearing had played a significant role in his childhood, explaining that situations such as noises caused by squeaking cupboards were amplified by the hearing aid, causing him discomfort. Other difficulties regarding the use of a hearing aid lay with its need for batteries and, being a child, Jack wanted to run and move around, movements which caused the device to squeak. Similar to Jack's experiences with sensitivity in his right ear, I began to share similar experiences regarding the sensitivity in my left ear:

RR: Hmmm I actually also, my right ear has developed increased sensitivity and in fact if I go to a movie house, err, and the movies have extra loud stereo system, I have to wear earplugs. Concerts and any other events that involve loud sounds, even if people stand on my left hand side and talk very loudly, situations such as these cause me great discomfort and pain in my left ear. My dad reasoned that my body has realised that it doesn't have hearing in my right ear, so it's compensated for hearing in your left ear, and that has resulted in increased sensitivity in that ear.

"Ya and I think it's probably, you find it's the same with a lot, of stuff it's not just your ears that become better. In a way, so you can hear better on the one side, I know that for instance, erm [P] I don't know what the person called it tactile sensitivity [closes eyes and wrinkles forehead], or something, I'm very sensitive to touch, personally, erm, as long as I listen with my right ear, I can hear a lot better than some people who can actually that I know" [Jack 29].

Jack revealed that he felt that by making a concerted effort to listen to auditory information he felt that he had better hearing skills that other people. His childhood experiences were further marred by a *'tactile sensitivity*' disorder, with which he also needed to learn to cope. In the following piece, Jack speaks about how old he was when he received his hearing aid.

RR: Well, how old were you when you got this hearing aid?

"I was in [course voice - P] I think [looks up and holds his head up] - throws head up. Grade four, I stopped wearing it" [Jack 31].

RR: You stopped wearing it in grade four?

> *"Ya, well around then they nagged me afterwards [tilts head to the right side], to put it back in, I was like no" [Jack 32].*

RR: Who nagged you?

> *"My parents, 'cause they say you know if you can't hear, me calling from down stairs, you know it's stuff where they'll blame for instance, they'll say, I was calling for you for how long from down stairs, and now the problem is that I'm concentrating on computer games. Now they start saying, no, no, no, you can't hear me, I have to wear a hearing aid. Which is kind of annoying because that's not at all why I didn't hear them. I didn't hear them because I wasn't paying attention. So it's things like that when people mix, they mix it up to me. Sometimes it feels like people mix up cause and effect. If they know you have a hearing aid, loss or damage, so they speak to you and they like oh no, I'm sorry you didn't hear me, when sometimes it's just you know, you're ignoring them. Which well it's nice because they being considerate of course it gets annoying, cause it feels like they being" {not nice} [Jack 33].*

In this paragraph, Jack explained that he was in grade four when he received his hearing aid, and his parents frequently monitored his use of it. However, he mentioned one specific incident in which his parents called him from the lower floor of their house but as a result of concentrating intensely on computer games he failed to hear them. His parents used such incidents to try and persuade him to use the hearing aid more frequently. He understood that they were acting from a position of care and concern but he also felt that this persuasion was unnecessary. When people found that he was using a hearing aid they also exercised extreme levels of caution when communicating. Although these were considerate acts they might be ignoring the person, and these gestures only served to antagonise him. When asked about how his friends reacted to his hearing loss and the use of a hearing aid he answered:

> *"My friends don't actually mention it {his hearing loss}, erm, they know I can't hear in my one ear, so generally they want to speak to me in my right ear" [glances from left side to direct EC] [Jack 34].*

RR: But what about, in grade four, how were your friends with the hearing aid?

> *"Erm, as I say, I think, I've stopped - [looks slightly down] removing it quite early, [shifts EC to left lower side] I removed, I didn't put it on again. Quite early in grade*

four, but I don't remember them making any particular comments so they were fairly accepting" [neutral tones, Direct EC] [Jack 35].

Jack began to discuss his peers at school in relation to his hearing loss, stating that they "*don't actually mention it*", which possibly indicates that many of his friends developed coping skills necessary to communicate with him. He could not remember any of his friends making any kind of remarks regarding the use of a hearing aid. Similar to the previously discussed situation, when he was unsuccessful in hearing a person call for him he was asked if any similar situations had occurred:

"You see that I've had before but that's when somebody is on my left side, and they were busy speaking to me or my heads turned away and I'm listening to something in my right ear. You see, as I say, I have a problem in class, where my one teacher lets us listen to music while coding, now that's good and well" [Jack 36].

"Programming you have to code, which is the act of writing code program, now the problem is then if anybody makes an announcement I can't hear it, cause I can only hear in one ear, and I'm busy listening to music in that ear. So it's things like that we have I can hear very well in my right ear, but if I can't hear it, with my right ear, I pretty much can't hear it" [Jack 38 - 39].

Jack explained that when people speak to him on his left side he experienced challenges hearing them. Additionally, he mentions that during the coding activity at school he was allowed to listen to music during that task, however, he found that since he was unable to listen simultaneously to any announcements he was able to hear in only one ear, thus hindering his performance in that specific task. During his interview he spoke much about his friends, with specific attention to how they assisted him in school. After hearing about his difficulties during the coding tasks I was prompted to ask him about them:

"{My friends} they've always been friendly. I don't actually remember, any of them making comments about my hearing, but then again I tend to have friends that are I would, I would imagine are more accepting than most. They just don't moan about stuff as much, you know for instance I've got allergies and that, I'm always sniffing, you know they get over stuff like that, fairly quickly, erm. For instance when I had Tourette and the doctors well, psychiatrist I think, diagnosed me and it was like you've got Tourette, okay, I've got Tourette. So the simple question was what is Tourette? Okay, then that was it, they just left it. So I do get the occasional comment but it's not like rude" [Jack 43-44].

Jack describes his friends in a very positive light, since he cannot recall any one making negative or snide remarks regarding his hearing loss. He describes his friends as more accepting and accommodating that many other children. He elaborated that they did not comment or complain about any of his situations, i.e. his hearing loss and Tourette syndrome, and were quickly satisfied with short answers. However Jack draws attention to one specific situation and explains,

> *"The only one time a friend of mine pointed it {Jack's hearing loss} out was when he was saying, he always thought I was lying to him, when I was speaking to him. Because I always looked away and I was twitching. And the thing is I was looking away because I was turning my ear to him so I could hear. And I was twitching because of the Tourette. [laughs]. So it didn't look like I was being honest at all. Afterwards he was like ah o [long] - kay" [Jack 45-46].*

In this situation, Jack explained that a possible misunderstanding could have occurred when a friend thought he was lying to him regarding his hearing needs. He turned his head in order to allow Jack's better hearing ear to hear him but thought he was lying to him. Interestingly, Jack moved away from this topic and began to describe his dislike of bass sounds:

> *"The one other thing I've noticed that I absolutely detest and most of my friends don't, I hate bass, I don't like it when bass in a song is too loud, it makes me want to throw up. I know people that love the feeling of goof, goof, goof, for me I just want to chuck my lunch when it's too loud. Rather chuck it, pretty much throw up. But that's it. You know people always say if you deaf, or if you can't hear at all, you can feel sound, I can feel it for instance in my chest and stomach, because in the cavities it resonates. So now for me it feels like, somebody's in my stomach, and my stomach is pulsing, it's kind of nauseating" [Jack 47 - 48].*

Here Jack spontaneously explained that unlike many of his friends he dislikes heavy bass sounds. After he shared this I again referred to the previous discussion in which he felt misunderstood by people:

RR: You previously mentioned situations where you were possibly misunderstood, I would like to know if there were any other misunderstandings you can think off, with anyone else?

> *"You see people, will point it out to me, know but I can imagine it happens a couple of times because I tend to, you know look past the person. Now, the more you stood, so I'll either be standing next to them, or stuff like that so it's fine, erm, but of course people that I know now, I've known for like three four years. If you take Piet, my first friend at Yellowside, a guy I've actually known the longest*

there. He's for instance never made a comment about my hearing that I could think of except the one time that I pointed it out, he looked at me shocked. Cause I said I very sensitive hearing in my right ear, so people kind of assume that you can hear in both ears if you can hear well" [Jack 51 - 53].

Jack related another occasion when he informed a friend of his hearing loss. Surprisingly, this friend presented a 'shocked' expression:

"Ya, he couldn't understand how I could have hearing loss. I was like no really I can't hear in my left ear. Oh okay" [Jack 54].

RR: Why do you think that?

"Because he thought I could" [Jack 55].

Here Jack expressed the view that people assumed that other people could hear in both ears if they could hear and speak as well as people with typical hearing. Based on this perception, the boy struggled to understand how Jack could experience a hearing loss and still communicate so well:

"I know it's just as I said I have sensitive hearing so, if put it this way, if somebody is whispering, they expect you not to hear them, if you have hearing loss, so if you can hear, what they saying, then they go automatically, you know you can hear perfectly. No I can't, I can just hear really well in one ear. Well come to speak of with the sound and all of that, all my life I've pretty much been sensitive to sound" [Jack 56 - 57].

Jack paid great attention to the sensitivity of his hearing and also explained how he dealt with peoples' perceptions and their shocked expressions. Through these experiences, he had learnt coping skills that enabled him to explain to others that he had a hearing loss in a neutral manner. Consequently, he required them to speak into his right ear. Without any questions, Jack turned his attention to an incident when a teacher misunderstood that his hearing was sensitive to loud sounds:

"At my church, they play music pretty loud, for instance I end up having to cover my ears, erm, when I was at school as well, I actually got in trouble with the music teacher, because she was playing the national anthem, and you know on the piano, you've got one pedal to make it go soft, and one pedal to make it go loud, and then she had her foot on the loud pedal the whole time, so I sat there with my ears covered eventually they called me in, and I was like well, the gist of what I said, was that she was playing too loudly, and that it hurts my ears, it's the

same reason I didn't like recorder lessons at school, because they loud, they high pitched, they hurt, erm, it happens in prefect assembly's at my school as well, where if I'm in the front, at least on the floor cause they play the music so loudly, then it hurts my ear so I end up going around the corner" [Jack 58].

RR: But in that school, with the piano and the recorder lessons, what did you do?

"Erm, I think I was told to end up wearing ear plugs" *[Jack 59].*

RR: Who told you to wear ear plugs?

"Er, I remember in that school I had to wear earplugs because it was loud in assemblies, so I think my mother was like 'oh wear earplugs' 'cause, I think they called in the music teacher, and my parents and me, to sort of explain why huge offence at the music teacher of closing my ears during the national anthem" [Jack 60].

RR: Did she take offence?

"Yes, she was playing piano, I was sitting like this [demonstrates hands on ears]. So I think she asked me if I was a Jehovah witness, what? I didn't even know what a Jehovah witness was? I was shocked, so in the end I was just like I think, I the word I used was she was playing passionately, and they were like what do you mean, I think I may have demonstrated dom dom dom [demonstrates playing piano] and they were like oooohhhh kay. When I say they said oh okay, I mean they burst out laughing. That was the final result" [Jack 61 - 65].

RR: Why was she not aware of your hearing loss?

"Probably not, as I say, people assume that if you have hearing loss, you can't hear well, so they don't associate too loud with hearing loss" [Jack 66].

RR: I agree with you actually, I find that quite ironic in that we can't hear fifty percent of audio input, but when it becomes too loud it hurts our one ear. Okay, well, well, well I'm quite surprised that the piano teacher took offence and didn't bother to understand. I mean it's interesting to note that.

"But then again, I think after we ended up telling her, well actually I didn't say my ears were more sensitive. But after the whole long shebeel she was like okay whatever. That was calling my parents in ya so; it's like too loud for me. So then my parents told me to wear earplugs. So I started wearing earplugs, and 'cause they block out sound, so it wasn't really a problem afterwards" [Jack 69].

RR*:* The whole long shebeel, that was when your parents?

"That was calling my parents in ya so; it's like too loud for me. So then my parents told me to wear ear plugs. So I started wearing ear plugs, and 'cause they block out sound, so it wasn't really a problem afterwards" *[Jack 70].*

In this incident, the teacher was uninformed of Jack's hearing loss, and reaches an unfortunate conclusion when he covers his ears. Jack reveals that his piano teacher was unaware of both his hearing loss and the sensitivity of his hearing, and unfortunately interpreted his behaviour as rude and rebellious. It was only after she was provided with explanations by Jack's parents that she understood his situation. Jack concluded in a light-hearted manner:

"I would imagine I found it funny to an extent, I think I was kind of annoyed that she was accusing me of being a Jehovah Witness because I didn't know what it was, so it felt like she was insulting me, that I'm not sure I remember, that much I remember her coming up to me, why don't you want to sing, are you a Jehovah's Witness" [shakes his head] [Jack 71].

After sharing a detailed description of Jack's encounter with his music teacher I reflected back to Jack and asked if he felt annoyed by the incident? Jack said he spontaneously turned his attention to incidents where he became angry:

RR: So you felt annoyed?

"But, apart from that not really, the thing is nowadays especially 'cause I got suspended in grade eight, due to some various circumstances, I, well let's say I let my temper get away from me. Erm, I think I ended up in therapy for about three years, now the one good thing about that is that you end up learning how to let stuff go. Well, a person called me a name I didn't like, and kept calling me a name I didn't like, and so I put the back of his knife to his throat and said I dare you to call me that again. And then he wasn't the one who told on me, that's what annoys me [looks away], what annoys me is that some girls from my grade that came around the corner and were like, Jack, Jack, Jack [high pitched voices imitating girls chanting]. I would have forgiven him if he had done it. I would have been like okay, afterwards, I said so I mean not a problem that you told on me. I was going to go myself and say look I did this, but I still speak to the guy, and I didn't actually do anything to him. And he said afterwards people were like, were you scared and he was like, no not at all. The only other time that that particular incident has come back on me, is I think I threatened to stab Neil, another guy who sat next to me with a pencil. And he was like 'are you really going to do that?' So I said 'no'. He was like, 'why do you threaten then?' 'cause it kind of feels stupid to sit there and say nothing. Because he was talking and I was like please shut up. And he was like 'no', so I was like, 'if you don't I will stab you with

a pencil'. So he asked me, 'would you really?' So I was like 'no not at all'. No it's not actually something I would do. And then of course the girl over there kind of hated me for some reason that I don't know. Called Childline in front of her father to say she was afraid I would stab her, I don't understand what happened there. I don't think we got along particularly well. It's not like I did anything to her. I think her excuse to her father was that I wanted to stab Neil just for talking next to me. She was afraid for her life, but I didn't actually, I couldn't have cared less, about her" [Jack 72 -76].

In this piece, Jack described two specific incidents when he felt provoked and retaliated in an aggressive manner. He explained that he found himself resorting to violence when he was called a name or found he was unable to verbally defend himself.

RR: So it seems to me you had quite a temper?

"I did, I still do in a way, but eventually you just sort of learn you can get annoyed about stuff, see when I get angry, I get very angry and when I calm down I calm down again fairly quickly. So it's something you have to learn. I suppose you could say it's the same when you learning to cope if you have hearing loss or something like that. Or if you have any kind of problem, you just have to learn to cope with. So for me, I've just had to learn to cope with my temper, I still get very annoyed with people but most of the time I walk out of the room or just stop arguing, back then ignore them until I calm down. You know, you generally find fights are really hard to start when only one person is ranting and you just sit there ignoring them. They don't stop ranting, but eventually they get it you don't care. No, that I don't care, so if people say something, I will still argue back, but it just gets to the point where you stop caring, you realise it's doesn't actually matter" [Jack 77-78].

Here Jack explained that although he still believed that he had a temper he had learnt certain coping skills that enabled him to calm himself down. He explained that after attending a certain period of therapy he learnt to cope with his anger, in a similar way that he had learnt to cope with his hearing loss limitations. He added that to cope with his anger he decided to walk away from situations, to stop arguing. In other words, through therapy he learnt to evaluate whether certain situations were meaningful to him and decided to walk away from those that were not.

RR: That's actually a very strong point if you can develop that, to show people you don't care.

"See I've had also with having Tourette and that I'm not sure if I've had a teacher ask me if I had problems with hearing, but I know with Tourette a teacher came and asked me so I hear you have Tourette, so I looked at her and said 'ya I do'. And that was it. So it's generally like erm I find I think if you make it a big issue, out of stuff, people also make a big issue out of it, as well [P]. So with my hearing as well, I've always been like well I can't hear, it's always been very common. I've told people I've never gotten angry with them, and shouted at them. I can't hear [mimics] I can't hear you idiot, why are you doing this to me? [says this in a high pitched tone to create the picture of another person antagonizing him] [Then Jack reclaims his calm and composed position]. I simply say 'I can't hear in this ear [points to his left ear]. You do know that right, no, oh okay, now I'm telling you I can't hear in this ear. Please speak in this ear [points to right ear]. Cause if you speak in this one, you wasting your time' [points to his left ear]. So at least that's the gist of the conversation. Most of the time people are like 'oh' [Jack 79 - 80].

In this piece, Jack presented his approach to telling people about his hearing needs. He simply told people that he could only hear with his right ear, and that he needed them to speak towards it. Similar to his Tourette condition, he simply stated that he had such a condition and decided not to draw additional attention to it. When I agreed with the response he stated:

"So it's not really something you can argue with, and I haven't actually really been teased about it at school" [Jack 81].

RR: Okay, that's interesting to know.

"Well the one thing I do know is that I'm a really loud person, I get moaned at a lot for being too loud. Speaking to friends and stuff I tend to shout. But ya" [Jack 82].

RR: Okay so you see you a loud person, so what do people usually tell you?

"Be quiet! Or at least quieten down, teachers it's generally say be quiet and work, cause I'll talk while working, so I'm talking very loud. And I tend to do one thing at a time so I'll talk in the middle of work, but they don't always catch me talking, cause I only draw their attention while talking" [Jack 83 - 84].

RR: So when does this usually happen?

"Ag, it's classes where we work in class like science or stuff, where I'm sitting with a friend, but it's also when we allowed to talk. Just depends on how much" [clears throat] [Jack 85].

Here Jack explained that he has discovered that he could be louder than his peers in

classrooms, and that teachers often asked that he lower his voice. While talking about his school environment he further described other situations in which he found himself becoming angry:

RR: You mentioned that you tend to get very angry, what about in classes, do you tend to get angry in classes?

> *"I've, only snapped at a girl once in class, I do get very angry [closes eyes - serious expression], I wanted to punch a person next to me for saying I have a limited amount of questions I'm allowed to ask in Math. Then again you just calm down. I tell myself I'm going to be calm, cause you know people always say think about something else, but that doesn't always actually work, 'cause then you think about something, else and then you think about what they said and then that just makes you angry all over again. So the only way that really works that I find is you just have to decide that it's not going to bother you. And that you're okay" [Jack 86-88].*

Here Jack explained that in order to cope in situations that aggravated him he consciously made a decision not to allow it to do so, and said so to himself. Although people had advised him to think about other, unrelated details or situations, he commented that he found that strategy to be ineffective and hence decided that consciously telling himself to calm down was an effective way to help him control his temper.

RR: This anger this temper seems to be a large aspect of your personality, can you tell me when it started, and when did you first notice it?

> *[frowns and LP - wrinkles forehead, with a serious expression- looks slightly down and away] "You could say I always had a temper, even in school, I remember getting. It was probably my fault the kid didn't get in and then we went to the supermarket and they had cookies and this child, because I can't confirm whether his parents were married before birth, decided it would be fun to eat the outside of every second cookie and the top of the other ones. Thus ruining all the other cookies, and I think I was quite vocal about that. I was very annoyed [smiles]. I was taught by my father not to waste food. The difference between having a little too much food, you know, wrap it up, put it in the fridge, to now, I'm going to ruin this for everyone. So if he had eaten them all, I'd be annoyed 'cause he'd be glutton, err glutton. But I wouldn't have been annoyed that he wasted it. For him, I was like, let's screw everyone over" [Jack 89 - 90].*

RR*:* No I agree with you, I'd also be annoyed. I would also find that very selfish. I've got a sweet tooth so I also would have probably flared up a temper.

After I disclosed that I also had a sweet tooth, and that this situation would have also angered me, Jack quickly agreed with me, and reinforced the point that it was precisely this type of anger with which he struggles. However, he said that he currently did not experience that level of intense anger since he had learnt to constructively manage it. He provided further details that related to anger incidents:

> *"You see now, it's that kind of a thing that I got. Erm. I think, I suppose I don't generally get that angry though. It's very rare for me to be that angry. The only other time that I can remember that I've actually been angry was I think it was Geography as well, when I was in grade nine. And this girl, actually it happened twice, she's a girl from another race, and we were arguing about math. And I was like because of you people not understanding I'm having to be slowed down. So then she starts with that 'you people, you people', so I gestured around the class, so like 'yes, you people', and then that was kind of the end of that argument" [Jack 91].*

> *And then the only other time was with her as well, we were arguing in Geography, and then I was arguing with her in Afrikaans, and then I had to explain afterwards what I said and then I didn't, that I did not in fact curse her out. Didn't curse her out, you know when somebody is angry at you, and they switch to another language, you immediately, assume they cursing [Laughs]. But it feels like they saying something bad about you, so now she assumed the same thing, so I can't really blame her, but it was kind of annoying so I was like our teacher speaks Afrikaans, surely you'd have spoken up" [Jack 92-95].*

In other conflict situations, Jack finds himself in opposition to a girl from another race, or where he is accused of cursing someone else, since he spoke in Afrikaans. However, in order to deal with similar conflict situations Jack states that he tries to practice stopping himself before the words were uttered:

> *"Erm. Nowadays I do, I tend to catch myself before I say something bad back or while saying something back. I still have problems with my parents in that way. I catch myself halfway and they still lecture me for it. You know it's, you supposed to catch yourself before you do it" [Jack 96].*

RR: Mmm problems with your parents?

> *"Erm… We argue a lot, but nothing too big, we've always argued quite a bit [shakes head], if it's not me arguing with them, it's my brother arguing with them [tilts head to left and right sides to indicate two parties]. Or it's me arguing with my brother over stupid stuff like who gets to use the Internet" [Jack 97].*

These sentences revealed Jack's abilities to reflect on himself and his struggles with anger and communication. He explained that he had developed skills that allowed him to reflect on himself, and make conscious decisions to calm himself. When asked if his hearing loss had played a role in these incidents of anger and conflict situations he answered:

> *"As I've said before I've had arguments with my parents, where it's been in fact where I can't hear they call me. You see I've had two kinds of problems with them calling me, say one they'll call me when I have headphones on, and I'm busy working on my computer, and they know I am, but they still will stand downstairs and scream, till I'm coming. The second is when they feel no they don't feel well, so they stand in this room, and go 'Jack, Jack, Jack' [each name is sounded slightly higher than the previous one, and he pulls last name to imitate someone calling another person] and then they'll get very angry because I can't hear them, but now from upstairs you can't hear a thing" [Jack 99].*

Here Jack recalled the time when his parents called him from the lower floor and he failed to hear them due to his intense concentration on computer games. When asked for the second time how it made him feel he answered:

> *"It's insulting, but ag [SH] you get over it. Sorry but that's been my main method of not going crazy and not punching a bunch of people, that I know, you pretty much learn, and to cope with stuff, you have to learn eventually, okay, I'm going to get over it, I'm not going to get angry, I'm going get over it, not get angry, cause for me whenever I do get angry. Then it's a massive argument, it's 'cause that's what happens. The same thing, when people are saying things about you that are mean, you do get the occasion when you just say one thing back, and they'll shut up. But most of the time, if you ignore them, they will go away. See people have this habit of liking to pick on a person if it's no fun for them it doesn't really matter now, does it? [Jack 101 - 102].*

In this narrative, Jack revealed that he understood that nasty people existed and that some achieved joy through tormenting others, however, he had learnt to deal with these situations in a positive manner. As mentioned previously, he developed abilities to calm himself through therapy.

RR: Mm mm [agree] you, mention, you mention your parents in a lot of arguments, what about your siblings?

> *"Well, as I say again, my brother decides it's a good idea to call me from his room with both of our doors closed [closes eyes]. Why? I do not know! [Emphasises each*

separate word]. So for me it's a problem, because I can't hear him, but then again I can't say that it's because of hearing loss. Mainly the problem is I'm busy watching a movie that he should be able to hear in his room, and he decides to call me, and just do nothing. It's small stuff like that, so I do have things with my hearing loss" [Jack 104].

RR: And what is that like?

"Yet again, it's kind of frustrating, because you expect them to think, I might not be able to hear because I'm used to, if you call someone, go kind of loud where you go downstairs and find the person and speak to them, so that's for me how I call people, I'll either find you, or I'll walk up to talk to you, or I'll call you fairly loudly, so you can't miss me. But they've decided well, clearly everyone can hear, 'cause my brother for instance, has incredibly good hearing, I think he can actually hear a dog whistle, but he can't hear bass notes. So if I spoke in bass notes had be going on about how he can't hear me. You know, so it's like small stuff like that it's not really that big a deal" [Jack 105].

RR: Not really that big a deal. Okay, and erm, you mentioned a lot about your friends, can you mention a specific friend?

"Erm, for one thing my hearing has affected, is I've got a girlfriend, her name is Pam, now I can't really hear her, if she's sitting on the wrong side on me. So if we sit next to each other, I always have to sit on the left, or if we walk next to each other, I tend to have to walk on the left, or she has to be behind on in front of me, because if she's on my left, I can't hear anything that she is saying. It's that's the one thing, is the thing that I've noticed. She was fairly accepting, actually, when I said please could you walk on the left, because I can't hear, no actually I don't think I asked her, I just mentioned that I can't hear on my left ear, so she was like well okay I'll just walk on your right-hand side. And occasionally she forgets so I'm just like okay, well come on this side. So it's not like, as I say not a big deal. But then again, with a bunch, with stuff you have issues with; if you don't make it into a big deal people don't as well. It's with that name the guy was calling me as well. I'm fairly convinced if I had just ignored it he would have gone away [Jack 107-109].

But, I made a huge issue out of it, got really angry at him, and so, you know. Ya, so that's my experience of telling somebody you have a problem with, be calm, then it's generally fairly okay. Or they okay with it" [Jack 110-111].

In this part of the narrative, Jack explained that his girlfriend immediately adopted an accepting attitude of his hearing loss. She readily agreed to walk on his right side and not make an issue of it. Then, Jack reflected to himself and stated that had he not made an issue of the person who had called him names that person would have

walked away, and the conflict situation would have dissolved.

RR: Can you tell me about the positives about school with regards to your hearing loss?

> *"Positive – not all that much. I've [clicks tongue] I can't say anything good has happened because of it, [closes eyes, tilts head to the left, with serious expression] sorry, I'm going back a bit. I've had the occasional thing when the teacher would make an announcement, and then I miss it entirely, 'cause say I'll be speaking to a person, and then I'll be turning my head away and I can't hear [Jack 112].*

RR: And what was that like?

> *[SH] "Well then I find out I've got a test the next day. You know it's really no use complaining, or feeling annoyed about it, because it's not really their fault, see I can understand if the teacher, 'cause most teachers I would imagine would by now know it, but then again, you know you can't, expect every person to come up to you personally and tell it to you, and make sure you heard. They do the best they can, then you just check with your friends every now and then, or do we have a test on this day? Ya, if I've missed something, so it's generally they'll be speaking about a test or I have to ask them the details, but luckily I have friends that are, they pay fair amounts of attention to those things, it happens the other way around, as well [Jack 113-114].*
>
> *Like if they miss something as well, I can tell them about it. So it's if you miss something or an announcement or an assignment, or that they'll normally listen out for stuff that affects each other. So then if it's important they'll tell you, then you can go find out. If they know the rest, then they'll also tell you. Then you still go find out, check, that they told you right, but it's nice that they told you. So, that's, I think I've said it before, that's why I think I'm lucky in a way, because I've got friends that are very, accepting, and they not that bad" [Jack 115-116].*

RR: How does that make you feel?

> *"Hmm grateful. Well that they helpful and accepting, ya [nods quickly] because I think if they decided not to be and mock me about my hearing, it be a small slice of hell. But they don't" [Jack 118].*

Jack stated that he did not believe that his hearing loss had resulted in anything positive, and repeated that as a result of his hearing loss he missed certain instructions at school. In order to deal with that challenge he nurtured reciprocal relationships with his friendships, as they depended on each other for assistance. Once again, he drew attention to the supportive and understanding nature of his close friends, and also expresses gratitude for having such friends. Jack included a

small section on how he would feel if he was mocked in school:

> *"I don't like being mocked, as no one else would. Problem is that if they're friends, you kind of care what they say. I don't care really if somebody I don't know makes comments about hearing and that's why I got so annoyed with the kid who was calling me names. And if it's my friends, they should know better than this. So the only people who I take to heart, are the people that I respect or the people that I have known for a long while, aka my friends, so for them if they make fun of my hearing, it would actually be an offence to me" [Jack 120].*

RR: And have you ever experienced something like that?

> *"No not really [shaking head]" [Jack 121].*

RR*:* So then generally it seems to me you have very caring and accepting group of friends. And how do you fit into that group and its identity?

> *"Hmm I can't say I belong to any one specific group of people. Erm, through my life, the one thing that I've noticed is you would usually call me a "loner", by now, is because I don't really like hanging out with too many people at once. So even with my friends at school, because I have more than one group of friends, so then I tend to divide the time amongst them, like every other break I spend with this group and that group. But, ya, so for me if the one group is not talking about something interesting, I'm fine to walk away, it's not like I'm dependant on them for, who I am? So I don't really get identified by 'oh you're the guy that hangs around with these people'. But then again I also go to a private school, which is fairly small so you would expect them, to at least know more about the people around them. Around you and that" [Jack 125-127].*

When the topic of socialising and one's identity arose, Jack quickly answered that he was often described as a "loner". Although, he had a group of close and reliable friends he did not subscribe to one particular group of friends, explaining that since private schools mostly had small student populations he was likely to know most of the learners in his grade. So, during intervals, Jack found himself dividing his attention between various social groups and was not afraid to leave or walk away from any particular one. Additionally, he disliked socialising with large groups, and rather than identify with one particular group of friends he saw himself as a flexible person who could can successfully manoeuvre his way in various social groups.

RR: Okay, and in large groups?

> *"I don't like large groups, they too loud, there's too many people, it's the same*

thing with parties, it's like I hate with a passion going to you know the classical doof doof dance. I hate those kind of parties, I hate them, I hate them, I hate them, because you can't talk to anyone, you can't do anything, I like talking as you may have noticed. 'cause I like talking, I like talking to people, at least talking about something relevant, it's kind of hard to do that when screaming over music that's already hurting your head. You know I've had a Valentines ball, at the school, when I was busy helping with the technical stuff, and the guy had it so loud I ended up spending the entire time, in the boardroom cause it was that loud, the only way you could hear the lyrics of the words was if you covered your ears. You know it's stuff like that that I really don't like. I suppose in that way, I don't I don't, mind some, but I hate noise, I guess you could put it that way" [Jack 129 - 131].

RR; You know, you know what how did you feel trying to communicate and there's this noise?

"I don't like it, so I generally don't do it. You know it's not really a case of I'll sit there and grump, grump, grump, grump, I've had to have it before, though, when I'm going to youths, and they decide okay today, they were going to put it five times louder than it needs to be" [Jack 132].

RR: When you going to youths?

"If I go to youth at my church then they decide, 'okay, we going to put it really loud now, you just have to sort of stick it out', and you know twenty minutes isn't that bad, even an hour I can still handle, but when it starts getting to things that are like two hours, three hours or prefects assembly where you have to be there, you are not allowed to move, you are not allowed to get up, you are not allowed to walk away, you not allowed outside the hall, and if you block you ears they probably give you a detention" [Jack 133 - 134].

RR: Are you a prefect?

"No but it's prefects' assembly and it's run by the prefects" [Jack 135].

"So for me the lucky thing is that I'm on the sound crew, so ever since like grade I think ten I tend to just walk around the corner, because they don't usually put it that loud. Now they've decided, the louder the better. So that's the one thing that changed. A lot of people that I know from like younger generations and that, especially my generation and younger, they like very loud music. And I hated it. So for me it was never really a problem. Before because the music was soft, but then everybody seems to put things loud at the same time, so for me it's either cover your ears, if it's short I can stick with it, erm. Church tends to not be as bad as prefects assembly, because it's not really as loud. With our school then I quite literally end up just walking you know around the corner, 'cause our hall has a wall there and there are steps so I just end up standing by the steps. So then I

can't really moan, I don't know I always, I'll probably give them some kind of weird excuse. But they've never really asked" [Jack 136].

"I don't know, I don't really think about it, the only thing in my mind when I'm walking away from it being too loud, this music's hurting my head. I'm going to walk away from here. You know if I've got a friend they'll be like, 'yeah I'm going to go there now, 'cause it's too loud here'. Apart from that, nothing really I don't actually care all that much though, the only thing I'm concerned with my head hurts. [If the music is inside the school?] I'll just give some kind of weird excuse, or I would simply go with the old – it's too loud and it's hurting my head so I'm going to stand outside the hall, because I value my hearing more that I do your song. But I've never had to resort to that one" [Jack 138-141].

As we neared the end of the interview, Jack was asked to describe himself:

"Actually thinking now, I've got a friend, erm, I think his words were 'I'm incredibly unique, for the simple reason that I can talk rubbish, like no one knows'. I suspect there's a complement in there somewhere, but, I would use the first part, I'm an incredibly unique person, you know I don't always care all that much about what other people, will think and the people that I do care what they think, I care a lot. So I'm very careful to pick who I care about who I care about and who I don't, you know it's kind of like giving a people, if you in a war, you give a person a gun, you not going to give a guy a gun you to expect is going to shoot you in the back" [Jack 143].

When asked who he did care for, he answered:

"*I've got a group of people that are older that are friends with me, like Peter, and Paul, the rest of the group they can say stuff and I'll take it, into account, but I don't really care, because they not really that good friends of mine. So ya. It depends if I know the people, and if I know them quite well, then I don't mind a bigger group. If I don't know any of them, then I don't like a big group of people" [Jack 144 - 145].*

Here he mentioned that he cared specifically for a few close friends, and mentioned a few peers with whom he was acquainted. However, he added that due to a lack of close relationships with these specific friends he had learnt not to take their comments into consideration. He was only comfortable with large groups of people if he was familiar with them.

RR: So you generally have, a lot of generally feel good, confident?

"I'm okay with an amount of people, but then again that's if I know them" [Jack

146].

RR*:* Is there anyone that you are not on good terms with?

"Not on good terms with as in, fighting. No. Not on good terms with as they annoy me. Some of which I suppose are my friends, but not in that I care what they think way. Like a girl whose name is Grace, right now I'm annoyed with her. 'cause she decides to thoughtlessly say, stuff that she shouldn't. Leroy does the same, he's just being an idiot though, so you know that's the way I treat them. The only person I really tend to get annoyed with is Sam and Sean" [Jack 147- 148].

RR: Can you tell me more about that?

"Or Jeremy, Jim cause he's an idiot, and the way he acts, he just acts like an idiot sometimes and he's an ass. And Jeremy because he's an ass. Apart from that, they don't really get under my skin, it's just when they act like asses that I have a problem with them" [Jack 149].

Erm. You'll be doing an Afrikaans speech and they'd be like, 'we don't care, sit down'. Of course he does that with everyone so if you speaking to him outside, out of class about something else, I'm fine with it. I don't care, it sounds really bad when I say that. Actually I think it's a strong thing, you can't really care about every little thing, it will lead you to being depleted. Actually I think it's a strong thing, you can't really care about every little thing, it will lead you to being depleted" [Jack 150 - 153].

RR: Okay, I'd like to ask you about your hearing loss, what, how do you feel you've grown with your hearing loss?

"I've had to learn to deal with is surprising enough, is when people do make comments not comments as in they purposefully trying to insult you, but thoughtless things like when you not hearing a teacher and they like, like 'what, can't you hear?' Or the, if you in a the more favourite – 'are you deaf?' You know you can't be offended every time they say that because eventually you realise they just being idiots and they don't actually know. A lot of people do, stuff like that where they say, thoughtlessly insult you and if you got insulted, like if I got insulted every time, I would be a very angry person. So anyway, I've had to learn to cope with that, and just sort of get over it, erm. The thing is I suppose I am in a way a more sensitive towards people, I can be kind of mean, that I will confess, but then again generally, if I end up being too mean to a person, I'll make sure that I do cheer them up afterwards 'cause I don't like it when I leave on bad terms, erm" [Jack 154].

RR: You said sensitive, how do you believe that you, your hearing loss has helped you?

"For instance I, I know I'm very sensitive to comments about hearing, and a person that is overweight, I will sometimes joke with them about their weight, they like oh no, I'm so fat, and you've said no you not a hundred and one times, you'd be like no definitely. Really? No, you know things like that, they can, they can but they can't get offended [Jack 155].

That I won't mind but I won't overtly go to somebody who I know has you know, like I know a girl, Jane, she has massive issues with how she looks. I won't ever go up to her and go you're fat, at least not seriously, or you can tell I'm joking. Because I'm the kind of person with an expressive face, I normally got a huge smile on my face, when I'm joking, so if I see somebody taking something, like that seriously, which I would have of course, as I said never say, because I know, this girl in particular, she would start crying, you know it's something like that. I've learnt okay, you can find, there's a boundary that you don't cross, and boundaries that you do, and the ones that you don't. You can tow, but you never cross them, because then you have a massive problem on your hands, which generally I haven't. but it's I have friends that do and they'll be like you such a fat person, and this girl will be like will be reduced to tears, oh if a guy decides to dump her because of her weight, but if it happened then reduced to tears, well it's things like that you learn that you can't say this here, I can say that here" [Jack 156].

RR: Boundaries?

"I suppose this ties in her, for instance I know a guy that is short. I've made the occasional short joke with him, but I've never drop it in. Because he'll be like, he's only about that high [demonstrates with hands]. You know, we've got [breathes out]. There's actually a funny story, there's this girl Janice well, she's incredibly short, she was standing up and the teacher thought she was sitting down on a lab stool. That's how short she is [Jack 157 - 159].

But now then again with people like that, you can know and you can say, okay you sensitive about this, then again you can also find in conversations very quickly when I'm saying stuff that the other person doesn't like, and you can tell, okay here's where I'm going to speak about, here's what I'm not. Because I'm a personally it might just be from my own experiences, you know I don't like when people speak about stuff that I really don't want them too, so yes, you kind of have to send them signals" [Jack 162].

RR: Are you generally perceptive about people and their wants?

"Yes and no, I would guess. *Errm there are times that I've missed stuff that I really shouldn't have. Erm, [breathes out] if a person's doing something new so say I've never seen them angry, you know there's an obvious people that when they are angry, it's obvious and then there's people that it isn't. like a girl that I know she goes it's looks like she's happy cause she's smiling and making jokes, but she's really not happy if you interpret that as happy, which I think I did, it*

backfires and eventually you like oh, ok that's not happy, but then if you know them for a while you'll expect you need to know the difference between happy and not happy. That kind of thing" [Jack 163-165].

RR: And generally do you misinterpret things?

Not too much. Erm, ah, [breathes out, closes eyes, wrinkles forehead and P] just see, I've done some thoughtless things because I was thinking no no no [looks down - shakes head a little, frowns] it will fit in, with the mood. Like ay, I felt so bad about it, I said, hail Hitler at a German girl's birthday party. Hail Hitler, at a German girl's birthday party and to this day, still, [P] I don't know why, [drops head, speaks in a certain tone, covers nose with BH]. I asked three four months later, when I got over myself, I was like oh now I have to apologise, she's like 'oh you did'. So I was like ya, anyway, very sorry. But, you know something like that where you really feel rubbish" [Jack 166-169].

RR: Okay, so tell me where do you see yourself in two to three years time?

"Erm, honestly, I'm not sure, the chances are I'll probably be studying, if I manage to get into university, and that's about it, as far as me planning two or three years time" [Jack 170].

RR: And what do you value most about yourself?

[very LP, looks straight, no EC and frowns] "I suppose I would say my intelligence [P, arches right eyebrow] maybe, but of course that's only because I've got a really good memory, or at least because I think fast [closes eyes]. So sigh ya" [Jack 171].

RR: And what do you value most about yourself?

"Erm I'm not sure I suppose I can be a reliable person, as far as being a friend goes. 'cause I can tell if I've known a person for a while what they saying [eyes move around, looks away, closes eyes occasionally], I don't know, when they need a shoulder to cry on, but then again if they've moaned at me, when they go, oh no this person [raises LH, strokes back side of head], said this, I always ask, a a hundred and one questions about it, so I can figure out why they saying that, cause I don't like making assumptions when it comes to people and they right, it's okay, but when they wrong, it's normally dead wrong" [Jack 172].

RR*:* So generally you have quite a few, you describe yourself as a good friend?

"Yes. More than I did [nods] when I was in school, I only had one or two friends, even now I only have about three or four people that I actually consider proper friends, excluding my girlfriend, which is friends. The reason I excluded her is because a girlfriend you'd expect to be included as a friend. Anyway I digress,

erm. Uh [breathes out with sound], I was close friends with some of them, but then, for instance with Jeremy, erm, they would be an example of where I didn't get it right. I was jokingly when he was like 'hi', I always joked, and said go away. Now the problem is that he didn't think of that as a joke [Jack 174 - 176].

So, there's the one situation where we had a bit of friction about that, see he was fairly insulted, you know I've had it there. Erm, the friends I had at school were, err Sean, I was friends with him. 'cause he had a 'laxed attitude towards me and that just annoyed me. when I say 'laxed, I mean, I don't mean like, you know normal person I have enough money, I mean he'll go 'okay this is three hundred rand, oh no [loudly] I'll just get my father to buy that for me'. That kind of personality, there's some personalities I can deal with, and some I can't, that's I couldn't deal with that at that time, I was just no go away. I haven't actually had any problems in that respect, the only thing I do occasionally have to remind people of is that I can't hear in my left ear, so if you speaking to me, speak in my right ear.

When people are like I told you, and you like know, oh okay, you know they fairly accepting when they realise that it's not really their fault, or your fault. See the other thing is that I think, when people, especially when they have hearing loss, and they tell people, it depends on how you tell the person. You tell the person 'okay I have hearing loss', they can't fault you for having it. But if you say why didn't you pick up on me not being able to hear? [loudly] You know that's an insult. You immediately made it their problem like they've done something wrong. So it's, depends very much on how you tell the people. For instance, if you have problems on how you want them to deal with it if you make like it's their fault, or your fault, obviously one of you is going to be blamed, that makes it a problem with the rest and any relationship. If you just happen to say I've got hearing loss, oh okay. I did have one person that said 'I heard you got hearing loss from setting off a cracker'. And then I was like 'no'. But then again, he accepted that, very easily" [Jack 178-185].

In the above pieces, I reflected on Jack and asked him if he would describe himself as a good friend? He then presented another detailed description of his social interaction, explaining potential conflict situations and his intolerance for certain personalities, and drawing specific attention to the manner in which one would tell people of one's hearing loss. Jack advised that one needs to inform people in a way that does not blame them, nor assume that they are aware of it and its limitations. Jack believed that one should tell people in a simple and objective manner that one has a hearing loss, and this method worked for him. When asked if he could provide me with further explanations regarding speaking to people and making it their fault he answered:

"I don't and that's why I say I don't, cause I find with people and their, that's what I don't like about people. I know a guy with a disability as well, actually the two people that I knew at school, they had disabilities, one guy's a boy, and I don't know the girls name. Yet their attitude towards it was entirely different. Her attitude was 'I've got a problem so you must get out of my way'. I hated her, not hated as in wanted to kill her or anything, which is the definition of hated. But I really didn't like her, and it's not that she said anything to me, it's just the way she worked. Then again this guy named Jim, he on the other hand of the spectrum was fine with it. He doesn't make it your problem at all. He'll ask you to push him up a hill if he can't go up it. But most of the time, he's fine with that, it's not like it's a problem, but yet again, it's you can't fault him for having a disability and if you want it to work, then well, you know you kind of make a plan [Jack 187-188].

So that's just my personal opinion on it, it's just any, with any problem you have with people, it just depends on how you tell people what you asking of them, if you asking them. If you saying, I think you see if you tell them in a certain way, for instance, that your hearing doesn't work. Basically what they hear is 'it's your fault, now you fix it'. That's essentially the gist of the conversation you having, or the other way around, 'it's my fault, now you fix it'. That's insulting, they not going to take it that well. It happens [inaudible] change one little, two little things, people normally don't mind if they standing on the other side and talking to you, it's not a huge big deal. Or if you on the left side and you can't move, then you kind of have to turn your head. But see, I can still hear somebody perfectly well without facing them. It's not that big a deal, it's only when I'm trying to concentrate that's when I tend to cock my head. People listen!" [Jack 189].

In this paragraph, Jack paid specific attention to how to tell people about one's hearing loss. He repeated the message from the previous section, that one should tell people in an objective manner that does not in any way blame them for ones challenges.

RR: Okay [P] is there anything else you'd like to add regarding your hearing loss?

"Erm not really, one thing I've had to admit is I've always wondered what it would be like to hear in both ears? But then again, I guess they would say, it's like trying to explain to a blind person what colour looks like [Jack 190].

What it would be like to hear perfectly in both ears. But then again I imagine it would be like a blind guy trying to imagine what it would be like to see. I guess, you know [P]. One thing I would say is it's very annoying if people rub their face, my face in it that I can't hear. Let's see, a lot of what I would say is, because I think I know myself fairly well, so now I would respond to people saying various things, so now nobody's actually joked that much about my hearing or at all, that I can recall, so in that respect I would imagine that I'm fairly lucky, because you get some people that really don't have that many, rather not that many have had

a good experience with their life, with their hearing and that. With me, the people that I know are always willing or that you know, if you say stand on the other side of you, they'd ostracize you because you can't hear everyone perfectly" [Jack 191-192].

Here Jack spontaneously moved to the topic of being able to hear with both his ears. He explained that he had wondered how it would feel to be able to hear with both his ears, then suddenly switched topic, saying that he would be annoyed if people constantly brought up the topic of his hearing loss in a manner that created a sort of fault with him. However, he commented that he believed that he would be able to respond to such comments in a constructive manner, and thus people had not spoken about his hearing loss in a humorous manner. Once again, he added that he was grateful for his positive social experiences.

RR: Have you ever felt ostracized?

"No, that's the point, they didn't.

They didn't, again I would imagine there are people who would do that without thinking. Mmm I guess it would hurt" [Jack 193-194].

In this narrative, Jack provided a detailed explanation of how he experienced his social groups and how they influenced his development. The common themes in this story belonged to anger and communication challenges, and he strongly emphasised his abilities to cope. Additionally, he drew attention to the meanings which he attributes to events, showing strong reflective abilities and presenting detailed descriptions of conflict situations and how he managed them.

Overall, Jack's story presented a journey of discovery, a fight for identity, and learning to cope in a mainstreamed environment.

The following story presents the third participant with UHL, Jane, and her narrative regarding her journey with UHL.

5.4 JANE'S STORY

Jane's story of UHL began with a brief narrative of how she became aware of her

hearing loss, then moved on to discuss how she experienced it in terms of her family, friends, social and emotional functioning. In this narrative it is important to consider that Jane grew up in the apartheid regime and therefore did not have access to basic healthcare services.

RR: Okay Jane, can you tell me about your hearing loss?

> *"I think I realised that when I was in secondary school, because in my early age stage, I didn't realise that I had a hearing loss until I went to high school, erm I couldn't hear when people were talking, ay I would look at the people's lips to get to understand or to hear what they were saying. If I don't look at their lips to check their movement of their mouth [demonstrates mouth movements with hand gestures] then I couldn't hear, that's when I realised that I had a serious problem about hearing. Then sometimes teachers would ask me a question and I wouldn't say anything. I would just say nothing and the teacher would say to me, 'I am talking to you Jane'. I said 'Oh, I didn't hear that'. Then the teacher also realised that 'err this child has got a hearing problem', and they decided that I have to sit in front so that I can hear the teacher talking. Of how it started – I think I was doing grade seven when I realised that, I think that it was already late [laughs]. Ya ya ya! Grade seven. And so I don't know whether it happened or whether that happened when I was young or whether I was born with hearing loss in one ear, that one I am not so sure, because my parents also did not indicate that I had hearing problems and stuff, but as I grew up, like I said in grade seven, they started to realise that Jane has got a hearing problem" [Jane 6-7].*

In this opening piece, contrary to reports by other people with UHL that they are able to hear most information, Jane explained that her awareness of the hearing loss arose from her inability to hear people. She further explained that she used lip-reading skills to help her communicate with people, whilst her teacher, almost instinctively, positioned her in the front of the class to help her hear the teacher. She also explained that she was still unaware of the cause of her hearing loss, since it was only in school that people began to notice the symptoms. She was only afforded the opportunity to have her hearing tested when she began to work.

RR: So you only realised in grade seven that you had a hearing loss?

> *"Ya" [Jane 7].*

RR: Okay, and err, what was, what was the diagnosis, did you go for hearing tests?

> *"I did go for hearing tests, and err but when I went for hearing tests, it was when I*

was working, I think it was back in nineteen ninety two, [scratches head] my first year of working, because sometimes children would be asking questions so I decided you know what I need to help myself. I went for err tests, then the audiologists err, prescribed hearing aids for me, and then she said I must take those two weeks to test. I took those hearing aids, I used them for a week, the second day I was with the hearing aids, the teachers started teasing me, then I decided no, I'm not going to wear them anymore, then I decided to send the hearing aids back until today" [Jane 9].

RR: The teachers were teasing you?

"The teachers, my colleagues [asserted her answers with tone and direct nodding of the head], the people whom I was working with, they would call me names, so I said no this is not for me [shakes head], I am not going to use it, because sometime I would make sure my hairstyle hides this hearing aids [demonstrates it with hands], but err still they would still tease me, then I decided no it's not for me, then I would rather be myself, then if I wanted somebody to talk to me, then I would rather just turn my ear [turns her head], so that I could hear whatever they were saying. So I've decided no more hearing aids [SH]. That was the bad side of it, emotionally, it was, it was draining for me, it was not like, they never made me feel like as if I'm part of them, of the staff, like if, if they are teasing you in front of other teachers, it is not nice, so you realise that you got a, so I was expecting them to have empathy for me but I got the opposite" [Jane 10].

RR: So they didn't have empathy for you?

"No not at all. They teased me. They would make a joke out of it so that you realise that, which means my disability is disadvantaging me emotionally. So to spare myself emotionally I had to return the hearing aids" [Jane 14].

RR: But did it make a difference to your hearing?

"A lot, because you could adjust those hearing aids. They had remote control, they were very nice …nice hearing aids" [nods to show an agreement other use of hearing aids] [Jane 15 - 16].

RR: So you did feel a difference

"I did feel a difference, I could hear" [Jane 17].

RR: But because of what they said and did?

"No I didn't want this hearing aids anymore" [Jane 18].

RR: You know actually I used a hearing aid when I was about ten years old.

"Hmm hmm" [nods in agreement – also listens in a concentrating manner] [Jane 19].

"It never made a difference?" [Jane 20].

RR: You know what it was those old hearing aids that picked up all the sounds.

"Oh - No, no, no, my hearing aid was not like that, it was controlled. It was just fitted in one ear, and then you would use a remote to, if you want to listen to music, you would adjust the volume, if you wanted to hear the conversation, you would adjust the volume. It was a very nice" [demonstrates adjustment with fingers and thumb on LH] [Jane 21].

RR: No, my hearing aid, picked up everything.

"Hmmm" [nods in agreement] [Jane 23].

RR: It was so?

"It was so irritating" [Jane 24].

RR: Ya, it was irritating in that it picked up everything and then, like you, I also, I didn't want to be teased and you know, I was in primary school. I just didn't like it and I also chose not to use it, because it's that emotional part - hmmm.

"Emotional aspect, I know, I know what you feeling that you had at that particular time, it wasn't easy" [Jane 27].

Here, Jane presented an emotional piece about her experiences being teased by her work colleagues over her hearing loss. She speaks in a soft and positive tone about the use of her hearing aid, and the difference that she felt it made to her hearing. In much softer tones of regret she explained how the teasing influenced her to return the hearing aid. This pieces formed a core piece in Jane's story, and the emotion, intensity and hurt that were experienced were still portrayed in her facial expressions, words and vocal tone. She then moved on to explain her experiences at home and with friends:

RR: Jane, can you tell me more about your hearing loss?

"Aah! At home, I had support. Because they could understand that I don't hear [looked down]. My friends were understanding [assertive tone], err they even err asked me, why did I have to return it? Because of the people, who don't understand, the use of a hearing aid. For them they said, I was I mustn't have returned the hearing aids because they were helping me. They wanted to

understand why [wrinkled face –to demonstrate curiosity] if people. I said it was emotionally too much [looks down and shakes head]. That's why I had to return the hearing aids. But my friends were really, were really supportive. Friends back at home, family friends" [Jane 28 - 30].

In this piece, Jane spoke about having to return the hearing aid as a remorseful and sad process. Through this excerpt her pain and regret were evident in the way she looked down and shook her head, and sitting next to her I could feel the pain and intensity that she had experienced during it.

RR: Can you tell me about the friends in your childhood, in your school days?

"Family friends, and my family was also supportive. Ooh, I would say, I would remember those friends when I couldn't hear. They would shout, others were aware that when they were talking they need to, I need to look at their mouths so they would come say to me, "read our lips". [Comes closer to me, and speaks in assertive tones with direct EC] So there were those who were understanding [nods], others were not understanding [SH – indicates uncertainty as to their reasons for their lack of understanding], but as kids, that were growing at that time, you know that there were those, who would still tease you for not hearing [large nods and a SH], you know how kids are [SH again]. But those, there will be those who are supportive yeah" [glances down, nods] [Jane 32 - 34].

Here Jane shared stories of being supported by friends and family members, explaining that when friends realised that she struggled to hear them they learnt to adapt to communicate with her. However, she added that a few children did tease her, but this teasing differed from that she had experienced with her colleagues. Her descriptions, words, facial expressions and tone revealed that she understood that this teasing was simply childlike behaviour. She then moved on to discuss specific friendships and how she experienced them.

RR: Do, do you have any specific, significant friends that helped you with your hearing loss?

"I would say at college [looks away into the distance and also down, glances at camera] I had a friend of mine, erm who was my best friend [looks down, speaks in serious tones], I think she did help me because when we were in class she would listen and then and say I know that you didn't hear this part. She will come to me and maybe explain. Because when we were in class she would listen and she would ask 'Jane did you hear this part?' She will come to me and maybe explain to me what lectures say, what I was supposed to do. Because she would say that I know that you not hearing. And at err work, it was my first year at work, I also

had a friend, they would call us see no evil, hear no evil, because my friend couldn't see properly without wearing glasses, and I couldn't hear. When we walked in town, they would say, oh look at those two people, hear no evil and see no evil" [demonstrates with hand gestures, of people talking closely] [Jane 35].

"I would say what is that person saying? [looks away and then points] And then she would say, 'who is that, because I can see?' So we were like complimenting each other [hand gestures] because could the other one couldn't see, the other one [nods]. But it made us together [inaudible] we two formed strong bonds. So I understand when people were teasing us, we would defend ourselves [heightens shoulders, nods and looks down in superiority - body language also shows a sense of indifference to other people]. At least we are compatible, because the other one couldn't see the other one, so it means that we help each other [tilts head to the side, and nods in agreement]. I felt comfortable because both of us had disabilities [P and speaks in comfortable tone, head tilted to the side]. So we could get along, we could understand each other's problems, ya she couldn't see, so I couldn't hear [nods in agreement]. But then she would see better if she had her glasses, if she didn't have her glasses on, if she didn't have her glasses on [arches eyebrows and asserts "problem"] then it would be problems. Then I would have to check, tell her whose that person [heightens shoulders and comes closer to me to indicate a looking movement. Then tell her, 'no this is that person', then I would ask her what is she saying, what is she saying, [brings right ear closer to camera to indicate close listening] then I would tell her, that is how it went. I would say, where I was working at an FET college, I did have friends, [P] but they did understand so that I had a hearing loss, [tilts head] but they knew how to communicate with me" [smiles, SH, and closes hands on lap/between knees] [Jane 36 - 38].

In this narrative piece Jane referred to two special friends. Firstly, she mentioned the friend who understood her hearing needs during lectures and offered her assistance without asking. Secondly, she mentioned the partially sighted friend who offered her more than simply friendship. Since they both had disabilities they experienced a mutual understanding and friendship, and they both seemed to identify with each other. Jane seemed to present quite in-depth stories about her friendships and presented herself as quite a friendly person who longed for close companions. She then moved on to talk about her experiences in the work environment.

RR: And any other significant best friends?

"I would say, where I was working at an FET college, I did have friends, [P] but they did understand so that I had a hearing loss, [tilts head] But they knew how to communicate with me" [continues nodding slightly] [Jane 40].

RR: Okay, so so at Greenfield?

"So at Greenfield, [smiles] I think you are the only person that knows I have a hearing loss [starts to smile with her eyes and tone becomes lighter] [turns head]. Everybody that I'm working with [picks herself up and moves backward], does not realise that I have a hearing problem except you [laughs loudly] [comes closer to assert me and asserts directly with her eyes]. So you were the only person at Greenfield who knew that I had a hearing loss in one ear" [one ear in softer tones, arches eyebrows, tilts head and looks at me directly] [Jane 41 - 43].

This was told from a soft and hidden perspective and there was an awkward silence after Jane spoke about keeping her hearing loss hidden from many people.

RR: No I agree with you that I also, not many people know, it's very easy to cover up.

"Ya to cover up ya, ya" [nods and readily agrees with direct EC] [Jane 44].

RR: It's very easy, but then what happens in situations that you need to tell people that you have a hearing loss. Then what do you do?

"Ay, [looks down, looks away then shuffles body backwards], in most of the cases I don't think err [P, voice is softer] I will be confident to tell them err [P, facial expression reveals discomfort with question and uses softer tones]. that I have a hearing loss. [LP of silence, shakes head looks down] [Jane 45].

When Jane spoke about disclosing her hearing loss to people she answered that she did not think that she would be confident enough to tell others of her hearing loss. During these pieces her facial expressions revealed expressions of discomfort, as she spoke in soft tones, which support the statements that she did not feel sufficiently confident to disclose it.

RR: Why? [whisper]

"I just feel uneasy, it's not easy for me [much softer tones, looks down, SH a little], sometimes I think people will discriminate me, because I've got a disability. They will think that I'm different from them. Or maybe I'm not capable of doing things because I cannot hear [slight hint of aggression], and losing hearing from one ear, they told me that you are totally disabled I said no" [shakes head, looks down and away] [Jane 46].

RR: Do you see it as a disability?

"I would say partially [arches eyebrows and P] 'cause sometimes we need to hear things for yourself, you don't have to hear second hand information, that when someone has got to give you information it might be distorted or some" [Jane 47].

In this emotional response Jane revealed her reluctance to disclose her hearing loss, due to fears of being labelled as disabled, ridiculed and teased. She replied that she did indeed see her hearing loss as a disability, and showed negativity towards constantly relying on people for repetitions. She explained that not only did people become annoyed at having to constantly repeat information but also repetitions provided her with "second-hand" information that could be distorted.

RR: Hmm oh wow, actually Jane I agree with you, because we got a lot of similar experiences. [Hmm - she nods in small motions and agrees]. Actually I also feel very, very uneasy telling people, I don't know why.

> *"It {her hearing loss} doesn't just come up, just to say, ay you know, I don't know" [Jane 50].*

RR: I feel people will look at you like you're not, you different.

> *"Hmm you're different [picks head up, tone becomes louder, and asserts agreement with a big nod], that's what I don't like [assertive tone], and they start treating you differently. No, I don't want a special treatment" [shakes head] [Jane 52].*

Here Jane once again brought up her fears of being treated in a different manner from other people, with one can reason, based on experiences with negativity, mockery and teasing, being a need to conceal her hearing loss.

RR: Hmm okay, so erm ya, you've told me a lot of your friends, do you have difficulties socialising, you know any?

> *"I would say [arches eyebrows, increases tone, and wrinkles face slightly] my difficulties would be starting a conversation, because sometimes people would like to talk to you, like go into meetings [closes eyes and tilts head to left side]. I hated meetings a lot because you have to talk there, you, you have to hear what people are saying, you have to, so for me, sometimes, sometimes, you don't hear some of the words that they are saying [neutral tone]. So for me, it's frustrating sometimes" [Jane 53].*

RR: It's frustrating?

> *"So now, I don't, I don't have a lot of, lots of friends [head shakes a little, quicker tone of talking], because I hate socialising, and we have to talk sometimes or get into conversation and I don't want to, I don't want people to see that I'm I don't hear. So it would, it would be a problem [shakes head, loud tone, SH and nods]. More especially if it's meetings err... Where it's a group of let's say fifty people, you have to talk to err group. But then if it's a meeting like our end meeting, I*

don't, don't have a problem, because it's such a small meeting. But going to big meetings for me sometimes, it's frustrating, because of my hearing" [arches eye brows, and facial expressions correlate with discomfort regarding big meetings] [Jane 54 - 56].

RR: So big, big groups, big meetings it's frustrating?

"It's frustrating" [nods] [Jane 57].

RR: So how do you manage in these big groups?

"Well I get to manage if, like for example if there are speakers, that err… maybe are, they maybe, make sure that their volumes is adjusted to that everyone can hear, that's when I enjoy it, but normally in meetings, I have to sit in front [body language shows reluctance], that's what I hate. So it means you don't have an option, it means that you have to go in front, so that you can hear whatever, even if when I go to conferences, I normally sit in front, I don't go and occupy back chairs, no I don't" [shakes head, looks down and away] [Jane 58].

Jane now began to disclose actual communication challenges that she experienced, particularly extreme difficulties "*starting a conversation*", and an intense loathing of meetings. She explained that in these situations one had to both listen to people speak and respond appropriately, but often she experienced a gap in the information being presented, which further compounded her confusion and discomfort. She acknowledged that she often felt very "*frustrated*" at meetings when this gap appeared, which also hampered her abilities.

RR: Where else do you feel frustrated?

"When people greet me and I don't hear, and because then people start saying 'oh she thinks she's better than other people', so most of the people think, I'm, I have pride [hunches shoulders and comes closer], because when they greet me, I don't hear, unless somebody explains to them, you know you, you [turns head to opposite side] 'Jane does not hear, don't think she's got pride or something', so you, you, you make a lot of enemies because, you don't hear people think you just keeping quiet intentionally" [loud assertive tones, and also demonstrates other people talking] [Jane 59].

RR: Hmm I can relate very personally to that, people greet me on the right hand side, you don't hear them, and people think that you snubbing them.

"Hmm" [nods in agreement] [Jane 60].

RR: That actually hurts because I'm a people's person

> *"Hmm" [nods in agreement] [Jane 62].*

RR: I like being with people, I like making new friends, and then when you find people snubbing you for no reason and you can't understand why?

> *"Hmm" [nods in agreement] [Jane 63].*

RR: That hurts me.

> *"And then when you have to explain yourself, so my friends could cover up for me and say this one who was erm [P and wrinkles face, and imitates friend talking to other people] this one who was partially blind, she would say to me, 'you know what, Jane does not hear you, don't think maybe that she's got pride, you ask me I'll tell you, she's quite a nice person, she could get along with any person' [looks down and shakes head] and she does not have enemies. Then she would cover up for me, so now that she's not with me anymore, so now I am on my own" [Softer tone, looks down] [Jane 67].*

In this piece, Jane reflected on her previous experiences with her hearing loss, and explained how she felt misunderstood when people mistook her for being proud, when she failed to hear their calls. Her friends supported and assisted her. She reflected specifically on her visually impaired friend, explained how the lady supported her and the manner in which she stated that she was now on her own revealed her feelings about that friendship.

RR: It's a bit, it's a bit, how do you feel?

> *"Ah well, [looks up, and lowers tone] I've learnt to be resilient, to deal with it as it comes, but sometimes I do explain to people, sometimes, they would say, we have greeted you on such and such, I would say, you know what let me tell you something that I never wanted to share with you, you know what I don't hear, if you want to talk to me, pat me or greet me loudly then I will hear, make a sign that you greeting me, otherwise I won't see" [Jane 68].*

RR: Get your attention?

> *"Hmm [nods] to get your attention" [Jane 69].*

RR: I feel very much the same, because people can't talk to you from the back and expect you to hear them and understand them.

> *"Yes [nods and agrees] [shakes head] but then you also have to learn how to*

communicate with people who can't hear, it has to be a two-way thing, not one-way. Er, communication, if you see that that person has got a problem, a hearing problem or whatever, you need to have a way of communicating, like if I meet a person whose difficult to talk, I need to make a way [lengthens neck, increases tone and asserts], maybe to talk to that, maybe I will write something down, for that person to, so it means I should make the way of trying to do a communication" [SH] [Jane 72 - 73].

Jane reflected on herself that, in contrast to her previous statements when she concealed her hearing loss, in certain situations she now made an effort to explain her hearing loss to people. She commented that they needed to get her attention by patting her or calling her louder than usual, and she understood that communication was a two-way process. She reflected on herself, and stated that if she was aware that a person was experiencing challenges communicating she would make efforts to ensure that she could communicate effectively with that person. All these reflections seem to reveal a sense that Jane had thought about her hearing loss, and in a way had learnt to identify with it.

RR: And erm. How do you believe people can be helped with this communicating with people with hearing loss,

"Ay it's very difficult because it depends on the situation where you are at that particular time [P]. Erm. I think that as people we have to understand that we are a diverse society [arches eyebrows to emphasise, P] we need to learn, and we need to be in those person's shoes, if that person cannot hear, cannot talk, you need to feel that it would be difficult, so we need to learn to be tolerant [shifts head to opposite side] and to have empathy for of diverse needs. So we need to know that we are different [scratches nose, and uses hand to explain her opinions] and we need to celebrate our differences" [tilts head, sometimes looks away, lowers volume of tone] [Jane 74].

Once again, Jane was reflecting on herself in terms of her hearing loss, and developed a theme of patience. She believed that people should embrace their differences and practice patience with each other.

RR: Wow you're mentioned quite a few factors here of feeling, learning, tolerant, empathising, *[P]* and do you feel, people, people helped, people treated you with these characteristics while you were growing up?

"In some cases yes, if people understood you've got problem, they will, they will have tolerance, but then if [SH and looks up] they don't know your problem, they

don't, they might think sometimes that you just trying to be [pronounces words slowly, closes eyes and shakes head, SH, P] impossible or something. They won't understand that you've got a disability. Misunderstood by people [nods] yes, and people will also have wrong perceptions about you [P] because they make their own conclusions without even communicating that to you" [lowers tone of voice] [Jane 75].

RR: So generally you felt misunderstood by people?

"Misunderstood by people [nods] yes, and people will also have wrong perceptions about you [P] because they make their own conclusions without even communicating that to you" [lowers tone of voice] [Jane 76].

RR: Miss wrong perceptions, wrong conclusions, like?

"They say like you've got pride, while you don't have pride, they didn't hear you, what would they [mumbles] what would they be saying, so they would conclude that this person does not want to mix with other people [SH], is antisocial [facial expression indicates disapproval by other people], but they don't want to know what is the cause of the problem that you are antisocial sometimes" [Jane 77].

RR: Hmm we not antisocial, I don't think.

"I also don't think so [smiles, tilts head and looks up, speaks in a lighter voice]. Like here at workplace, I would come to my office [nods in big, slow movements], do whatever I'm supposed to do, go out, I don't just maybe lunchtime sit and chat with [hand gestures to the right side], maybe people might take me in the wrong way [nods], but, it's how I am [heightens shoulders to show discomfort and accentuates uncertainty that is felt with other people. dramatically], I prefer to be on my own [assertive tones] because I hate saying, 'what are you saying? What are you saying? What are you saying? [repeats and comes closer to camera with right ear] I hate saying that, I don't like it. For people to repeat themselves, for me [turns face] it becomes emotionally draining. Like it seems as if I'm asking too much from other people [SH] or maybe I want a special treatment" [Jane 78 - 79].

Here, Jane described her daily work situation in that she went to her office, observed her responsibilities, but remained alone during lunch breaks. She indicated that her choice of not socialising often rendered her susceptible to misperception and antagonism, but shrugging her shoulders indicated a certain kind of self-acceptance. She loathed asking people to constantly repeat themselves, finding it burdensome, so she decided to remain by herself during lunch breaks. Once again, the accusation of being proud was discussed in her narrative, and in this section she concluded that as a result, she withdrew. She explained that she now preferred solitude, and felt

drained by having to continuously rely on people for repetitions.

RR: Emotionally draining?

> *"Like, it, it it seems as if I'm asking too much from other people [SH] or maybe I want a special treatment" [uses a tone of indifference, raises eyebrows slightly] [Jane 80].*

RR: Asking too much, can you tell me more about that, why [silence] were you in childhood and growing up, did you feel as though you were asking too much of people?

> *"Ya sometimes I would when I don't hear what ever, or don't hear what they saying [tilts head to side, wrinkles eyes a little, looks away, talks in lower tones] they need to repeat and repeat. Adults would complain and say "hey, you can't hear". Some sometimes it's not [SH and drops head] it discourages you as a person. Even if when you learning, you don't understand what the learning is all about because you cannot hear, other people would be, they won't want, they don't want to explain it to you so it becomes difficult for you as a person. To cope [LP] with work" [tilts head with no EC and speaks in softer tones, no facial expressions] [Jane 81].*

Responding to a question on asking people to repeat themselves, more specifically when she was growing up, Jane presented a detailed account of her experiences in school. When she did not hear, people would need to repeat the information for her, and adults would complain of having to do so. She then shrugged, dropped her head and commented that those reactions discouraged her. Her reactions showed intense emotions of shame, regret and pain, and projected a wish that she could have better handled her communication challenges.

RR: Okay, hmm, hmm I see! It's, it's, ya I agree, I understand a lot of what you are speaking about. Er, can you tell me what was it erm, you mentioned one or two friends, families, what about your families?

> *"My family and my sister [closes eyes to think] would understand that I don't hear, she knew how to communicate with me, she knows that she has to speak slow with me, and then I have to read her lips. The same applies to my late mother, she understood, because we were three in the family, they both understood how to communicate with me, even my mother knows when she's calling me, she had to shout, so family was supportive, they knew I had a problem" [Jane 83].*

> *"When I told them I can't hear, cause sometimes, they will [P] just [P] maybe hit you for not doing nothing, maybe they will think you stubborn, you don't, when they call you, you don't come, so that's why they started here, oh [nods and rocks]*

this person is not, it means this person does not hear. They knew they would have to speak slow or maybe shout or maybe I would have. So that's what, so basically that's what they did, and it helped. That's what [nods and agrees] helped me to understand that they understood me, ya" [strong tone – to indicate that she felt supported and understood by her family] [Jane 85].

RR: Okay, you said your family realised how to communicate with you, how else did they communicate with you?

"They knew they would have to speak slow or maybe shout or maybe I would have. So that's what, so basically that's what they did, and it helped to read their lips. That's what [nods and agrees] helped me to understand that they understood me, ya" [strong tone – to indicate that she felt supported and understood by her family] [Jane 86 - 87].

In this part, Jane once again presented a picture of her family as supportive, patient and understanding, and in the following one shared a brief account of her own understanding of herself:

RR: Did they ever, what's this? What do you do when people speak to you, and they are not facing you, you know they are behind you, or something?

"Then it would be problematic, I have to tell them, that you know what, I don't hear what you saying? [Pushes head forward and arches eyebrows to accentuate the point] If you speaking to me, you have to be slow or you have to be loud then I will hear you. Even myself when I speak then I am too loud, so people always 'Why are you always so?' I say 'mmm mmm [indicating no – shakes head] this is how I am, I talk, this is how I speak'. Then, 'Oh you know it's because you don't hear, you think everybody does not hear that's how, ya, I think everybody's got to talk like me', so I've been indicating to them I don't hear, that's why I'm shouting [laughs and speaks in strong tones – at the end]. So many things like you doing, like for example this listening to the radio, for me full blast, for me is not full blast" [nods to show agreement, demonstrates radios volume with fingers, and shows complete agreement in terms of tone, body language, and EC] [Jane 85 - 88].

RR: Oh wow, it's, it's, it's, it's interesting, people don't realise the impact of hearing loss.

"Hmmm" [nods in agreement] [Jane 89].

RR: For example, the friend whom I'm staying with, asks me to not bang the door since her mum is sleeping. But I answer that I don't bang the door, I just close it. And then I realise that when I close it, it makes a big noise which I don't hear.

"Hmmm" [nods in agreement] [Jane 89].

RR: So I told her sorry, it doesn't sound so loud to me.

"To you" [Direct EC, enlarges eyes and nods in agreement] [Jane 91].

RR: And then I have to be more careful about closing the door, so that I don't disturb her mum. You know it gets you worried, because [P]. I mean, if you're not hearing the door as loud as it is, then what else aren't you not hearing?

"So many things [tilts head] like you doing, like for example this listening to the radio, for me full blast, for me is not full blast" [nods to show agreement, demonstrates radio's volume with fingers, and shows complete agreement in terms of tone, body language, and EC] [Jane 94].

RR: So you listen to the radio louder?

"Ya, louder" [smiles and SH] [Jane 95].

RR: Okay, [P] and you not scared of it damaging you hearing? [giggles]

"Hmm, [loses smile to show she's also serious] no it's not, it's not, I make it not to be, full, full, full blast but at least it must be loud enough that I can hear it" [Jane 96].

RR: Well, erm, ya well we seem to have covered your family, we seem to have covered school, Jane, who were you the person then?

"Who am I?" [Jane 97].

RR: The person then, you know in school days, with your hearing loss, how would you describe yourself?

"I would describe myself as a person who communicates with people, even though I had a hearing loss. A person who was very much active. I was, what amazes me, I was singing, but I had a hearing loss, I was part of a choir. Singing, so I would say I would get along with people [looks down and shakes head], I would do many things, I would do many activities, I was involved in quite a number of things like doing drama, even though I didn't hear. I was actually active at school. I was not withdrawn because sometimes I couldn't hear" [Jane 99].

RR: You were not with?

"I was not withdrawn, because sometimes, because of the hearing loss, you would be withdrawn from most of the activities" [Jane 100].

RR: Oh withdrawn! Oh so you don't, you don't describe yourself as withdrawn?

"No, no [shakes head]. But lately [wrinkles face], I think I'm withdrawn, because I

just want to be with myself. If I'm not with my husband I'm with my kids, my family, I don't go to friends visiting [shakes head and closes eyes] this days, I'm, I'm like" [shakes head and SH]. Now I'm a person [raises eyebrows] who's withdrawn, I'm, I'm too much by myself, I belong to my family, I belong to my family too much, more than friends and stuff". [Speaks in soft, quick, neutral tones, and ends by nodding her head to show agreement with herself - LP] [Jane 101 - 102].

RR: I see you've changed from a very social person?

"Hmmm" [nods in agreement] [Jane 102].

RR: Activities?

"I feel safe when I'm with my family because they understand me better [not loud, but a stronger, assertive and quick tone] [Jane 104].

RR: So you feel safer with your family?

"Hmm" [closes eyes and nods silently and slowly] [Jane 105].

RR: Well you have mentioned that they know how to communicate with you and ...

"Hmm. They understand me [nods] even my kids understand me much more, but they know how to communicate with me so [SH] [Jane 107].

[this shows a certain kind of appreciation of being understood [she speaks calmly in neutral tones, and does not demonstrate any particular signs of aggression or anger] NEED to be understood.

RR: So you this?

"Makes me feel good so I don't get teased emotionally, I feel comfortable being with them yeah" [Jane 108].

RR: Teased?

Hmm, Ya, because [blinks] I didn't like it when the teachers were [P] giving me names because I couldn't hear. It's, it's not like feeling, it makes you feel like a very low self-esteem about yourself" [Jane 109].

In the above section, Jane reflected on a deeply personal and emotional side of herself. She said that she was once a social person who participated in various activities, however, since she had experienced teasing and been ridiculed, she

realised that many people were impatient regarding a hearing loss and now preferred to be with her family. She indicated that she felt safe in their company, adding that another challenge during her schooling was the allocation of names by teachers:

> *"I didn't like it when the teachers were [P] giving me names because I couldn't hear. Its, it's not like feeling, it makes you feel like a very low self-esteem about yourself" [Jane 109].*

RR: Do you feel you have a low self-esteem? [asks softly]

> *"Ya, at that particular time, it was not easy for me, I felt incomplete, an incomplete, but now [she changes her body position, her voice lightens, she becomes more expressive with her hands, and you can see a distinct change in her mood and attitude, when the topic changes]. Trying to, [P] to be okay with myself, to have a hearing loss, it doesn't bother me anymore" [Jane 110 - 111].*

Here, Jane spoke directly in the theme of identity and explained that she felt 'incomplete' as a result of her hearing loss. She also showed a realisation that bilateral hearing holds distinctive advantages over UHL, and in a way expresses a type of dissatisfaction with which she needed to learn to cope.

RR: You said you felt incomplete, how? Can you tell me more about that?

> *Okay, feeling incomplete in the sense that other people can hear with both ears, meanwhile you can only hear with one ear. And you were created to hear from both ears [nods], that's, that's sometimes I feel incomplete because other people could, have that opportunities of having [widens eyes, arches eyebrows and speaks louder to assert herself] hearing in both ears, so for me it was just one ear, why me? [drops head, tilts to the right and makes EC with me]. Why one ear? [laughs] I couldn't understand that? Sniff. [head – chin lifts up, and she looks passed me into the air, tone is lighter than previous statements] [Jane 112].*

RR: Why me?

> *"Hmm [nods], I do ask but it was such a question, but then I would say [looks to the side] why was I not planned the way other people are planned? [looks downwards now, tone drops to a lower level and appears more serious, shifts head to left side and looks up, as if to look for answers]. I would see myself as having an advantage as compared to a person who can't even see a person who can't even walk [stresses the word "even"], At least I could hear, some people couldn't even hear at all, I see myself as sometimes as fortunate. When growing up [wrinkles face to think] you could look at things from a different perspective. Okay, at least [SH] I have*

something, unlike a person who doesn't have something on hand. I think for now, [strong head nods and a smile] I'm coping well with my hearing loss" [She says this with a motionless face, neutral tone, and it seems as though she is reasoning with herself] [Jane 113 - 114].

Here, Jane reflected on herself regarding her hearing loss and revealed a strong desire for bilateral hearing abilities. She understood and appreciated her hearing in one ear only and although she believed that she had learnt to cope she spoke with a sense of grievance.

RR: What was it like growing up?

"Growing up was not that problematic, because I only realised later that I couldn't hear, for me it was not that problematic. I could get along with other kids, so because you were playing very closely, so there wasn't that distance to shout and stuff. So it means I could get along with err those kids I was playing with" [Jane 115].

Jane explained that when she was a child her hearing loss had not impacted on her personal or social self, as she described herself as a social person who maintained good social relationships with her peers.

RR: So you did get along with kids?

"I did, I did" [Jane 116].

RR: Where there any kids you didn't get along with?

"Hmmmm [LP, and wrinkles face to think] Growing up? I don't remember [shakes head].

RR: You don't remember, it's okay, don't worry about that, okay, we have a lot behind us.

"Through adolescence [Nods in big slow movements] hmm exactly, through adolescence and through adulthood, so, it's been a journey for me. And I'm still keeping up" [small shrug] [Jane 117 - 118].

RR: Still keeping up. Now you know we haven't spoken about adolescence. Was adolescence any different? [P]

"In adolescence, that's where I became, that's where I've started not hearing, to see my problem that I don't hear. So but my friends were supportive and my family was supportive but I don't think that it impacted on my social life at that

particular time, no [shakes head]. I do think it impacted on my social life in adulthood, when I was starting working, when people were starting teasing me. That's where it started impacting" [Jane 121].

RR: How else did it impact on your social life in adulthood?

"Like, like I felt like having too many friends, for me it won't work out because obviously sometimes they will be discussing me as somebody, who is taking most of their time, because I don't hear things they have to repeat so I've decided not to make too many friends - during adulthood. I've decided whoever I have who understands me I will stay with that person. I won't make any more friends" [speaks in a neutral tone – shakes head] [Jane 122].

RR: So as, as, you said, you withdrew in adulthood?

"Ya. [softly]. I've told myself, that I don't want to get, because people teased me at work, where I was working, where I initially started teaching [raised eyebrows and described], so I felt that you know what it's better for me to keep up with this friend of mine, whom I called Megan because she understands me better. So having to make another friends, it means they would speak behind my back that I'm stealing their time because I they have to repeat, so by Janice could understand that she had to repeat if I don't understand, if I don't hear things" [Jane 123].

Here, Jane revealed a personal and painful part of her hearing loss memories, stating that it was only when she started working that she was able to have her hearing tested with the view to getting a hearing aid. However, she explained that instead of being supportive and accommodating her, her colleagues responded by ridiculing her. With a soft, regretful tone, she explained that this event had caused a personality change in her. In order to cope with this hostile social environment, she withdrew into isolation, which contrasted with her personal self-descriptions.

RR: Were there any specific situations that you didn't tell me about, that you had difficulties in, that you can give me an example of?

"No I didn't have any specific situation, I've told myself, that I don't want to get because people teased me at work, where I was working, where I initially started teaching [raised eyebrows] so I felt that you know what it's better for me to keep up with this friend of mine, whom I called Megan because she understands me better. So having to make another friends, it means they would speak behind my back that I'm stealing their time because they have to repeat, so by Claire could understand that she had to repeat if I don't understand, if I don't hear things" [Jane 125].

RR: So who could understand?

"Claire was my friend, she was a friend of mine she could understand me better than these other people. So I didn't ever want to make other friends. And she would, she would, indicate, also indicate to me, you know what Jane does not want to be, to make other friends. Because people don't understand her that she also has got a loss of hearing in one ear, that's why, she gets along with me, because we complement each other, she would explain that to other people" [Jane 126].

RR: And she was your friend at work?

"At work, ya" [nods to show complete agreement] [Jane 127].

Jane explained that, coincidentally, her friend Claire was also experiencing a loss of hearing in one ear only, and she believed that as a result of this shared similarity they were both able to befriend each other. Claire played a supportive and understanding role, and helped others to understand Jane.

RR: You said people speak behind your back, can you tell me more about that?

"No, not speaking, [closes eyes] ah I would think that they would speak behind my back [closes eyes], that maybe I steal their time. Because you know if you have to repeat, one thing, again, and again, and again, some other people, get annoyed. So I thought maybe I would be annoying them, they might be speaking behind my back. That's the perception that you have at that time. You know, preconceived ideas, about people, you have those preconceived ideas [looks down and looks away] [Jane 128].

RR*:* Hmm, can you tell me something about preconceived ideas?

"Like you think, people are talking about you, while they are not talking, mm discussing your disability" [Jane 129].

RR: You mentioned that you fear people get annoyed by you, with repetitions. Where else did you feel this?

"Hmm [nods], err I think it was in [sigh], when I initially started working but then here at Orangeclove. I don't think I have such. Because sometimes I would be just quiet, people would say 'Jane are you okay?' I just say 'Yes, I am okay', they don't even know, that I don't hear [rests head on LH, smile, and appears distant, LH rests on bent arm, slight smile and looks away, chuckle]. I just say I'm okay, even if I'm not okay, because I don't want to show them that I've got this side of not hearing, [RH gestures to the right to indicate her hearing loss on her right side] [Jane 131 - 132].

In this piece, Jane revealed emotions that she sensed based on her experiences of asking people to repeat information for her. She had been met with attitudes of impatience and annoyance, resulting in a reluctance to ask people to help her with missed information.

RR: Okay, how would you describe a typical day, a typical working day now that you're aware of your hearing loss, and now that you understand yourself, and you know, as you say, you've withdrawn, and how would, how would you describe a typical working day?

> *"For me, my working day I think is still fine because normally I work with students which is one-on-one, so if they come here they are closer to me, I can hear whatever they are saying. But then if we are in a classroom situation where, it is a large number of students, then I need to give them a microphone so that I can hear what they are saying. If they've got a question, it means we have to pass a microphone because I want to hear what they are saying [She looks down, and away at times and maintains a very strict tone]. That helps me a lot" [Jane 133 - 134].*

RR: Okay, err ya well, I want you to look back, look back at your years with hearing loss. And I'd like you to know what advice would you give to people, or what would you tell people about living with a hearing loss?

> *"I think that method that I'd give to people is they need to be tolerant, they need to be tolerant, they need to understand people that are different, [nods as she gives advice] and they need to learn [emphasises "learn"] how to communicate with everybody. [Here she speaks slowing, wrinkles her eyes when she says "learn". She emphasises her advice with her hands, tone and EC - direct]. Don't, it must not be just a communication where you only worry about yourself [changes body position to face diagonally, and speaks as though speaking in solitude], what about the next person, is the person understanding what I am saying? You need to make sure [arches eyebrows and uses hand gestures] when you are making a conversation that everybody is comfortable, everybody understands what you saying. Because sometimes you just say things, you communicating with people but you are not aware that message is not conveyed because that person cannot hear. So you need to make it a point that you are sure that everybody has got to hears what you are saying, what you are talking about. [Hand gestures show straight fingers from each hand fitting into the straight fingers of the opposite hand, so as to create the image of linking and working together]. That would be nice if people showed caring for each other, that would help" [nods repeatedly] [Jane 145 - 146].*

Jane concluded that regarding people with a hearing loss, those with typical hearing need to practice elements of patience, consideration and selflessness. She stressed that the onus lay greatly on the attitudes of people with typical hearing, and that they needed to make a conscious effort to accommodate people with a hearing loss.

RR: Then where do you see yourself in two to three years' time? In terms of yourself, your job, your life, how you dealing with your hearing loss.

> *"Ag, I think I think myself going to higher heights, even if I've got a disability, I don't see myself as somebody who would be staying here maybe at Orangeclove for the next coming, maybe after two years, I, I'm starting, I am planning to have erm, very small school of myself where I'll be teaching these students study skills. Which I'm starting already in Blue Town. I see myself as somebody who's going to move on [uses hand gestures to emphasise giving and teaching] to giving skills, to giving opportunities to the disadvantaged communities that is why I see myself in the next coming years. Disability doesn't err.... close the doors for me" [Says this in a strong and assertive manner] [Jane 148].*

Jane spoke about her future goals and plans with a sense of optimism. She indicated that she would like to branch out into her own personal goals of starting a small school, which would be used to serve a disadvantaged part of the community.

RR: So you see yourself?

> *"Disability doesn't err, close the doors for me" [looks down, and hand gestures closed doors to herself] [Jane 149].*

This is an important statement in Jane's narrative, because even though Jane had experienced significant levels of teasing, intolerance and communication challenges, she strongly asserted that she would not allow her hearing loss to define her or limit her options in life.

RR: So you see yourself as someone giving back to the, disabled?

> *"Disabled, yes, maybe also going to those people who've lost hearing, telling them how to cope, maybe doing research about that also [looks up and away but hand gestures in circular motions to show an example of a cycle], to give them coping skills [hand gestures a wall-kind of barrier - coping skills]. And how to be strong emotional and to be resilient, and when people are teasing them [closes eyes], about not hearing" [Jane 150].*

This statement highlights the plight of people with hearing loss, and a compassionate side of Jane's personality comes out, as she extends herself to doing research with a view to assisting people with hearing loss. This statement also explicitly drew attention to three important areas that needed to be focused on when interacting with UHL children. The first area was that of coping skills, since she believed that people

with it were not equipped with sufficient life coping skills. Secondly, she highlighted the category of the emotional wellbeing of a child, and argued that children needed to be taught how to be "*strong*" in an emotional way, and how to be "*resilient*" when encountering challenges. Thirdly, she talked of an important issue of teasing, which affected her in significant ways. Due to misunderstandings and a lack of communication skills she asserted that UHL children need to equipped with necessary skills regarding learning to deal constructively and positively with teasing and communication obstacles.

RR: Do you foresee any problems with in your future you know? Reaching out – any obstacles?

> *"No I don't see any [future] obstacles for me because I haven't lost my hearing totally [BH face each other and make a jerking movement], it's only one ear [raises RH to right ear], so I still have to move on with my life. For me I don't see any obstacles [answers quickly, calmly and confidently]. But [arches eyebrows] then I think in future, I might consider wearing a hearing aid again" [scratches nose, looks at me, arches eyebrows, wide eyes and nods in small movements]. But [raises eyebrows] then I think in future, I might consider wearing a hearing aid again. [Scratches nose, looks at me, arched eyebrows, wide eyes and nods in small movements] [Jane 152 - 153].*

Once again, although Jane constantly referred to her hearing loss as a disability, she showed gratitude that she still had hearing in one ear. She spoke optimistically about the future, and for the first time since she mentioned her hearing aid incident, commented that she would like to start wearing it again. As she spoke about her hearing aid she started to reflect on herself personally, concluding:

> *"I think now I'm resilient, and then I'll be an adult, I don't think as an adult there would be, there are those people who would be teasing me, I'll be in my middle ages now. Ya, so for me I'll be able to cover up for that. Maybe I might be even, err, think of wearing this hearing aid which is not visible at all [claps]. So the implant ones" [Jane 154].*

Jane said this in an assertive manner, as if trying to convince herself that she was now alright and no longer vulnerable to people teasing her. Her eye, head and general body language movements all communicated a type of assertiveness.

RR: So how would that make you feel?

"Aaah [slants head to left side] It would make me feel like a person who is complete, a person who can hear in both ears, a person who can participate more, More be the Jane that I was before, not the withdrawn" [Jane 155].

During this narrative piece, Jane rolled out her right hand to indicate activities external to her, and sent a message that she felt that her hearing loss is holding her back. These messages also revealed that she would feel better with a hearing aid to help with auditory activities, and during social interactions.

RR: You like the person you were before?

"I like the person [big eyes, broad smile – facial expressions emphasise feelings of contentment] I was before because I would get along, I would socialise, I could do, I was just like active. I do like socialising but recently because of this problem, it seems to be growing with age as well, so I decided you know what, I'm boring people [wrinkles eyes and shakes head]. Yes, because I don't hear [hunches head forward to emphasise], the other people get bored: 'Hey this one, hey she doesn't hear [round, brushing off hand movements to the right and turns head to look away]. There she comes, hey, we'll have to explain things, time and time again'. Other people [BH gesture outwards to show other] don't like that so" [SH, looks down and throws RH a little in the air - a symbol of giving up] [Jane 156 - 158].

In this passionate narrative piece, Jane revealed true emotions that she was experiencing. She explained that during her school days she had not felt hindered by her hearing loss, and presented her true personality. She described herself as charming, interactive, and a person who loved to socialise and be with people. However, she acknowledged that negative experiences had since changed her, and she withdrew to places where she felt safe. She used a lower and more serious tone during this piece, and spoke with fondness of her former self. A slight smile and expression in her eyes helped emphasise the word 'active', as she concluded that she wished to return to her former self, one who socialised and interacted with people, regardless of a hearing loss. She seemed to have grown more intuitive, and was sensing non-verbal messages from people, such as boredom and annoyance.

RR: Where else do you feel you bore people?

"It's like we don't hear, Rizwana, people get annoyed, a lot. Maybe, you haven't realised that you haven't experienced it, but I did, so that's why, I decided you know to be by myself [lower tone straight face, with direct EC] [Jane 159].

Jane directed this piece of narrative to me, speaking as an older, more experienced person with a hearing loss, and in a protective manner that tried to warn me that people often become impatient and annoyed at those people with hearing losses. She concluded that, as a result of these insights and her experiences, she had decided to withdraw from social activities.

RR: And the teasing has contributed to this decision?

> *"I think so, because that is what made me to be withdrawn, because I don't want to get things that are going to hurt me, [lowers tones, head tilted to the left side and looks down and fidgets with something on the desk] and I think my life is going on so fine now, I'm completing [hand gestures to the left] my PhD even, if I have a hearing loss. You see that something's can't help so I've got more time to do my things now" [Jane 162].*

RR*:* Tell me what was the most, biggest obstacle that you overcame with your hearing loss? What was the hardest thing for you?

> *[LP of silence] "Hardest thing for me is to tell people I don't hear [looks down, then at me - says this with a direct for sure tone], that was the obstacle for me because, having to discuss it with somebody else is quite [P, shakes head a little and closes eyes], but I could discuss it with you [RH gestures to me]; it was easy for me, maybe because you also had a hearing loss [wide eyes and arches eyebrows- gestures to me again]. But just discussing it with just anybody, like Betty, she's my boss, but she, she doesn't even realise [head tilted to the left, and small shakes] now [RH points downwards with fingers] that I have a hearing loss. It's quite difficult [wrinkles her face – to emphasise her displeasure, draws her head back a little, and her tone is distinctly softer and less assertive] [Jane 164].*

RR: And now do you find it easier to tell people?

> *"I find it hard, to tell people that I don't" [Jane 165].*

RR: So you still find it hard?

> *[Nods] Honest. [Closes eyes- silent yes] [Jane 166].*

RR: *I thought that it will become easier with time?*

> *"Hmm mm [shakes head - no] for me it's not [shuffles to the right side of chair] and I prefer not to tell people that I don't hear [looks down, distinctly softer tones] because sometimes they will think you are not hearing, only to find that time you are close you can hear what they say, then you'll hear things that you are not supposed to hear [louder and more assertive]. So it's better if they think you hear even if you*

don't hear [SH] [Jane 167].

In this piece, Jane revealed that the single most difficult thing which she needed to learn to do as a persons with UHL was to reveal her hearing loss. She added that even her own boss was currently unaware of her hearing loss and that when people become aware of hearing loss they develop as assumption that one was unable to hear, discussing information that can be perceived as hurtful. However, she also confided that since I also had a hearing loss she felt more comfortable sharing her experiences with me. Hence, she concluded that it was better for her to pretend that she had typical hearing abilities.

RR: Hmm but then what happens when someone asks you something and you don't hear?

"*Then I'll have to tell that person, I don't hear what you saying, [P, pushes head forward, direct EC and arches eyebrows] or that person will come and pat me [pats table] and say [looks down] 'Jane I've been talking to you, you not listening, [tilts head upwards] you not concentrating'" [Jane 168].*

RR: But what if it's a stranger?

"It becomes difficult, and normally if the person is talking, I would say, I would move to the other side and say no move to my right ear so the person even if you are not telling that person, the person can say oh this means the ear does not hear. You don't have to say it sometimes" [Jane 169].

Jane acknowledged that often she did not hear people addressing her and that the situation was further compounded when it involved strangers. Usually she told the person that she has not heard their statement but when it involved a stranger she moved to the side that facilitated better hearing. She stated that one did not always need to disclose one's hearing loss.

RR: Oh because, you know it's?

"Sometimes I would turn and look, like this [demonstrates by turning to the extreme LH side, laughs]. Ya it is difficult actually, when a person is on your opposite side that you can't hear. It's very difficult" [Jane 170].

Overall, Jane concluded that she was hesitant about sharing information regarding her hearing loss with people, and the odd occasion arose when a person

immediately understood the comment that "*I would move to the other side and say no move to my right ear".* As we come close to the end of the interview I asked her to share her feelings regarding her hearing loss and its personal meaning for her:

> *"Ah [LP, slants extremely to the left side], at the moment I would say I have dealt with it, I've accepted myself that I don't hear [looks down, shakes head a little and P], I initially, when I started [head tilted to the left, eyes closed], it was not acceptable [opens eyes and looks up, head still slanted] to me that why am I not hearing? [Looks down, sideward] In one ear, but I think at the moment, I think I have dealt with it. I've come to terms with it, that I can't hear [P, softer tone, direct EC]. I think I'm comfortable with it [very soft tone]. But I'm comfortable with it [louder tone, sits up and looks upwards], in such a way that I cannot, just tell everybody that I don't hear. It depends on the relationship" [emphasises relationship] [Jane 172].*

RR: Hmmm, like which you said, your friends are very supportive, your family are supportive. Which relationships aren't you comfortable with?

> *"Like meeting new people, telling them that I [looks down] cannot hear [P, assertive tone]. For me [looks to the side, down, away] that relationship, I cannot just disclose that [much lower tones, looks down and speaks slowly]. I have hearing loss, no" [whispers "no", very soft] [Jane 173].*

RR: How do you, how do you approach, how do you meet new people, can you tell me more about how you meet new people?

> *[P and wrinkling of her face] "It depends where you are, maybe if we are in social gatherings, I would talk, normally people approach me [raises chin up and down], I don't just go approach a person [looks upwards] and talk to a person [looks at me - shakes head]. If you go to social gatherings [direct EC, but pushes head back], I'd rather be on myself, or maybe join people who are sitting or doing something or maybe I will be on my cell phone [moves forward, and motions playing with a cell phone with RH]. I normally use my cell phone a lot, if I don't want to talk to people [laughs, giggles, wrinkles eyes and direct EC] I'd be playing something on my cell phone, I'd be busy with my sms, smsing or doing whatever [thumb points to right side]. Face booking on my cell phone, means intentionally [RH gestures from body outwards] I'd be disinviting" [laughs] [Jane 174].*

RR: Intentionally you'd be disinviting?

> *"Because I don't want people to hear me, that to see that I don't hear [scratches back of neck - left side, looks down, and away, P, regains composure and direct EC] that's how I normally do it? I remember when we were in [tilts head to the right and looks up], in Durban last year, in December [drops head, looks down], it was a conference, err a conference [head tilts to the left side], people would come and approach me [head slanted, closed eyes, and slightly wrinkled forehead], people were looking at me*

staring at me [pushes head drastically forehead, looking around movement, eye movements, turns head from L2R,]. I said what is the problem with these people? [Turns head to the right, looks up, wrinkles forehead, and uses an annoyed loud tone]. Oh people were staring at me, because they thought I'm Oprah [neutral tone and RH gestures outwards], because I look like, most people would say I look more like Oprah [nods]. And I had that hairstyle that looks more like [BH, fingers point to shoulder, head turned to the left] Oprah, everyone was saying 'Oprah' [looks to the right], then this err, 'who's this person?' Professor A came to me, and said 'How are you mam?' [big smile, head turns upwards to the right]. I asked myself, these people are so" [pushes body forward, direct EC] [Jane 176].

"Too much into me [loudly, moves back into chair], oh I, that person came to me and said 'You know what, we are so sorry to come to you, that is why we've been staring, [pushes head really out and makes a glaring motion with eyes] we thought you were Oprah'. I said 'No I'm not Oprah, [reclines back into chair] I'm Jane'. I said, I said, oh I can see [RH raises and points upwards], they never wanted to come close to me because normally I would be on my cell phone or something, so intentionally I was disinviting" [hearty laugh] [Jane 177].

RR*:* Intentionally.

"Ya, ya, you know what it's interesting, I've never been mistaken for Oprah, the height, and ya, I think I think ya, you've got a lot to share, I think I think, you've, you've, you've gained a lot, you've seen a lot and you've, I, I think, I think you're doing very well. I think you doing very well]. I try so hard" [Jane 178].

RR*:* Tell me Jane, is there anything you learnt during this interview about yourself that you didn't know before?

"No at the moment I would say, [P] eh, most of the things we've communicated about are things that I was quite aware of. I try so hard [soft, modest tone]" [Jane 181, 184].

In conclusion, Jane shared a passionate narrative about her hearing loss, including a few personal reflections. She discussed her challenges of not having her hearing loss identified earlier, learning to compensate for it by learning to lip-read and to rely on surrounding friends and family members for support and assistance. However, she also included her negative experiences in the social world, such as bullying and teasing, and had learnt to recognise elements of impatience from people with typical hearing. Although she reflected on herself at the end of the narrative, with regards to how she had changed as a result of becoming more aware of her hearing loss, she concluded with optimism that she had goals and aspirations, such as completing her PhD and opening a school for disabled children. Since becoming more aware and

accepting of her hearing loss she wished to try to use hearing aids again, and expressed a yearning to return to her former social activities and interactions. Overall, her narrative can resonate with a high percentage of people with UHL who also experience similar social, emotional and communication challenges.

5.5 CONCLUSION

This chapter has presented the personal narratives of three people with UHL, as they described their life experiences and the next chapter will present my personal story of my experiences with UHL. In these narratives, personal meanings and experiences were reflected on, so as to lead to the creation of meaning making. In the chapter following my personal story, these stories will be contrasted against each other, and interpreted according to the theories of Bronfenbrenner and Vygotsky, in order to lead to further meanings. Overall, the above narratives present a picture of various peoples' lived experiences with UHL, as well as revealing how their personal meanings were created and influenced.

CHAPTER SIX

MY UHL STORY

People have listened to and told stories for as long as man can remember. Stories have the power to take readers into a diverse range of experiences, that enables readers to get to known other people, places or communities better by reading stories about them (Adams, Holman Jones & Ellis, in Holman Jones et al., 2013). Additionally, stories serve a dual purpose of being able to bring diverse populations together, and also helps readers to engage with an author's deep and internal thoughts. Through these readings, people can possibly develop better understandings of different and marginalised populations, which can further facilitate feelings of empathy. In this study, I have chosen an autoethnography to present my personal story of a UHL. This method allows me to present my story in a way that gives readers a opportunity to read about and experience the challenges of my UHL journey (Ellis, 2004). Additionally, it will include diary records, personal writing, poems and pictures of various artworks, in order to present various layers to my personal story, and to help readers develop a more thorough understanding of my personal experiences with UHL.

6.1 HERE IS MY PERSONAL STORY (Background To Researcher's UHL)

Although, I speak mostly in the first person, at odd instances I will speak about myself in the third person as this creates opportunities where I reflect on the younger version of myself. I was born into a middle-class Indian family, and I am the second daughter of five girls. At the tender age of one and a half years old, I experienced a cancerous tumour in my right ear. Since I was an infant at that stage, I have no memories of those experiences. I relied mainly on information provided by my mother and father and since this was a very painful stage for them, questions regarding this topic are almost taboo in our household. However, I managed to speak to them about it on a few occasions such as when I began this PhD , and that is when they explained to me that as a baby, I cried a lot and tended to hit my right

ear with my hand. This unusual action which caught their attention, and soon they spent a large portion of time in Durban at numerous specialists. Since this was during the period of the Apartheid regime, we experienced restrictions in terms of healthcare facilities. My dad explained that after the cancerous tumour had been diagnosed when I was one and a half years old, and we had been waiting in a rather long line to see a specialist at the hospital allocated to the Indians. He explained that we caught the attention of a local oncologist, who unexpectedly called us out of the line, and began to examine our case. Much to my parents delight, this professor agreed to treat me, but he explained that he only worked at another hospital that was exclusively for the white racial group.

This professor then managed to bypass the Apartheid laws and soon allocated me a bed at this 'whites - only' hospital. This hospital had been placed at a lovely seaside position, that treated its patients to lovely views of the sea. I recall the equating the giant shaped beach ball on the beachfront, with an ice cream stall. Since this hospital faced east, patients could also enjoy breathtaking views of the sunrise. A few memories that I have regarding this hospital include that they allowed my mum to sleep in a makeshift bed near me, and the hospital had many friendly nurses. My dad began to work in Durban, and I recall seeing him during the hospital visits. He would also bring a lot of Kentucky Fried Chicken (KFC) for me, since I particularly enjoyed that dish. I can vaguely recall one incident where I argued with him, that I wanted to only eat the skin. During the hospital stays, my mum read books to me, such as Cinderella, Puss in Boots and I remember a particular favourite "Dick Whittington".

Between the ages of three and four years, I saw pictures of myself with no hair and that is the stage when I became aware of my hair loss. One of the core memories of that time was that I dreamt of having long golden bunches of hair, similar to those of the Disney princesses. After those memories, my earliest memories involved being a young child, living in Ladysmith, and next to my maternal grandmother. By the time I was 4 years old, in 1985, I was given a clean bill of health, and I started school. I spent an additional year at preschool. It seems that my mum possibly wanted my older sister to accompany me in a mainstream setting. At that time, I had already

been diagnosed with a unilateral hearing loss, but I do not recall receiving any special treatment or explanations. I can't remember being diagnosed with a hearing loss, or my parents reactions, since I was still very young. I believe that I subconsciously learnt to walk on a person's right-hand, and since I was quite short in height, teachers immediately positioned me in the front of the class. I can recall that my mum made frequent visits to the school to follow-up on my sister and I, and our academic progress. I believe that during these visits, she possibly informed teachers of my hearing loss. However, I don't recall any special treatment or support from the teachers.

During my first years at school, I cannot recall any social challenges. But in Grade 4, I realised that I was experiencing significant challenges establishing and maintaining friendships. At that stage I experienced my first feelings of loneliness, and I can remember trying really desperately to fit in and facilitate friendships. I can also recall that I sincerely did not understand the dynamics of friendships, and also I didn't know how to facilitate positive friendships. Although I can't recall precise details regarding this stage, I remember that during this stage, I became very conscious of my small number of friends. When I reflect back at that stage, I realise that those years represent only the beginning stages of my 'differentness.'

I always knew I was different, but I began sensing my 'differentness' as a child, when I was about six years. I just knew that I wasn't like the other children and I also felt out of place in many social settings. I also felt that my socialisation was forced and unnatural. For example, if the children in the block were playing with a ball, I struggled to join in the activities and form strong friendship bonds. I even became spiteful to some of my peers, and harboured ill feelings against the popular ones. Additionally, I was also envious of my older sister and her strong friendship with another girl. As I grew older, the feeling of my differentness simply increased and by the time I turned 16 years old, I found myself isolated with a very few number friends.

I never felt quite normal as my sisters and the other children, and for as long as I can remember, I struggled to fit in and appear 'normal'. This led to me constantly comparing myself to my sisters and my peers, and it led to negative feelings of self-dislike and confusion, as I tried to understand what was wrong with me? Additionally,

I was not aware but it seems that I experienced less mature levels than friends my age. Situations such as clinging onto Enid Blyton books that were based on fairy tales, when most of my similar aged friends had moved onto action and adventure books, was one striking difference. Additionally, I engaged with my sister, who was three years younger than me in play activities that were typical to her age. Hence, all these actions informed my thought processes and verbal expressions, and I found the gap between myself and my school peers, increasing annually. Now that I look back, I can see that I struggled to identify with my peers, and I also struggled to accept my 'differentness'. From these reflections, I can see that I felt very misunderstood, confused and that I suppressed a lot of my feelings.

In 1990 (Grade five), my parents took me to a local hearing-aid centre, where I was fitted with a hearing-aid. Although I had already been diagnosed with a severe hearing loss in my right ear, my parents wanted to enquire if I could use a hearing-aid. According to the audiologists, I still qualified for a hearing and that year, I began to use one. I remember that although, my hair covered it, it initially caused me pain and discomfort. Moreover, I was extremely conscious of it, especially when it beeped because it was not positioned properly. More significantly, I simply saw it just as another way to alienate me.

I was already trying so hard to feel 'normal', and appear similar to my sisters and my peers, that the use of a hearing-aid, was simply going to nullify all my attempts at being seen as 'normal'. One specific incident that relates to my hearing-aid, was an incident that took place at school. In this incident, my peers were standing in a line, waiting to be allowed to enter the classroom. Since I was the smallest person in size, I was standing right in the front of the line, when another boy rushed past and pushed me straight into another larger boy, with my head pressing directly on his body. This caused the hearing-aid to push further into my ear, which caused me a lot of pain and I started to cry. This quickly drew the teachers near the classroom, and upon further investigation, they moved my hair, only to discover my hearing-aid. I can remember feeling exposed, embarrassed and alienated. Thereafter, I began to use the hearing-aid less frequently, and eventually I stopped wearing it. This incident still brings tears to my eyes, and I recall feelings of alienation and embarrassment of

my differences.

By this stage, I already knew that I was different, and this hearing-aid, only verified it to me on a personal level. Personally, I did not enjoy wearing this hearing-aid, as it was uncomfortable, it hurt my ear, and I really didn't hear a difference, unless I squeezed it into my left ear, which was my good ear, it amplified sounds. I can recall thinking that it would be wonderful to hear surrounding sounds with this kind of loudness. Since, I saw this hearing-aid as a device that further perpetuated my ‘difference’ to the other children, I eventually stopped using it. My parents were actually very angry when I stopped wearing it. They constantly asked me if I was wearing, and at that time, I could not understand why, because I felt that this device hardly made a difference to my hearing.

When I think about my use of a hearing-aid and read articles about people who reported a better quality of life through the use of a hearing-aid, I personally wonder if I had not given the hearing- aid an adequate chance to do its magic. Unfortunately, it is too late to use a hearing-aid in my right ear, since the nerves in that ear atrophied as a result of a lack of auditory stimulation. In order to comfort myself, I try to remind myself that I didn't feel a big difference with the use of a hearing-aid. I also include that I was concentrating so intensively on listening with my left ear, that the hearing-aid only picked up surrounding sounds which distracted me and made listening even more difficult. Additionally, during this stage, I developed the idea that I needed to prove to myself to myself, and to others that even with one ear, I was 'normal'. So, I started to adapt my behaviour and mannerisms to try to appear normal, for example, I recall trying to forcefully blend myself into certain social conversations.

In my final year of primary school, I was nominated to be a prefect. I had already become aware of my growing social challenges, and this role allowed me to dedicate my time during school breaks to doing school regulation activities instead of focusing on social activities with my peers. I realised that being a Prefect in a way diverted attention from my social awkwardness. I was struggling to keep up with conversations, and I also found that I was getting lost in group settings. However, in the following year, I started high school, and I became even more aware of my

growing differences at this stage. Although, I was allowed to join a small group of girlfriends, this was simply a friendship of convenience. At this stage, I was still unaware of the (unheard) dynamics of friendships, and I still didn't know how to work towards good social relationships. As I look back on my social struggles as a child, I realise that I was not aware of the crucial role that my hearing loss played in these experiences. Moreover, these awkward social experiences served to further inform my feelings about myself on a deep and personal level, which is when I started questioning myself, regarding my abilities. I recall developing a wish that I could be more like my sisters, who were both beautiful, strong and popular.

As I continued in high school, I can see that I was not as mature as my peers. One particular example from this year was my choice of words. I referred to my peers as someone who "played" with another person. These girls pointed out to me, that the word "play" is no longer used in this context, and that I should rather use the words "hang out". Additionally, when a boy and girl started a friendship, the words "going out" were used to define their relationships. I interpreted the words "going out" in a literal way, and asked questions regarding "Where are they going out too?" In this regard, I failed to understand that "going out" was an abstract term that signified that they were in a romantic relationship. These incidents of failing to grasp the nuances hidden in speech further drew my attention to my growing social differences to my peers.

My high school years were a tumultuous phase for me, as I changed high schools four times in four years due to my parents moving towns. Changing schools at that time of the year meant that you needed to catch up on the new schools academic work, establishing friendships was particularly more difficult, since teenagers had already established themselves in certain social groups, and simply adjusting to a new environment was more difficult. My mum accompanied my older sister and I on these changes, and this played a significant role in helping us catch up with academic work. In my first year of high school, my family moved to a smaller town due to growing business opportunities, and in my second year of high school, I was required to attend the local Afrikaans high school. I experienced this to be a large culture shock, as this was my first multicultural experience. Additionally, Afrikaans

was the medium of instruction, and since, my background school experiences were completely in English, I felt alien in this environment. I can recall feeling extremely uncomfortable in this new culture and environment, where children spoke a different language. This entire school experience simply felt alien to me, and I still could not establish positive friendships. After six months of discomfort, my parents decided to allow me to return to my previous English high school to complete that grade. These were quite challenging years, since it was more difficult to try and establish good friendships in such short periods. I felt that I didn't understand this new language, new culture, and I felt vulnerable and lost, because I didn't grasp all the academic work at school. I remember struggling to catch up in the subject: Typing, because I did not have training in this subject the previous year. I remember trying to fit in and understand the social words, and also show excitement for certain events.

In 1995, I started attending a new English High School in Nelspruit. During this year, I stayed in a school hostel. Here, I was introduced to another multicultural environment where new subjects like Art and Music were offered. Although this environment offered me many new opportunities, I felt very isolated and lost, and didn't know how to establish myself socially. Additionally, I began feel uncertain regarding myself and my identity, and this worsened the feelings that I did not fit in with my social peers. In order to cope with these sudden and new environmental demands, I began to withdraw and isolate myself. In other words, at that stage, I was feeling lost, vulnerable and unsure of myself, and I decided to remain silent and just keep to myself in order to cope with these changes.

In 1995, I was given my first diary at my fourteenth birthday. However, keeping a journal was never a habit I learned as a child, and I only started in attempts to follow practices that I had read about in Sweet Valley High books. Hence during this year, I started writing about my experiences. Initially, I concentrated on my daily experiences such as Art classes, friends and sending postcards, but soon I realised that I could also write about my feelings, and this led to these diaries becoming my main medium of expression.

6.2 MY DIARY RECORDS

My diary writing started in 1996 and I stopped writing in physical books in 2005. I then started to record my experiences electronically, and my personal writing continued. However, as I grew older, my personal writing reduced substantially and I moved away from merely describing events, to including only those events that influenced me emotionally. In these writings, I included events such as, falling in love and not knowing what to do with these feelings, being indecisive, and feeling vulnerable, unvoiced or simply being happy. The more recent diary records concentrated on my thoughts, ideas and record possible dilemmas that I may have been experiencing.

The first diary piece that caught my attention, was the piece in 1996,

> *''Dear Diary,*
>
> *I don't think anyone knows but I am very lonely inside. I have no friends and no one to talk to. I feel that I should see a counsellor. My best friend, Petra, found a new friend, but then changed her mind to be a roommate to me. I feel hurt and deserted, but I still hang around her so that I will still have a friend".*

This piece was particularly painful for me to read, since I can see how hard I was trying to make friends, and that even when I was rejected by one, I still persevered at maintaining a friendship with her. It's difficult for me to read about these social difficulties from my own firsthand account. Later in the year, I include,

> *"I watched Oprah Winfrey (Talk-show) and they discussed DESIMIA, which means loneliness- doesn't fit in. "I don't know why people don't like me. I fall into the category of loneliness - different taste in music, no friends, can't be accepted by friends. "They wouldn't understand - I've tried to make friends, but people don't like me".*

In this piece, I can see that I am trying desperately to fit it with the majority. Clearly, my needs to feel and be seen as 'normal' are really becoming prominent to myself at this stage. In some ways, I actually wished that I did not try so hard. At this point, I understand, accept and actually use my differences to define me. But during those High School years, I understand that most teenagers try to fit in, and socialise with

popular figures. I personally wish that I could go back and tell myself that it's okay to be different, and that you do not have to try so hard to be like everyone else. And listened to my parent's advice then. Additionally, when I read this piece, I see that I was trying to make sense of my experiences, since I was even using the information from Oprah Winfrey.

> *"I can't seem to write down any happy things. I don't consider Aby as a friend, because all she says is that I'm too demanding. yet I don't know what I demanding and that I live in a world of my own".*

In this piece, I express that, that I exist in my own world. With this statement I tried to express that I feel alone in my challenges, and I struggle to get others to understand me. Hence I feel that I am the only person in this world. Maybe it was a world where people have a hearing loss, but it seems that I was very aware of my hearing loss at that stage. With this piece, I seem to be becoming more aware of my thoughts, and it seems to me that I was desperately trying to help myself. This was the last piece which I wrote during my school period, and thereafter I moved to university. At university,

> *"I made a new friend, XX. He is the first boy, I've met who likes drama, movies and writes poetry. He also has criminology, and I'm surprised that we share so many interests. This is such a beautiful feeling. I don't know if it is. I have never felt this way before" (23.03.99)*

This is the one of the first gentlemen whom I befriended, and I was very surprised at our similarities. I discovered that this gentleman also wrote poems, and held similar likes and interests to me. We shared a common appreciation for nature, art and music, and this was an experience that contrasted directly to my previous social relationships. In this relationship, I enjoyed talking about similar interests, finding common grounds, and although that friendship did not last, I felt very strong about this friendship. Another piece from my diaries involved new friendships.

> *"I made many new friends, and the people are really nice". (13.02.99)*

In this piece, I can see that I was enjoying this new multicultural environment with its vast opportunities. Since I was not restricted to a single race, culture or gender, I found friends in various communities, such as the Greek, German and Muslim communities. However, I can also see in this piece, that I was extremely

obsessed with finding friends. It seems to me that I was desperately trying to find a place of belonging and acceptance for myself. This is possibly a characteristic of my confused levels of identity: as unilateral hearing impaired or 'normal'. It also seems that a great focus of my university experience was to try and find friends, and a social group to which I could belong. At this present moment, I feel that as a post-graduate student, I feel that I have grown into my self-acceptance, I love myself for my hobbies, interests and belief system. Now that I look back, I realise that at that stage, I needed to go through the various experiences and processes in order to reach a stage I felt comfortable with myself.

> *"This year was my first year at varsity. I honestly enjoyed myself and learnt many things. "*
>
> *"For the first time in my life, people actually looked at me like a person."*
>
> *"I try to be nice to Megan, but she makes it impossible. Megan makes a joke about it - that's all. I don't think they understand me, but they always exclude me from conversations, walks, outings, etc. I have to sort of tag along."*
>
> *"But really! Now I couldn't care less what they." (25.09.99).*

In this piece I was reflecting on my first year at university. Now I can see that for once in my life, I was being recognized for the person I am, and that my voice was also being heard. I remember that at university, I enjoyed myself so much, that I actually could not believe that there was so much joy in life. I remember being included in social events, meeting friends with similar interests, and even being able to express a liking to boys. I remember one particular incident, where the heads of our hostel were unhappy with the first years. While the first years had congregated in the hostel hall, I turned around and suggested to a friend that it would be nice for the first years to perform a rendition of Bryan Adams: *'Please Forgive Me*', when the Prefects entered. The lady, whom I can remember as a very friendly person, instead pointed to me and stated that I should make that suggestion. So although very doubtful that the ladies would accept a suggestion from me, I stood up and suggested it. Now that I reflect back on that incident, I can see how I was filled with emotions of self doubt and a low self-esteem. However, to my surprise, the ladies had heard my suggestion and when the prefects walked in, they sang the song in a

beautiful manner. I remember feeling amazed that my suggestion was heard. I felt so recognised and that I am worthy being heard and that I don't need others to speak for me. Yes, I clearly remember that point in my history, I was filled with emotions of amazement and joy, which is possibly one of the moments when I started to learn to recognise and love myself.

Additionally, from this extract piece, I can see that I am trying so hard to find myself as a social person, who was seen as valuable, popular and pretty, to the extent that I started to link my identity and self-worth to being accepted by others. It seems to me that feeling good about myself depended greatly on my surrounding social relationships, and how others treated me. If I could go back into the past, I would advise my younger self to learn to reach out and establish new friendships, and to equip myself with better social skills, so that social experiences don't have to be so exhausting. I can also see that I am trying to adopt a non-caring attitude. Once again, I can see how I needed to go through certain processes and experiences to become more comfortable with herself. It's interesting to read about my younger self because this feels like I am actually reading about someone else's experiences.

> *"People at the res love my poetry, they recognize me, they make me feel worth it."*
>
> *"Through Psychology, I'm learning to control my feelings and I try not to let myself down. I decided to stop watching Ally Mcbeal because she is always looking for the perfect guy and so am I . I just don't know why some guys don't like me."*
>
> *"I wish people could see me".*
>
> *"I'm so lonely and alone. I really miss my friends, even if it's the few I have. I try to act strong upfront, but there's a limit to things I can tolerate and inside, I'm breaking, piece by piece."*
>
> *"I have to convince myself I'm pretty too, but it's so difficult"(1999).*

Once again, this piece speaks about the recognition that I experienced during my first year of university. This diary extract continues from the previous one and how I learned about social relations, feelings and friendships from the Psychology, one of the courses. But when I reflect back on these two items, I realise how insignificant these pieces of information were in terms of my development, even though I found

value in them at that time. Although I initially believed that these television programmes and textbooks were helping me, I now understand that it was individual counselling that I needed to help me grow and develop as a person. In a way, I could feel a burning need to be able to talk to someone about my feelings of being confused and feeling lost. In this piece, I changed my tone from speaking about my activities to speaking about myself, and I state openly that "I wish people could see me". Clearly, I'm still feeling held back from expressing my true self, and I am still struggling to identify with myself as a person with a hearing loss. As I read this, I can see a little girl, struggling to survive in a big noisy social world. Now that I look back, I sympathise with this little girl, as I know what it feels to be lonely and excluded. From these readings, I can see clear links between my hearing loss, my lack of its acceptance, confused identity and also feelings of being unheard and unrecognised.

Here, I felt sorry for myself, especially when I expressed the need to be seen and acknowledged, and my feelings of deep loneliness. These pieces were extremely painful for me to write, and still painful to read now since it reveals to me emotions and experiences, that I would rather choose to forget. The following extract shows my current self and my past, which is made up with a lot of pain and isolation.

> *"I'm trying to control my feelings but I can't seem to do that. I mean, I've blocked out feelings, shut them out, even though I know that one way to rob yourself is to deny yourself love, but there always is a risk of getting hurt. I wonder is that risk worth it?*
>
> *My friends were really troubling me at Res and I don't know what to do because they are really making me miserable and I'm going to have to go back. At the end of next year, I'll finish my course so I want to go to RAU. The problem is they don't respect me for being me, being different having different dreams, goals, expectations. I live on the principle of sincerity, and out there, there are a very few sincere people. I know they have double standards, backbite behind me, gossip, etc. But what can I do? I'll just stick it out this year" (2001).*

When I read the piece "breaking piece by piece", I still go cold and feel shivers on my arms. I find my breath shortening and I begin to feel that I am once again in that place, and under attack from my peers. I find myself rubbing my arms and turning my face away. It's as if I feel that by looking away, this piece goes away and I don't have to face reading about these experiences. However, I rub my arms, pat my chest, look around and take a deep breath, to remind myself that I am no longer in that situation.

In this extract, I talk about the tumultuous relationship that I experienced with a few girls at university residence. When I came to university, I felt such a desperate need to fit in and be accepted by others, that I told myself that once I found a group, I will stay with that group at all costs. However, when I found a group of girls that accepted me as a member, I tried my best to prove myself as a worthwhile member of the group. These ladies offered me a lot of security, such as the identity of belonging to a group, being able socialise in the evenings, and talk about girl related matters such as boys and make up. More specifically, this group helped me feel good about myself.

Actually, I'm reluctant to talk about this, because it's never pleasant to talk about sad memories but I need to discuss this, because it helped me realise that it's okay to be different. I enjoyed this group's company and belonging, but for some unknown reason, things soon turned negative, and they collectively decided to ridicule and ostracize me but neglecting to invite me on social outings. Additionally, they picked on me and ridiculed any comments that I made. I recall that I simply stayed with this group, due to fears of being alone. However, things became so unpleasant that I began to question as to whether being alone would be a better situation than the ‘friends’ whom I had at that time.

I can remember the incident in great detail as if it were yesterday, this means that this incident impacted on me on a very deep and personal level. The exact moment that I can vividly recall was the experience on a Saturday afternoon. At this opportunity, we had decided to go for a walk, but upon approaching the McDonalds centre, I expressed that I would like to buy an ice-cream. However, the girls responded by saying in a mocking tone that I should go alone to McDonalds, and that they would rather go to a coffee shop. At this significant point, I summoned up a lot of personal strength, and turned around and walked away. I refer to that as "the-point-of-no-return." Even though tears were swelling in my eyes, and my heart was pounding and aching, since I so desperately wished to fit in and belong to a group. I realised that this group was not what I wanted, and that I was different from them. In a way, this experience helped me move closer towards embracing my differentness.

On reflection, I believe that through that incident, I learnt a lot of assertive skills, but I still feel sad when I think about it. In a way, I wished that there had been an easier way for me to learn to be assertive and stand up for myself. Regarding this incident, I feel that people don't really understand what it feels to have a hearing loss, and how that impacts on your identity and self acceptance. Additionally, I feel that people cannot see that, at that time, I did not accept myself as I was, and I constantly tried to be liked and accepted by others. When I found a group that was willing to accept me, I knew that I was going to try at all costs to stay liked and accepted by that group. "At all costs" to me, meant that I was going to adopt the group's interests, fashion sense or attitudes, if they offered me a chance to be part of their group. Additionally, I was going to make whatever personal sacrifices were required of me, so that I could be accepted by a group. As a result of my feelings of confusion and vulnerability, I had placed an extremely high value on belonging to a group,

Right now, I feel that that incident formed a part of my experiences that contributed to my development as a person, and I feel proud of them.

> *"So this was my last official day of campus at RAU. I am feeling very sad because I really had a nice time. I feel as though I have achieved my goals of meeting new people and experiencing a totally different view of campus life. I admit that when I first arrived at RAU, I was very scared and tried desperately to make friends. I made a few, but no one that I had really bonded with. In fact I actually regretted leaving my comfort zone at Pretoria".*
>
> *"However, gradually I met new people. One day, whilst walking to campus, I sensed someone walking behind me and turned around in fright. It turned out to be a girl. I spent a lot of time with her on that day and she introduced me to a whole lot of people."(24.10.03)*

When I reflect back on my year at RAU, I remember that year with great fondness . I remember bonding with my roommate, who also became my best friend and supported me in various social and academic challenges. I also remember making a whole bunch of friends, and overall, I felt as though I both played and grew in this year. It's great to read about my former self making friends, having a different campus experience and being happy:

> *"I did have a wonderful time this year and it sure is a memorable experience. I'm only*

scared as to what's going to happen to me now?"

"I feel very lost and scared at the moment - that the best of my life is gone"(End of 2003).

As I reflect on my student years that have passed, I can see how scared I was of the working world. I seem to show a fear of uncertainty and a sense of pessimism, that the best has passed. Even though I write that I am very happy since I had a very memorable year, once again I return to an anxious place, where I'm worried about the following year.

"Dear Diary,

Last year was one of the most difficult years of my life. Bibi got married on 10 Jan. and I felt a pining need to remain at home, but I had to leave because I was employed by Greenhouse school. That was only the beginning. In 2003, I had passed my honours-cum laude - with God's help and am closer towards my dream - PhD" (11.06.2005).

When I think back to that year, I still feel that that was one of the most difficult years in my life. In 2004, I underwent a mastoidectomy, due to a collection of dead skin cells in my right ear. It initially started as extreme pain, and soon progressed into an ear infection, that warranted medical attention. Later that year, I underwent a mastoidectomy, and although I understand that I didn't have control over it. This mastoidectomy brought back a lot of feelings of fear and anxiety, which I believe were buried through the years. During that same year, I taught Grade fours and fives at a local primary school, and I realised that it was exceptionally difficult to locate sounds when children spoke simultaneously. I was also unable to point to the rebellious, noisy ones. Additionally, I felt unsupported, overstressed, and realising my hearing limitations were placing me in a compromised situation, it further enhanced my stress levels. Actually, I did not feel as though I was coping, and I did not want to reveal a vulnerable side by acknowledging my poor sound localising skills. Since I felt overworked and constantly stressed, my immune system was not protecting me, and I felt that I did not like the person, whom I was becoming.

After that period of employment, I decided to return to university, where I completed a Masters degree in Inclusive Education. I don't know the reason for this, but there is a large period between my return to University and 2008, where it seems that I did not reflect or write about my personal feelings. In 2008, when I began a B.ed

Honours (Educational psychology) programme, I began to record my personal writings on a computer. During that year, I reflected intensely on my experiences working and counselling children, alongside attending lectures and keeping up with academic requirements. During that year, a friend recommended that I see a counsellor in order to help me work through some of the personal issues that I had been experiencing. More specifically, personal issues such as feelings of vulnerability, confusion and a lack of self-understanding and acceptance were amongst a few.

Although I had visited a counsellor in 2005, I did not write about her since I saw her for a very short time. I remember that during my first visit in 2005, I told the counsellor that I wanted to improve my levels of self-esteem and confidence, and that I wanted her to help me accept myself as I am. To which she replied that she does not write prescriptions. She answered that there are no tablets or medicines that can help people deal with these feelings, and that people simply need to work through these emotions on a personal level. I was annoyed by this response, but I still continued to see her. Through my interactions with her, I realised small changes in my thoughts and feelings started to occur, as I started to feel better about myself.

Based on these positive results, I began working with a different counsellor in 2008. I saw this counsellor on a weekly basis for a whole year. Our counselling sessions were usually an hour, dialogue based, and we used hypnosis and guided meditation for only a few sessions. This counsellor helped me work through issues of trust, anxiety and depression, and also focused specifically on issues of anger, identity, and a lack of self-acceptance. Additionally, she helped me with feelings of rejection, pain, and dissatisfaction, and since I had developed unhealthy levels of anxiety, she helped me learn strategies to cope more positively with it. At the end of that year, I remarked to her that I feel as though I have changed, and that I was not lying in order to earn her approval. At this, she remarked that she is my counsellor and that she can see that I am not lying. Thinking about these memories of working with Jesse (pseudonym) in 2008, brings a smile to my face. It seems that Jesse did a lot of the hard work, which helped me make progress in various domains of self-acceptance and self-love. Additionally, this she also helped me move towards

establishing a healthier sense of identity. It seems that it was that experience, that helped me develop better levels of maturity and a more clear understanding of myself as a person with UHL. At that point, I was starting to learn about socialising and communication methods, which I could possibly use to enhance my relationships and feelings about myself.

When I reflect back about my experiences working with counsellors, I feel extremely grateful, as it seems that only when I started working with them, that I started growing and accepting myself as a person. It seems that this was possibly one of the first times that I felt supported and more able to deal with my personal challenges. I feel that the friend who referred me to counselling, had possibly presented me with the best gift. Although I previously had experienced a strong need to discuss my personal concerns with a counsellor, it seems that I was not conscious of it at the time. Even though I saw a few other counsellors after Jesse, it seems that she had the most significant impact on me, and for which I am extremely grateful. Through my interactions with Jesse, I learnt how to approach topics with a broader mindset, how not to take things personally, and in a way, I feel that these skills enabled me to approach the topic of my hearing loss in a more mature manner.

In 2009, I worked as a part-time lecturer at the University of Johannesburg, and in 2010, when I embarked on a PhD. One of the first tasks my supervisor advised me to do was to write reflections about my hearing loss. Although I wrote as much as I could, I soon stopped, because I found myself repeating information, or concentrating only on a few topics. In a way, this task soon became meaningless, as I started to focus on purposeless activities.

When I was awarded the scholarship to go to Europe, I started writing again in 2012. This scholarship inspired me to document all the details so that I could read through them at later stages. These writings soon turned me into a ‘travel writer’, where I began tailoring my writing to address certain audiences such as my friends and family members. This writing focused largely on travel experiences and minimally on myself. One of the short personal pieces which I found that I had written during this period, was this one.

“Unless children feel loved and accepted for themselves they are at a serious disadvantage when it comes to their educational development”. A statement by Tom Humphries in his book entitled “Self-esteem, the key to your child’s education” seems to highlight the importance of nurturing a child’s self-esteem.

Yes this statement by Tom Humphries, makes a lot of sense to me, and now I can understand why when I initially started this project, my supervisor advised me to continuously consult with a counsellor as I will require his/her services in the future. I couldn’t understand why it would be so important, but I readily agreed. You see, that statement by Tom Humphries summarizes a lot of difficulties that I experienced and still experience. Unless children feel loved and accepted for themselves – In fact, I strove under all circumstances to fit under the umbrella of normalcy, and I felt that if I was able to fit under this category, I would be safe from discrimination, being laughed at, ostracized, etc – all the conscious and subconscious fears that people usually experience. Yes, the category of “normalcy,” which I believed would help me achieve acceptance, social belonging and a sense of security" (11.03.2012).

In this piece, I am trying to explain that I had driven and tried for so long to fit under the umbrella of “normalcy”, that when I turned 31years old, I suddenly realised that 'normalcy' is only a fallacy, and that I am trying to fit in with something that does not actually exist.

"Sigh! Now that I look back at my childhood experiences, I wish that someone could have made the effort to explain to me that "nothing was wrong with me" and that I don't have to try so hard to be "like everyone else" to be "normal". I wish someone had communicated to me that I am special as I am, and that I don't have to try so hard to be like my sisters. Moreover, I wish that someone had explained to me that since I only hear with one ear, I will miss parts of a conversation, I will have to learn to develop alternative ways to defend my social position amongst peers, and that I will have to learn ways to communicate to people. I also need to learn how to handle school work, and work with my friends, so that if I miss something, they can help me" (07.05.2012).

"I wanted to be normal, I wanted to be a normal child, normal, just like my sisters, and everyone else. However, it seems that I did not acknowledge my hearing loss, nor did I deal with issues of grief and anger. In actual fact, I tried to live life in a normal fashion, with the hope that I could appear as normal. But that never happened, as I was not normal, and no matter how hard I tried, I would never become normal. I had hearing only in one ear, and as much as I denied this, and claimed that I am able to hear and communicate, I don’t. Somehow this hearing loss has permeated all aspects of my life, and I don’t know how, but what I do know, is that I have managed to isolate myself from many people in my life, I have managed to isolate myself from the people who hurt me, from the people who love me, from friends and from family members, and all that’s now left is just me. Yes, it's just me – like a lighthouse, standing alone amidst the waves in a sea, or a single candle flickering, yes it's just me, and although I claim and say to myself that I will be able to deal with it, and address it head on, when it comes, it comes with a force unknown. A force that even I, doesn’t know how to deal with" (2012).

"Regarding my hearing loss, I don’t believe much has changed from the previous events

that I have recorded. However, I am now working with a piano teacher, and she has made me aware that I have increased the pitch of my voice when I communicate with people, and that naturally I have a lower voice. I have also read literature that says that people unconsciously raise the pitch of their voices to compensate for hearing losses. Well, I actually didn't realize this till now, and I have to consciously lower my voice in her presence.

I don't know if this is age, or just me, but I no longer hesitate to tell people that I have a hearing loss. I clearly say, that I cannot hear in this ear, and hence I will always be on their right sides and nearby, especially the guides during bus and walking tours. I kind of grew tired of hiding it from people, and worrying that perhaps it's a fault of mine, now I simply accept my hearing loss, it is characteristic of me, and if people have a problem with that, then they should simply leave me alone.

I also don't experience the loneliness levels that I experienced in Johannesburg, and a little in Cape Town. I don't understand if maybe I have grown up, but I have grown tired of chasing perfectionist and unrealistic ideals. I don't need to have a mansion in Camps Bay or earn R1 million a month, I am content with what I have, and I don't believe in subjecting myself to these unkind demands" (12.2012).

I feel that Jesse really empowered me with tools to control my thoughts and to reflect, and that piano teacher also assisted me. That piano teacher taught me to be more patient with myself, and also to accept things as a process. She further explained that I cannot subject myself to unreasonable demands, and that things will happen gradually. I really look upon her with fond memories, as I really feel that she truly played a significant role in my life. It's interesting to note that some things you don't actually know that you need, until you develop those qualities. It seems that this relates to me, since, I didn't know what it felt like to be comfortable within my own skin, until I developed the ability to do so.

In 2013, I returned from Slovenia, and began to try to finish my PhD. When I returned to South Africa, many people such as my mother and my supervisor remarked that I had changed, and I had matured. Somehow I could not see that in myself, but I knew that I felt different about myself. I felt as though I was comfortable with my hearing loss, I did not feel alien to myself, and I was no longer trying to fit under the 'umbrella of normalcy'. I no longer experienced feelings of loneliness that I previously had experienced, and instead of forcing myself to partake in loud and noisy activities, I concentrated on using my time on activities that I enjoyed. Activities such as listening to music, painting, writing and putting photograph albums together for my overseas travels, were amongst a few.

Many things changed in 2013, and I look back with fondness at that year. It seems like that scholarship to Europe gave me a completely different perspective, and helped me develop invaluable qualities. Now that I recall the question that I posed to my first counsellor in 2005, I would like to develop a better self-esteem, confidence and learn how to accept myself and my limitations, for which she answered that she does not write prescriptions. When I returned from Europe, I realised that that experience had actually helped me develop qualities and had answered those exact questions. While in Europe, I needed to travel alone, since most of my South African friends were unable to accompany me. Additionally, I personally knew that if I did not make an effort to travel, and I loathe myself when I returned to South Africa. I can still remember the intense trepidation and nervousness that I felt on my first trip alone. I remember reaching the Munich train station and feeling overwhelmed by these strange surroundings. Once again, my breath begins to shorten into shallow breaths, I need to remind myself that I am here at the University of Witwatersrand, and that I don't need to be afraid.

Prior to Europe, I had never travelled alone, and it seems to me that I had bound myself with invisible handcuffs of fear. However, by learning to travel alone, I had in fact learnt how to cut open these invisible handcuffs by learning to be independent, to take power and control over my disability, and mostly, to take control over my decisions. These invisible handcuffs refer to the personal feelings that restricted me from embarking on adventures. Through these experiences, I learnt the power of writing. I learnt to identify and write about angry, happy or sad thoughts and feelings, and I further enhanced by abilities to reflect on myself in a critical way. I also learnt questions to evaluate certain situations such as "will this matter in five years" and "is this situation/event really valuable to you?" I learnt to exercise patience with myself in terms of my hearing needs, explain to people that I have a hearing loss in a calm and objective manner. Moreover, I also learnt to use tools of Mindfulness to help me control my thoughts. Through mindfulness, I became aware of my tendencies, and learnt how to control my thoughts and reactions. I also learnt how to shift the focus of my attention, and work towards more constructive goals.

Overall, my personal writing began in 1996 and continued to 2013 and through my writing, I engaged with myself on a very deep and personal level. After 2013, I began focusing on my academic work, and this resulted in less personal writing. It also seems that from the period I started writing to 2013, my personal writing was based mainly on my personal challenges of being lost, confused, vulnerable and lonely. Since I had learnt how to constructively manage and deal with those, I no longer experienced that deep need to write about my personal struggles regarding feelings

6.3 REFLECTIONS ON MY DIARIES

According to (Ellis, 2004, p. xviii), an

> *"honest autoethnographic exploration generates a lot of fears and self-doubts - and emotional pain. Just when you think you can't stand the pain anymore - that's when the real work begins",*

Thus, in my autoethnography, the real pain started when I began reading my diary writings, and details regarding how lonely I felt. As I began to reflect on my years as a young teenager I remembered key highlights, as if beacons on the road toward adulthood. I remember moments such as the birthday parties, the Christmas gatherings, the Eid festivities, exchanging cards and presents are the experiences that you want to remember. You try to remember those lovely moments when you received book prizes, won competitions and the lovely, annual summer family holidays. These memories were all wonderfully positive, the way I recalled my childhood, however when I found myself reading written personal records in a diary that suggest otherwise, a personal imbalance occurs. I found myself questioning as to whether things these records are accurate, and whether I was that unhappy? I experienced a lot of self-doubt, and a certain amount of personal discord occurs because these records confirm to me on a personal level, that I had been experiencing significant emotional challenges. I understand that people want to remember the good and happy memories, and reading these diary writings was a very painful experience, given that they challenged my wish to remember the beautiful birthday parties and happy events.

As I went through these diary pieces, re-reading and experiencing my life through those younger eyes, I can see evidence of a lonely, lost and confused young lady, one who was trying very hard to fit in. The theme of being seen as 'normal', is a very prominent theme in my narrative, and I believe that as a result of viewing myself as being not 'normal', it led to feelings of inferiority, confusion, and lower levels of self-esteem and confidence. I feel that my hearing loss played a pivotal role in this theme, and also in the development of those negative emotions. I also feel that this theme dealt mainly with my feelings of a lack of self-acceptance as a person with a hearing loss. Although people could have drawn my attention to this as a child, I feel that I needed to go through processes of counselling and travelling alone, in order to help me recognise my personal value.

As an adult, I now realise that I actually do not remember how lonely and lost, I felt. The theme of loneliness is quite pertinent in my story, and even though I don't remember the extent of this feeling, I feel that it forms a very crucial part of my narrative. This theme of loneliness points to various inter and intra-personal challenges such as difficulties forming and maintaining friendships, and also pursuing an image of being 'normal'. These details are significant because they form a core part of my story and journey as a person with a UHL.

In order to cope with these painful memories of loneliness, self-doubt, exclusion and social challenges, I try to recall the happy memories of meeting boys, going out with friends, and being made to feel special. As I read through these pieces, I am somehow drawn into another world, where instead of reading about happy memories, I encounter a place where I struggled with loneliness and a lack of self-acceptance. This can be explained as Alice falling down a tunnel in Wonderland, where she meets a completely different world. In this different world, I felt as though I was once again a lonely, lost, little girl, crying on her bed, while feeling powerlessness and unheard. Reading about these vividly recorded memories brings about feelings of being overwhelmed and being weak. I would catch myself with tears in my eyes. Looking up I would realise that my breaths had become shorter. These two worlds seem to exist in direct contrast to each other. In the first world, I feel lonely, isolated and sad, whereas, in the second world, I have taken back the

power, I feel in control and confident. It is interesting to see that as a result of certain social and cultural experiences, a transformation on my inner personal self occurred. This transformation then further led to significant changes in various inter and intra-personal skills. These experiences align themselves with Bronfenbrenner's bioecological theory, that puts forward that as a result of various social and cultural influences, a person can be influenced in certain ways.

Reading these memories of my childhood experiences of life with a unilateral hearing loss triggered feelings of anxiety, anger and feeling out of control all over again. Feeling trapped and once again experiencing being misunderstood, unrecognized and unheard, I realize that my heart has started beat more quickly and I needed to pull myself away from my diaries. These symptoms can be associated with a post traumatic stress disorders (PTSD) flight or fight response. According to Brewin and Holmes (2003) a PTSD includes a wide range of cognitive affective responses that influence a person's recollection of events. Since I experienced physical and affective symptoms when writing and reading this information, it can be aligned to Lang's theory of information processing (Brewin & Holmes, 2003). In this theory, a person is calm and stable, until they experience similar situations, or stimulating elements that cause a person to experience similar emotional and physical responses as per the original event processing (Brewin & Holmes, 2003). Reading these personal writings provide ambiguous stimuli that causes me to experience emotions that were experienced in these passed events.

As I step away from these diaries and the computer, I realise with a huge sigh of relief that I am not trapped in that world and I feel calmer. I needed to remind myself that I am an adult lady, who is currently at university, doing a PhD, and that I am no longer in that situation of being powerless and that I am in control of my world. I also remind myself that I have travelled and explored, and I am no longer that vulnerable little girl, who was lonely, isolated and unhappy. Reading through these diaries was a very exhausting task, and that I needed to take breaks in between reading these in order to give myself time to space out, and look analytically at both my worlds. Another section of my personal writing that also dealt with my social and emotional experiences as a person with UHL, were my poems. In my journey towards a better

understanding and acceptance of my hearing loss, I learnt to write poems, and coincidentally discovered that I could express my emotions through them.

6.4 POEMS AS PART OF AN AUTOETHNOGRAPHY

After re-living my teenager and young adult years through in the diaries, I decided to pull out the poems that I had written alongside their diaries. It is interesting to note that I only wrote poems about specific events and in response to key events, whereas my diary writings seem to be more consistent activity. From1995 to 2015, I wrote 24 poems in all. I initially began to write poems with the motivation and inspiration of the grade ten English teacher. The themes from my initial poems were friends, love and life. These spoke about social events such as describing what my peers did in class, or when a young girl met her boyfriend outside the hostel, in stormy weather. According to Furman (2005), love can be seen as a complex and abstract phenomenon, whose details and complicatedness cannot be fully understood and appreciated without a similar level of abstract expression. He explains that poems can capture the "subtleties of affect and its cultural expression" (Furman, 2005, p. 25). In my view, poems can be seen as a method that provides a level of abstraction that permeates borders of plain and objective thought, and welcomes readers into a realm where the mind is unrestricted.

Many of my poems focused on themes of confusion, being lost, purposeless feelings and struggles. These poems evolved to discuss my personal feelings and presented a way for me to work through them. I recall experiencing a strong therapeutic value after I had written certain poems. The writing of poems also helped me connect to my inner emotions and also helped me to express them. Some of the poems also helped me understand how I felt, and sometimes after I wrote a really personal and painful poem, I felt a sense of relief (Furman, 2005). It is a similar type of relief that I felt after writing an angry letter. Based on the topics of these poems, they can be seen as interpretive poems, since they hold a purpose of presenting human emotions. The use of poetry in research can be seen as a medium that carves a bridge and closes the gap between art as an expression and research (Furman, 2005). According to Furman (2005) through poems, a researcher's subjective

experiences can be analysed, with a more specific purpose of examining their awareness and abilities to reflect. Hence poetry in an autoethnography can be understood as a medium that embraces a very personal level of the researcher's personal self, his/her awareness and reflections, and presents them in a way that can be embraced and appreciated by many people. Regarding my personal poems, many were lost during the years, and here are some of the poems, which I managed to recover.

6.4.1 Personal Poems written by me

a. Come My friends 1995

Come my friends,

it is not too late,

to open your heart

and meet another mate

to leave the devil and

your doomed fate

to open your eyes

and see the world

to help each other

escape our doomed fate

to lend a hand

and give a smile

for there is time

to achieve the glory

which will pass if you sit and worry

Come my friends,

it is never too late

to open the gate to

your fate and save yourself

the torture that awaits

This poem was written when I was in Grade 10, when the English teacher had made a great impression on me, and motivated me to write poems. These experiences contrasted directly to a previous English teacher who had been very critical of the first poem that I wrote. I can still recall feeling very demotivated during that lesson. In this activity, we needed to write a poem that repeated certain phrases, and in this poem I chose the words "Come my friends". This was just the beginning of writing poetry, and I remember her comment, that she thinks that she could see a budding poet in me. Although most poems at this stage described things in the environment, this poem seems to be a subconscious calling for closer and more significant friendships.

When I read this poem, I can recall that this was the period when I started to realize that I could turn my feelings into poems. I also started to realize I was having difficulty making friends. When I read this poem, it seems as though I'm trying to welcome and reach out to friends, by offering them helping hand. When I reflect back on my experiences that informed this poem, I experience a small tinge of regret, as I did not embrace the situation, work towards better social skills, and try to take an active role in social relationships. I feel that if I had managed to nurture a more positive outlook, I could have possibly influenced my social relationships and experiences in a more positive way. I wished that I had learnt to empower myself by taking control of my thoughts, decisions and feelings at an earlier stage in my life.

Moreover, I would have also liked to learn the Mindfulness technique earlier, as this may have helped me to manage feeling of stress and anxiety.

b. The Living Dead 14/09/00

When you regret the good

when good becomes bad

insincerities the look

looks are sad

When a snicker hides

behind a smile

when love's a weakness

then there is no life

We are the living dead

we are friends of hate

this flightless world

when Love's full of hate

This poem was written during my second year at university. In that period, I was a very sincere and sensitive person, and as a result, I was often mocked for these characteristics. In this poem, I tried to capture the message, that I was experiencing harshness from many insincere people. Although at that time, I was focusing a lot of energy on finding a romantic partner, I was struggling in terms of my personal friendships. In this poem, I personified love, and described the surrounding world as harsh and confusing. In this poem, I see somebody who is trying to understand

herself and who is also struggling with confusion. When I read this poem, I feel once again saddened to see that I had been experiencing all these confusing emotions, and that I was trying desperately to understand myself as a person with a unilateral hearing loss.

d. A Bubble of Love 30/07/00

Love is just a bubble,

smooth and shiny,

clear but bleak,

a reflection of romantic colours,

louring depths of creeks

Insolent fools

with boundless rules,

fantasy dreams

with heartless schemes,

A clear confusion

poisons the chaste

with doubts intrusion

sense - always too late

Once the bubble is gone,

cold heartless truth remains,

Doubt throughout - killing the sprout

It's Love's game

A heartful strain.

This seems to be the second romantic poem that I wrote in that year. I actually find the love and emotion that is presented in these poems, quite nauseating! I see a picture of a young 18/19 year old girl, who has become infatuated with the ideal romantic relationship that is projected on the media. I also cannot believe that I wrote such sloppy, love poems, and I won't write such nauseating poems anymore because I feel that I have grown past that stage.

In parts of this poem, I used the words bubble and confusion to indicate how confused and trapped I really felt. I can see parts of young and innocent me, who was easily influenced, and struggling to find herself. In a way it seems that, during that period, I possibly wanted to have a doting boyfriend, because subconsciously, this possibly seemed to me a way to develop a stronger identity. In other words, I possibly felt that if I had a boyfriend, I would have been known as "someone's boyfriend", and subconsciously, it seems that I was striving for this. Through my poems, it seems that I was so heavily infatuated with 'being in love, and thus I wrote these unbelievable soppy love poems as an antidote to loneliness and anxiety.

e. If Love had wings 28/05/01

If Love had wings

and a heart to fly,

I'd set it free,

only to cry

The pain of Love,

the pain of hurt,

the pain that one endures

can only be Loves curse

To Love a Love

to give a gift

to share Loves wonder

keeps Love adrift.

Here is yet another love poem. Once again, I talk about love as if it is a sort of achievement, and it seems that I am trying to express feelings of unrequited love. Through these poems, it seems that I was actually yearning for acceptance of my personal self by myself, and by others. It also seems that in this poem, I was trying to communicate my personal anguish and the pain that I had been experiencing. Once again, it's saddening to read about personal anguish that you have experienced.

f. Are you a friend? 23/04/02

Sincerity is the

foundation of friends

for insincerity exhausts

the heart

With Love's assistance

and truths persistence

a friendship can defeat

lies and obstinance

I dare you,

I care for you,

is this sincerity

and "Are you a friend?"

I wrote this poem in my last undergraduate year. During this year, I met several gentleman, and clearly, I wrote this poem, as I was exposed to such extreme levels of insincerity, that caused me to question as whether this gentleman is being sincere or not? In this context, I defined sincerity as being open and honest about his feelings, and I am asking the person to be honest with me? I see this poem as a sign of growth, and it seems that through this poem, I am trying establish my position with friends who had similar interests.

g. The Shoveller

In the burning heat

of a midsummer's day

he grabs his shovel

in a merciless sway

Swinging up and down

scorching the ground

cleaving in, digging in

despising the earthly brown

Deeper and deeper

with each mighty swing,

looking for something as

his might arms ling

The 'No Break' approach

as the sand heap crouches

higher and higher

insides a burning fire

Searching for seeds

to fill this cleft

lift his burden

before it reaches depth

I wrote this poem after reading a poem about farm workers, and I tried to mimic the style of repeated motion and continuous work, as I also described how they worked in a field. I had previously read a poem of this nature, and it seems that I was simply trying my hand at a different genre. When I read this poem, I feel quite impressed, as I seem to have forgotten how well I can express myself with words. I particularly like the use of images such as the burning earth, brown sand, his mighty arms, and this poem seems to present a message of someone digging for something much deeper than the simple sand. Subconsciously, it appears that in this poem, I was digging and striving to find a deeper meaning and value in my life. Given my poor level of social relationships, it appears that in this poem, I was trying to communicate my

search for a better social understanding, more specifically of myself as a person with a unilateral hearing loss.

h. I sat next to a Butterfly 26/03/04

I sat next to a butterfly

with a broken wing,

whose sky lit colours

strewn across wings,

The butterfly lay

still as the night

injured and lifeless

an eternal plight

Whose carefree life

of colourful days

are now a dim light

lullaby

My friend, my companion

on this journey

shed no tears

for life's a destiny

Although tough, hard and rigid,

with knives as thunder

and drilling daggers drive,

Hope swims across all bridges

and we'll learn to see

as we attempt this journey

of life's destiny.

I remember writing this poem in 2004. It was the year, in which I began my first teaching job at a local primary school, and I had been experiencing many significant challenges. Although, I found working with children to be extremely joyful, I realised that physically, I was exhausting myself in the process. Since I was teaching children in the senior primary phase, I need to move between classrooms, and was required to teach for at least 40 hours a week. Although my fellow colleagues, handled this routine with ease, I experienced many challenges such as low energy levels, where I became constantly sick. In the process, I found myself being physically drained.

While waiting for a teacher-friend to fetch me early one morning, I came across this butterfly with a broken wing. Similar to this butterfly, I also felt broken, and that my colourful, student days were now over. I projected myself onto this butterfly, whom I saw as a companion in life, who was also broken and exhausted. I ended this poem on a positive note, as I spoke to the butterfly, and said that we will swim through these difficult times, and that we will be okay. This poem can be used as a metaphor to describe my hearing loss. Just as the butterfly had only one functional wing, so too did I have only one functional ear. Although this butterfly could not fly with this broken wing, I could still hear with it, but in a certain way, I also felt broken, because there were many things that I could not do, which my hearing siblings and friends could. Hence I projected my feelings of brokenness onto this butterfly, as I too felt broken by having one ear only.

When I currently read this poem, I can feel some insight into the challenges that I

had been experiencing at that time. I empathise with myself in a way, and remind myself that those were simply stepping stones in my career. However, I also feel intrigued by this poem, since it feels like a wonderful piece of writing that captures another whole world of life and beauty.

i. Monster Storm 02/06/05

Twas a night

where thunder hailed,

with flashes of lightning

many souls afraid

Twas a night

of monstrous anger

where turmoil and shivers

accompanied songs a clanger

When the merry medleys

of angels ceased

beauty of life and

laughter creased,

with clouds of doom

and hovering dust

lashed in fury

at heaven's crust

Twas the night

of a monstrous storm

where souls a fear

and tremors forlorn

In 2005, I was in my second teaching job, where I was enjoying teaching a Grade Two class. This poem happened one night, during a storm, which is when I decided to describe its passionate display of fury and anger. I admit that I was also scared by its angry and passionate power, but I concentrated on describing its magnificence. Now that I am reading it, it seems that I could have possibly projected my inner anger and frustration onto the storm. I feel that the storm, with its lightning and anger, somehow allowed me to resonate with it, on certain levels of my personal anger.

j. Rocky Shores 16/09/05

I'm paddling along

rocky shores,

waiting,

for waves to come

But all I see

are dozens of pebbles

refusing to adhere

to me

These rocky shores

and wedgy heels,

probe my soul,

force me to kneel,

only to be bruised

timeously again

live life's rule

again and again

I'm paddling along

rocky shores

waiting for the waves,

for when they come

I'll spring with glee

for pebbles now will pave

the road for me.

In this poem, I am once again experiencing a patch of difficulties. I use the metaphor of a beach to describe my current challenges as pebbles. I am surrounded by these rocky shores, my challenges, and that I am waiting for opportunities. The waves are metaphors for opportunities, and I add that when I see one, I will seize it with enthusiasm. Additionally, I will change my view of challenges, that are symbolised as pebbles. I will change my view to look upon these challenges as opportunities for further growth and development.

In this poem, it seems that I had been experiencing a series of challenging situations, and that I was trying to help myself make sense of the situation. When I currently read this poem, my attention is drawn to the maturity that I have since developed, and I now understand that everyone experiences personal rocky shores

of their own. I also recognise the power of choice and understand that each person is responsible for the ways in which they choose to deal with these challenging situations. Overall, this poem seems to be a expression that I am trying to make sense of the challenging situations that I found myself in.

k Life's Sacrifice 2005

It's a sacrifice

a painstaking edifice

of life itself

for we twist and toil

as turmoil smothers

in a broil

Our hopes in vain

endless pain

where's the worth

is this a curse

our lost lives

our endless dreams

crushed spirits

just as it seems

Why do we search?

the reason, the rules

the matter only pools

the pinnacle lies

upon life's blow

It's a sacrifice

a painstaking edifice

of life itself

When I wrote this poem, I was still teaching, and clearly, I was still experiencing quite a significant amount of challenges. In this poem, I am trying to ask that I understand and create a meaning for myself regarding the challenges that I had been experiencing. I am also searching for a purpose and when I currently read this poem, I feel as though I wrote it about another person. When I read this poem, I see such intense feelings of struggle, that when I evaluate it from my current position, I can't resonate with such feelings of turmoil, and thus it feels as though I am reading about someone else. In a way, I struggle to understand the challenges and emotions which I had experienced at that time. I need to remind myself that I now have a better understanding of life's challenges, and that I have grown and I am more capable of dealing with challenges at this stage.

In contrast to the previous two poems which focused on the theme of struggling with life's demands, the following poem addresses the theme of reality. In this poem, I am trying to portray that this is the reality that informs my experiences.

l. When Reality hits 06/03/06

When reality hits your

yes its cold

cos it bites

it just rolls afold

When nothing rises

for nothing to set,

one's left alone

turmoil and unrest

cos its cold outside

with nowhere to hide

when then world casts a shadow

it's a lonely lost life

cos this is reality

no light hearted fantasy

with a cold clutch of time

one reaches the end of the rhyme

Once again, it seems that I wrote this poem when I was feeling very depressed and overcome with life's challenges. In this poem, I tried to express my loneliness, and create the message that I was experiencing the world as very cold and unforgiving. I use the metaphor it's cold outside to symbolise my lack of meaningful relationships and feelings of isolation. This is a very pessimistic poem, and it seems that I am simply trying to make sense of my experiences. However, when I currently look at the poem, I actually feel that although I needed to go through moments of coldness and isolation, I am thankful for my experiences since they have all contributed to the person I have become. Instead of constantly seeking the comfort of others, I have

grown to appreciate my own company, take pleasure in certain activities of my choice, and overall, I am proud to be my own person.

n. Pain that's Surreal 23/09/08

When the sun sets

and the last star glimmers

when life ceases to be

and water has yet to trimmer

The pain, the hurt

life's anguish and curse

has yet to heal

has yet to peal

an ongoing cycle

with pain that's surreal

one wonders

one ponders

one's incessant disponders

with pain that's surreal

mountains that peal

to live life's offerings

one's only sea

when worlds fail to equate

with pain that's surreal.

In 2008, I enrolled for an honours in educational psychology. In this programme, the students unanimously felt overworked, experienced severe levels of stress and anxiety. For a while, I had forgotten that I was able to write poems. At the end of that year, when the levels of work and stress were reaching a peak, my best friend decided to leave for overseas, and another friend, who acted as a pillar of support regarding this degree, also decided to travel overseas. At this moment, I felt torn, lost, hopeless, grief stricken, and moreover, I felt paralyzed by a sea of negative emotions and pain. This poem was written during one of the last lectures of the year, while we were being taught how to use sand and toys as counselling tools. I remember that at that point, I was feeling overcome with stress and anxiety over the near exams, when I suddenly remembered that I was once able to throw all my emotions into a poem. That is when I lifted a pen and began to write "Pain that's Surreal". In this poem, I wanted to capture the amounts of pain that I had been experiencing, and that is why I called the poem, "Pain that's Surreal". This title explains that I experienced pain to such an extent, that it began to feel unreal. It seems that this is possibly the most pain-ridden poem which I have written. However, I also worked with a counsellor during that period, and she helped me make sense of my experiences and deal with a lot of my pain.

o. My Struggle 12.12.12

My battle for the Light

I twist, I turn,

I scourge, I burn,

My endeavour for all

ends meet.

I pray, I scan

I run and slam,

but futility fails to catch my reach

These fumes, this smoke

the unlit, unvoiced,

confusing mist

conniving twist

Oh where is the Light?

My yearning ails,

pails and pails,

an unearthing quest

years of unrest

Oh where of

hereof forth come the light.

I can't remember my reason for writing this poem, but I do recall spending that December in Slovenia. I also remember that at the beginning of winter, I became very ill and needed to spend a lot of time, in bed. I could have possibly been very sick and depressed when I wrote this poem. Additionally, I missed my parents and sisters very much, that it actually became painful to think about them. However, upon reading the poem, I sense the message, that once again, I found myself struggling to recognize my inner self, and affirm my own identity. Now when I read the poem, I see a strong themes of confusion that is emphasized with the use of visual images of smoke, fumes and mist. I also see a person struggling to breathe, and trying to find a

way out of this confusion. This person also seems to be complaining of an endless plight, and this poem is really heavy and depressing. When I reread this poem, once again I feel saddened about my previous experiences of sadness and confusion. I understand that a lot of the confusion that I felt in life,

p. Bag of Anger 13/08/14

I picked up the bag again,

the one that tears my back,

it leaves its cuts, bruises and aid

emotions out of track

I picked up that bag again,

the one that tears my soul

leaving me bleeding, memories needling

emotions filled young and old

To drop this bag?,

To lose control?,

should I stand?

should I cower?

Oh, woe to this bag and all its anger.

This poem speaks directly to my challenges regarding my anger over feelings of being unrecognised, unvoiced and at myself for my levels of personal discomfort. In this poem, I use a metaphor to describe anger as a very heavy bag, that I am

compelled to pick up, regardless of its weight. I describe it in terms of its control over me, and explain that ironically this bag of anger actually injures me, but I still choose to pick it up. I explain that in order to drop this bag, I need to summon strength to relinquish control that is associated with it. I answer that at that moment, this bag still influences my emotions and that I need to learn to stand up to it.

When I read this poem now, I agree with its metaphor, themes, and the struggle that it puts forward. In this poem, I tried to capture my journey of how I learnt to deal with my anger. Here, I needed to learn to manage things that cause me to become angry and also I needed to teach myself to let go of certain things. As I reflect on myself, I feel that I am still growing in this field, although I can't reply as to whether I have actually dropped this bag. I admit that although this bag of anger does make unexpected appearances such as when people criticise certain of my life choices or personal decisions (UHL). But I have learnt to use tools of writing and art to help me manage my anger levels more effectively.

q. When Hearing-aids don't work 2014

She felt unheard

and was quite unseen,

till the nurse opened the door

Her parents shocked,

grieved by the uproar

sought expert opinions

to rectify a flaw

Doctor to doctor

lead ordeal a many

scary-ing little Jane

frightening and blurry

Finally, an explanation,

cast some light

no hearing-aid

may help this plight

for now its seating

asking and repeating

for although I'm seen

I'm yet to be heard.

I wrote this poem for Jill, when I listened to her ordeal. Jill experienced a lot of anguish as doctors and specialists tried to diagnose the cause and level of her hearing loss. I empathised with Jill, as I also was aware of hospital experiences as a young child, and I understand how frightening the experience can be. When I wrote this poem, the words simply flowed into my head, as I read through her story repeatedly. When I currently read this poem, I feel sorry for little Jill because of her hearing loss diagnosis process, and also hope that my poem can be used to tell her story.

r. Words are Eternal

Words are eternal

unlike the world

strong like torrents

a tremendous twirl

They last

they cast

withstand all power

they're an eternal vast

Hark now,

Beware,

a venomous snake

when untamed

yearns a splitting heartache

Words are eternal,

Words cause tears,

Words cause laughter,

and withstand all years.

In this poem, I personified words with a venomous snake and explain that similar to a snake's venomous poison which can hurt people, so too can words. This metaphor compares poison to words which people use against each other. When I currently read this poem, I can see that I was indeed a very sensitive person, and that I needed to learn a lot of life copying skills. I also see a very vulnerable side to me, which I express through poems. In this poem, I am trying to express my feelings of being unheard and unrecognized, as a person, and more specifically as a person with a unilateral hearing loss.

s. Washed upon a desert

Washed upon a desert

with tides running high

with rivers running deep

as mountain slopes high

Life's a dreary path

as tides rise

As missiles mount

and rocket collide

Turmoil booms

as hope dies

Life's dreary path

burdens many souls

for as the drum beats

enchanting as to grow old.

When I read this poem, I can see that I was struggling with depression at that moment. I use images of mountains, missiles and a desert to create a bleak image of world. I am trying to create a message that in my life, I am currently encountering challenges from all areas, sand, wind, water, and that these challenges are bringing me down. When I read this poem, I am touched by the depression that I had been experiencing, and I am also appreciative that I took time to express it in words. Although I can't see myself currently writing such a poem, as I have managed to

move past negative emotions that once plagued me. Nevertheless, I see beauty in this poem as it can possibly speak to others who also struggle with depression.

t. I woke up this morning

I woke up this morning

with tears in my eyes

a yearning for life

as if not living

A peaceful sleep

uninterrupted by dreams

mountains a leap

escaping life's schemes

They swelled in my eyes

and withdrew to the side

Slowly and daintily

they danced on my cheeks

Joyfully playing

they ended a retreat

I woke up this morning

with tears in my eyes

I was not living

a vision too bleak.

In this poem, I see more on the theme of depression. In the poem, I describe my experiences as a 'vision too bleak', and I also add, hope has also died for me. However, I answer that I long for peace, which is symbolised by sleep without any interruptions. I personify the tears to be dancers, which dance on my cheeks, and they start to rest when their tired. Finally I feel that I wrote this poem with a very negative mindset. Similar to the poem, Washed upon a desert, I am also impressed to see the depression that I experienced being given a voice, through a poem. I love the use of natural images throughout the poems, and I also love the various metaphors and personifications. In this poem, I use 'sleep' as a metaphor to explain that I feel overcome with challenges (mountains or schemes), and here, I am trying to communicate that I want to address these challenges (yearn for life). This poem endeavours to communicate the challenges that I experienced as a person with a UHL, such as identity and self-acceptance issues, and that I was looking for a way to help myself. For I conclude that "I was not living", and I am trying to express that I wanted to start living.

u. As the wind blows

As the wind blows

and leaves whisper in the breeze

I long for peace

and contemplate eternity

With life's storms

uproars a swarm,

and for souls unseen

For in this rage

isolations a doomed wage

with twist and turmoil

colouring man's stage

A yearning for peace

a contemptible surrender

a walk on life's plan

live life's a mender.

This seems to be another poem on depression. In this poem, I also use images of wind and storms. I once again, put forward the theme of looking for peace, and explain that I also contemplate the life of eternity. When I read this poem, I realise that I was probably experiencing a significant period of depression, and I recognise that in this poem, I mention that I was isolated, and probably feeling very lonely. All these poems, seem to point to a subconscious need for peace, and also indicates that I could have possibly been experiencing a lot of inner self conflict, anger and confusion as a person with a unilateral hearing loss.

v. A Rose

I am a rose

in a world of thorns

where feelings a flaw

petals strew upon lawns

I am a rose of surreptitious beauty

grandeur and grace

an emotional duty

caressed by scented power

plagued by merciless thorns

firm amidst raging storms

eternal beauty of the hour

I am Love

For Love is woman

Tender and strong

Lives of song.

When I read this poem, I feel a sense of confusion, as although it is quite a passionate poem, I can't understand my emotions that stand behind it. By reading this poem, I understand I was using the metaphor of myself as a rose, and just as I was currently experiencing my outside circles to be cruel towards me, so too, is a rose plagued by the merciless thorns that surround it. I also speak about myself, as being beautiful in a secret way, to imply that I believed that my inner beauty and talents are hidden from other people. Finally, I concluded with a metaphor that compares love, the emotion to a woman, and explains that just as a woman is strong, gentle and also fragile, so too are roses. Regardless, of the harshness of their surrounding environments, both love and woman survive and live in a song. In this poem, I am trying to embrace myself as a lady of power, even though I have a UHL, I see myself as still being beautiful and powerful. I used images of roses, thorns, beauty, grass, emotions and storms, to create a natural context, because

UHL is something is also natural and needs to be accepted as such. Overall, this is a beautiful and motivational poem that calls us to strong women, and captures my inner struggles to survive.

w. My journey as a half-petaled flower

At sunrise, it began

My journey of man,

To spread the word

Unspoken , unheard,

To see the invisible,

And hear the unheard,

This earless, wordless, pain of mine,

But time has come,

And doors open, come,

We'll all play,

In this great circle of fun,

My journey began

As a half-petalled flower,

To hear, to see, to play with thee,

My journey now runs to help

The unheard, the unseen.

In this poem, I try to capture the message that regarding my hearing loss, I felt 'incomplete'. In comparison to my peers, sisters and friends, I found that I was isolated in my hearing needs, and this led to me developing feelings of being 'incomplete'. In this poem, I indicate that unlike other flowers that are built with a full bouquet of petals, I was only allowed half the required amount. Nevertheless, I was still required to cope in similar environments with similar challenges, even though I had half the amount of petals. In addition, my 'incompleteness' stemmed from my requirements on people to repeat information for me, missing of information during noisy or group settings, and also not be able to express and assert myself on levels that I would like to.

I presented this poem last as I feel the strongest and closest to this poem. I wrote this poem while I was busy doing this PhD. During this period, I became increasingly aware of my hearing loss and hearing limitations such as talking in a car with my ear faced to an open window, or trying to communicate in large and noisy environments. Although I was previously aware of such limitations during my childhood, I now experience them with a reflecting and evaluating mind. In other words, I found myself analyzing and evaluating these situations, to establish how people with UHL can possibly react in them. Moreover, I began ponder over what kinds of words need to be used to explain a hearing loss to people, and what can be regarded as constructive communication without blaming the next person or creating an unpleasant situation.

As I began to think about my hearing loss in a more analytical manner, I decided to express myself in a poem. In this poem, I explain that my hearing loss started from a very young age "sunrise", and that I see this PhD as a "journey", where I am required to "spread the word" and to communicate UHL experiences to other people. Here I describe the UHL population as "unseen, unheard" and "invisible", whose experiences have been left unexpressed and unheard "earless, wordless pain of mine". However, I state that a time has arrived, where "doors open, come" and where children with UHL will also be included and accommodated in a "great circle of fun." I conclude by expressing that although I have felt like a half-petalled flower, I

am going to use my experiences to help others. In this poem, I expressed a certain kind of self-fulfilling purpose. I used the metaphor of a flower, because it is difficult to find a flower with petals on one side only, and that I can resonate with that rareness. I feel that in a field of flowers with full and vibrant petals, I only have half the amount of petals, but regardless of this, I have something to offer the others. Hence, I feel very close to this poem since it describes me with a hearing loss.

When I currently read this poem, I am amazed at the lovely half-petaled flower metaphor that I use to describe myself with a hearing loss. I describe myself as half-petaled, because even though I only have half the amount of petals, while majority of the other flowers are covered in a full bouquet of petals, I believe that I am still beautiful, even though I have the amount of petals. I am also pleased with the descriptions of my journey. I still feel as strongly about this poem as I initially did. I appreciate the use of the words "invisible, unheard," and I personally value the expression, "earless, wordless pain of mine". These words capture the message that no one hears the pain that people with UHL experience, and that ways to communicate it are minimal. It seems that that these words capture my experiences with UHL, in a way that a plain narrative would not have been able to. The poem sufficiently captures my experiences as a person with a unilateral hearing loss, and concludes to note that I am moving forward to help other people with UHL, who are also "unheard" and "unseen".

6.4.2 Pulling the poems together

When I read through all of these poems, I can see that some refer to specific periods in my life. For example, the period where I was infatuated with the image of love and when I read the poems such as 'I sat next to a butterfly with a broken wing', or 'Pain that's surreal', I can remember painful experiences that inspired me to write these poems. Once again, as I read these poems, I feel a deep sadness and empathy for my former self. Thereafter, my poems progressed to speak of appreciation and fulfilling purposes in life. On the whole, these poems speak to themes of struggles, feelings of a lack of recognition or voice, and reveal a type of personal journey that

would not have been adequately expressed in a narrative. The nature and topic of these poems renders them available for interpretation, and this can be seen as an asset, since they can appeal to a large variety of people. Moreover, these poems presented a medium that spoke to my inner feelings and even at times to my subconscious. Overall, the use of my personal poems gave this research a unique approach, that allows readers to experience the life of a person with a unilateral hearing loss.

6.5 PAINTINGS

According to (Berry, in Holman Jones, et al., 2013, p. 214), through paintings and other forms of art, a researcher can "...come to be different persons". It presents autoethnographers with a chance to remake themselves, and portray various roles. According to Mcniff (in Knowles & Cole, 2008) paintings form part of a genre that values varied forms of expression. It offers viewers an opportunity to "transcend the linear narratives" that people "conventionally use to respond to art (Mcniff, 2008, p. 31). In other words the use of paintings open up and welcome people to engage and respond to its images in various ways, without any restrictions. According to Mcniff (2008), it is easier and more flexible for people to respond to a visual image and to engage in conversations about the piece. One autoethnography that also used paintings to enhance and add further richness to their stories is Scott Hoy's book called, "What kind of Mother? An Ethnographic Short Story". In this autoethnography, she wrote about her reactions to the events that took place on September 11, 2001, as well as, added pictures of paintings that depicted her emotions. These paintings enhanced her personal story, and provided a way for a larger audience to understand her experience. On the whole, paintings present an aesthetic value that links to various levels of consciousness.

6.5.1 My Paintings

During my childhood, I was naturally inclined to draw and paint. I remember being liked by my peers in Grade 1 since I could draw better than most other children. This talent later progressed into taking art as a formal subject at high school. During my

high school years, I needed to explore various activities such as drawing people using pastels or pencils, or large scale acrylic paintings and here are a few of my pieces. During this period, I was drawn to images of landscapes, water and most of my drawings focused on this theme. Soon I realised that I could project my feelings of confusion and isolation onto certain paintings, this led to the following three paintings

Picture A: An Abandoned Ship (1997)

R. OSMAN 97

For this painting, we were required to find pictures in magazines with water. As I was paging through a magazine searching for a picture to paint, it seems that I was naturally drawn to the picture of the abandoned ship. Initially, this picture looked a little too complex for my painting skills, and after studying the picture, I approached the teacher for assistance. The art teacher carefully looked at the picture, and reassured me that I would be able to manage this picture. Although I needed to be guided through this picture, I remember feeling very inspired as I painted it. I recall that I first painted the dramatic clouds in the background and thereafter painted the water surface. Finally, I painted the ship last and the picture turned out to be quite breathtaking. The art teacher was so impressed with it, that she sent me to the principal's office to showcase my work. This was the first time that I had been asked to do this, and it felt very good to be recognized and appraised. As I step back and reflect on this childhood painting, as I have learned more about art, I can see that with the blue and white colours, I possibly was trying to symbolise my personal confusion. Additionally, it appears that I was subconsciously drawn to use these colours in a dramatic way to express my inner feelings of confusion. Overall, this picture speaks to my inner emotional being, as a way to express that during that stage, I felt very lost, alone and abandoned.

Regarding the actual picture, when I painted it, I had been experiencing a significant amount of social and communication challenges. I was still trying to hide my hearing loss from teachers and class mates as well as hiding my hearing loss from myself. In particular, I was missing instructions, or having difficulty following group work activities, which caused me to become reluctant regarding expressing myself for fears of being wrong. Since I found myself unable to verbally express myself, I expressed my inner most feelings of loneliness Although the decision to paint this ship was not a conscious decision, This image resonated with me on a subconscious level, since I also felt lost and shipwrecked. This picture can be seen as metaphor for my personal feelings, as well as, links to my personal metaphor of life being like a ship, alone and lost in a big, vast, open sea. It seems that I resonated with this abandoned ship, which also acted as a metaphor for my feelings of loneliness, and needs for belonging. Remember, the picture can be turned around in therapy, using Guided Affective Imagery technique, for example, so this story is not necessarily

finished.

Picture B: An Empty Seascape (2000)

Rizwana Osman - 2000

This picture was painted during my second year at university and during the period where I had befriended the group of girls at residence. As mentioned previously, the relationship with this group of ladies unfortunately turned into an unhealthy/toxic relationship, where I was ridiculed. Although, I was at a tertiary institution, I remember feeling very lost, intimidated and was unable to establish myself as a person. As a result, in endeavours to fit in, and appear to be "normal", I found myself being swayed in various activities such as socialising in large groups and attending loud functions. I remember that I awoke one morning and simply decided to paint that I was going to paint that day. I used the reverse side of a Kellogg cornflakes box, and began this painting with no picture or reference. Unlike the first painting where I had a picture to look at, this picture was painted purely from my inner feelings. At that time, I had been experiencing quite unsatisfactory relationships with my peers, and I still experienced a dire need to belong to a group.

It seems that I was depressed when I painted this picture, as its painted mostly with blue and white colours, and the scene opens up into an empty seascape. Through this picture, I was trying to express my longing for meaningful relationships. Although the picture is filled on the sides with plants and the sky is also covered with clouds, which also indicates that I was possibly depressed when I painted this painting. I painted an open view of the sea, since I wanted to express my sense of isolation. Additionally, there are not any boats, people or birds in the picture, and I hoped that this picture captured my sense of loneliness. Subconsciously, I secretly hoped that by projecting my feelings onto a picture, these negative feelings would change.

Picture C: A Sad, little girl (2006)

According to Õzden (2009), drawings fall with an art based approach to research that allows people to project their feelings onto a medium that enables them to make sense and meaning of their experiences. These drawings can be seen as guide into the personal, inner feelings, that I experienced as a person with UHL. Regarding this drawing, I remember experiencing a moment of sadness and depression, since I was experiencing a lot of work related stress. I also recall playing around with some pens and watercolour pencils one afternoon, when I was suddenly drawn to draw this image. This painting is painted only with grey, black and white colours and presents a very washed image. However, I do recall that I was feeling very depressed and sad when I drew this picture, and in order to help me express this sadness, I turned

towards drawing. In this painting, I portray a sad little girl who is crouched and looking down. Although there is light streaming in from the window, she seems buried in her own sadness. I empathise with this little girl, as I can recall being at a point of loneliness and depression in my life. I understand how it feels to be unsupported, to have no person to turn to, and to feel as though, you are in this world all on your own. I can also empathise with this little girl, as a result of my own experiences with depression and loneliness.

Since this drawing is not dated or signed, and I cannot recall the exact period when it was painted. When I look at this painting, I still get cold shivers, and I catch myself trying to look away. It seems as if the sadness in this picture reaches out and grasps you. I feel that if I had to meet this little girl, I would encourage her to be more positive, and help her see the light that is streaming through the window. The light streaming through the window can be interpreted to be life's opportunities that filled with positive energy, and that there are many people to meet and friendships to nurture. I would explain to her that her feelings are real and that she has a right to express them. I would suggest expressing herself through writing letters or poems, and I would also discuss skills such as consciously controlling her thoughts. Additionally, I would motivate her to be positive and reach out to others. Avenues such as friendships to help her deal with depression, and which would possibly add value to her experiences would also be discussed. Moreover, I would also encourage her to explore and equip herself with coping skills through facilities such as counselling.

6.5.2 Discussion

In this narrative, relevant social and emotional themes such as confusion, identity, 'normalcy' and social challenges were discussed. These themes emerged from presented diary writings, poems and paintings, which were initially meant to express my personal self and feelings. These paintings and drawings capture my personal feelings and meanings in a way that normal words would not have sufficiently expressed. However years later, I can reflect on those experiences and acknowledge that through them, I have learnt to value life and I have learnt to

empower myself to take action over my decisions. I have also finally learnt what it means to "take the power back".

For as long as I can remember, the power of my decisions lay with the people with surrounded me, and I constantly, relied on them for advice. However, after I was presented with various life changing opportunities, such as learning to travel alone, that I finally learnt what it meant to take back the power. Other activities that helped me take back the power was being able to reflect on myself during my writing, and in this way, I learnt to take responsibility for my thoughts, behaviour and mostly, for my feelings. This gave me the ability to act, to choose what I want in life, and to take control of my experiences and decisions. When I finally realised that I had learnt, what it meant to take back the power, I felt empowered, strong, and I made a connection with my inner person. Instead of being weighed down and locked in by emotions of depression, loneliness, frustration, self-doubt and confusion, I finally learnt what it meant to take back the power. Sometimes, I think about being able to hear with both ears, but then I realise that I have overcome so many obstacles, and that I have learnt to appreciate life, and cope with my personal challenges. Overall, I have grown and learnt to become more comfortable with my identity as a person with UHL, and with my 'differentness', and learnt to take responsibility for communication needs. Based on teachings from my piano teacher in Slovenia, I now understand that many things in life need to go through a process, in order to arrive at a point of value. Just as you cannot rush and expect yourself to learn a piano piece within a short period of time, so too do certain life coping skills and methods, need to go through processes.

According to Ellis (et al., 2010), autoethnographers can also be seen as artists who recognise that human experiences can be presented in numerous ways. This autoethnography attempts to present my personal story of human experiences through a personal narrative, poems, paintings and a drawing. This collectively influences the research process and changes research into a medium with which to recognise peoples' differences and the silences that exist between us. These artefacts change research into a medium that presents a meaningful, invigorating and accessible pieces of information which people can benefit from either by gaining

knowledge or by resonating with some of the experiences (Ellis et al., 2010). Moreover, Ellis and Bochner (2000) include that autoethnographies also serve a purpose of helping people to become aware of certain minority populations or people who are simply different from the mainstream. In this regard, this autoethnography presents my personal journey with UHL, and reveals how I developed as a person to embrace my unilateral hearing loss.

6.6 CONCLUSION

In summary, this Chapter forms a core piece of this study, as I progress further into investigating the life experiences of four people with UHL, as they reflect on their experiences with UHL. This chapter presents my personal autoethnography, that consisted of diary records, poems and various pieces of artworks. Collectively, these artefacts presented personal messages of social and emotional discord that I experienced as a child, growing up with a UHL. More specifically, these artefacts spoke to themes of low levels of self esteem and identity development, as well as, to themes of loneliness and social isolation. Therefore, as I progress further into exploring the lived experiences of four adults with UHL, as they reflect on their experiences with UHL, my autoethnography makes an extremely personal contribution to the study. This method provided core, authentic information, that could have been lost, had another method of data collection been chosen. Additionally, it presents information in ways that allow readers to simultaneously experience certain feelings and events, and also possibly fosters, a deep sense of understanding of the UHL population. The next section will discuss this study's findings in more detail with regard to literature and theories, presented in Chapters Two and Three.

CHAPTER SEVEN
FINDINGS AND DISCUSSION

7.1 INTRODUCTION

The purpose of this chapter is to present the findings of the investigation into the real-life experiences of three people with UHL and my own personal autoethnography. This information will be based on data that was presented in the previous two chapters, Chapter Five and Six and interpreted using the frameworks of Bronfenbrenner, Vygotsky and IPA as per the research question: Upon reflection, how do adults with UHL remember their social and emotional experiences as a child with UHL?

Participants were encouraged to speak about their experiences growing up with a hearing loss. This chapter will present findings that emerged from those narratives.

The first part of this chapter will present a brief summary of the background information of the participants, and of the data analysis processes. Thereafter, the results from their interviews will be displayed in a table format in order to show how the participants compared to each other according to the themes, which emerged from the data. The second part will present a thematic analysis of these findings in relation to the theoretical frameworks, whilst keeping a strong focus on their surrounding social and cultural systems and relationships.

Bronfenbrenner's (2005) bioecological model suggests that a child's social and emotional development can be seen as deeply situated in their family and community settings, where ongoing, mutual shaping and interaction occurs. This allows me to pay direct attention to how people construct their personal meanings around their experiences. Bronfenbrenner's (2005) bioecological model and Vygotsky's (1962) theories of language, allowed me to embrace constructionist goals that allowed for a consideration of social and cultural influences, and interactions in a person's experiences and meaning. Vygotsky's (1962) allowed for the consideration that emotions and language are interrelated, and that a person's psychological development is dependent on their interaction with others. Here, Vygotsky (1962) drew a comparison between thought and language, and argued that a person's

linguistic abilities form the basis for social interaction and psychological development. Along similar lines, Vygotsky argued that deafness as a sensory deficit cannot be completely understood as an isolated element. He argued that deafness needs a collective investigation of thoughts, language and social relationships in order to provide a thorough understanding of the phenomenon and its impact on human development (Lloyd & Fernyhough, 1999).

Additionally, IPA allowed me to access the participants' personal meanings by examining their personal, lived experiences. Since IPA seeks to under a person in terms of their relationships and understandings of the world that they exist in, and to also explore their experiences and meanings that they assign to them, it also provided an appropriate framework with which to analyse this study's data (Larkin & Thompson, 2012). Additionally, IPA holds similarities to Bronfenbrenner's bioecological theory, since it also places value on recognizing a person's surrounding social and cultural influences, as they impact on a person's personal meanings and experiences. Other strengths of phenomenology are that through it people are able to arrive at personal understandings and interpretations of their own and other people's experiences. In addition, IPA also involves processes such as coding and categorising, and these will be applied to the data in the following section. Overall, IPA allows for a thorough investigation of the underlying order, structure and coherence of peoples' experiences, and this enables readers to derive meaning from a joint understanding from descriptions of both the person's inner feelings, and external worlds. Hence, the collective use of the above mentioned theories and model enabled me to embark on an exploration of the personal narratives of three people with UHL, and my own personal autoethnography, with a view to uncovering how the participants experienced growing up with unilateral hearing loss.

7.2 DATA ANALYSIS PROCEDURES

In order to help me assure people that the findings of this study are worth paying attention to, I needed to adhere to a rigorous and meticulous data analysis procedures. As discussed in Chapter Four, the data analysis process involved repeated listening to and viewing of the audio and visual recordings of the interviews,

and also drawing up of reflective field notes alongside these activities. Thereafter, the recordings were watched repeatedly with the intention of interacting with the data, and moving back and forth between the messages. Additionally, specific attention will be placed on a participant's verbal responses in order to gain possible insight into their personal relationships with themselves and others.

In this study the following data analysis processes were followed:

1. Interviews were read as a whole in order to gain a complete overview of the participants' stories.

2. Thereafter, the interviews were transcribed while memos were written down. These represent the earliest forms of reflections on myself and the participants.

3. The interviews were read a second time, with the purpose of dividing and highlighting significant pieces of text.

4. Interviews were watched repeatedly, with the aim of noting hand movements and body gestures.

5. The memos were categorised into tables, and textual data was integrated with other data that had a similar meanings, focuses or contexts.

6. These integrated meanings were then subjected to further analytical processes of coding and categorising. Additionally they were subjected to a process of "free imaginative variation". This process is defined as the process whereby the researcher seeks:

   > *"possible meanings through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives" (Moustakas, 1994 p. 97-98).*

   This definition makes room for the interplay between consciousness, diverse ideas and imagination, which facilitates the bigger process of interpretation.

7. After repeatedly going through the interviews, the interview data was interpreted in respect of the above mentioned theories and model, and the process of triangulated the data was also applied.

8. Thereafter, I reflected on the participants and their messages, in respect of my own feelings and experiences, and noted these down as part of my autoethnography.

9. These reflections on my UHL experiences/as researcher were recorded with a dictaphone, and when I listened to them for a second time, it caused me to write another level of reflections. In order to ensure the validity of this interview, I listened to the audio recordings on four separate occasions, that were spaced apart by four days. This enabled me to listen to the recordings with a more clear mindset, as well as, allowed me to transcribe the interview in a verbatim manner. These processes allowed me to identify any potential biases that could have influenced the data.

The participants' quotations were carefully analysed to facilitate the development of categories and themes, and thematic discussions will be informed by these quotations. This process is mainly an interpretive process, where the data was systematically searched for similar or conflicting experiences, and patterns. These themes can possibly lead to a very meaningful activity that can also result in a rich and deep understanding of the phenomenon being explored (Braun & Clark, 2006).

The participants' meanings and experiences were then triangulated against each other, my own autoethnography, and against literature, and these are presented later in the chapter. Overall, the data analysis process consists of watching and reading interviews repeated, coding and categorising the data, as well as triangulating what is found, against other interviews and against literature. Collectively, these procedures aim to present a thorough and convincing analysis of the participants' and my own personal stories.

In addition, other strategies such as 'open coding' and categorising methods were

used to breakdown the participants' individual narratives. Open coding, is a term coined by Strauss and Corbin (1990) that focuses on the breaking down of data, and evaluating it with purposes of classifying, grouping and describing certain sets of information (Miles, Huberman & Saldana, 2013). Flick (2009) asserts that coding is directly connected to empirical evidence, and that it is through the processes of coding, that new theories emerge. According to Flick (2009) categorization can be seen as the summary of various concepts, and can also refer to the relationships between these concepts. Flick (2009) adds that during the process of data analysis, the relations between categories may be judged as superior or inferior, and may enhance or restrict linking meanings and messages. In this process, thoughts, feelings and impressions are recorded in a researcher's memos, and can either complement or contradict the established codes (Flick, 2009).

In this study, in order to comply with the requirements of the 'open coding' method, the data was separated into different units of meanings, which were either single works, or group texts from the participants' interviews. Codes were then allocated to these small pieces of meanings, and then grouped according to certain topics from the interview, thereby resulting in larger categories (Saldaña, 2015; Miles, et al., 2013). This procedure was applied to the entire interview, and where necessary, more smaller and specific codes were used in more complex pieces. These codes represent the content of the interview in an abstract manner that enables researchers to remember categorical references (Flick, 2009). Codes that were used in this study, fell under the heading *'in vivo'* codes, meaning codes that were taken directly out of the participants' interviews (Saldaña, 2015; Miles, et al., 2013). These codes are known to be closer to the actual data, and are also known to help researchers organize and structure large amounts of qualitative data. In this study, the open coding process, was employed with scrupulous detail to the participants expressions, sentiment and type of vocabulary. Overall, this process allowed me to disentangle the data, and bring it together again, with the aim of establishing patterns, codes and meaning, all of which will be used to inform the findings of this study.

Another technique that informed the data analysis processes, were my personal reflections. These reflections occurred unintentionally during the initial readings of

the interviews, and further progressed during the transcription processes. Given that I had been reading a lot of personal information regarding UHL, some of which I resonated with strongly, this led to a series of personal reflections that were written down, and will be presented later in this chapter. These reflections were subjected to questions such as what are these feelings linked to, possible causes of these reflections and their personal meanings for me. I also critically analysed these reflections to establish links and understand the original ideas of these thoughts, as well as for supporting and linking ideas. In general, I critically evaluated the data through these ways in order to prevent researcher bias.

Thereafter the coding and categorizing process, the interviews were reread and re-evaluated to ensure that I had interpreted the data as accurately as possible. In order to assist me in this process, I asked fellow colleagues to read through and verify that I had correctly interpreted the data. This process of peer reviews, forms part of ensuring the trustworthiness of the project, in my attempt to convince readers that this study is worthy of their attention. These three narratives, along with my personal autoethnography, were analysed according to categories and themes that emerged. The following diagram depicts the major common themes that presented in all three narratives and the specific codes from each person's interview.

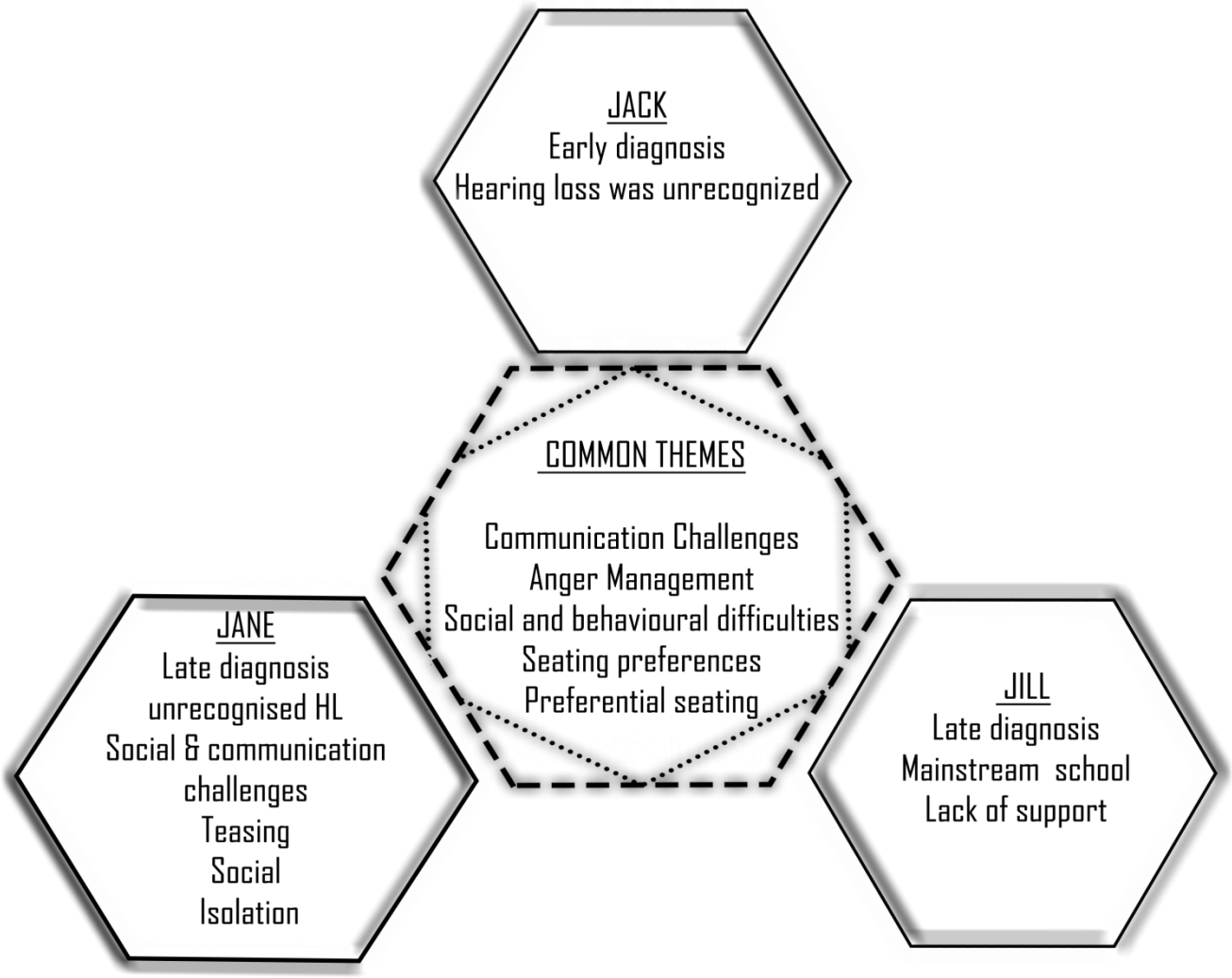


Figure 7.1: Diagram of themes and categories

The above diagram displays common themes between the participants, presented as core topics in the story of each. These will be further explored in this chapter, and interpreted through the theories of Bronfenbrenner and Vygotsky. IPA allows for a contrast between the participants and myself, and also enabled me to draw attention to each person's individual case, rather than trying to generalise their experiences. The use of Bronfenbrenner's bioecological theory allows for a focus on the specific relationships and levels that occur in the stories, and for them to be contextualised by including details such as the cultural communities in which they grew up, the type of schools, health and cultural facilities (Bronfenbrenner, 1994; 2005). Thereafter, theories of Vygotsky (1962, 1987) were used to focus on the participants'

relationships with their parents, siblings, peers and teachers, with a view to investigating how they functioned in certain social and cultural environments. Vygotsky's theory of language allows for attention to be focused on the participants' language, as well as on how they negotiated their social interactions and worked with their hearing limitations. The joint use of these theories allows readers to gain a better understanding of people with UHL and their stories. The next section presents a brief introduction to each of the participants' background information, and also highlights their surrounding social cultural contexts. Thereafter, a thematic discussion presents a triangulation of the evidence is presented. It is important to note that although, I have referred to my personal autoethnography as a different method from the participants interviews, in the following discussions, my personal story will also be included in the term 'participants', as I acted as a 'participant observer;.

7.3 INFORMATION AS PER BRONFENBRENNER'S BIOECOLOGICAL MODEL

The participants are introduced as follows:

a) Jill's UHL Context

Jill self-identifies as 'Indian', a racial group marginalised by the apartheid regime, during which she had restricted access to healthcare facilities, minimal support and intervention opportunities. Jill attended mainstream schools throughout her primary and secondary education, and her micro- and exosystems were based on an extended family, in which she interacted with uncles, aunts and cousins on a daily basis. As a result of Jill's extended family context her hearing loss was possibly more easily overlooked. Jill's hearing loss was diagnosed when she was six years old, and doctors were unable to establish its cause.

b) Jack's UHL Context

Jack belongs to the white racial group, and was living in a developed country at the time of his hearing loss and so was able to access good quality of healthcare. When

he returned to South Africa he was still able to access basic healthcare facilities, was provided with amplification options, and attended mainstream private schools. Jack's micro and exosystems consisted of his parents, brother and peers, with whom he interacted on a daily basis. Jack's hearing loss was diagnosed as an infant, and he explained that as a result of gases in his left ear, subsequently, he lost his hearing.

c) Jane's Context

Jane was born into a previously disadvantaged black community and as a result of a lack of healthcare facilities her hearing loss was not diagnosed at an early stage, nor was she provided with suitable interventions. Jane's hearing loss was only diagnosed in high school but during her narrative she explained that they believed she experienced it from around 14 years old. During her childhood she learnt to lip-read, ask people to speak loudly to her, and was punished, subsequent to missing instructions [Jane 6-7]. Since she belonged to the black racial group her micro-and exosystems consisted of immediate family, cousins and close relatives. Jane reported that during her childhood, she felt supported and accommodated by these people. She did not speak English as a first language and only learnt to speak it at school. However, when her macro and exosystems changed to include her work colleagues she was mocked for her hearing loss, which resulted in various negative feelings and experiences.

d) Researcher's Context

I was born in the 1980s, when South Africa was still being governed by the apartheid regime, and I belonged to the 'Indian' racial group. My hearing loss was diagnosed when was a baby. Nevertheless I still developed sufficient language skills and also started to attend mainstream schools. My micro- and exosystems consisted of my siblings, one year older and three years younger than me, and my parents. These systems later expanded to include my peers and teachers at mainstream schools. When I moved to various universities my exosystem changed and allowed me to access intervention services, such as counselling.

7.4 THEMATIC ANALYSIS

In order to draw out further meaning from the interviews, data analysis processes of coding and categorising were carried out with all the participants. This process led to the development of specific themes, which I discovered could also be applied to my narrative. These themes allowed for a comparison of each participant's story, and further comparison to my narrative.

The following section will present a discussion of these themes on an individual basis, with due focus on how their experiences related to the theme being discussed. Bronfenbrenner's bioecological theory can be specifically applied to the thematic discussion since it helps us to understand how a person experienced certain social and emotional experiences, and also considered any significant influences on their experiences. Since the aim of this study falls on the social and emotional experiences of people with UHL, the processes of data analysis paid specific attention to these processes. In addition, the use of Bronfenbrenner and Vygotsky's theories enabled me to unpack these experiences. These processes led to the development of significant themes that linked to the participants' social and emotional functioning. Consequent to processes of data analysis, coding and categorising methods, the following social and emotional themes emerged:

1. Attitude to hearing loss
2. Anger and Frustration
3. Communication skills
4. Social skills
5. Isolation
6. Hearing Aid
7. Coping skills

Table 7.1 below serves to break down the meanings presented in each interview and displays the various categories that make up each. Additionally, my own personal autoethnography is entered as an additional column. Given that each participant presented information that linked to these themes in specific ways, it is important to remember that these themes emerged completely from the interviews. Thereafter,

discussions of each of these themes will be presented in respect of the literature review presented in Chapter Two and Three.

Table 7.1: Table of Findings

Common Themes:	Jill's case	Jack's case	Jane's case	My personal situation
1. **ATTITUDE TOWARDS UHL**	Refers to hearing loss as "*a problem"* or *"wrong with me*". Doesn't see it as a 'loss' as she never had bilateral hearing abilities.	*"Not really that big a deal".* Jack sees his hearing as a simple obstacle that he manages well.	Sees Hearing loss as a *'disability'* - that isolates her and causes her to differ from others.	I refused to see my hearing loss as a disability, and tried at all costs to be seen as "*normal*".
2. **ANGER AND FRUSTRATION**	Internalised anger, and withdrew. Difficulty hearing in noisy environments Becomes frustrated when missing information	Experienced Tourette syndrome, which possibly linked to his anger outburst. Anger can be a challenge in UHL people. Experienced difficulty managing anger when other children annoyed him.	Anger can be internalised, and cause UHL people to withdraw. When hurt by colleagues teasing, isolation, lack of empathy, and unwillingness to repeat - she withheld anger and withdrew.	I was a very angry child, who felt misunderstood, unaccepted and believed that the world was not treating me fairly.
3. **COMMUN-ICATION SKILLS**	Misses parts of conversations - she asks people to repeat, and when they don't -she walks away. Brother will repeat once or twice, but not more. Walks up to	Jack stated openly that he experiences challenges communicating with his brother and parents, since they call him from distant locations.	Misses pieces of information and conversations Unable to tell people about hearing loss, or ask them to repeat	Missed parts of conversations Missed instructions Didn't have the courage to ask for repeats When people

	people, if she cannot hear them. Asks them to speak louder		Speaks English as a second language	refuse to repeat - impacted on my self esteem
4. **SOCIAL SKILLS**	Befriended unpopular children and helped weaker children.	Supported by a close group of friends - looked out for each other.	Had a few close friends, helped her communicate.	Few close friends. Envied children with large social groups, and who had close friendships.
5. **ISOLATION**	Reveals the emotional part of UHL, feeling left out, even though you are present. Agrees with my experiences of isolation Walks away from situations where she feels unwanted	Jack seemed to have good social relationships, and did not mention loneliness or isolation.	Isolated by work colleagues, by teasing and refusing to communicate. Withdrew to only a few friends and family (safe zone)	I was very isolated during my school years, in that I had difficulty establishing and maintaining friendships, as well as lacked skills of communica-tion and anger control.
6. **HEARING AID**	Not an option for her.	Hearing aids - physically hurt his ear since the mould was uncomfortable. Additionally hearing aids, amplified loud sounds that also hurt his ear. Hence Jack	Made a big difference to her hearing, and helped her a lot. But since Jane was teased and ridiculed for using a hearing aid, she decided to leave it.	Although I used a hearing aid as a child, I could not feel a big difference. I was scared of being teased and seen as different. Hence I chose

		chose to stop using it.		to leave it.
7. **COPING SKILLS**	Jill coped with her hearing loss limitations by learning to explain to people that she cannot hear and also learnt to make an effort to move closer to people. She also explained that as a child, she concentrated on playing rather than on her hearing loss and this also helped her cope.	Initially, when Jack's hearing loss was diagnosed, his parents were provided with information regarding how to communicate with him and support him. After a series of aggressive behaviour incidents, Jack was referred for therapy. Through therapy, Jack learnt to cope with his hearing limitations and aggressive behaviour by calming himself, and walking away. Jack also coped in school by depending on friends to help him regarding instructions and information.	Initially as a child, Jane coped by learning to lip read and her friends and family members also realised that Jane needed to be spoken to in certain ways. As Jane grew older, she learnt to cope by depending on friends and family members for assistance and support.	I coped by internalising my anger, withdrawing and also turned to writing in diaries, writing poems and painting pictures.

7.4.1 Attitude to a hearing loss

In his writings, Montanini (1993) found that a healthy attitude towards a hearing loss was associated with healthier levels of mental and emotional health (Li & Moore, 1998). Research has revealed that when children experience any type of difference from the majority of children in his/her community, that child becomes prone to experiencing fears of being stigmatised, denial and anxiety (Hetu, Riverin, Getty, Lalande, & St-Cyr, 1990). Regarding UHL specifically, children in this category also attempt to try and feel ‘normal’, in order to reduce their differences with their peers.

Although there are a few investigations regarding a person's attitude towards a disability, such as Manchaiah, Molander, Rönnberg, Andersson and Lunner (2014), *The acceptance of hearing disability among adults experiencing hearing difficulties: a cross-sectional study,* and Jennings and Shaw (2008), *Impact of hearing loss in the workplace: raising questions about partnerships with professionals,* these studies did not focus specifically on a child's feelings and attitudes towards his/her hearing loss. Hence, research that focused specifically on UHL or a child's attitude towards his/her hearing loss appears to be non-existent

7.4.1.1 Jill's attitude to her hearing loss

In the beginning of her narrative, Jill said:

> *"... it was what they doing to me, you know it was the unknown,* [referring to the numerous hearing loss diagnosis processes that she was subjected to]. *You can say because erm until then, I never knew* [raises eyebrows]. *I had a problem and here now they telling you that there's something wrong with you"* [Jill 22].

This statement captures a large part of Jill's negative attitude to her hearing loss. As the only participant who provided details regarding the diagnosis of her hearing loss, she explained that it was only after the diagnosis that she became aware of it. Without thought, she used the medical discourse terms of "*problem*" and "*wrong*" throughout her narrative to refer to her hearing loss until the time of diagnosis she had believed that she was a typical child with typical hearing abilities. However, during her diagnosis, the professionals with whom she interacted possibly referred to her hearing loss as a *'problem'* or *'trying to find out what's wrong'*, which she possibly grasped. Hence, these words informed her personal world and possibly led to feelings of inferiority. Consequent to the diagnosis of her hearing loss, Jill then became a child with different needs, such as being required by her parents to sit closer to the teacher and needing her friends to speak to her on the side of her good ear.

> *"I didn't know that I had a problem"* [Jill 53].

However, Jill added another viewpoint regarding her hearing loss:

"I never lost it, I never had it" [Jill 90].

Here, Jill said that she did not regard her hearing loss to be an actual loss, since she had been born with it, explaining that she did not have hearing in her right ear and thus felt she had not lost it. She actually had mixed views regarding her attitude towards her hearing loss, which led me to consider this as a link to the diagnosis of her hearing loss. She viewed the diagnosis of her hearing loss as a *"nightmare"* [Jill 17] for herself since she had been subjected to numerous medical visits without any explanations:

> *"You go from hospital to hospital, doctor to doctor, because they are trying to figure out what's wrong"* [Jill 18].
>
> *"I think that it wasn't too good because I was like six or seven, I think I was six, it was class one and erm because I went from this person to, you know the specialist. I just remember going, lots of trips and you going, it's like you actually come to know what they want you to do, because they bang this and they do that, sit in the glass box. Knock on the window looks away, so ya, I think that wasn't too good because it wasn't explained to me"* [Jill 19].
>
> *"Actually I can't really remember. initially it was a little frightening, because you had all these people coming and putting these big [hand gestured on both sides of her ears - big ear puffs movement] Okay, now it's like. Okay, now you like, er er you know everything is sophisticated and digitally advanced but in those days, you had like these huge, I don't even know what you call them, earphones? But really huge, heavy things and erm as you can see erm, I'm short, and small built, so for me, that was heavy and then they tell you listen to this sound and give me that sound and initially it was scary because it was never explained to me" [Jill 20].*
>
> *"Unknown, you can say because erm until then I never knew I had a problem and here now they telling you that there's something wrong with you" [Jill 23].*

These pieces capture Jill's main message of diagnosis of hearing loss as a frightening and disturbing event. This information enabled me to infer Jill's attitude to her hearing loss, which she referred to as, "*there's something wrong with you" [Jill 23].*

According to Bronfenbrenner and Vygotsky, a child's interactions with people and their environments informs their development In other words, a child is influenced by

surrounding people, language, events and culture regarding their experiences and development. During this event, Jill interacted with various medical professionals, possibly viewed her hearing loss as something to be corrected, and many tried to refer her to use hearing aids. These interactions possibly influenced Jill into developing a negative attitude towards her hearing loss. Jill's negativity can also be explained by her self-reported feelings of being unsupported and frightened. Through these verbal messages, it is possible to infer that these interactions led to her experiencing certain emotions such as fear and anxiety regarding medical professionals and hospitals. Moreover, through these messages, Jill reveals that her anger is targeted at these medical professionals, as she shared her story with me.

Given that Jill experienced a lot of anguish through this event, she emphasises that when dealing with children, professionals need to be gentler in their interactions and, most importantly, provide them with information which they can understand.

According to Vygotsky's theories, inner speech links to inner meanings, and since Jill presented her view of her hearing loss as something that was "*wrong with her*", her inner thoughts lent themselves to this negativity which also informed her attitude towards herself. An example of Jill's inner thoughts is a wish to be able to hear with both ears. Jill explains,

> *"You know, if I had a wish then that {hearing with two ears} would be my wish, when I was small, obviously now you would wish for a million bucks or more" [giggles, with EC, head leans forward, as we both laugh] [Jill 97].*

This quotation draws attention to Jill's perceptions of her hearing loss that is line with the medical model, that she wishes she could hear with both ears, since she would then be 'fixed' and not different. All these expressions link to a negative perception of her hearing loss, and in a way Jill seems to be trying to establish a meaning of them for herself. This statement also supports her view of her hearing loss as something that was "*wrong*" and if she could her with both her ears, she would not need to be corrected.

7.4.1.2 Jack's attitude to his hearing loss

From the beginning of the interview, Jack presented a view of his hearing loss as

"*not that big a deal´* [Jack 10, 189]:

> *"So that's just my personal opinion on it, it's just any, with any problem you have with people, it just depends on how you tell people what you asking of them, if you asking them. Basically what they hear is 'it's your fault, now you fix it'. That's essentially the gist of the conversation you having, or the other way around, 'it's my fault, now you fix it'. That's insulting, they not going to take it that well. It happens, change one little, two little things, people normally don't mind if they standing on the other side and talking to you, it's not a huge big deal. Or if you on the left side and you can't move, then you kind of have to turn your head. But see, I can still hear somebody perfectly well without facing them. It's not that big a deal, it's only when I'm trying to concentrate that's when I tend to cock my head. People listen!"* [Jack 189].

This description indicates that Jack has both a positive and realistic attitude to his hearing loss. Notably, at the time of his diagnosis, he and his parents were provided with support in a developed country and these experiences could have played a key role in informing their perceptions of a hearing loss. He also had access to counselling and therapeutic services in South Africa. In line with Vygotsky's and Bronfenbrenner's theories, Jack learnt how to constructively manage his hearing limitations through therapy and by interacting with certain people. These interactions helped Jack learn skills with which to manage his anger and also to communicate and remain calm in conflicting situations.

In his story, Jack explained that consequent to being unable to express himself, he reacted violently. This resulted in him being sent for therapy, where he learnt skills to control his anger. In alignment with Vygotsky's theories of mediation, through therapy Jack learnt how to speak up and assert himself, and thus learnt how use his language as a tool to establish successful social relationships. More importantly, he also learnt how to explain that he has a hearing loss in a clear and objective manner. Jack also learnt to control his self-talk, by telling himself to calm down.

Similar to Jill, Jack also expressed that he wonders: "*What it would be like to hear perfectly in both ears" [Jack 1919].*

Unlike Jill, Jack did not mention it repeatedly, and only mentioned once that he would appreciate knowing what hearing with both ears felt like. With this information, messages that are inferred suggest that Jack experienced a more positive, accepting

and realistic attitude towards his hearing loss.

As in Vygotsky's theory of dysontogenesis (1993b), Jack focused on positive aspects of his hearing loss and explained that people should not over-emphasise their hearing loss. He added that people simply needed to learn to cope with it. Significantly, unlike certain of the other participants he did not use any negative words to describe it, nor put forward a 'blame' attitude. As Jack explains in his narrative, unlike a certain figures in his school, who presented attitudes that since they have a disability, other children feel obligated to accommodate them. Conversely, Jack presents an attitude that it's only a hearing loss, that can by managed easily. Hence, Jack explains that he did not put forward a blaming attitude towards his peers. Here Jack explains:

> *"So, it, depends very much on how you tell the people. For instance, if you have problems on how you want them to deal with it if you make like it's their fault, or your fault, obviously one of you is going to be blamed, that makes it a problem with the rest and any relationship. If you just happen to say I've got hearing loss, oh okay. I did have one person that said 'I heard you got hearing loss from setting off a cracker'. And then I was like 'no'. But then again, he accepted that, very easily" [Jack 178-185].*

In this specific situation, the manner in which Jack answered the boys question played a key role. This situation held the potential to progress into a violent display of anger, and instead Jack remained realistic and confident, and simply replied "no". On the whole, Jack presented a realistic and clear understanding of his hearing loss, which also positively influenced his surrounding social relationships.

7.4.1.3 Jane's attitude to her hearing loss

Jane's hearing loss was only diagnosed in high school. Prior to her hearing loss diagnosis, Jane learnt to cope with hearing loss restrictions on a personal level. In order to compensate for these challenges, Jane learnt to lip-read, ask people to speak louder and also responded loudly. Born under the apartheid regime, her racial group had restricted access to certain healthcare facilities which may have contributed to the late identification of her hearing loss. This restricted access of facilities prevented Jane from have her hearing assessed at an earlier stage, and

she also experienced a lack of appropriate support and intervention. These aspects played a significant role in Jane developing a negative perception of her hearing loss.

In her narrative, Jane describes that during her youth she has been surrounded by a loving and supportive community of family and friends who understood her needs. These interactions appear on Bronfenbrenner's bioecological model's micro- and exosystems, and also informed Jane's attitude to her hearing loss. As posited in Vygotsky's theories of language, Jane used her language skills to nurture successful social relationships and described herself as a socially active person. However, when she had begun to work, her colleagues were less tolerant of her hearing loss, ridiculing her for her use of a hearing aid. As a result, a change in her attitude to her hearing loss could be noticed:

> *"Family friends and my family was also supportive. Ooh, I would say, I would remember those friends when I couldn't't hear. They would shout, others were aware that when they were talking they need to, I need to look at their mouths so they would come say to me, "read our lips"* [Jane 32].
>
> *"I just feel uneasy, it's not easy for me, sometimes I think people will discriminate me, because I've got a disability. They will think that I'm different from them. Or maybe I'm not capable of doing things because I cannot hear and losing hearing from one ear, they told me that you are totally disabled I said no"* [Jane 46].
>
> *"Sometimes we need to hear things for yourself, you don't have to hear second-hand information, that when someone has got to give you information it might be distorted or some"* [Jane 47].
>
> *"Hmm you're different, that's what I don't like, and they start treating you differently. No, I don't want a special treatment" [shakes head]* [Jane 52].

According to the theories of Bronfenbrenner and Vygotsky, parents and teachers are responsible for interacting and playing central roles in the child's learning and development (1978). Since Jane initially experienced support from the people who made up her micro and exosystems, she presented a picture that she had coped with her hearing loss. However, when the people in those systems changed to being negative and critical her attitude to her hearing loss also changed. In the above

statements, Jane reveals that she felt embarrassed and tried to "*cover up"* her hearing loss (Jane 44).

These verbal descriptions are evidence of Jane's feelings and attitudes towards her hearing loss, and allowed me to infer her possible meanings. Jane saw a hearing loss as a sign of weakness that placed her in a vulnerable position, where she could be teased or manipulated, and thus, felt conscious about her hearing loss, leading to a need to "cover" it up. In other words, she felt exposed when people became aware of her hearing loss, leading to feelings of inferiority. As per Bronfenbrenner's bioecological model(1989), these feelings informed her thoughts on her intrapersonal level, thereby leading to her feeling awkward in social gatherings. More importantly, these thoughts and feelings, on her intrapersonal level played a key role in Jane's decision to withdraw and isolate her from mainstream community activities.

In her narrative, Jane continuously presented her attitude towards her hearing loss as a, *"disability"* that she experiences as *"disadvantaging" [Jill 14]*. For her, interactions were unpleasant and negative encounters which were likely to lead her experiencing negative thoughts and emotions regarding her hearing loss and herself as a disabled person.

On the other hand, at the end of the interview, Jane stated:*"Disability doesn't err, close the doors for me"* [Jane 149].

Although Jane refers to her hearing loss as a "*disability*" that needs to be kept hidden from people, at the end of the interview she explains that she did not want it to limit her in any way. Jane presents two types of attitudes towards her hearing loss, and this links to an indecisive attitude. Jane experienced uncertainty and doubt regarding how people can react to her hearing loss, and in many places in her narrative, she adhered to the definition of her hearing loss as a "*disability*". Regarding her personal views of her hearing loss, Jane also includes,

> *"Okay, feeling incomplete in the sense that other people can hear with both ears, meanwhile you can only hear with one ear. And you were created to hear from both ears, that's, that's sometimes I feel incomplete because other people could, have that opportunities of having hearing in both ears, so for me it was just one ear, why me?* [drops head]. *Why one ear?* [laughs]*I couldn't understand that?* [Sniffs][Jane 112].

In this extract, Jane presents a growing awareness of her hearing loss. She has become aware of it, as something that causes her to differ from others, and in a way, she wishes that she could hear with both her ears. Jane reveals a wish to hear with both ears, because that would benefit her in two ways. Firstly, she would not have to rely on people to repeat information for her, and secondly, this gap that she constantly experiences with regard to her typical hearing friends would not exist. These thoughts and feelings were informed by Jane's interactions with on her micro and exosystems in Bronfenbrenner's model, and also by Vygotsky's theory of language. Here Jane experienced negativity in those systems, and she also found herself lacking in her language abilities. These factors contributed to the development of the mindset, where she wishes she could hear with two ears.

In line with Bronfenbrenner's (2005) bioecological theory and Vygotsky's (1978) theory of meaning-making, Jane experienced support and accommodation during her childhood, which informed her meanings and attitudes towards her hearing loss. Vygotsky (1978) believed that a person's personal meanings and attitudes are closely linked to their communities, and since Jill experienced her childhood community as 'accepting', she held a more positive attitude towards her hearing loss. On the other hand, when her exosystem changed to include her work colleagues, she subsequently experienced teasing and her attitude to her hearing loss then changed into a negative one. This and possibly led to her describing her hearing loss as a *'disability'*.

In addition, in his theory Vygotsky investigated links between one's thoughts, inner speech, behaviour and verbal responses. He concluded that inner speech plays a significant role in a person's attitudes, experiences and meaning, and since Jane frequently referred to her hearing loss as a disability, it appears that her private speech informed these verbal descriptions of her hearing loss. Overall, it is interesting to note that consequent to a change of environments, Jane's perceptions and attitude towards her hearing loss changed.

7.4.1.4 My personal attitude to my hearing loss

Regarding my personal attitude to my hearing loss, I will use a personal piece of

reflections that was presented at the beginning of this study to describe it:

> *"I have never regarded the loss of hearing in one of my ears to be an abnormality or a disability. However, one ear requires special treatment, and I am careful about swimming without earplugs, and I cannot scuba dive. I need to make certain adaptations when I'm in the lecture theatre or auditorium, I like being closer to the podium or speaker. I need to position myself to the right of a speaker to be able to hear better. Most people do not have to do this, so do I have a disability?"* [taken from my personal reflections 09.20].

Since I could hear in one ear it was easy for me to be amalgamated into a mainstream primary school. My parents informed some of my teachers, but later I appeared to be "*normal"*. With these micro and exosystems, I felt that I was being treated as if I were "*normal*" and thus adopted the attitude that I needed to appear as "*normal*". Initially, I believed that if I ignored my hearing loss it would not affect me. However, through learning to deny my hearing loss, I also struggled to understand and establish a healthy identity. All through my school years (primary and high school), I recall that I covered my hearing loss and pretended to hear information when I actually missed it. Since I appeared *'normal'*, I was treated as such.

According to Vygotsky (1997a, p. 105), "through others we become ourselves", and considering that my hearing loss was overlooked significantly by others in my various environmental systems, I also grew to overlook my hearing loss and its restrictions. This can be seen in the attitude that I refused to accept it as a 'disability'. Bronfenbrenner's bioecological theory can also be used to explain my attitude to my hearing loss since my attitude to my hearing loss only changed when my exosystem changed to include counsellor and other university students. In this environment, through counselling, I learnt to become more aware of my unilateral hearing loss and its limitations.

Through interactions with counsellors and friends at university, I learnt to communicate that I couldn't hear in one ear, and needed them to ensure that I heard their messages. It is noticeable that I did not use any specific term such as *'disability'* or *'wrong*" to describe my hearing loss, and only after becoming more aware of its limitations, I learnt to use the term 'hearing loss'. Similar to Jill and Jane, I also experienced feelings regarding wishing I could hear with both ears, and also feeling

very *'incomplete'* regarding my abilities to hear in one ear only. During a child, I would rather focus and question my personal characteristics, such as "why did I have to be different" instead of acknowledging that my hearing loss is a large aspect of that difference. According to Vygotsky (1962), my inner speech thinking revolved around thinking "what's wrong with me". This thinking reflects this attitude that I blamed my personal self for being different from my sisters and peers. These thoughts and perceptions informed my personal feelings and further contributed to low levels of self-esteem and confidence.

Overall, of the four participants, only Jack presented a healthy and realistic attitude of his hearing loss. The other perspectives included describing it as "*something wrong*", a "*disability*" or denying it completely. It is interesting to note that all the participants' including myself experienced thoughts and feelings regarding what would being able to hear with both ears feel like? Although some participants' such as Jill experienced it on a deeper level since she frequently referred to her wishing she could hear with both ears in her narrative, Jack only referred to it as a simply wish that he would appreciate knowing what hearing with both ears felt like. Being surrounded mainly by many children with typical hearing abilities, Jane and I both expressed that we felt *'incomplete'* when discussing our hearing loss. Overall, these stories reveal ways in which peoples' attitudes towards their hearing loss were informed by social and cultural interactions, and how these further inform their personal attitudes towards their hearing loss. Considering that Jill, Jane and I demonstrated negative attitudes to our hearing loss it is possible to suggest that this negativity possibly found a way of expression in our anger.

7.4.2 Anger and frustration

From the literature reviewed in Chapter Two, it was established that most qualitative studies in the field of deafness have not discussed the case of people with UHL and how this correlates or links with anger as an emotion. Although previous studies have verified the prevalence of anger in people with a hearing loss, such as Barlow (et al., 2007) discussed how angry, anxious and isolated adults with an acquired hearing loss felt, and Harris (2014) mentions that the children in his study with UHL

presented behaviour challenges such as aggression and social isolation, even when they produced sufficient academic results. However, Harris (2014) approached the topic from as assessment perspective, and endeavoured to assess the social and emotional functioning of children with a hearing loss, including some children with UHL. Another article on anger was Eschenbeck (et al.,2016), who established that deaf or hard of hearing girls displayed needs for social support services such as counselling, whereas boys focused on using various forms of media to cope with their anger. In this study, children with UHL shared their stories of authentic experiences with anger, and paid special attention to how they experienced it and coped with it.

7.4.2.1 Jill's anger and frustration

In Jill's narrative, she expressed that she became frustrated during her attempts to try and communicate with her brother. Jill stated:

> *"Frustrated. Hmm, ya basically, the* [inaudible - vur most - sic] *feeling is frustration and now you can't hear, and you know like erm...ya, it's frustration, because you can't hear, and maybe it's something to do with work, and you need to get the work done, the work can't get done because you can't hear what the instruction is, so ya, basically it's frustration, I won't say"* [shaking head] [Jill 189].

In the second incident, in which Jill reported having felt angry, she also felt excluded from conversations:

> *"I wasn't meant to hear or they didn't want to tell me so, ya, and so there is that bit of anger so, fine* [emphasises word loudly]. *You know when the children fight"* [Jill 304 - 306].

Although Jill mentioned that she only experienced anger and frustration during communication challenges, and when excluded from certain discussions, she does not express her anger verbally or through her behaviour. Jill used the words "anger" or "angry" to describe her hearing loss diagnosis, and also speaks about it in a very angry tone:

> "*I'll shout and tell him, you don't know, you don't know I got hearing problem"* [Jill 197].

In this piece, Jill's anger is expressed through her choice of the word "*shout*" and her rhetorical question "...*you don't know I got a hearing problem?*"

However, Jill also explained that in order to cope with these feelings of anger and frustration:

> *"I get up and I walk away, you know like I go away, I say "Okay fine, you'll don't want to tell me", and then I get up and I go away, and then ya I'd do something in my room, till the feeling passes, or wherever I want to, till the feeling passes, and, ya and then like, for that time of the day, you sad, and quiet and reflective. And then the next day is like back to normal, like you forgot about it, so ja that happens, once in a while"* [Jill 301].

Regarding this topic, Jill makes it explicit that she does experience anger, especially when she is not included in conversations, and also when her brother refuses to speak clear enough for her to absorb the intended messages. However, a very important piece of information that Jill also shared, relates to her coping skills. Jill explained that she has empowered herself and takes control of herself, and chooses to walk away, or exclude herself from these unpleasant situations.

When the theories of Bronfenbrenner (1989) and Vygotsky (1993b) are applied to Jill's situation, it can be suggested that Jill was subconsciously guided to manage her anger and frustration, through her interactions with friends and family members (microsystems). What is more, is that based on Jill's narrative, it seems that her cultural context did not offer her any forms of support and mediation (exosystems), and Jill realised on her own, that she needed to find ways to manage these negative feelings. In Vygotsky's theories, he placed a large amount of emphasis on one's thoughts, emotions and speech. Vygotsky (1981) puts forward a social approach to understand one's emotions, which he views as the consequence of a person's interactions with their social and cultural contexts. He further explains that children can receive information through their senses, and through their thoughts and language abilities, learn to express themselves. In this regard, Jill possibly learnt to walk away based on examples that she was exposed to. Additionally, it seems as though through her thoughts, she directs herself to walk away from these situations. This example reveals a clear link between her thoughts and her actions. When Jill includes that she become thoughtful and reflective, this links to Vygotsky's theory of

language, which argue that thoughts come before a person's language, and that babies experience thoughts from a very young age. Overall, Jill explained that although she experienced some forms of anger, it did not dominate her, nor control her actions. This explains how she used her inner speech led her towards developing specific coping methods that enabled her to cope with such negative experiences.

7.4.2.2 Jack's anger and frustration

In Jack's narrative, he discussed his anger and aggressive behaviour challenges in an explicit manner:

> *"Well, a person called me a name I didn't like, and kept calling me a name I didn't like, and so I put the back of his knife to his throat and said I dare you to call me that again. The only other time that that particular incident has come back on me, is I think I threatened to stab Neil, another guy who sat next to me with a pencil. And he was like 'are you really going to do that?' So I said 'No'. He was like, 'Why do you threaten then?''cause it kind of feels stupid to sit there and say nothing. Because he was talking and I was like please shut up. And he was like 'no', so I was like, 'If you don't I will stab you with a pencil'. So he asked me, 'would you really?' So I was like 'No not at all'. No it's not actually something I would do. And then of course the girl over there kind of hated me for some reason that I don't know. Called Child line in front of her father to say she was afraid I would stab her, I don't understand what happened there. I don't think we got along particularly well. It's not like I did anything to her. I think her excuse to her father was that I wanted to stab Neil just for talking next to me. She was afraid for her life, but I didn't actually, I couldn't have cared less, about her*" [Jack 72 -76].

> *"I've, only snapped at a girl once in class, I do get very angry, I wanted to punch a person next to me for saying I have a limited amount of questions"* [Jack 86].

These interview pieces reveal that Jack experienced significant levels of anger, during which he was unable to express himself in constructive ways. These incidents include experiences when he was unable to verbally defend himself, or was frustrated with others. His situations reveal that even though he previously received mediation through therapy he still needed to express his anger through his behaviour. This drew the attention of his parents and teachers, and Jack

subsequently received additional forms of mediation. One important factor, regarding Jack's experiences with anger, is his Tourette Syndrome. According to Simpson (2015) children who experience this disability are prone to experience incidents of rage. Simpson (2015) adds that these incidents do not focus on specific purposes like a tantrum, and frequently occur in the home environment. Caused by the body's inabilities to effectively manage environmental and psychological factors, children tend to feel overwhelmed and thereby, resort to outbursts of extreme anger.

In line with Vygotsky's (1980) social cultural theory, Jack lacked the necessary verbal and social skills to establish himself in his social and cultural environments, and was also unable to simply tell his peers that he did not want them to call him names:

> *"... cause it kind of feels stupid to sit there and say nothing"* [Jack 72].

In this piece, Jack admitted that he felt silly not being able to reciprocate, and thus turned to aggressive actions to help him express himself. Additionally, it can be argued that in the presence of many children, Jack could have felt overwhelmed and based on his Tourette Syndrome, this could have further influenced his anger outbursts. Consequent to Jack's violent expressions in his behaviour, he was sent for therapy. In alignment with Vygotsky's theory of mediation, this can be seen as a metacognitive form of mediation, which enabled him to discover certain personal strengths and skills (Karpov & Haywood, 1998). Vygotsky (Karpov & Haywood, 1998) explains that this metacognitive form of mediation refers to a joint process, where both adult and children pursue semiotic goals, and in Jack's situation, he pursued the goals to manage both his feelings of anger and aggressive behaviour. Jack explains that through these opportunities, he learnt to manage his anger, calm himself and also walk away from potentially conflicting situations. Jack's opportunities for therapy appears on Bronfenbrenner's (2005) exosystem level, and through his interactions with a therapist, Jack was influenced positively to develop essential coping skills.

Overall, Jack's situation reveals that possible setbacks experienced by children with UHL in language and communication areas can result in significant levels of anger, which if left unexpressed can manifest in anti-social behaviour forms, such as violent and aggressive behaviour. Hence, Jack's situation provides a personal window into how a 14 year-old child with UHL can experience setbacks in areas of language and

communication, and Vygotsky's (1980) theory of social-cultural development help us understand how these forms of expression can impact negatively on a person's social and cultural experiences.

7.4.2.3 Jane's anger and frustration

In Jane's narrative, she does not explicitly mention being angry, but her anger was visible in her descriptions and reactions to certain events and situations. For example, regarding meetings in her work environment, she explained:

> *"I don't, don't have a problem, because it's such a small meeting. But going to big meetings for me sometimes, it's frustrating, because of my hearing"* [Jane 54 - 56].

Other situations in which Jane found herself becoming frustrated were:

> *"When people greet me and I don't hear, and because then people start saying 'oh she thinks she's better than other people', so most of the people think, I'm, I have pride, because when they greet me, I don't hear, unless somebody explains to them, you know you, you.'Jane does not hear, don't think she's got pride or something', so you, you, you make a lot of enemies because, you don't hear people think you just keeping quiet intentionally"*[Jane 59].
>
> *"Misunderstood by people* [nods]*yes, and people will also have wrong perceptions about you because they make their own conclusions without even communicating that to you"* [Jane 76].

Jane's interview pieces reveal that many of her experiences with anger were closely linked to her hearing abilities. More significantly, she was angry at her hearing loss for influencing her social relationships and peoples' reactions towards her. In her narrative, she explained that prior to the diagnosis of her hearing loss, and prior to the ridicule that she experienced at the hands of her colleagues, she had been an active and social person:

> *"I would describe myself as a person who communicates with people, even though I had a hearing loss. A person who was very much active. I was, what amazes me, I was singing, but I had a hearing loss, I was part of a choir. Singing, so I would say I would get along with people, I would do many things, I would do many activities, I was involved in quite a number of things like doing drama, even though I didn't hear. I was actually active at school. I was not withdrawn because sometimes I*

> *couldn't hear. I was not withdrawn, because sometimes, because of the hearing loss, you would be withdrawn from most of the activities"* [Jane 99-100].

However, as a result of teasing and ridicule, Jane became more aware of her hearing limitations and people's impatience towards her. This caused her to withdraw into herself and her family:

> *"I feel safe when I'm with my family because they understand me better"* [Jane 104].

However, she added:

> *"I like the person [big eyes, broad smile] I was before because I would get along, I would socialise, I could do, I was just like active. I do like socialising but recently because of this problem, it seems to be growing with age as well, so I decided you know what, I'm boring people. Yes, because I don't hear, the other people get bored: "Hey this one, hey she doesn't hear. There she comes, hey, we'll have to explain things, time and time again". Other people don't like that so"* [Jane 156 - 158].

In this extract, Jane described her former self as an active and social person, and explained that since she had become more aware of her hearing loss and people's negativity towards her, her personality changed. Therefore, she blamed her hearing loss for her personality change and felt angry towards it. The change in Jane's micro- and exosystems also played a significant role in her experiences of anger and frustration. When Jane's micro- and exosystems consisted of supportive and understanding friends and family members, she did not experience any feelings of anger and blame towards her hearing loss. However, when these systems changed to include her work colleagues, this is when she started experiencing anger towards her hearing loss. As a consequence to Jane being teased regarding her use of her hearing aid, she began to view her hearing loss as a sign of weakness that rendered her vulnerable to being teased. In line with Vygotsky's (1980) theory of social development, she first experienced this on a social level, and then on an inner, personal level. In order to cope, Jane withdrew socially, and blamed her hearing loss for this decision. This incident resulted in Jane becoming self-conscious of her hearing loss, and also felt, embarrassed, awkward, and ashamed of her UHL. These emotions appear on her inner-personal level and informed her thoughts and inner-speech (Vygotsky, 1980).

However, as a consequence to learning about peoples' intolerance towards her, she felt that her hearing loss was responsible for her withdrawal, which consequently led to a personality change. Thus, she felt angry and blamed her hearing loss for her personality change. The change in her micro- and exosystems also played a significant role in her experiences of anger. During her childhood, she had been supported by various friends and family members, and she did not speak angrily about this period:

> *"At home, I had support. Because they could understand that I don't hear"* [Jane 28].

This statement confirmed that, as a child, Jane felt supported by her micro and exosystems. Overall, even though Jane experienced significant levels of anger, she scarcely used the words 'anger' and 'frustration' in her narrative, which indicates how she suppressed her feelings regarding her UHL.

7.4.2.4 My personal experiences with anger and frustration

When I read about the three participants experiences with anger I felt I could resonate with all three. Similar to Jill, I found that I also lacked the necessary expressive language skills and was unable to effectively express myself. In many situations, I tried to cope by withdrawing and isolating myself. I recall starting to experience these feelings around the age of 13, and continued to experience feelings of anger and frustration until I was afforded the opportunity for counselling. As in Jack's case, I found myself experiencing elevated levels of anger when unable to express my emotions constructively. In alignment with Vygotsky's (1980) theory of social development, I experienced very unsatisfactory social interactions, which led me to internalise many negative emotions of self-doubts and confusion, which consequently led to a lack of self-acceptance. These feelings further translated to low levels of self-esteem and confidence. In order to cope with such feelings, I withdrew and learnt to verbalise my anger through certain behavioural actions. Actions such as sarcasm, nastiness and bitter comments were amongst a few ways I learnt to use in order to express my personal discord with my UHL. These feelings were over and beyond the normal teenage rebelliousness anger, and was problematic because it further contributed to my isolation.

More specifically, in an attempt to communicate my feelings I would resort to writing angry letters and poems (*Rocky Shores* and *Life's sacrifice*). Although these poems are not addressed to specific people, they express the personal inner anger that I had been experiencing. Through these poems, I was trying to communicate my feelings of confusion and anger, about being unrecognized, possibly exploited by friends or even feelings of unrequited love. Generally, these feelings resulted from many of my poor social relationships, and caused me a lot of inner, suppressed anger, which I needed to find a way to express myself constructively.

Like Jane, I also experienced negative feelings towards my unilateral hearing loss and instead of recognising the limitations and characteristics associated with having a hearing loss and learning to cope with them I turned towards my inner self with anger. One factor that helped me feel good about myself and address these levels of anger was academic success. At the age of 15, I experienced my first taste of academic success and the good feelings associated with it. Through this, I learnt to equate my self-worth with academic success, and it provided a way for me to forget about any feelings of anger. I also learnt that watching television helped me forget about feelings of anger. Although these were some of the methods that I employed, they were neither constructive nor did they help me work towards a more realistic and healthy attitude towards my unilateral hearing loss.

Similar to Jane, my unilateral hearing loss played a direct role in situations such as my social and work environments. During social events, when I missed information or was unable to respond to sarcastic comments, I became increasingly angry at myself. During various periods of employment, I found that people capitalised on my limited hearing abilities and in this regard, I felt angry at my hearing loss since it placed me at a significant disadvantage in terms of socialising and hearing people. In addition, I felt that since I had not consciously chosen this condition, I should not be marginalised because of it. Similar to Jack, in alignment with Vygotsky (1993b), I also experienced counselling that in which I learnt how to manage my anger more constructively (Karpov & Haywood, 1998). Similar to Jill, I also became a passive-aggressive person, and only learnt to express my anger later on through writing, poetry and art. Overall, it seems that I presented strongly with the emotion of anger, and often resorted to expressing it in poems and letters.

As per Bronfenbrenner's bioecological model (1994), in my childhood micro- and exosystems, I was not taught how to express my anger. In addition, my family's Indian cultural values meant that it was not conducive to talking about and expressing one's anger which led me to internalising my anger. In alignment with Vygotsky's (1962) theories of language, I also lacked the language abilities express myself adequately. This further exacerbated my feelings of anger and also impacted negatively of my few social relationships. Since, I was unable to manage my anger, my fellow peers were unsure of how to react to my negativity, and thus, moved away from me.

In the literature review, studies by Sangen (et al., 2015), Lieu (et al., 2013) and Kishon-Rabin (et al., 2015) all confirmed that as a result of a hearing loss, children with UHL experience significant challenges developing language and communication skills. As a result of these challenges, many tend to experience significant levels of anger. In this study, the participants' presented narratives which revealed the various ways with which they coped with their anger. Jill appeared to be passive aggressive and withdrew to herself, Jack reacted aggressively, and Jane withdrew socially. Similar to Jill and Jane, I also adopted passive-aggressive techniques such as nastiness and sarcasm, and I also withdrew socially, to help me cope with my levels of anger. In addition, I also turned towards writing in diaries and poems to help me cope with my anger. Similar to Jack, who learnt constructive skills to manage his anger through therapy, I also learnt constructive skills through counselling. It is interesting to note that only after we (Jack and I) received additional assistance via therapy and counselling, that we reported better anger management and social skills.

In summary, this section presented an analysis of the stories of the participants with UHL and their experiences with anger. In this section, Vygotsky's theory of language and social development becomes pertinent, since most of the UHL stories dealt with people being unable to express themselves constructively and were unable to influence their social worlds in a positive way. In addition, Bronfenbrenner's (2005) bioecological theory allowed for attention to be placed on factors related to the participants' anger, such as causes and coping skills. Overall, the participants' stories revealed significant experiences with anger, and details of how they coped

with them will be discussed under the section on coping skills.

7.4.3 Communication and language skills

Research reveals that regardless of level of a hearing loss, any hearing loss can cause a child to experience significant delays in language and communication skills (Moeller, et al., 2007; Lederberg, et al., 2012; Mayberry, 2007; Mayberry, et al., 2011; Goldberg & Richburg, 2004). According to the literature review, children with UHL are predisposed towards experiencing lower levels of vocabulary and expressive language, as well as tending to perform more poorly when communicating in noisy environments (Sangen, et al., 2015; Lieu, et al., 2013; Kishon-Rabin,et al., 2015 & Reeder, et al., 2015).

Specific research confirmed that when children with UHL are unable to follow group conversations, hear unclear speech or catch information, these factors can negatively influence their ability to compete in group settings (McCoy, et al., 2005; Picou, et al., 2011; Marschark, 2003; Marschark & Knoors, 2012). Moreover, when children miss pieces of auditory information during social activities, this can often negatively influence their inner thinking and feeling, and can lead to lower levels of self-esteem (Rachakonda, Jeffe, Shin, Mankarious, Fanning, Lesperance & Lieu, 2014; Most, 2006; Oyler & McKay 2008). Vygotsky (1962) placed a large amount of attention on language as the main means for communication, cognitive and self development, and in this area, Vygotsky's theories of language are highly significant. With the use of his theories, data analysis processes could pay attention to the type of language that informed participants' inner thoughts and external expressions. Vygotsky (1962) explained that a person's inner thoughts link directly to their social experiences and also influence their communication styles. Although much research confirms that children with a hearing loss can experience language delays, none of the narratives presented in this study spoke about this topic. Instead, most focused on topics of missing pieces of information and asking people to repeat information for them.

7.4.3.1 Jill's communication skills

In Jill's narrative, she explained that regarding her communication skills, she mostly experienced challenges hearing and communicating to people in noisy environments. In her narrative, Jill reported situations such as when a person spoke to her from a distance, or too softly for her to hear. Throughout her narrative she referred to communication challenges that she had experienced with her brother, Peter, for example:

> *"I don't think the hearing was so good. Because sometimes when somebody will say something, and there's a lot of noise, then I won't catch it the first time. Then I have to ask them to repeat it, then erm, then the second time, I got it. So if somebody is walking away and they shout out instructions, then obviously I hear that, but erm ya, if it's, and especially also if there's a lot of background noise, er er how can I say?"* [Jill 122-123].
>
> *" I'm busy with something, so I don't catch what he is saying, then he'll just say it out louder and ya I got it"* [Jill 129].

Regarding her interactions with her brother she felt:

> *"It's frustration, because you can't hear, and maybe it's something to do with work, and you need to get the work done, the work can't get done because you can't hear what the instruction is, so ya, basically it's frustration, I won't say"* [Jill 189].

In such situations:

> *"I'll shout and tell him, "you don't know, you don't know I got hearing problem, I can only hear with one ear, can't you speak up," sometimes I would say that when I'm frustrated, … "* [Jill 194].

Jill further explained that when she worked with Peter:

> "…*he speaks fast and he speaks erm soft. So if he is far and he says something and I don't hear it like the first time, he has to say it the second time, er… or sometimes you know because he speaks fast and I don't get it the first or second time, then he gets frustrated or something and says okay, never mind"* [Jill 202 - 205].

Jill added that Peter would not repeat the information for her. Other challenges that she experienced included the following:

> *"The person is far from me and they speak, they don't speak loudly, they speak softly, then obviously I can't hear, I think even a normal person, erm not normal, a person hearing with two ears has difficulty in hearing, but if they standing next to me, and they speaking, then I'll hear them,*

> *Then I'll say can you speak up, I can't hear you, or if the person is far then I'll either walk to the person or I'll tell them, I can't hear you, so come close. [In big groups] I'll get up and go to the person. I'll walk to the person ya, why, and I'll say, I can't hear you so can I come there or can you come here"* [Jill 136].

Jill also related one particular incident that had occurred when she was in school:

> *"I actually I can't think of like where if I had a problem, but er there is one incident that happened in school. I was in standard seven. There was no teacher in the class [frowns], there was a lot of noise and erm, I was in the class, and erm my friends wanted to ask me, I don't know what they were asking for, I can't remember [looking down], but I remember she had to ask it like five times and er the fifth time, they were so irritated that the four of them screamed, you know. That they shouted it out loud, not screamed, they shouted it out loud, and then I like oh okay, and I answered whatever it was and err, I know I was a bit upset about that, but erm ya, that's one incident in my school career that kinds of stands out, and erm ya [looks down]. That didn't make me feel so nice, I think that's, that's when I must have gone through that so called stage where you know wishing you could hear with two ears"* [Jill 140-143].

Although Jill's interview pieces reveal that she experienced significant challenges, regarding her communication skills, she personally found ways to address them. Vygotsky's (1962) theories of language can be directly applied to Jill's narrative, since Vygotsky (1978) viewed language as a medium through which a child manoeuvres, learns and interacts with environments. Jill found that her abilities to interact with and respond to her peers were compromised by her hearing loss. Jill found that she missed information, required them to repeat information from her, and also felt excluded in certain social discussions. These negative experiences regarding her communication skills, led her to reflect on herself and her unilateral hearing loss, which consequently led to inner thoughts where she wished she *"could hear with two ears".*

Most of the communication experiences which Jill shared occur on the micro- and meso levels of the bioecological model. Through her interactions with her friends and family members, she used to communicate her hearing limitations to them, and ask them to speak louder and repeat themselves. Through these skills, Jill ensured that she established herself and attempted to make herself heard and understood. More noticeably, Jill only mentions one school incident where she felt vulnerable given that

she only heard her friends call her when they shouted. Jill does not mention any other negative reactions from her school friends, and this receptiveness possibly influenced Jill to further develop her communication skills. Although Jill reports that her brother refuses to repeat information at certain times for her, and at times she experiences exclusion for certain social gatherings, Jill seems to present a good understanding of her communication needs, and how to express these to people. In general, it was evident that Jill experienced hearing and communication challenges that are believed to be characteristic of people with a hearing loss such as missing information and asking for repetitions. In the above extracts, Jill reveals that she depended greatly on telling people about her hearing needs, asking them to increase the loudness and, if necessary, move closer to the person. Although Jill's story presented significant communication challenges, she made the necessary effort to overcome them.

7.4.3.2 Jack's communication skills

Regarding Jack's communication skills, his narrative concentrated mainly on his difficulties communicating in the presence of loud music. Additionally, he also spoke about how he experienced difficulties communicating with his his brother and parents. He also drew attention to apects such as when listening to music during class, he experienced difficulties hearing people:

> "… *if anybody makes an announcement, I can't hear it, cause I can only hear in one ear, and I'm busy listening to music in that ear. So it's things like that we have I can hear very well in my right ear, but if I can't hear it, with my right ear, I pretty much can't hear it"* [Jack 36 - 39].

Jack shared one specific situation which occurred when the piano teacher was playing too loudly:

> *"I sat there with my ears covered eventually they called me in, and I was like well, the gist of what I said, was that she was playing too loudly, and that it hurts my ear"* [Jack 58].
>
> *"But then again, I think after we ended up telling her, well actually I didn't say my ears were more sensitive. But after the whole long shebeel she was like "Okay, whatever". That was calling my parents in ya so; it's like too loud for me. So then my parents told me to wear earplugs. So I started wearing earplugs, and 'cause they block out sound, so it wasn't really a problem afterwards"* [Jack 69].

In this situation, Jack needed his parents to intervene and explain Jack's hearing needs to the school. He also spoke about communication challenges that he had experienced with his parents and brother:

> *"As I've said before I've had arguments with my parents, where it's been in fact where I can't hear they call me"* [Jack 99].
>
> *"Well, as I say again, my brother decides it's a good idea to call me from his room with both of our doors closed. Why? I do not know! So for me it's a problem, because I can't hear him, but then again I can't say that it's because of hearing loss. Mainly the problem is I'm busy watching a movie that he should be able to hear in his room, and he decides to call me, and just do nothing. It's small stuff like that, so I do have things with my hearing loss"* [Jack 104].

In both these incidents, Jack expressed a wish that he had yet to verbalise, which was for his parents and brother to consider his hearing loss when calling him. Even though his parents received information regarding how to support and communicate with him, when they were in a developed country it seemed as though they might have forgotten about his specific hearing needs. One more area about which Jack spoke was his girlfriend:

> *"I've got a girlfriend, her name is Pam (a pseudonym), now I can't really hear her, if she's sitting on the wrong side on me. So if we sit next to each other, I always have to sit on the left, or if we walk next to each other, I tend to have to walk on the left, or she has to be behind on in front of me, because if she's on my left, I can't hear anything that she is saying. It's that's the one thing, is the thing that I've noticed. She was fairly accepting, actually, when I said please could you walk on the left, because I can't hear, no actually I don't think I asked her, I just mentioned that I can't hear on my left ear, so she was like well okay I'll just walk on your right-hand side"* [Jack 107].

Jack speaks about his girlfriend, and how she readily agreed to walk on his right-hand side in order to help him hear her more effectively. However, in the school environment I had expected Jack to speak about missing instructions at school, but he reported:

> *"My friends don't actually mention it [his hearing loss], erm, they know I can't hear in my one ear, so generally they want to speak to me in my right ear"* [Jack 34].
>
> *"So it's if you miss something or an announcement or an assignment, or*

> *that they'll [friends] normally listen out for stuff that affects each other. So then if it's important they'll tell you, then you can go find out. If they know the rest, then they'll also tell you. Then you still go find out, check, that they told you right, but it's nice that they told you. So, that's, I think I've said it before, that's why I think I'm lucky in a way, because I've got friends that are very, accepting, and they not that bad"* [Jack 115-116].

The above extracts reveal challenges that are typical to children with UHL, such as listening in noisy situations or being called from a distance. Most of Jack's interactions occurred on the micro- and meso levels of the bioecological model and, as with the other participants Jack expressed himself clearly and was also equipped with positive manners. These interactions confirm Vygotsky's social cultural theories and theories of language, according to which (Rieber & Carton, 1993b, p. vii) "the very basis for successful compensation of defects consists of encouraging the ability to surmount feelings of inferiority and the establishment of self-esteem". Through Jack's social interactions, he learnt skills to address this.

In Jack's situation, with significant support and interventions, he had learnt appropriate ways to communicate and express himself, thereby allowing him to work towards feeling good about himself. Vygotsky (1997a, p. 105) wrote that, "it is through others we become ourselves", which is also applicable to Jack's situation, since his social environment consisted of supportive and accommodating school friends, and so enabled him to experience school positively. Jack mentioned that his girlfriend was accommodating and accepting, contributing to the development of Jack's own personal self. Although Jack did not explicitly talk about his inner speech, he could reflect on himself in a remorseful manner:

> *"It's with that name the guy was calling me as well. I'm fairly convinced if I had just ignored it he would have gone away"* [Jack 107-109].

Here Jack revealed a portion of his own inner thoughts, and how he used them to reflect on his actions. Vygotsky claimed that through inner speech people accessed their inner meanings, which also played a role in informing their verbal and behaviour expressions. In this situation, Jack was reflecting on his aggressive behaviour and reasoned with himself that he could have avoided that particular situation. His private thoughts/inner speech also revealed that upon reconsideration of that particular situation he realised that it held no longer held value for him. Jack's inner thinking

skills revealed a more mature side to his personality, as someone who reflected and considered his decisions. Vygotsky's concept of dysontogenesis (1993b) can also be applied to Jack's story, since he empowered himself with skills of communication and anger management, in order to take control of his world and experiences. Jack was also provided with a metacognitive form of mediation, as per Vygotsky's (Karpov & Haywood, 1998) theories. Through this opportunity, he learnt skills to communicate his hearing needs clearly. Jack's story can be seen as a motivating one for people with UHL, since he learnt how to use additional tools to compensate for his hearing loss restrictions. More importantly, through metacognitive mediation, Jack had learnt to empower himself with certain skills that helped him deal more constructively with certain conflicts. In a way, these differentiate him from the other participants. Overall, given that Jack's narrative reveals how he benefitted from counselling and positive social interactions, his story can align itself with a social-constructivist theory that learning, growth and personal development are a co-dependent and social process. Through metacognitive mediation (therapy), Jack learnt certain coping skills that enabled him to grow on personal and social levels. These processes of growth are interdependent, and through his new skills, he was able to establish good friendships in the process.

7.4.3.3 Jane's communication skills

From the beginning of Jane's interview she said that she

> "… *couldn't hear when people were talking"* [Jane 1], adding:

> *"I would look at the people's lips to get to understand or to hear what they were saying. If I don't look at their lips to check their movement of their mouth then I couldn't hear, that's when I realised that I had a serious problem about hearing. Then sometimes teachers would ask me a question and I wouldn't say anything. I would just say nothing and the teacher would say to me, 'I am talking to you Jane'. I said 'Oh, I didn't hear that'. Then the teacher also realised that 'er this child has got a hearing problem', and they decided that I have to sit in front so that I can hear the teacher talking"* [Jane 6-7].

Regarding certain communication challenges, Jane related:

> *"I would say my difficulties would be starting a conversation, because sometimes people would like to talk to you, like go into meetings. I hated*

meetings a lot because you have to talk there, you, you have to hear what people are saying, you have to, so for me, sometimes, sometimes, you don't hear some of the words that they are saying. So for me, it's frustrating sometimes" [Jane 53].

"So now, I don't, I don't have a lot of, lots of friends, because I hate socialising, and we have to talk sometimes or get into conversation and I don't want to, I don't want people to see that I'm I don't hear. So it would, it would be a problem. More especially if it's meetings er... Where it's a group of let's say fifty people, you have to talk to er group. But then if it's a meeting like our end meeting, I don't, don't have a problem, because it's such a small meeting. But going to big meetings for me sometimes, it's frustrating, because of my hearing" [Jane 54 - 56].

In these extracts, Jane explained that her communication challenges involved starting conversations and hearing people speak in large and noisy settings. Regarding communicating with people:

"When people greet me and I don't hear, and because then people start saying 'oh she thinks she's better than other people', so most of the people think, I'm, I have pride, because when they greet me, I don't hear, unless somebody explains to them, you know you, you, Jane does not hear, don't think she's got pride or something', so you, you, you make a lot of enemies because, you don't hear people think you just keeping quiet intentionally" [Jane 59].

"Misunderstood by people, yes, and people will also have wrong perceptions about you because they make their own conclusions without even communicating that to you" [Jane 76].

In this extract, Jane explained that because of her missing people greeting or calling her she felt that they began to perceive her incorrectly as being proud. In order to avoid such situations she withdrew and isolated herself. She spoke about asking people to repeat information:

"I prefer to be on my own because I hate saying, 'what are you saying? What are you saying? What are you saying? I hate saying that, I don't like it. For people to repeat themselves, for me it becomes emotionally draining. Like it seems as if I'm asking too much from other people or maybe I want a special treatment" [Jane 78 - 79].

Jane also spoke about her family's communication strategies, and how these enabled her to communicate with them:

"My family and my sister would understand that I don't hear, she knew

> *how to communicate with me, she knows that she has to speak slow with me, and then I have to read her lips. The same applies to my late mother, she understood, because we were three in the family, they both understood how to communicate with me, even my mother knows when she's calling me, she had to shout, so family was supportive, they knew I had a problem"* [Jane 83].

Asked how she communicated with people who were not facing her, or were behind her, she answered:

> *"Then it would be problematic, I have to tell them, that you know what, I don't hear what you saying? If you speaking to me, you have to be slow or you have to be loud then I will hear you"* [Jane 85].

Jane's interview pieces reveal that she had many communication experiences on her micro and meso levels. Her situation can be explained with both Bronfenbrenner (1994) and Vygotsky's (1998) theories. Due to certain negative experiences in her micro- and exosystems she began to experience significant communication challenges, such as being unable to ask for repetitions or disclosing her unilateral hearing loss to others, which resulted in her withdrawing and experiencing a personality change on an inner personal level.

In line with Vygotsky's theory of language, she tried to use language as a tool to help her regarding her social relationships, but found herself in a compromised situation as a result of her hearing loss. When ridiculed for her hearing loss, she was also unable to verbally defend herself. According to O'Connor and Geigor (2009), in South Africa, children who are African mother-tongue speakers can experience difficulties expressing themselves in English and take longer to reach certain educational outcomes, which impacts on their self-esteem and self-confidence levels. One possible explanation is that since Jane belonged to a black community where English was her second language which she learnt to use at school, thus impacting on her abilities to express herself in her second language.

Jane's communication challenges were deeply inset in her surrounding social and cultural contexts, and one can argue that, in alignment with Vygotsky's theory of metacognitive mediation, had Jane been provided with opportunities of support and intervention she might have experienced her hearing loss differently.

7.4.3.4 My personal communication skills

During my childhood, I would describe my micro and exosystems as confusing and overwhelming. Quotations such as "*… after six months of feeling lost, confused and vulnerable, my parents decided to allow me to return to my previous English high school*" can be used in support. Initially, I was not informed of specific communication challenges that are related to UHL, or how to cope with them, and these negatively influenced many of my social relationships. This further impacted on my intra-personal relationships, which led me to develop negative thought patterns that lent themselves to self-critique, and harshness and impatience with my personal self. This also included taking blame for various unrelated events, low feelings of self-worth, and major emotions of self-doubt, all of which impacted on my personal being.

When I re-read the narratives, I can relate to most of the participants' communication challenges. Similar to Jill, Jack and Jane, I also needed to learn to ask people to repeat information and to speak louder, and I also experienced challenges hearing and interacting with people in large and noisy environments. Similar to Jane, I also withdrew in certain social environments consequent to feelings being unsure of myself, or how to react. I feel that I lacked the skills that Jack and Jill presented, such as being able to tell people clearly that you have a hearing loss in this ear, and that you need them to speak loudly or move closer to them. Conversely, I pretended not to have a hearing loss, so that I could appear *'normal'*. By nodding and agreeing, I pretended to hear and understand information that I had actually missed. Similar to Jack, I was also provided with a metacognitive form of mediation, counselling, but in contrast to Jack's case, I experienced this only as an adult. Through this process, I learnt skills to with which to manage my anger and my hearing needs. More specifically, Jack and I share similarities, since my left ear is also sensitive to loud and high-pitched sounds, and I also struggle to grasp messages when people speak too quickly or too softly. Unlike Jane, I am fortunate enough not to have experienced people being impatient with me or teasing me for my hearing loss. Another difference is that unlike Jill, who used her inner resources to guide her in her successful social interactions and communication challenges, I was unable to nurture successful social relationships, and required additional assistance in this regard.

One specific incident regarding my communication skills, occurred when I moved from the local primary school, to the local high school. Since I had only just begun high school, I was using certain terms that were more appropriate to the primary school levels. I referred to social activities as "play", and my friends to pointed out to me, that instead of using the word "play", our social activities in high school, are more commonly referred to as "hanging out" or "going out". This neglect to develop appropriate social terms seems to stem from my insufficient social relationships and interaction. In alignment with Vygotsky's theory(1998) of language and social interaction, a shortfall in these domains can impact on a child's learning and development. This theory can be used to explain, that consequent to my restricted social interactions, I neglected to develop certain social language terms at appropriate times.

However, when my exosystem changed and provided me with opportunities for metacognitive forms of mediation such as counselling, I learnt how to manage and express my anger more effectively. Additionally, I also improved my coping skills. Regarding my personal journey with UHL, Vygotsky's concept of mediation does not include a sufficient variety that considers personal changes that occurred during a travelling opportunity. Vygotsky (Karpov & Haywood, 1998) only discusses cognitive and metacognitive mediation, and this opportunity falls beyond these categories of mediation.

As explained in my narrative, through these opportunities, I learnt to travel alone, and take control of my life and decisions. Moreover, I empowered myself with skills of autonomy, and also improved my communication skills. Through this opportunity, I learnt to communicate my hearing needs to people outside my family and circle of friends in an objective and constructive manner, and also learnt ways to enhance my communication skills. Methods such as humour, finding common experiences or similar interests proved to be effective methods, when trying to facilitate friendships. Moreover, I learn specific verbal and non-verbal skills, such as to allow people to focus on themselves, and pay attention to facial and body features.

My personal experiences can be explained with Vygotsky's concept of dysontogenesis (1993b). This concept calls for a recognition of a person's personal skills and environmental resources, which are used to empower a person to take

action and control in their lives (Kozulin, et al., 2003). Reasons for the choice of this concept, is that through my personal opportunities, I learnt to concentrate on my strengths and develop better management and communication skills. This resulted in a significant improvement in the levels of my self-esteem and confidence, and impacted on my overall HRQOL. More specifically, I learnt to take control of my inner speech patterns, which according to Vygotsky (1962) is closely linked to a person's inner meaning, thought processes, cognitive development and most importantly, to a person's social interactions. Examples of this can be seen thoughts where I learnt to be patient with myself, and speech patterns included, *"I understand myself, it's okay, and this is a process*". Other examples included that, "*I trust myself*" and that "*I will be okay in this*". These thoughts enabled me to consciously manage certain of my inner thoughts, which resulted in an improvement in my general feelings of well-being.

To conclude this section, Vygotsky's (1997a, p. 105) statement that, "through others we become ourselves" can be applied to all the participants' stories. This section discussed the unique and general communication challenges that the participants experienced, as well as applied theories of Bronfenbrenner and Vygotsky to each specific case. Although the participants' shared communication challenges, such as asking for repetitions, not hearing in noisy situations and some missed instructions, each shared specific ways of dealing with their communication challenges. As in Vygotsky's (1993b) theory of dysontogenesis, each participant empowered him or herself in specific ways to deal with their sensory limitations. Overall, most of the stories reveal how the participants' interactions on their micro and exosystems, influenced their social experiences and growth. Some participants' even shared pieces of inner thought patterns, which also led to me sharing some of my personal ones. On the whole, it can be seen from these narratives that people with UHL consciously and subconsciously learn to manage and explain their communication challenges to people in ways that are specific to their personalities.

7.4.4 Social Skills

According to Ladd (2005), children with a good level of social skills are often seen as

popular and academically successful. On the other hand, children without good social skills were ignored or ostracised, and often fell victim to bullying and isolation (McKay, 2006; Bess et al., 1998). In the literature review Sherman (et al., 2006) discusses the value of good social skills, and explains that these processes contribute to the development of a child's conflict management skills, self-esteem, confident, identity and communication skills (Hintermair, 2016). In this regard, this study shares the social experiences of four people with UHL, as they reflected on their childhood experiences.

7.4.4.1 Jill's Social skills

In Jill's narrative, she discussed her friendships and the roles she played in these friendships:

> *"I never had a problem making friends and you know, that one is intimidating me or that one's not friendly. In fact there were few students that other students didn't want to be friends with them and I would be their friend. And erm, I got along with them. I'd say I got along with all my class students. In most of the grades, so like, ya I never had a problem making friends and you know, that one is intimidating me or that one's not friendly, in fact there were few students that other students didn't want to be friends with them and I would be their friend. So I didn't, have problems with that, cause there was a girl what grade did she come to school in?* [Jill 174-176]
>
> *She couldn't speak English. She used to speak another language. Okay, nobody wanted to be her friend because now she erm, spoke a different language so she found it difficult to speak English and er er, people didn't want to be her friend, and er so I was her friend and you know I could understand a bit of her language. Most breaks she was always with me, so that friendship kind of stuck"* [Jill 179-182].
>
> *"I didn't have a problem with anyone, I got along with the naughty children, the troublemakers, the ones that, mostly the ones* [hand gestures inverted commas to emphasise "troublemakers"] *that never do their homework, I used to help them, I used to let them copy my homework and things like that, so ya I don't think it like played a role, because, er, like I said, I never felt like I had a hearing loss, and erm…*[Jill 184 - 185].

Jill's social experiences can be explained with Bronfenbrenner's bioecological theory and in these extracts Jill shared a picture of her childhood micro and exosystems.

She explained that during that time, her helpful and caring personality enabled her to nurture mutually dependent social relationships with her peers, from which she received support and accommodation. Although this decision was possibly not consciously made, it influenced her friendships and relationships in a positive manner, thereby creating positive social environments.

In line with Vygotsky's (1962) theories of language, Jill used her language abilities as a tool to nurture positive social relationships during her school experiences. Consequently, she created deep friendships and enjoyed their social benefits. It is also possible to argue that in order to compensate for her hearing loss she subconsciously reached out and befriended people to help herself cope with her hearing loss challenges. It is also evident that these characteristics played a significant role in the development of her coping skills.

7.4.4.2 Jack's Social skills

In Jack's narrative, he speaks fondly about his friends, describing them as caring, loving, patient and understanding;

> *"[My friends] they've always been friendly. I don't actually remember, any of them making comments about my hearing, but then again I tend to have friends that are I would, I would imagine are more accepting than most. They just don't moan about stuff as much, you know for instance I've got allergies and that, I'm always sniffing, you know they get over stuff like that, fairly quickly, erm. For instance when I had Tourette's and the doctors well, psychiatrist I think, diagnosed me and it was like you've got Tourette's, okay, I've got Tourette's [Syndrome]. So the simple question was what is Tourette's? Okay, then that was it, they just left it. So I do get the occasional comment but it's not like rude"* [Jack 43-44].

> *"Well then I find out I've got a test the next day. You know it's really no use complaining, or feeling annoyed about it, because it's not really their fault, see I can understand if the teacher, 'cause most teachers I would imagine would by now know it, but then again, you know you can't, expect every person to come up to you personally and tell it to you, and make sure you heard. They do the best they can, then you just check with your friends every now and then, or do we have a test on this day? Ya, if I've missed something, so it's generally they'll be speaking about a test or I have to ask them the details, but luckily I have friends that are, they pay fair amounts of attention to those things, it happens the other way around, as well"* [Jack 113-114].

> *"Like if they miss something as well, I can tell them about it. So it's if you miss something or an announcement or an assignment, or that they'll normally listen out for stuff that affects each other. So then if it's important they'll tell you, then you can go find out. If they know the rest, then they'll also tell you. Then you still go find out, check, that they told you right, but it's nice that they told you. So, that's, I think I've said it before, that's why I think I'm lucky in a way, because I've got friends that are very, accepting, and they not that bad"* [Jack 115-116].

> *"Hmm I can't say I belong to any one specific group of people. Erm, through my life, the one thing that I've noticed is you would usually call me a "loner", by now, is because I don't really like hanging out with too many people at once. So even with my friends at school, because I have more than one group of friends, so then I tend to divide the time amongst them, like every other break I spend with this group and that group. But, ya, so for me if the one group is not talking about something interesting, I'm fine to walk away, it's not like I'm dependant on them for, who I am? So I don't really get identified by 'oh you're the guy that hangs around with these people'. But then again I also go to a private school, which is fairly small so you would expect them, to at least know more about the people around them. Around you and that"* [Jack 125-127].

In these narrative extracts, Jack addressed the positive and rewarding friendships, which made up his micro- and exosystems during his school time. He added:

> *"... through my life, the one thing that I've noticed is you would usually call me a 'loner', by now, is because I don't really like hanging out with too many people at once. So even with my friends at school, because I have more than one group of friends"* [Jack 126].

This extended extract reveals that Jack preferred socialising in small groups of children, correlating with research by Borton (et al., 2010), Stevenson (et al., 2015), and McKay (2006), that as a result of hearing restrictions children with UHL prefer to socialise with smaller groups of children. Vygotsky's theory of Defectology (Rieber & Carton, 1993a) is applicable to Jack's narrative in arguing that regarding a sensory deficit such as a hearing loss, children need to be taught how to use extra-cultural tools through mediation in order to further their development. In Jack's situation, as a result of services made available to him through his exosystem, he received mediation opportunities. Through these processes, he learnt how to use his language to constructively manage his anger and improve his social skills.

One way that Jack learnt to manage his anger was to tell himself that, "*I'm going to*

be calm" [Jack 88].This piece revealed the process of his inner thoughts, and presented an example of how he used language to inform his thoughts and behaviour. These skills further influenced Jack on intrapersonal levels and resulted in certain levels of maturity. Overall, his narrative speaks about a person with UHL, who with adequate support and access to mediation services learnt to use his language and management skills to successfully nurture and maintain his social relationships. Moreover, it shares a message of how successful social relationships can positively influence a person's quality of life and experiences.

7.4.4.3 Jane's Social skills

In Jane's narrative, she speaks positively of her friends, and describes them as helpful and supportive:

> *"My friends were understanding er they even er asked me, why did I have to return it? [the hearing aid]. Because of the people, who don't understand, the use of a hearing aid. For them they said, I was I mustn't have returned the hearing aids because they were helping me. They wanted to understand why if people. I said it was emotionally too much* [looks down and shakes head].*That's why I had to return the hearing aids. But my friends were really, were really supportive. Friends back at home, family friends"* [Jane 28 - 30].

> *"Family friends, and my family was also supportive. Ooh, I would say, I would remember those friends when I couldn't hear. They would shout, others were aware that when they were talking they need to, I need to look at their mouths so they would come say to me, "read our lips".So there were those who were understanding* [nods]*, others were not understanding, but as kids, that were growing at that time, you know that there were those, who would still tease you for not hearing, you know how kids are. But those, there will be those who are supportive yeah"* [Jane 32 - 34].

Unlike the other two narratives, Jane's was the only one who described a specific friendship and the value that it held for her. She added:

> *"I would say at college I had a friend of mine, erm who was my best friend. I think she did help me because when we were in class she would listen and then and say I know that you didn't hear this part. She will come to me and maybe explain. Because when we were in class she would listen and she would ask 'Jane did you hear this part?' She will come to me and maybe explain to me what lectures say, what I was*

supposed to do" [Jane 35].

Jane established a reciprocal relationship with a friend who also had a disability:

> *"I also had a friend, they would call us see no evil, hear no evil, because my friend couldn't see properly without wearing glasses, and I couldn't hear. When we walked in town, they would say, oh look at those two people, hear no evil and see no evil. I would say what is that person saying? And then she would say, 'who is that, because I can see?' So we were like complementing each other because could the other one couldn't see, the other one. But it made us together* [inaudible] *we two formed strong bonds. So I understand when people were teasing us, we would defend ourselves. At least we are compatible, because the other one couldn't see the other one, so it means that we help each other. I felt comfortable because both of us had disabilities"* [Jane 36].

Conversely, Jane also experienced a significant amount of teasing and ridicule, which intimidated her into returning her hearing aid:

> *"The teachers, my colleagues, the people whom I was working with, they would call me names, so I said no this is not for me. I am not going to use it, because sometime I would make sure my hairstyle hides this hearing aids but er still they would still tease me, then I decided no it's not for me, then I would rather be myself, then if I wanted somebody to talk to me, then I would rather just turn my ear, so that I could hear whatever they were saying. So I've decided no more hearing aids. That was the bad side of it, emotionally, it was, it was draining for me, it was not like, they never made me feel like as if I'm part of them, of the staff, like if, if they are teasing you in front of other teachers, it is not nice, so you realise that you got a, so I was expecting them to have empathy for me but I got the opposite"* [Jane 10].

> *"No, not at all. They teased me. They would make a joke out of it so that you realise that, which means my disability is disadvantaging me emotionally. So to spare myself emotionally I had to return the hearing aids"* [Jane 14].

> *"I normally use my cell phone a lot, if I don't want to talk to. I'd be playing something on my cell phone, I'd be busy with my SMS, SMSing or doing whatever Face booking on my cell phone, means intentionally I'd be disinviting"* [laughs] [Jane 174].

Initially, Jane's micro- and exosystems included supportive and understanding friends and family members who ensured that she heard them, allowing her to feel supported and experience her micro and exosystems as positive and

accommodating. However, when these systems changed to include her colleagues she subsequently experienced hostile and negative social experiences, such as teasing and isolation, which led her to feeling vulnerable and more conscious of her hearing loss. Despite the teasing, she also experienced a few valuable friendships and unlike the other participants spoke about a friendship with another person with a disability. Jane identified with this woman on a certain level, and both understood and complemented each other in terms of their needs, connecting on a subconscious level and creating a valuable friendship.

Vygotsky (in Lloyd & Fenneyhough, 1999) posited that language can be used as a tool with which to access various levels of consciousness, and in this situation Jane and her friend possibly reached out to each other on a level of consciousness which allowed them to nurture a strong friendship. Through this relationship she found a certain level of comfort that she had not experienced with her other friends, hence, this relationship points to an unexpected finding that as a result of their differences from mainstream children, those with disabilities can experience stronger mutual friendships.

On the other hand, Jane told a detailed story of how she felt teased by her colleagues because of her hearing aid use. These negative experiences further informed her social experiences and led to her withdrawing. According to Vygotsky (in Lloyd & Fenneyhough, 1999), attention should be paid to any negative effects that occur during a child's social activities. In this situation, Jane's friends could have intended to playfully engage with Jane regarding her differences, but instead she perceived their interactions as antagonistic and ostracising. Consequently, she decided to abandon the use of a hearing aid and withdrew from social interactions which correlate with Vygotsky's (Lloyd & Fenneyhough, 1999) theory that children with a sensory deficit can experience cultural and social cues in ways that differentiate them from the mainstream. Overall, her story revealed that social experiences and attitudes to hearing loss can change depending on social and cultural contexts, and it reinforces Vygotsky's call for mediation programmes for children with disabilities (Rieber & Carton, 1993a; 1993b).

7.4.4.4 My own personal thoughts regarding my social skills

When I reflect on my school experiences I recall having poor social skills, along with experiences of loneliness and exclusion. A quotation from my narrative reveals:"*I began feel uncertain regarding myself and my identity, and this worsened the feelings that I did not fit in with my social peers*".

Regarding my social skills, I recall starting to notice my lack of friends around 10 years old, and although I forcefully tried to establish a few friendships, I was unsuccessful. This quotation reveals that even though I tried hard to establish friendships with my peers, I was unsuccessful in developing positive social relationships. When I read the narratives of the three participants, I felt an element of jealousy as I did not have a supportive social network to help me at school, nor was I popular enough to help other children and be helped in return. For a large portion of my school career I was trying to establish myself in terms of my own self-acceptance and personal identity. Personally, I believe that I lacked the social skills needed to facilitate healthy and successful social relationships, and found myself isolated at most social events.

When I look analytically at my story I realise that my micro- and exosystems were not as supportive as some of the other participants and I possibly felt estranged and confused in a mainstream culture. I believe that it was only after my exosystem changed to include a large, multicultural population at university that my microsystem changed to include these newfound friendships. This enabled my levels of social skills to improve. My identity changed since I met a larger variety of people and I also found that I shared similar interests with a few of them. My exosystem changed when I attended various universities, and also began to stay at campus residences. Additionally, Vygotsky's (in Lloyd & Fenneyhough, 1999) theory that children with disabilities can possibly experience cultural and social cues in a certain way, and this can be applied to my personal story. Although I experienced intense feelings of alienation and loneliness during my childhood and adolescence, these perceptions could have only existed on a personal level, since most of the other children perceived me as an exceptionally quiet little girl, who was focused strongly on her academic progress. These feelings of loneliness and isolation caused me to develop feelings of self-doubt and confusion, and negatively influenced my social relationships. Hence, my personal narrative reveals a struggle with social skills and

relationships.

To conclude this section, most of the participant's shared stories of successful supportive and understanding friendships. I get the impression that Jill was popular because of her kind, caring and helpful personality, and presented a loving image. Regarding Jack's social skills, it is ironic that even though he reported having had excellent social skills and received a significant amount of support, he still needed extra mediation from his parents and teachers in order to help him learn how to constructively manage his aggressive behaviour. Only Jane spoke of an incident of teasing that disturbed her into abandoning her hearing aid. It is interesting to note that as per changes on Jane's micro- and exosystems, and surrounding social contexts, her social experiences moved from being positive to being negative.

Finally, upon reflecting on my experiences and writing them down, then reading my narrative, it is clear that I experienced and perceived myself as having poor social skills, since I found that I experienced significant challenges nurturing and maintaining friendships. One quotation from my narrative *“I feel hurt and deserted, but I still hang around her so that I will still have a friend",* reveals that even though I felt hurt by this person's actions I was still required to hang around with her, due to fears of being completely alone. This quotation emphasises the extent of my poor social relationships. According to Vygotsky's theory, on a subconscious level, I was trying to compensate for personal deficiencies that I had been experiencing because of my hearing loss. One specific word that pointed to this need to compensate for my personal deficiencies is "*normal*". In my narrative, I explain that I just wanted to be "*like everyone else to be normal",* in other words, I felt that if I could prove to myself that I could do things as well as my peers or sisters I could start to feel *'normal'*. On a certain level of consciousness, I knew that I differed from my mainstream peers and that I felt that I needed to compensate for that. It is ironic that although I had a good level of language skills I lacked the expressive ones which I needed to influence my social relationships in positive ways.

Overall, all the participants experienced their social relationships in specific ways, and each child's social skills depended greatly on specific social and cultural circumstances. Additionally, the facilities that were available to them and their

different personalities played significant roles. It is significant that the social experiences varied between the participants. Unlike previous quantitative studies that provided statistics regarding children's' social skills these showed inner details regarding the lived social experiences of people with UHL.

7.4.5 Isolation and loneliness

According to the literature review, a vast amount of literature confirms that as a result of a lack of significant social and communication skills, children with a hearing loss are prone to experiencing high levels of social isolation (McCoy, et al., 2005; Picou, et al., 2011; Marschark, 2000; Marschark & Knoors 2012; Holtgrave, 2008; Most, 2007; Martin, et al., 2010). More current research by Fellinger (et al., 2008), Most (2007), and Most (et al.,2012) reported that one of the most significant feelings experienced by people with hearing loss is that of 'loneliness' and that many children with hearing impairments expressed desires for successful social relationships. In this study, my narrative speaks strongly to this theme. This theme was not imposed on the other participants' since all the participants' except Jack, revealed feelings of loneliness. Jane and I specifically shared many similarities regarding our feelings of loneliness.

7.4.5.1 Jill and Loneliness

Towards the end of Jill's interview she threw my own interview question back at me, and only after I answered her question did she express her feelings regarding loneliness and isolation. As soon as I shared my experiences with her she began to agree with me regarding issues of loneliness. I explained that during social events I was present, to which she answered, *"But you not part of it"* [Jill 292].This quotation can be used to explain that during certain social and group interactions, children with UHL can often feel left out, due to missing information or failing to grasp certain messages. It was noticeable that although Jill did not mention these experiences during her interview, when I begin to share my experiences of this situation she quickly agreed. Only after I brought up this topic did I feel hurt in such situations, Jill commented:

> *"It's true what you saying now, now I'm thinking of it too"* [Jill 297].
>
> *"Now that you mention that, sometimes, ya, isolation wouldn't come to mind, but ya I can relate to what you saying there"* [Jill 299].
>
> *"Ya about the group thing, when they talking about it, and then sometimes like, I don't catch what they were saying, so then, like oh what your all talking about, and they'll carry on talking, and erm.. now who said that?"* [Jill 300].
>
> *"Ya, ya, it, it it hurts, and then I would er, what I would generally do, is that I get up and I walk away, you know like I go away, I say okay fine, you'll don't want to tell me, and then I get up and I go away, and then ya I'd do something in my room, till the feeling passes, or wherever I went to, till the feeling passes, and, ya and then like, for that time of the day, you sad, and quiet and reflective, and then the next day is like back to normal, like you forgot about it, so ya that happens, once in a while"* [Jill 301].

In this short extract, Jill shares her experiences with loneliness. Although the word 'isolation' would not have come to her mind she understood and could relate to some of my experiences, creating the impression that she experienced loneliness on certain levels. However, she only discussed it after I shared my own personal experiences with it. She was perhaps hesitant and frightened, holding back regarding expressing these feelings. Jill added:

> *"If they want me to be a part of it, they would have called me"* [Jill 302 - 303]. *"Called me, sat down, had this whatever, discussion with me, but they were having it this way, so, I wasn't meant to hear or they didn't want to tell me so, ya, and so there is that bit of anger so, fine* [emphasises word loudly]. *You know when the children fight"* [Jill 304 - 306].

Jill's experiences can be explained using Vygotsky (Rieber & Carton, 1988, p. 6):

> An understanding of another's words requires more than an understanding of words alone; it requires that one understands the other's thoughts. However, even this understanding is an incomplete understanding if we do not understand the other's motive, the reason that he expressed his thought.

Vygotsky's quote takes cognisance of a person's thoughts, and can be used to explain Jill's situation. Here she verbalises her thoughts that she felt that if her friends wanted her to be there they would have called her. In order to fully

understand this situation, I needed to understand that her words were informed by her thoughts and motivation, which possibly was that, she wished to be included.

In Jill's personal narrative, although she was surrounded by friends or family members, she neglected to mention any experiences of loneliness, but readily agreed with mine. Jill further admitted that when she felt excluded she also experienced feelings of anger, but reasoned that children could act in this manner. She did not react aggressively but rather walked away, hence experiencing a little isolation regarding her experiences with UHL. However, she did not call it isolation, nor paid attention to the topic, which appears to be loneliness.

7.4.5.2 Jack and loneliness

Regarding Jack's narrative, he had a healthy number of social relationships and did not mention loneliness or isolation in his interview. Rather, he concentrated on themes of his friends and how he enjoyed interacting with them. It is significant that he was the only participant who received counselling during his school years, and was the only one who did not mention loneliness or isolation. A correlation between early mediation and better social skills can be seen in his case, but further research would be required to verify this correlation. It is also interesting to note that Jack referred to himself as a "*loner*", but did not speak about any topics related to loneliness.

7.4.5.3 Jane and loneliness

In contrast to Jack's story regarding his social relationships, Jane's narrative revealed that because to her being unable to tell people about her hearing loss, and based on her past experiences of mockery by other people, she had decided to withdraw and isolate herself. Although, Jane did not complain of loneliness directly, she commented:

> *"It's like we don't hear, Rizwana, people get annoyed, a lot. Maybe, you haven't realised that you haven't experienced it, but I did, so that's why, I decided you know to be by myself"* [Jane 159].
>
> *"I think so, because that is what made me to be withdrawn, because I*

don't want to get things that are going to hurt me, and I think my life is going on so fine now, I'm completing my PhD even if I have a hearing loss. You see that something's can't help so I've got more time to do my things now" [Jane 162].

"I think I'm withdrawn, because I just want to be with myself. If I'm not with my husband I'm with my kids, my family, I don't go to friends visiting [shakes head and closes eyes] *these days, I'm, I'm like". Now I'm a person who's withdrawn, I'm, I'm too much by myself, I belong to my family, I belong to my family too much, more than friends and stuff. I feel safe when I'm with my family because they understand me better".* [Jane 101 - 102].

Although Jane did not speak directly about being lonely or excluded the manner in which her social circle treated her is a form of exclusion. It can be argued that these actions actually bullied Jane into withdrawing into herself and limiting her interactions with people. This personality type is in stark contrast to her previous social personality:

"I would describe myself as a person who communicates with people, even though I had a hearing loss. I was a person who was very much active. I was, what amazes me, I was singing, but I had a hearing loss, I was part of a choir. Singing, so I would say I would get along with people. I would do many things, I would do many activities, I was involved in quite a number of things like doing drama, even though I didn't hear. I was actually active at school. I was not withdrawn because sometimes I couldn't hear" [Jane 99].

This was a short description of Jane's former self, which she believed changed as a result of her negative social interactions. She also said that she would like to return to her former self:

"Be more like the Jane that I was before, not the withdrawn" [Jane 155].

In this piece, she reflected on herself in terms of her personal experiences, and in a way acknowledged that because of her negative social experiences she had changed in terms of her personality:

"I like the person [big eyes, broad smile – facial expressions emphasise feelings of contentment] I was before because I would get along, I would socialise, I could do, I was just like active" [Jane 156].

Here, Jane said that she would once again like to feel as though she could socialise and be active, as she was before her hearing loss was diagnosed. It can be argued

that, in line with Vygotsky's theory of mediation, had Jane been provided with appropriate levels of support she might have coped better with her social challenges. Overall, her social self was negatively affected by her inability to express and defend herself using her language skills, and although she did not speak directly about loneliness she felt left out by her decision to withdraw.

7.4.5.4 My experiences with loneliness

My experiences regarding loneliness and isolation can be seen in my writing, poems and paintings. In my narrative, I explain that when I found myself without the necessary social skills to facilitate social relationships I found myself excluded from social gatherings and experienced dominant feelings of loneliness, isolation and rejection. Additionally, although I experienced significant desires to have successful social relationships I lacked the necessary skills to facilitate them. I believe that, from all the participants, my narrative speaks directly to the themes of loneliness and isolation, and through poems and writing I tried to make sense of these feelings. A diary records states:

> "*Dear Diary, I don't think anyone knows but I am very lonely inside. I have no friends and no one to talk to."*

This explicitly reveals that I felt lonely and isolated. In my personal situation I believed that my interactions on the micro- and meso levels were not as meaningful as I wanted them to be, and I lacked the necessary social skills to create and maintain the desired level of meaningful relationships. My personal narrative indicates that as a child with UHL I experienced significant feelings of loneliness in my micro and exosystems. However, after I received counselling through a mediation opportunity, I learnt coping skills that I could employ to help address these feelings. Hence, it seems that my experiences with loneliness were largely based on social and intra-personal skills, and once these improved there were better social outcomes.

Overall, of all the narratives only one (Jack's) did not mention 'loneliness' or 'exclusion'. The other narratives (Jill's and Jane's) and my own autoethnography spoke to themes of 'loneliness and feelings of exclusion' as a result of not hearing information. Additionally, the similarity between Jane and myself, was that we both

decided to withdraw to help us deal with negative social experiences. This specific theme can confirm Bronfenbrenner's (1994) bioecological theory since most of the interactions took place on micro- and exosystems. The participants' surrounding social relationships and cultural contexts played a key role in influencing their experiences with loneliness. It is significant that only Jack was provided with opportunities to develop his social skills and did not mention being lonely or isolated. Conversely, Jill and Jane had not received mediation, and loneliness was mentioned it in their narratives. Similarly, my personal narrative spoke directly to themes of loneliness and isolation. Findings from this study indicate that possible links exist between mediation and feelings of loneliness, and this provides support for future research to pursue this area. On the whole, it can be seen that social and cultural contexts contribute to social experiences, including loneliness. Additionally, Vygotsky's (1998) theory of language can be used to demonstrate that as a result of poor expressive language skills, two of the participants (Jill and Jane) and I presented with feelings of loneliness. In contrast to previous studies that only mention loneliness as a personal characteristic, this study presents stories of peoples' real-lived experiences with loneliness. After discussing the first four themes of each participant, each narrative revealed a central theme.

The narratives in this study focused on main challenges around which the participants centred their stories. These themes can be seen as the gist of the participants' messages and the meanings which they would like to communicate through their stories. Jill's main challenge seemed to be overcoming the disturbance that she had experienced during her hearing loss diagnosis process. Jack's main challenge involved learning skills with which to manage his anger and aggressive behaviour. Jane's main challenge was learning to deal constructively with her social and communication challenges. Finally, my main challenges involved learning skills with which to manage personal challenges such as loneliness and self-acceptance. In the next section these personal challenges will be discussed in relation to the specific coping skills that were employed to address their challenges.

7.4.6 Coping Skills

According to the literature review, a minimal amount of research regarding the

coping strategies of children with UHL exists. Of the few articles that addressed coping skills were Micucci (2015) concentrates on how people adapt psychosocially to an acquired hearing loss, whilst that of Garnefski and Kraaij (2006) simply confirmed that people with an acquired hearing loss require coping skills to cope with depression and anxiety. Research by Martin and Bat-Chava (2003) established that in terms of their coping skills, boys with UHL benefit from participating in sporting activities and girls from intervention programmes that teach them to be assertive and ask for repetitions. However, Iwasaki (2001) established that both boys and girls with UHL who engaged in sporting activities were more likely to develop better coping skills and to experience better social relationships. Martin and Bat-Chava (2003) recommended that future research consider both the contexts and personal strategies when evaluating children's coping skill, as this might contribute to more effective intervention programmes for children with disabilities. Since this study, takes cognisance of the participants' surrounding social and contextual information, as well as their personal coping skills, it can be seen as an endeavour that presents a more thorough evaluation of the participants coping skills. In the next section, the personal narratives of the participants' are discussed in light of how the participants' tried to cope with their hearing loss limitations.

7.4.6.1 Jill's coping skills

In this study, Jill said that the communication challenges which she experienced, were difficulties such as hearing when a person spoke softly, or communicating in noisy environments. Additionally, she also expressed missing parts of conversations and shared details regarding communicating with her brother. She added that her brother spoke too quickly for her to grasp the messages, refused to repeat information for her, and also used to try to speak to her from distances. As a result she used certain strategies:

> *"Then I have to ask them to repeat it, then erm then the second time I got it".* [Jill122].
>
> *"Then they'll just have to say it louder"* [Jill 129].
>
> *"Then I'll say can you speak up, I can't hear you, or if the person is far then I'll either walk to the person or I'll tell them, I can't hear you, so*

> *come close. {In big groups} I'll get up and go to the person. I'll walk to the person ya, why, and I'll say, I can't hear you so can I come there or can you come here"* [Jill 136].
>
> *"Erm I don't know like because from young, and erm, cause I know it's the left ear cause I know automatically when I'm walking with somebody, I make sure I keep to their right and erm it's like, erm, it's not done consciously"* [Jill144-146].
>
> *"So if I missed anything that the teacher was saying, I just ask my friend or what did the teacher say, or did you get that er because. I could always write very fast so mostly it was the other students who'd come to check what I had written"* [Jill164].

The above quotations reveal that in order to help her cope with hearing limitations and communication challenges, Jill established many strong relationships on her micro- and exosystems, which provided her with support regarding her communication challenges. She explained that she learnt to ask people to repeat themselves, to speak louder and to walk closer to the person. Additionally, an unconscious action was to ensure that she positioned herself on a person's right-hand side. She also recalled that in school she had depended on friends for missed information. These were some strategies that she developed to help her communicate with people. On the other hand, she was unaware of ways to help her cope with emotional challenges:

> *"Ja, ja, it, it it hurts, and then I would er, what I would generally do, is that I get up and I walk away, you know like I go away, I say okay fine, you'll don't want to tell me, and then I get up and I go away, and then ya I'd do something in my room, till the feeling passes, or wherever I went to, till the feeling passes, and, ya and then like, for that time of the day, you sad, and quiet and reflective, and then the next day is like back to normal, like you forgot about it, so ya that happens, once in a while"* [Jill 301].

In this extract, Jill revealed that when she felt hurt and offended with her immediate surrounding relationships she withdrew to her room, to reflect on her hearing loss and be quiet. She waited for negative feelings to pass and subsequently forgot the experience. On the one hand, it seems as though she did not know how to cope with these emotional challenges, and allowing herself to forget about a specific incident was actually a coping mechanism. It is understandable that perhaps she was completely unaware that she had adopted these techniques to help her to cope with

her unilateral hearing loss.

Also of significance was that during her school years she had engaged in sporting activities:

> *"I liked sports ja, so we used to play netball, I was good at netball I wasn't too good at volleyball the ball was too hard and I was short, but, ya, I liked netball, I was good at netball, I used to play volleyball it was okay, I liked running. What else did we do in school?Those were the only games we had"* [Jill 155].

In the extract, Jill explained that she had used to engage in various sport activities. Although Martin and Bat-Chava (2003) argued, that boys' relationships benefited from their abilities to engage in sport activities, and girls benefited from asking for repetitions, as a female, Jill possibly developed better coping skills and social relationships through her engagement in sports. Jill also used her language abilities to establish and maintain these social relationships, and presented herself as a calm, kind and helpful person. Although it seems that Jill did not experience significant social challenges, her abilities to maintain her good social relationships can be seen as a coping skill. One way that she managed to maintain these relationships was through sports.

Generally, Jill used coping strategies that are typically characteristic of people with a hearing loss, such as asking for repetitions, asking people to speak louder and ensuring that the person was well-positioned to suit hearing needs. However, Jill was different from the other participants, since she subconsciously used her interests in sport to maintain her social relationships. Although Jill did not come across as strongly assertive her coping skills were aligned to her cultural context and acceptable norms.

7.4.6.2 Jack's Coping Skills

In Jack's narrative, he expressed significant challenges regarding communication, such as understanding others, and helping them understand him. He further explained that he found himself becoming angry and reacting aggressively, and thus needed to learn to manage his anger constructively. He explained that during his childhood he had experienced significant communication challenges and in order to

cope he learnt to employ specific strategies. In his narrative he expressed several actions to help him deal with basic challenges:

> *[You tell people?] "They speak in my left ear, they look at me expectantly, I say I can't hear in my left ear. They give me the gawk, I can't believe you can't hear in your left ear, I say yes, I can't hear, please speak in my right ear"* [Jack 9].
>
> *"Apart from that it's not that big a deal".* [Jack 10].(Positive outlook on his hearing loss)
>
> *"Though most of my teachers, know that already, so they will let me sit there, I mean 'cause of where my name is, it's, I normally either end up sitting on the right, right of the class or the left".* [Jack 13].
>
> *"I ended up in therapy for about three years, now the one good thing about that is that you end up learning how to let stuff go"* [Jack 72].
>
> *"I did, I still do in a way, but eventually you just sort of learn you can get annoyed about stuff, see when I get angry, I get very angry and when I calm down, I calm down again fairly quickly. So it's something you have to learn. I suppose you could say it's the same when you learning to cope if you have hearing loss or something like that. Or if you have any kind of problem, you just have to learn to cope with. So for me, I've just had to learn to cope with my temper, I still get very annoyed with people but most of the time I walk out of the room or just stop arguing, back then ignore them until I calm down. You know, you generally find fights are really hard to start when only one person is ranting and you just sit there ignoring them. They don't stop ranting, but eventually they get it you don't care. No, that I don't care, so if people say something, I will still argue back, but it just gets to the point where you stop caring, you realise it's doesn't actually matter"* [Jack 77-78].
>
> *"I simply say 'I can't hear in this ear. You do know that right, no, oh okay, now I'm telling you I can't hear in this ear. Please speak in this ear. 'Cause if you speak in this one, you wasting your time'".* [Jack 80].
>
> *"So the only way that really works that I find is you just have to decide that it's not going to bother you. And that you're okay"* [Jack 86-88].
>
> *"Erm. Nowadays I do, I tend to catch myself before I say something bad back or while saying something back".* [Jack 96].
>
> *"But then again, with a bunch, with stuff you have issues with; if you don't make it into a big deal people don't as well. It's with that name the guy was calling me as well. I'm fairly convinced if I had just ignored it he would have gone away"* [Jack 107-109].

> *"Ya, if I've missed something, so it's generally they'll be speaking about a test or I have to ask them the details, but luckily I have friends that are, they pay fair amounts of attention to those things, it happens the other way around, as well* [Jack 113-114].
>
> *[with insults] "You know you can't be offended every time they say that because eventually you realise they just being idiots and they don't actually know. A lot of people do, stuff like that where they say, thoughtlessly insult you and if you got insulted, like if I got insulted every time, I would be a very angry person. So anyway, I've had to learn to cope with that, and just sort of get over it, erm"* [Jack 154].

These are a few of the coping strategies mentioned in Jack's narrative, most appearing on the levels of the bioecological system's micro and exosystems. He also experienced a coping mechanism of therapy, thus learning how to constructively use language as a tool with which to inform people of his hearing loss, communicate his hearing needs to them, calm himself down, and to let go of potentially aggressive responses to situations. Although he only attended therapy for a year he learnt many coping strategies through it. Jack reported that he had good social relationships with his peers and through therapy he could have further developed his social skills which enabled him to deal with potential conflicting situations in a positive manner.

Through therapy, Jack learnt to control his inner speech by mastering his thoughts and use them to control his anger and behaviour. Throughout his narrative, he referred to his hearing loss as "*not that big a deal*" and this description presented his current view of his hearing loss. He explained that he did not allow it to dominate his life, and had learnt to cope with its limitations. His view of his hearing loss was presented on the microsystem level of the bioecological model, and can be viewed as a representation of his intra- and interpersonal relationships. Regarding the relationship with himself, Jack had accepted his hearing loss, and learnt to deal with relevant challenges. This acceptance was possibly communicated to other people during his interpersonal relationships, which also possibly influenced his social relationships. Jack spoke confidently and positively about how he had developed certain coping strategies, most having evolved out of his experiences with mediation on both intra and interpersonal levels, which spoke directly to his needs and feelings regarding his hearing loss. Overall, at the stage of the interview he was coping well

with his hearing loss-related challenges.

7.4.6.3 Jane's Coping Skills

Unlike Jack, Jane's hearing loss was only diagnosed when she was in high school, and she did not have access to any supportive interventions or facilities. However, that did not stop her from developing her own coping strategies. She reveals that one of the first skills she learnt was to lip-read, so that she could grasp people's messages more easily. Moreover, her close friends and family learnt to come closer to her and to speak more loudly in order to help her hear them. Unfortunately, as a result of teasing during a period of employment, Jane became conscious of her hearing loss, and of people's impatient attitudes towards her, and consequently decided to withdraw to help herself cope. Examples of Jane's strategies were given:

> *"I would look at the people's lips to get to understand or to hear what they were saying. If I don't look at their lips to check their movement of their mouth"* [Jane 6].
>
> *"At home, I had support. Because they could understand that I don't hear [looked down].My friends were understanding er they even er asked me, why did I have to return it?"* [Jane 28].
>
> *"Family friends, and my family was also supportive. Ooh, I would say, I would remember those friends when I couldn't hear. They would shout, others were aware that when they were talking they need to, I need to look at their mouths so they would come say to me, "read our lips".*[Jane 32].
>
> *"I had a friend of mine, erm who was my best friend. I think she did help me because when we were in class she would listen and then and say I know that you didn't hear this part. She will come to me and maybe explain. Because when we were in class she would listen and she would ask 'Jane did you hear this part?' She will come to me and maybe explain to me what lectures say, what I was supposed to do. Because she would say that I know that you not hearing. And at er work, it was my first year at work, I also had a friend, they would call us see no evil, hear no evil, because my friend couldn't see properly without wearing glasses, and I couldn't hear. When we walked in town, they would say, oh look at those two people, hear no evil and see no evil"* [Jane 35].
>
> *"Yes but then you also have to learn how to communicate with people who can't hear, it has to be a two-way thing, not one-way. Er,*

communication, if you see that that person has got a problem, a hearing problem or whatever, you need to have a way of communicating, like if I meet a person whose difficult to talk, I need to make a way [lengthens neck, increases tone and asserts], maybe to talk to that, maybe I will write something down, for that person to, so it means I should make the way of trying to do a communication" [SH] [Jane 72 - 73].

"My family and my sister would understand that I don't hear, she knew how to communicate with me, she knows that she has to speak slow with me, and then I have to read her lips. The same applies to my late mother, she understood, because we were three in the family, they both understood how to communicate with me, even my mother knows when she's calling me, she had to shout, so family was supportive, they knew I had a problem" [Jane 83].

"Ja. I've told myself, that I don't want to get, because people teased me at work, where I was working, where I initially started teaching so I felt that you know what it's better for me to keep up with this friend of mine, whom I called Megan because she understands me better. So having to make another friends, it means they would speak behind my back that I'm stealing their time because I they have to repeat, so by Megan could understand that she had to repeat if I don't understand, if I don't hear things" [Jane 123].

"Like, like I felt like having too many friends, for me it won't work out because obviously sometimes they will be discussing me as somebody, who is taking most of their time, because I don't hear things they have to repeat so I've decided not to make too many friends - during adulthood. I've decided whoever I have who understands me I will stay with that person. I won't make any more friends" [Jane 122].

"It becomes difficult, and normally if the person is talking, I would say, I would move to the other side and say no move to my right ear so the person even if you are not telling that person, the person can say oh this means the ear does not hear. You don't have to say it sometimes" [Jane 169].

"Ah at the moment I would say I have dealt with it, I've accepted myself that I don't hear. I initially, when I started it was not acceptable to me that why am I not hearing? In one ear, but I think at the moment, I think I have dealt with it. I've come to terms with it that I can't hear. I think I'm comfortable with it. But I'm comfortable with it, in such a way that I cannot, just tell everybody that I don't hear. It depends on the relationship" [Jane 172].

"I normally use my cell phone a lot, if I don't want to talk to people, I'd be

> *playing something on my cell phone, I'd be busy with my SMS, SMSing or doing whatever [thumb points to right side]. Face booking on my cell phone, means intentionally I'd be disinviting. Because I don't want people to hear me, that to see that I don't hear"* [Jane 174-175].

Most of Jane's coping skills appeared on her micro and exosystem levels. Through her interactions and relationships with people Jane learnt to recognise people's impatience towards her, and used that information to remain with a few friends, pretend to be busy, or withdraw into herself. Significantly, only in Jane's story did her micro- and exosystems change from being positive to a part of them becoming negative. In order to cope with those challenges, Jane withdrew to a few supportive relationships.

As with Vygotsky's theories of language, Jane was also unable to use language as a tool to manoeuvre and establish herself in certain social relationships, such as with her colleagues, and this led to her withdrawing. On the other hand, she did manage to establish good social relationships with surrounding friends and family members. Regarding her friendship with a blind woman, Jane did not seek out a friend with a disability but was fortunate since the friendship found her. This was specifically valuable to Jane's social experiences.

In keeping with Vygotsky's (1980) theory of Defectology, Jane was trying to compensate for her sensory impairment, but unlike Jack she was not aware of ways in which she could do so. It seems that both Jane's lack of expressive skills further influenced her view of her hearing loss, of which she presented a negative view. Jane described her hearing loss as a 'disability' that placed her in a disadvantaged position, and verbalised questions such as why she had to experience such a condition: "*why me? Why one ear?* [laughs] *I couldn't understand that?"* [Jane 112].This created a possible impression that Jane was not comfortable and accepting of her hearing loss on an intrapersonal level. Her attitude was also informed by her negative interactions with people. According to Martin and Bat-Chava (2003), a person's coping skills increase in amount and effectiveness as the person grows older. However, in Jane's situation, her inabilities to manage her social relationships at work and defend herself socially point to a lack of effective coping skills that placed her in a compromised situation. Overall, Jane's specific situation confirms Vygotsky's (1993b) theory of mediation, and I would further argue that had

she been allowed access to supportive networks and intervention programmes she might have coped better with her hearing loss limitations.

7.4.6.4 My coping skills

In my personal narrative, my coping strategies initially were to pretend that I was 'normal' and that I could hear and participate as well as everyone else. In high school I experienced a number of social and emotional challenges, which in order to cope with saw me withdraw and learn to express my emotions through writing in diaries, poems and paintings. It was only after I began to see a counsellor at university that significant changes occurred on an intrapersonal level. Through the counsellor's mediation I improved my social and emotional skills, which led to higher levels of self-esteem, confidence and better communication skills. I was also fortunate enough to have been awarded a scholarship that allowed me to spend ten months in Europe, during which time I learnt to travel and manage my independence. I also learnt to take control and empower myself. Although I was unable to see the nonverbal and behaviour changes, I was told by many people that, upon returning from Europe, I had changed and matured. Hence, in the interim, I developed the following coping strategies:

> *"I learnt to explain my hearing needs to people without feeling guilty".*
>
> *"I learnt to be comfortable within my own identity".*
>
> *"I also learn to consciously control my thoughts in order to help me exercise a little bit of control over my emotions".*
>
> *"Although I had previously explored the option of expressing myself through writing, I further explored those skills in Europe and developed abilities to write travel articles".*
>
> *"Moreover, I also learnt to make friends, to find common interests and to use conversations and jokes to help me socialise with people".*

Most of my personal coping skills needed to take place on an intrapersonal level. Although I understand that I required mediation and support regarding my micro- and exosystems I argue that I first needed to learn how to cope with my unilateral hearing loss on an inner personal level. During my childhood, my perception of my hearing loss involved something that needed to be hidden, and as a result I developed

negative ideas about my hearing loss and myself. I lacked the language abilities needed to facilitate successful social relationships. In line with Vygotsky, I tried to compensate for my differences by creating the image of being *'normal'*. Moreover, at later stages I withdrew and isolated myself. In a way, I identified similarities between my own and Jane's coping skills, since we were both unaware of other constructive ways to manage our challenges. Additionally, we withdrew socially to protect our inner selves. In order to cope with the emotional discord that I had been experiencing, I turned towards writing in diaries, writing poems and painting pictures. Through these mediums I learnt to constructively manage certain negative emotions. Although I could express myself and my feelings through these mediums, I believe that, similarly to Jane, I also required support services at earlier levels in my childhood.

Overall, my coping skills referred to writing in diaries, writing poems and painting pictures, but more specifically, my coping skills developed during periods of counselling. Through these processes I learnt to be comfortable within my own personality, and that I no longer needed to be ashamed of my hearing loss. I learnt to accept myself as a person, without depending on others for affirmations and acknowledgements, and in a way I made peace with myself. Instead of pressurising myself to pursue accomplishments in order to feel good, I learnt to understand and appreciate myself as a person with their own unique identity. Through travelling, I learnt to write about my travel experiences, I gained the confidence to travel alone, and as a result I broke my *'invisible handcuffs'.*

This metaphor can be explained as breaking my own personal boundaries. Prior to my travelling experiences, I felt restrained by my feelings of anxiety and by my lack of confidence and autonomy. This often resulted in me refusing to attend certain events, venture out to different places and even, stopped me from attending certain functions, even though I truly wanted to. During this period, I was aware that I was the person holding myself back, and that is when I coined the phrase 'invisible handcuffs'. However, after returning from Europe where I learnt to travel alone, to venture into new places, and also felt confident and more in control of my life, I realised that I had indeed broken these 'invisible handcuffs'.

In addition, another change that occurred was that I gained increasing recognition

through my writing and interactions. I began to write travel articles, which various friends and family members responded to with positive comments. In the process, I grew to recognise and appreciate my differences and this led to me developing a better understanding of myself in terms of my interests and hearing loss. Hence, I understand that it is difficult to teach a person how to be resilient when he or she refuses to repeat information, but I argue that people with UHL can be equipped with skills that will prevent related social and emotional challenges from occurring. Although I believe that overcoming personal challenges can be a painful and time-consuming endeavour it can lead to the development of life coping strategies, which I believe ultimately improve a person's quality of life.

7.5 DISCUSSION

Overall, most of the coping skills that the participants employed were based on the bioecological model's micro- and exosystems. Interactions on these levels further influenced the participants' development regarding their language and social interactive skills. As the participants developed their language skills, it seems that some were able to use them constructively to establish supportive networks of friends and family members. These experiences can be aligned to Vygotsky's theories of language, which refers to language as a tool with which children can establish and manoeuvre through various social and learning experiences. Additionally, through these social networks, the participants developed a more thorough knowledge of their communication needs and also how to apply effective strategies to meet their specific communication needs. Although, there were a few instances where participants found themselves in helpless positions and unable to overcome certain setbacks, most of their social experiences referred to how they coped with a UHL.

Overall, the findings in this study can be interpreted to reveal challenges that are specific to the UHL population. This study revealed that people with UHL depending on different cultural contexts, facilities made available to them, and different social relationships, learn to adopt specific coping mechanisms to help the cope with hearing loss limitations. These coping mechanisms were consciously and subconsciously tailored by each individual to meet his or her specific needs. Coping

mechanisms such as positioning a person's ear closer to the person speaking or source of sounds can be seen as actions that are carried out almost subconsciously. However, learning to tell oneself to be calm, to walk away from potentially negative situations and learning to ask for repetitions can be seen as coping strategies that take place on a conscious level.

Additionally, since all the participants in specific ways took control of their lives and used various resources to empower themselves, these coping skills can be aligned with Vygotsky's (1993b) theory of dysontogenesis, which presents a social constructivist view that children with disabilities need to use 'cultural tools' such as language in a positive way that helps further their development. This theory puts forward an optimistic message that children need to focus on their strengths instead of their weaknesses, and also to adopt coping skills to overcome any limitations. Examples of dysontogenesis in this study would be Jane developing the ability to lip-read, or Jill using her language and caring personality to nurture close and supporting family and peer relationships. With therapy and counselling, Jack learnt to control his anger and aggressive responses, and I learnt to address anger and communication challenges. In addition, I learnt to accept myself and acknowledge my uniqueness. Jane also indicated in her narrative that she would not allow her hearing loss to stop her, and would focus on completing a PhD. The participants' future goals can also be aligned to Vygotsky's theory of dysontogenesis, since they also investigated future opportunities to further their own development.

Examples of Jill's future ideas, include her desire to obtain a teaching qualification, to travel and to move out of her parents house. Jane's future dreams included her desire to open a school for disabled children and to work towards completing her PhD. Although at the time of the interview Jack did not mention specific long-term goals, he had just embarked on tertiary studies. Regarding my personal future goals, I would also like to further my travelling experiences, and publish both academic and travel articles. Additionally, I would like to explore various other mediums in art, such as pottery techniques of Raku, a type of Japanese pottery. All these hopes and dreams can be aligned to Vygotsky's theory of dysontogenesis, and reveal a type of personal optimism that is unique to each participant.

To summarise, Vygotsky (Davydov & Kerr, 1995) insists that education involves

human interaction in the teaching and learning process, and that this process needs to prioritise the development of a child's personality. Considering that the above discussions focused on social and emotional experiences of anger, isolation and social relationships, most of these areas pointed to a dominant field of communication challenges. This study reveals that in order to allow education to progress and focus on the personal development of a person, it first needs to concentrate on the developing communication skills. In the next chapter, these findings will be discussed along with the literature reviewed earlier. One more additional piece of information is that since this study aimed to investigate various areas of the participants' culture, verbal expressions and experiences, this consequently led to the design of a new model. This model endeavours to bring together the areas of a person's lived experiences in relation to their cultural contexts and verbal expressions, and proposes a preliminary version of a model to recognise lived experiences. Although this study does not follow a grounded theory approach, this model emerged during the course of this study, with a due consideration of various aspects that need to be considered when recognising peoples' lived experiences. This model will be presented in the final chapter, as part of this study's contributions.

7.6 CONCLUSION

In conclusion, as I embarked on an exploration of the personal experiences of four people with UHL, the collective use of Bronfenbrenner's (2005) bioecological theory and Vygotsky's (1962; 1878;1980) theories allowed for a more meaning exploration of the participants' experiences. Given that Vygotsky's (1962) theories of language and thought paid specific attention to how people use language to establish social relationships and since people with UHL are prone to experience challenges in this area, this rendered the theory specifically applicable to this study. Additionally, IPA allowed for a more salient presentation of the lived experiences of four participants with UHL. Through IPA, I could compare and contrast the various cases against each other, as well as, against existing literature. Overall, the collective use of these theories provided a suitable foundation for a more thorough consideration to the participants' languages, cultural influences and social relationships in my attempt to

investigate how they experienced their UHL.

CHAPTER EIGHT

CONCLUSION & RECOMMENDATIONS

This study has explored the in-depth stories of three adults with UHL in conjunction with an autoethnographic exploration of my own UHL experiences. In this chapter, I explore possible implications and recommendations for further research, and also build on the theoretical arguments for this study's use of Bronfenbrenner, Vygotsky and IPA. This final chapter draws together the findings from this study, outlining the contributions this study can make to the field of UHL centring on the research question:

"Upon reflection, how do adults with UHL remember their social and emotional experiences as a child with UHL?"

In exploring this personal and complex question through this study, unstructured qualitative interviews were used to gather the personal stories of three people with UHL. This study was structured thematically around the three main challenges: social, communication and emotional challenges. More specifically, focus was placed on feelings of anger, isolation and teasing. In addition, I decided to include my story to add an additional layer to this study which included personal reflections that were also analysed alongside the participants' narratives.

This chapter will begin with a brief discussion of the themes that emerged from the analysis of the interviews and my autoethnographic journey according to the theories of Bronfenbrenner (2005) and Vygotsky (1962). Information in this study was interpreted using the theories of Bronfenbrenner and Vygotsky, which both emphasized the recognition of social and cultural environments and interactions in a person's development. Moreover, IPA was also used in the data analysis section, to draw awareness to the importance of recognizing lived experiences, and to gain an overview of their personal meanings and understandings. This chapter will present a discussion of the findings from these interviews, in relation to current, available literature. Based on a detailed consideration of literature and findings in this study, future recommendations for further research in the field of UHL will also be made.

It is important to consider that findings from this study cannot be applied as a general measure to all children with UHL, since this study only investigates the specific life experiences of four people with UHL. Since a restricted amount of qualitative literature is available in the field of UHL, I had to consider a broader literature base that consisted of both qualitative and quantitative assessments of populations with a hearing loss. This included mild and bilateral hearing loss. Given that I refer to information from my own personal narrative in this chapter, I am able to refer to areas such as quality of life experiences with certainty, since I can personally verify them.

In addition, a model that emerged from this PhD will also be presented in this chapter. Based on difficulties of finding one, single model, that could collectively allow for the recognition of a person's expressions and lived experiences, the "model to recognise lived experiences" will be presented.

8.1 DISCUSSION OF KEY FINDINGS

The following findings emerged from the data and have implications for future research regarding children with UHL.

8.1.1 People with UHL and disclosing their hearing loss to other people

- This study reveals that the capacities of people with UHL to disclose their unilateral hearing loss are influenced by surrounding social and cultural contexts. This means that whether a person's abilities to tell people about his/her hearing loss, is often shaped and influenced by the people that he/she interacts with, and other cultural factors. Cultural factors such as whether the community that a person is present in, or how they view a hearing loss, plays a direct role in shaping a person's attitude to their unilateral hearing loss. This study has confirmed that interventions such as therapy and counselling also played significant role in a person's attitude to their unilateral hearing loss, and their abilities to disclose it.

This study presented the personal experiences of four persons with UHL and discussed our specific ways of sharing of information regarding our UHL status. Moreover, these stories, with the use of theories by Bronfenbrenner, Vygotsky and Phenomenology, were analysed, compared and contrasted against each other. These processes aimed at identifying any similarities or differences that occurred between the stories, and also attempted to emphasize any particular individual challenge that the participant experienced. These experiences varied from being able to tell people that he/she cannot hear in one ear, to completely hiding it from people and pretending to be 'normal'. Generally, people with UHL experience personal feelings regarding their unilateral hearing loss that either helps or prevents them from sharing information regarding their hearing status.

In this study, both Jack (male) and Jill (female) were able to disclose their hearing loss under most conditions and thus fell into categories of 'multi-purpose disclosers' (people who disclose their hearing loss in all situations). It seems that through social and cultural support, Jack learnt to disclose his hearing loss in a constructive manner, and Jill learnt through her social experiences as a child to tell people about her hearing loss. Only Jane seemed to fall into the category of 'basic discloser' (people who disclose their hearing loss only in certain situations). Additionally, Jane indicated that as a consequence of her bulling and teasing experiences, she has since become reluctant to tell people about her hearing loss. Likewise, I explained that I also tried best to cover my hearing loss and to appear ‘normal’. From subsequent insight gained from counselling I have learnt how to express myself confidently and assertively. Initially, I would also have described myself as a 'non-discloser' (people who completely refuse to disclose their hearing loss), but I have since moved to the 'basic discloser' category like Jane. This change can be seen as a positive change, since I progressed from being unable to disclose my hearing loss, to being able to share it, even if only in a few situations.

It is interesting to note that based on support, Jack learnt from a very young age how to disclose his hearing loss status, while I only learnt this skill only during the counselling sessions. Likewise, Jill learnt as a child to tell people about her hearing loss, and Jane was influenced by peoples' attitudes and learnt to hide her hearing

loss. The findings of this study reveal that both Jack and myself received support in the form of counselling and thus learnt to disclose our hearing loss in clear ways. As per the literature review, the ability to disclose a person's hearing loss ties closely to their positive attitude to their hearing loss, healthier levels of self-esteem and confidence, and also contributes to a person's well-being (Heinnemann & Shontz, 1982; Montanini,1993; Li & Moore, 1998; Manchaiah & Stephens, 2013).

The literature review revealed that there is minimal research on the topic of UHL and the disclosing of a hearing loss. The study by West (et al., 2016) being one of the few studies to discuss the disclosure of a hearing loss, drew up three categories of hearing loss disclosure. He described that people can either be multi-purpose, basic and non-disclosers of a hearing loss (West et al., 2016). In his study, West (et al., 2016) discussed the benefits of sharing information regarding a person's hearing loss, and explained that males are more likely to be 'multi-purpose disclosers' (people who disclose their hearing loss in a positive way and in various situations) and more readily disclosed information about their hearing loss than females. On the other hand, females tend to be ‘basic disclosers’, since they share information about their loss in only a few specific situations (West, et al., 2016).

Thus, children with UHL and their capacity to disclose their unilateral hearing loss ties in directly with Vygotsky's (1993b) theory of mediation. Vygotsky (1993b) suggests that with appropropriate mediation and intervention i.e. counselling and therapy, children are supported towards a healthier level of social and emotional development (Rieber & Carton, 1993b). It is clear that with mediation – such as counselling Jack and I learnt to disclose our unilateral hearing loss in positive ways. However, due to environmental and contextual restrictions, Jane was not afforded any opportunity for counselling or any other mediation. Hence, Jane was influenced by people's negative reactions into hiding her unilateral hearing loss.

Of equal importance, Bronfenbrenner (1998) asserts that these facilities were made available to the persons, through environmental resources. It can be argued that had these person's environments not included these facilities, they would have possibly been denied access to these facilities, thereby possibly impacting negatively on them. Overall, these findings suggest that children with UHL can, with appropriate

support and mediation, learn how to disclose their hearing loss in positive ways. However, further research is required to verify the link between mediation and abilities to disclose one's unilateral hearing loss.

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8.1.2 Persons' understandings and attitudes towards their UHL loss

- This study established that depending on personal circumstances, social and cultural interactions, people with UHL develop their own unique understandings of their unilateral hearing loss.

In this study, what emerged was that Jill, Jack and Jane came from different racial and cultural backgrounds which influenced their personal understandings of hearing loss. Jill's attitude to her hearing loss was that something was "*wrong*" with her. This was shaped by her experiences with doctors and various specialists. Jack saw his unilateral hearing loss as something that he coped with and was "*not that big a deal*". Finally, Jane saw hers as a "*disability*" that placed her at a disadvantage. In Jill's story and regarding the diagnosis of her hearing loss, she explains how overwhelmed and vulnerable she felt as a six year-old child, and how those experiences further influenced her current perceptions and attitude to her hearing loss. During this experience, she also received little support by way of explanations, or she did not hear these properly, or understand the instructions. On the other hand, Jack received support through relevant information that was provided to his parents. This information enabled his parents to help Jack develop positive and clear ways to communicate his unilateral hearing loss, which further influenced his attitude to it. Conversely, Jane's unilateral hearing loss was diagnosed at a late stage where she received little information or support. Moreover, Jane's awareness of peoples' impatience to her unilateral hearing loss influenced her attitude, and as a result, she developed a negative attitude toward her unilateral hearing loss as a disability that disadvantages her.

Finally, my attitude and understanding to my hearing loss contrasted with the participants and was shaped by my personal need to appear similar to my typical hearing peers. As a result, I kept it hidden, and during my childhood, did not disclose

my hearing loss. Additionally, my personal identity was initially in keeping with literature from Archbold, Zheng, Harrigan, Gregory, Wakefield, Holland and Mulla (2015) that most children with mild hearing losses do not want to identify with being deaf. Similarly, I did not acknowledge my UHL status, and I desperately tried to feel and act ‘normal’.

According to theories by Vygotsky (Wertsch, 1985), identity can be seen as a higher psychological function, that develops as people mediate their ways though society with power and agency. Vygotsky (Wertsch, 1985) explains that people develop a higher order of psychological functions, by interacting with others. This further leads to the development of a certain set of internal and external discourses, which further influences the development of shared meanings, which ultimately leads to representing that person. Additionally, he puts forward that identity forms a key element in social change, since it informs peoples' relationships between themselves and society, and also influences how they mediate their individual behaviour and interpretations of events (Wertsch, 1985).

In all four of the above mentioned stories, the identities of the participants are revealed in their stories, as they speak about the interactions with their parents, siblings and peers. As per the literature review, a person's ability to disclose their hearing loss ties in closely with their personal attitudes to their hearing loss. In these stories, the influence of the participants' interactions on their identities can be seen as they struggled to establish themselves as a person with a UHL (Montanini, 1993). Furthermore, their stories reveal how their identities grew and developed as per changes in their social and cultural contexts. This factor ties in with literature by Mcilroy and Storbeck (2011), who viewed identity not be as a constantly rigid concept, but rather can be seen as a multifaceted process of development, that constantly changes as per the person's environment. Additionally, the identity aspect in the participants' stories, ties in directly with Bronfenbrenner's (1989) bioecological model. This model asserts that a person's surrounding systems such as one's parents, siblings and peers and their interactions, play critical roles on the formation of a person's identity.

In the stories presented in this study, it is possible to see how the participants'

identities has developed as per their interactions. Furthermore, as per Vygotsky's (Davydov & Kerr, 1995) theories of mediation, it is also visible how they employed whatever environmental resources were available, and helped themselves develop and cope with their hearing loss limitations. For example, some of the participants chose counselling, whereas, others chose to use the support of friends. In all these cases, these stories demonstrate examples where power and agency were used to enable persons to try and understand their hearing loss, to accept it and to cope with its limitations.

Overall, this study presents personal stories of real lived experiences of four people with a UHL and shows how people's understandings and attitudes of their unilateral hearing loss forms part of their created identity are influenced by their surrounding social and cultural contexts. In short, a person's language and identity tie in closely with their attitudes to their hearing loss. However, what has not been explored is the formation of a UHL identity, and what methods can specifically support children with UHL in their social and emotional development, and their communication needs.

8.1.3 People with UHL and specific communication needs

- This study suggests that children with UHL are prone to experiencing specific communication needs such as difficulties communicating in noisy settings, or being unable to disclose their hearing loss or ask for repetitions.

In this study, the participants reported various communication challenges that included not being able to disclose your hearing loss or ask for repetitions. Other communication challenges that were found to be common between the participants included difficulties communicating in loud and noisy social settings. Many of the participants' revealed that they were unaware of what social skills to use or how to react in such situations. Both Jill and Jack indicated that in noisy situations, they would resort to walking away, while Jane answered that she would pretend that she was busy and withdraw into herself. When reflecting on my social skills in respect of my UHL, I feel that I can resonate with Jane, since I too resorted to being quiet and withdrawing to myself.

One specific communication need that many children with UHL can experience, are difficulties interacting with and talking to people in noisy environments. For example, Jane chose to act busy in such environments in order to avoid talking to people. Jane's also shares that she sensed that people became impatient with her when she required them to repeat information, and this resulted in her further withdrawing. In this regard, Jane was influenced into developing a negative attitude to her hearing loss, based on her interactions with her colleagues and friends. Similar to Jane, I also fell into the "non-discloser" category. I learnt to withdraw and keep silent, in order to avoid speaking to people about my hearing loss. Moreover, I avoided disclosing my hearing loss, with the sole aim of appearing 'normal' to others in my social circle. I believe that since I lived in a mainstream community, where the majority of children had bilateral hearing abilities, I was influenced to develop a deep emotional need to fit in. Based on this need, I longed to be socially accepted by others, and in order to appear 'normal', I consciously chose to keep my unilateral hearing loss hidden from other people.

These particular findings match with the studies by Streufert (2008) and Hadjikakou and Stavrou (2016) who also established that the participants became aware of people's impatience towards them. Additionally, the participants reported annoyance when people changed attitudes and behaviour towards them, consequent to finding out about their hearing loss. Other findings from Borton’s (et al., 2010) study, presented a case where one child reported that his friends would appear to be getting frustrated and impatient with him, when he needed them to change sides to facilitate his hearing.

Regarding the other participants, Jack shared that he was able to disclose his hearing loss in most situations, and learnt through experience, how to handle people's reactions to it. In this regard, Jack's abilities to disclose his unilateral hearing loss, was possibly influenced by the positive attitudes from his parents and his peers. Similarly, Jill also experienced positive social relationships at school, and she stated that she would also tell people about her unilateral hearing loss in a neutral manner.

Overall, the participants revealed that they experienced significant communication

needs, such as being able to tell people about unilateral hearing loss which includes asking for repetitions or communicate in noisy settings. This information correlates with findings by Weaver, (2015), McCoy (et al., 2005), Picou, (et al., 2011), Marschark (2003), Streufert (2008), Marschark and Knoors (2012), and Hadjikakou and Stavrou (2016), who also discovered that that children with UHL are prone to experience communication challenges such as interacting in group settings or in noisy environments. In addition, similar to the findings in this study, they also established that children with UHL experienced significant communication challenges in areas such as being able to ask for repetitions or asking people to talk louder, or to their hearing ear.

When examining these findings in the respect of Vygotsky's theories, his specific theories of social interaction for development can be applied to these situations. Vgotsky (1978) believed that social interaction formed a key and vital element in a child's development. Vygotsky (1978) argued that interacting with others facilitated both the cognitive and personality development of a child. In this respect, it can be argued that literature confirms that children with a unilateral hearing loss experience more communication challenges, and fewer social relationships, than their bilateral hearing counterparts. Based on this information, and taking Vygotsky's theories into account, it can be argued that children with a hearing experience restrictions in terms of their cognitive and personal development, due to social restrictions that are associated with a hearing loss (Lieu, 2013; Kishon-Rabin, et al., 2015).

Additionally, it can also be argued that if children with UHL, are supported regarding their social and communication needs, they can possibly reach higher and healthier stages of cognitive and personality development. Similar to Bronfenbrenner, Vygotsky (1978) also believed that the community plays a critical role in a child's experiences, meanings and interactions. As can be seen in the above mentioned findings, the community and people whom the participants interacted with, played crucial roles in the participants' attitudes to their hearing loss. Overall, this finding can be applied to South African communities, and can be used to call for resources to support children with diverse disabilities and learning needs.

On the whole, the participants in this study reported significant communication

challenges when talking to people in noisy situations while having a UHL. Although these findings cannot be applied to a larger UHL population, information regarding their specific communication challenges can be drawn out from this study, and used to facilitate further studies in the field of UHL.

8.1.4 UHL and social experiences

- This study established that during their narratives, the four participants concentrated on maintaining only a few specific friendships, and neglected to discuss socialising in large social groups.

The narratives in this study revealed that, depending on their communication skills, children with UHL can experience their social relationships positively and negatively. Examples of this can be seen in Jill, Jack and Jane's narratives, where Jill and Jack reported positive social experiences. Conversely, Jane explained that her experiences with supportive friends occurred mainly during her childhood and teenage years during which she felt supported in terms of her hearing and communication needs. This helped her achieve her desired level of social activity. However, when Jane began to work, as a consequence to using a hearing aid, she fell victim to teasing. This resulted in social experiences which negatively influenced her abilities to socialise and interact with people. Another important factor that needs to be considered regarding Jane's communication skills is that English is her second language. Since Jane only learnt English in school, she could have possibly struggled to express herself clearly with it, which possibly negative influenced her social experiences. This information correlates with literature, which reveals that children with any kind of hearing loss are predisposed towards experiencing challenges regarding developing adequate language skills as well as, learning to sufficiently express themselves.

Overall, all the participants, Jill, Jack, and Jane referred to a few specific friends in their narratives, and neglected to mention socialising in large groups. In fact, Jack and Jane indicated that they prefer to work with small groups of people, which is in keeping with qualitative research by Borton (et al.,2010) and Streufert (2008). They

confirmed that children with UHL preferred to have individual interaction, and are prone to having only a few good friends (Borton, et al., 2010; Streufert, 2008).

Regarding my personal narrative, I also share this similarity with the participants, as I also prefer to socialise with small numbers of people. My personal narrative spoke strongly to the themes of loneliness and isolation, and this resonates with personal information from Hadjikakou and Stavrou (2016) where children complained of having only a few friends and being alone. Literature regarding children with UHL and their friendships, confirmed that they experience poor social skills, less deep social relationships, and were more prone to feelings of rejection and loneliness (Wauters & Knoors, 2007). According to Vygotsky (1978) important areas of learning and development occur through social interaction, and consequent to children with UHL only choosing a few friends with which to socialise, some children can experience restrictions in their learning and development. Although, none of the stories in this study verified that claim, some of participants like Jill, Jane and I asserted that we only prefer the company of a few friends, and this implies that we could have unconsciously experienced social and learning restrictions. Additionally, when Bronfenbrenner's (1994) bioecological model is applied to the participants' stories, the participants' stories indicate that surrounding friends and social groups influenced their social experiences, and shaped the kind of interactions that they preferred.

Furthermore, when examining literature regarding the social experiences of children with UHL, it was established that minimal qualitative information regarding children with UHL and their social experiences exists. Hence, it is recommended that with view to bridging this gap, future research concentrates specifically on how children with UHL experience socialising with both small and large groups of friends in order to help professionals better understand children with UHL.

8.1.5 Teasing and Isolation

- The findings of this study indicate that regarding their social challenges, one participant and myself experienced loneliness and isolation.

In this study, Jane was the only participant who experienced a teasing incident, when she was ridiculed for wearing a hearing aid. As a result, she decided to stop using it in an attempt to minimise her difference from the majority. Additionally, Jane also withdrew and isolated herself from various social activities. Even though, Jane experienced teasing as an adult, she was still unable to overcome the negativity of that situation.

Reflecting on my personal narrative, I can see similarities to Jane's narrative. I see themes of isolation and poor social and communication skills, and although I was not teased, I fell victim to bullying and isolation. In order to deal with these negative emotions, I turned to writing and art. These themes are evident in my personal writing, poems and paintings. According to Vygotsky (1978) socialising forms a critical element to a child's learning and development, and a setback in these areas can possibly result in children failing to thrive. Vygotsky (1978) also adds that unhealthy peer relationships, predisposes children to develop less than satisfactory interpersonal and intrapersonal relationships. In other words, it can lead to children being unable to efficiently manage relationships with themselves and with others. In this study, Jane and my own stories speak to themes of unhealthy social relationships, and the influence of these can also be seen in our expressions of loneliness, and our longings for social interaction.

Regarding the other participants, Jill did not mention explicitly that she felt alone, but she included a few comments where she expressed feeling isolated as a result of her hearing loss. It is interesting to note that only Jack did not mention any feelings of loneliness or isolation. Additionally, Jack was both, the only male participant, and the only participant to be provided with therapy during his schooling period. Jack explains that through therapy, he learnt skills with which to manage his social relationships. It can be argued with Vygotsky's (1978) theory of mediation, that Jack received mediation in the form of therapy, through which he developed positive social skills that prevented him from experiencing any forms of isolation.

These experiences correlate with literature in the field of deafness and hearing loss, and studies dating from as long ago as 1948 have revealed that people with a hearing loss often reported feeling "disconnected and out of tune" (Knapp, 1948, p.

207). This often leads to social challenges and feelings of isolation, which Meadow-Orlans (et al., 2003) and Borton (et al.,2010) explains is a consequence to these feelings, children with a unilateral hearing loss become more prone to being teased or stigmatised. Other research that validated that one of the most significant feelings experienced by people with hearing loss is 'loneliness', was research by Fellinger (et al., 2008), Most (2007), Martin (et al., 2010), Theunissen (et al., 2014a) and Most (et al., 2012). They further explained that children with a hearing loss can find themselves in situations in which they are unaware of how to react, and lack the social skills to successfully manage their social relationships. Consequently, this leads to many children with a hearing loss withdrawing and isolating themselves.

Based on Vygotsky's (1978) arguments of language as a social tool, which people use to manage social interactions and, learn and interact from each other, it seems that although the participants did not experience setback in their language skills, some of them were still unable to compensate for a restriction of auditory information, which resulted in less than satisfactory social relationships. Additionally, the participants could have possibly been unaware of shortcomings in their expressive language skills, and this could have also negatively influenced their social relationships. On the whole, since this study did not aim at providing quantitative information regarding the participants' language skills, their levels and use of language were not investigated.

Based on the above discussions of social and communication challenges, it seems that many of the participants in this study experienced feelings of confusion and loneliness, and that some even responded aggressively to express feelings of frustration. Considering that a minimal amount of research regarding children with UHL and their social experiences exist, this study recommends that future research consider the relationships between UHL, loneliness and teasing. Additionally, since Jack, the only male participant did not report any forms of loneliness and isolation, it is recommended for future research to consider if a pattern between the gender and experiences with UHL exists.

8.1.6 People with UHL and their experiences with anger and frustration

- This study revealed that all the participants' including myself experienced certain levels of anger and frustration.

In this study, the participants came from different cultural backgrounds so they each expressed their feelings of frustration and anger in different ways. In Jill's story, she admitted that she feels angry when excluded from social discussions, and frustrated when she struggles to communicate with her brother. Jill mentions that she does not verbalise her anger nor act aggressively; even though she feels very angry in certain situations. Conversely, Jack expressed that he experienced significant challenges with anger and violent behaviour. Additionally, Jane explains that she withdrew from social situations in order to help her deal with anger. Similar to Jane, I also experienced significant levels of anger, and I also chose to withdraw in order to try and cope with my anguish and frustration. Furthermore, I realised that when I get angry, I could use sarcasm and bitterness to defend myself because culturally, I was not allowed to react violently. One method that helped me deal with these significant levels of anger was through writing and artistic activities. This occurred subconsciously, and coincidentally, I discovered that I felt better after expressing myself with these activities.

When Bronfenbrenner's (1994) bioecological theory is applied to this finding, Jill and I both belonged to the Indian community. The cultural protocol in this community does not encourage females to express their anger through violent behaviour, and in my specific case, my parents (a very close microsystem) also did not encourage both verbal and physical expressions of anger. Since Jill belonged to a similar community, I can put forward, that she was also not encouraged to express her anger. Consequent to these cultural influences (macrosystem), both Jill and I learnt to withhold our feelings of anger. The next female participant, Jane, was possibly also taught to express her anger through non-violent behaviour patterns. However, Jane belonged to an ethnic African community, which also held specific cultural norms and values towards expressing anger. Through Jane's descriptions of her experiences in this community, whom she portrayed as supportive and accommodating, her expressions presented the message that she was also not

allowed to respond aggressively. Hence, in order to help her deal with any feelings of anger and frustration, she chose to withdraw from social activities.

In Vygotsky's (Wertsch, 1991) writing, he affirmed that inner speech acts as a social tool, with which people can negotiate relationships with themselves and with others. When Vygotsky's theories of inner speech are applied to Jill, Jane and my own cases, one can suggest that perhaps we were struggling to understand ourselves and others, and this possibly manifested in inner speech difficulties, which consequentially led to anger.

The last participant, Jack was the only male participant, and the only one who responded with violent behaviour. Jack belonged to the White community and was the only participant to have been provided with therapy during his childhood. Jack's experiences with aggressive behaviour could have resulted either from his UHL status, or from his additional disability of Tourette Syndrome. Literature by Barlow (et al., 2007) indicates that children with UHL are prone to experience feelings of frustration, anger, isolation and depression, and that these negative feelings can often be expressed in the forms of violent behaviour. This finding was further supported by evidence from Harris (2014); Hefferman (et al.,2016) and Rieffe and Terwogt (2006), all of whom concurred on the relationship between a hearing loss and higher levels of anger. On the other hand, studies by Konuk (et al., 2006) and Remine and Brown (2010) both disagreed with these findings, and asserted that children with a hearing loss experience similar levels of anger as did children with typical hearing. Collectively, these opposing views present arguments that both support and invalidate theories that children with UHL are prone to experience higher levels of anger and frustration.

On the other hand, Jack's aggressive behaviour correlates with literature on children with Tourette Syndrome. It is explained that as a result of this neurodevelopmental disorder, children find themselves with low levels of tolerance, are easily frustrated or overwhelmed by noise, and are prone to aggressive outbursts (Sukhodolsky, Smith, McCauely, Ibrahim & Piasecka, 2016). In some of Jack's social experiences, he found himself overwhelmed by surrounding stimulus, and unable to defend himself in a verbally appropriate manner. In certain of these situations, he resorted to

aggressive outbursts as a means to express and defend himself. In this situation, Jack displayed factors of being unable to tolerate inappropriate behaviours and verbal expressions from other peers, and thus become easily frustrated which caused him to resort to aggressive and violent behaviour.

On the whole, Jack's aggressive behaviours could have resulted from either his Tourette syndrome or from his UHL status, and since his aggressive and violent behaviours played critical roles in his personal story, they needed to be recognized. Nevertheless, Jack still experienced significant levels of anger, indicating that even with supportive facilities and intervention, children with UHL can still experience significant levels of aggression. This is in keeping with findings from Theunissen (et al., 2014a) that even with counselling, amplification and support, children with a hearing loss may demonstrated more behavioural and aggressive challenges that their typical hearing counterparts. They actually established that children with a hearing loss who used hearing aids, were at a greater risk of aggressive behaviour (Theunissen et al., 2014a). What is more significant is that Jack also experimented with a hearing aid for a short period, and one can put forward that his levels of anger, were consequential to his use of a hearing aid. Other ways to interpret Jack's aggressive behaviour, are that he possibly felt that living with UHL meant that he had a ‘weakness’, which others were able to see. So as a male figure he possibly felt that he needed to prove that he had physical strength, and this manifested through his violent actions. Although aggression is clearly not restricted to males, it may be an area which future research could address, since gender stereotypes of masculinity relating to physical strength and denial of weakness persist.

Another possibly interpretation for Jack's aggressive behaviour, links to communication challenges that are frequently associated with UHL. As a result of communication challenges, all the participants experienced certain levels of anger and frustration, and each responded to them in different ways. It is interesting to note that even when Jack received supportive interventions such as therapy, he still experienced significant levels of anger. Similarly, I also experienced significant levels of anger, even though I was afforded an opportunity of counselling. One specific method that is frequently used in counselling, are ways to enable patients to

recognize their inner speech patterns. However, Vygotsky (Wertsch, 1991) added that when children are placed in difficult and threatening positions, many who are unable to express themselves, may resort to verbalising their inner, subconscious speech patterns (Wertsch, 1991). In this situation, Jack could either have been struggling with his inner speech, or he could have also been unable to adequately express himself in threatening situations. Overall, both these explanations cannot be indefinitely applied to Jack's experiences, as they only offer possible explanations.

It would be recommended that future research needs to consider whether there are links between interventions and experiences with anger in children with UHL, with a more specific view on whether anger interventions differ according to gender. Additionally, future research also needs to ascertain whether in fact anger emerges as a shared experience. Since qualitative research regarding children with UHL and their experiences with anger is minimal, so it is recommended that further research considers children with UHL and their experiences of anger, and investigate possible links between the degree of a person's hearing loss and their experiences with anger as related to communication challenges and their expressive language skills.

8.1.7 People with UHL and how they cope with hearing limitations

- In this study, the participants' experiences indicated that they either consciously or subconsciously learnt to cope with their hearing needs in specific ways.

- In addition, the participants also reported that they were flexible and used a variety of coping skills to help them cope with the limitations and challenges experienced/associated with hearing loss.

As revealed in this study's narratives, depending on their specific social and cultural settings, each person with UHL developed a variety of coping strategies to meet their needs and personality. For example, Jack consciously learnt to manage his anger and calm himself by consciously telling himself to calm down. At school, Jill subconsciously extended her hand, befriended and helped other children, who in

turn helped with her hearing limitations. Jane coped with her hearing loss by relying on close friends and family members for assistance. More specifically, as a female, Jill benefited from being able to ask for repetitions, and as a boy Jack benefited from counselling that helped him improve his assertive skills. For myself, as a person with UHL, I learnt to cope by expressing my feelings in diaries, poems and art, and I also learnt skills to manage my anger, depression and isolation through skills learnt at counselling. Through counselling, I consciously learnt how to calm myself, control my anxiety, let go of anger, by trying to control my thoughts. Writing also helped me release negative emotions and further contributed to my mental and social well-being.

Although Jane was not afforded opportunities for counselling or any other type of mediation, in order to help herself cope with her hearing loss limitations, she subconsciously taught herself to lip-read. This situation that correlates with Hadjikakou and Stavrou's (2016) study, where a child also learnt to lip-read to cope with his/her communication challenges. Jane also taught herself to pretend to be busy so as to avoid interactions in large and noisy environments. Other coping skills that can be employed relate to sport activities. Petitpas (et al., 2005) established that through engaging in sports, children developed better psychosocial skills that continued to assist them in life. Likewise, in this study, only Jill reported to engage in sports, which possibly played a key role in helping her develop good social relationships and experience school positively. In general, all the participants revealed specific ways regarding how they coped with their unilateral hearing loss limitations.

These findings are in keeping with literature by Martin and Bat-Chava (2003) who established that girls preferred small social groups with more intense social interactions. This is in keeping with Jill's coping mechanisms, since she relied on a few specific friends to assist her with her hearing challenges. However, Martin and Bat-Chava (2003) put forward that boys prefer less verbal interactions, than girls do. However, in this study, Jack, as a male, expressed clearly that he preferred verbal interactions, and that he coped by explaining his hearing needs clearly to his friends.

It is interesting to note that studies from as far back as 1999 by Lloyd (1999),

compared girls with typical hearing and girls who were deaf, and established that deaf girls were more reluctant to ask for clarifications. Similarly, Jane reported that during her childhood experiences, although she could rely on friends and ask for clarifications, consequent to her negative social experiences, she became reluctant to ask people to assist her or to explain her hearing needs to them. Hence in this situation, Jane learnt not to ask people for clarification, and in keeping with Lloyd (1999), this led to a poor quality of social experiences. Similarly, I also learnt to pretend to have heard missed information, and as a result of experienced impatience and hostility from others, I also became hesitant to ask people for clarification. This is in keeping with findings from Martin and Bat-Chava (2003) who confirmed that as a result of experiencing impatience or negativity, children with a hearing loss are less willing to ask for repetitions. Conversely, both Jill and Jack reported feeling confident during their social interactions and that they are able to ask for repetitions.

Throughout these stories, Bronfenbrenner's (1994) bioecological model can be used to verify, that all the participants, including myself were influenced by our larger social systems (microsystems, exosystems and macrosystems) into developing our specific coping methods. It can actually be argued that had the participants experienced different social or cultural systems, they would possibly have developed different coping mechanisms. Similar ideas were also presented in Vygotsky's (1978) pedagogy. Vygotsky (1978) argued strongly on the need for social interaction as a prerequisite for learning, and in this regard, he asserted that, children cannot be expected to reach certain skills alone. Vygotsky(1978) added that children need to be assisted to develop certain skills, and reach certain outputs, and this is mainly achieved through interaction. This information can be interpreted in line with Vygotsky's constructionist approach that stresses the need for children to be empowered through learning, and learning through interaction and mediation. Overall, both these frameworks call for the recognition that children with UHL need to be supported towards developing effective coping skills.

Further information regarding coping skills, was provided by Martin and Bat-Chava (2003) who argued that a child's coping skills tends to increase with age, and this often results in better social outcomes. I can personally testify to this, since as a

consequence to my attendance of counselling sessions, my coping skills improved, I learnt to ask for repetitions more easily, and I also learn more constructive ways to deal with my anger and depression. Unfortunately, I could not testify for the coping skills of the three other participants. Since I used unstructured interviews, I was unable to ask them to reflect directly on certain topics. Overall, the literature review revealed that a limited amount of information specifically relating to people with UHL and their coping skills was found, and this study presented accounts of the lived experiences of how children learned to cope with UHL. The literature review confirmed that most of the articles that discuss coping skills in children with UHL, only mention it as a characteristic, or discuss coping from medical and audiology perspectives. Other articles only discussed coping skills with the aim of establishing how parents and teachers can provide support to children with UHL (Micucci, 2015).

Overall, information presented in Chapter Two confirms a lack of research regarding coping skills in children with UHL, and specific measures to evaluate one's coping skills have yet to be developed (Martin & Bat-Chava, 2003). I concur with Martin and Bat-Chava (2003) suggestion, that further research is needed to consider how surrounding social and cultural contexts influence the development of a child's coping mechanisms. This recommendation is specifically applicable to the South African environment, since the diverse cultural backgrounds will each reinforce different ways to cope with a hearing loss. Another important suggestion would be to investigate how people in these diverse communities perceive disabilities. This is important, as the manner in which a community views a disability often plays a key role in how children view their disabilities and develop coping skills. It would also be recommended for future research to monitor how children's coping skills emerge and develop over time (Martin & Bat-Chava, 2003). In South Africa particularly, it is essential to consider how children in different environments cope with UHL and its limitations, and to also establish if differences between the coping skills in these environments exist.

8.1.8 Hearing Related Quality of life (HRQOL) in Children with UHL

- This study established that the participants' experiences regarding their HRQOL fluctuate between positive and negative experiences.

Since the quality of life is a relatively abstract concept, I relied on qualitative/personal statements relating to the participants' thoughts and feelings to establish their quality of life experiences. In this study, Jill commented that *"It's difficult"* [Jill 309], only when I mentioned certain of my personal hearing loss challenges. It is interesting to note that Jill displays a full agreement with my challenges, even though she neglected to mention similar ones in her narrative. Although she referred to her hearing loss as something that was "wrong" with her, she presented a picture that she coped with her hearing loss limitations. Although, Jill refers to her hearing loss as difficult, overall she appears to be satisfied with her HRQOL. Through her experiences, Jill developed ways that enabled her to cope with the hearing loss limitations such as by asking people to speak louder, or to repeat information.

According to Vygotsky's (1993b) theory of dysontogenesis, which reaffirms the importance of focusing on a person's strengths rather than their weaknesses, Jill reveals that in order to deal more effectively with her hearing loss, she empowered herself with coping skills to overcome her hearing limitations. Factors such as the nurturing of good social relationships can be regarded as one of her coping skills. In addition, Jill was also able to ask for repetitions when she missed or heard certain information incorrectly. Additionally, Jill even made a recommendation that, in future, professionals such as doctors and audiologists should practice extra care with a child regarding the diagnosis of their unilateral hearing loss, such as by providing them with explanations.

Regarding the quality of life experiences, in Jack's story, he seemed to experience a better level of quality of life than the other participants. Firstly, he was in a First World country when his hearing loss was diagnosed, and thus he had access to information and facilities. Additionally, he was provided with intervention programmes, such as therapy that helped him develop more effective coping skills. Through therapy he learnt to control his anger, calm himself, walk away from conflicting situations, and express himself more clearly. Jack's feelings towards his hearing loss resonates with statements from Hadjikakou and Stavrou's (2016, p. 35-36) study, that people should "not be embarrassed" by their hearing loss and they need to "get over problems in life". Similarly, Jack now views his hearing loss with a

positive attitude, that it was "*not that big a deal*". These statements indicate that Jack had a healthy HRQOL level, and that he was coping with the limitations imposed by his hearing loss.

In contrast to Jack's coping attitude to his hearing loss, Jane's statements are more in keeping with statements from Borton (et al., 2010), that people became impatient when required to move sides to allow the person to hear them. In this regard, Jane shared information that she found it difficult to disclose her hearing loss, and in the process, it led to her keeping it hidden from others. Based on her statements of positive and understanding friends and family members, Jane experienced a high level of HRQOL during her childhood. However, when she grew into adulthood she became more aware of her unilateral hearing loss and people's negative reactions to her and was teased, which consequently led to a decrease in her HRQOL experiences. Based on these experiences she presented messages of embarrassment, despair, shame and regret. However, at the end of her interview, Jane comments, " *Disability doesn't err.... close the doors for me" [Jane 148],* and this comment summarises a large aspect of her interview. This comment indicates that Jane chooses to empower herself, and holds a positive attitude that she will not allow her hearing loss to impede her progress in life. It is ironic though, that she has allowed her hearing loss to lessen her social activities, but she still maintains that she chooses to be positive and feel empowered. This ties in directly with Vygotsky's (1993b) theory of dysontogenesis that provides a favourable viewpoint on children with special needs. Overall, Jane's situation reveals that surrounding social and cultural systems play a very direct role on a person's quality of life experiences.

Regarding my own personal quality of life, I can confirm that I experienced less than satisfactory levels regarding my HRQOL experiences during adolescence and early adulthood. My poems, dairy writings and paintings are evident of my feelings of loneliness that influenced my HOQOL experiences. I concur with the statements made in Borton (et al., 2010) and Hadjikakou and Stavrou (2016) that children with UHL felt embarrassed, isolated, experienced difficulties forming friendships. They also added that it's "very difficult to have a hearing loss" (Hadjikakou & Stavrou, 2016, p. 37). Similarly, I also felt different, embarrassed, isolated and I also

experienced difficulties adjusting to a hearing loss in a 'hearing world'. In this context, 'hearing world' refers to that many current environments rely mainly on auditory means to transfer information. This means that when you have a hearing loss, you need to learn how to compensate for this setback in a 'hearing world'. However, after a period of counselling and travelling, I found that my personal feelings regarding my personal self and my hearing loss, changed to focus on my skills and positive experiences. From these messages, my HRQOL experiences improved and led to better intra- and inter-personal relationships, leading to new friendships. Additionally, the course of my personal narrative changed when I discussed opportunities such as the scholarship to Europe. During this period, I learnt skills that empowered me to become more independent and to take control of situations. All of these resulted in me experiencing improved HRQOL levels.

From the literature review, there is a minimal research regarding children with UHL and their HRQOL experiences. Although Borton (et al., 2010) and Hadjikakou and Stavrou (2016) researched this topic from a qualitative perspective, most other studies concentrate on evaluating the effectiveness and impact of hearing aids on a person's quality of life. This study is particularly unique since it presents personal narratives direct from people with UHL, which also provides authentic information regarding their quality of life experiences.

Overall, this study presents stories that reveal that in line with Bronfenbrenner's bioecological theory, a person's HRQOL levels depend greatly on their personal characteristics and surrounding social and cultural contexts. It should be noted that the HRQOL levels of only Jack and myself improved after periods of intervention. It is important to note that Jack received therapy while in school, through which he learnt skills to cope with his anger and communication challenges. On the other hand, I only received counselling at university. Thus, I only developed life-coping strategies at a later stage, and experienced my limitations with my hearing loss more intensely during my school years. These facts tie in closely with Vygotsky's (1993b) argument of mediation, which is that children require additional mediation preferably from adults to enable them to cope with difficulties.

Since a restricted amount of research regarding the HRQOL of children with UHL

exists, it is recommended that future research investigate links between interventions and better HRQOL levels. This information can be used to inform future policies and to support the argument for a need for interventions regarding children with UHL. Additionally, I argue that in order to achieve a more comprehensive assessment of a person's HRQOL, further research needs to consider a person's mental, social, emotional, hearing and lifestyle experiences. A joint consideration of all these areas, with the possibility of any additional areas that are specifically significant to that person can allow for a better understanding of a person's quality of life experiences.

8.2 UNEXPECTED FINDINGS

During the course of a study it is expected that unexpected findings will arise, since the fields of humanities and social science research deal with unpredictable and unique human data. An unusual finding was that Jane revealed a situation in which she experienced a strong friendship with a visually-impaired woman. Jane explained that they formed a strong mutual relationship on the basis where they each helped each other with their limitations. Although these two women had opposite life experiences, they could resonate with each other and knew what it felt to be different from their peers.

Jack did not mention any specific friends, other than his girlfriend, and Jill spoke specifically about a girl, who was stigmatized for being unable to speak English clearly. It can be suggested that this girl possibly experienced similar feelings of exclusion, as disabled children do. Consequently, Jill identified with her also leading to a strong mutual, if somewhat unusual friendship. According to Barker (2009), Social Identity Theory can be used to explain how people go out and look for people who are similar to them. This can be used to explain Jane's friendship with a visually-impaired lady, and Jill's friendship with a child who was unable to speak English well. Jill and Jane possibly identified that similar to their hearing restrictions, these person's also experienced restrictions regarding their visual and speech abilities. Barker (2009) also explains that as a result of this minority population's low self-esteem, they possibly collectively work with each other in order to buffer themselves against the majority, who also differ according to them.

According to Aristotle (cited in Power-deFur & Orelove, in Power-deFur & Orelove, 1997, p. 110), "friendship is a thing most necessary to life, since without friends no one would choose to live, though possessed of all other advantages". This quotation draws emphasis to friendships, as one of the required social aspects in a person's life that provides a person with companionship, health and even contributes to higher levels of happiness. A healthy amount of friendships have been associated to better psychosocial functioning (Ladd, 2005), and studies by Salmon (2013) verified that children with disabilities experienced stronger friendships with other children with disabilities. In this study, children with disabilities bonded with each other, due to being different from the majority, and also excluded themselves from the majority of their peers.

Establishing and maintaining friendships is central to most children's lives, and since most children with UHL, including the participants in this study attended mainstream schools, it was unexpected to uncover strong friendships with other children who were also regarded as 'different'. With the coming of inclusion policies, education policies have turned to recognise the rights of children with learning disabilities or children with different needs. This translates into possible advantages for the disabled/marginalised communities, since in many situations they can be included in mainstream settings. These inclusive practices can also be seen as movements that empower children who are different regarding their learning and developmental needs.

Another unexpected finding in this study was the theme of anger. I was surprised to find that all the participants' experienced a certain level of anger. Although, only Jack expressed his anger through his behaviour, anger still impacted on the inner experiences of Jill and Jane. Regarding myself, initially I was aware of my anger, but I did not know how closely it was linked to my unilateral hearing loss. Through this study, I discovered that my anger played a significant role in influencing relationships, which only improved after a period of counselling. Similar to Jack, I also learnt to deal with my anger by helping myself calm down, and controlling my thoughts. However, unlike Jack, I learnt to meditate, and use tools such as Mindfulness to help me cope with feelings of anger.

8.3 STRENGTHS AND LIMITATIONS OF THE STUDY

A key strength of these data collection methods is that unstructured interviews allowed me access to direct, inner and personal information. More importantly, this was shared directly from the person concerned, rather than second or third sources such as parents and teachers. Through unstructured interviews I could develop a deep, authentic understanding and feelings of the participants' stories, which enabled me to present their stories as accurately as possible. As aligned to ‘thick descriptions’ needed by qualitative research (Flyvbjerg, 2011), this method also enabled me to focus on specific, personal qualities of each participant's story, which facilitated for detailed and invigorating stories. On the other hand, since I did not collect additional data with any other data collection methods such as questionnaires or observations, these interviews only involved the participant's UHL views, and did not include the views of their parents, siblings or friends. Thus it is recommended that future research consider including a larger variety of perspectives, in order to present more comprehensive accounts of the experiences of children with UHL. Another limitation of unstructured interviews, is that I was unable to ask the participants questions with specific targets. Seeing as the participants are adults, I refrained from asking them specific questions as though they were set in a list, and rather decided to use unstructured interviews. This allowed the participants to speak freely, and this can be seen as a limitation because their stories may have avoided certain important topics such as identity and self-esteem.

A second strength of this study is the choice to use narrative inquiry, to collect the participants' stories. In research, narratives are known to be powerful links because they employ a variety of perspectives that link a person's thinking to social and cultural contexts (Law 2012). Additionally, they also link closely to how people manage their lives, and this enabled me to access the person's personal lived-experiences. In these narratives, the participants were allowed opportunities to look critically at their various social and emotional experiences, which offered them a valuable opportunity as they reflected on and tried to make sense of these experiences. Additionally, this also helped me appreciate how difficult it was for the participants' to share such deep and intense stories. Overall, narratives in this study

proved to be a strength because it allowed for thick, detailed and evocative stories to be shared (Ellis, et al., 2010). However, during these narratives, attention was not paid to how people experience emotions at different stages since that deviated away from the study's focus. As a person grows and develops, they are prone to experience certain emotions such as a need for independence or trust, which often occurs at certain ages (Erikson, 1963). This study did not take into cognisance the development of the participants' emotions, since the aim was to present stories of their lived experiences with UHL. Reasons for this, is that a concentration on the precise ages of hearing loss diagnosis, may have possibly influenced the participants' feelings towards their hearing loss. Jack's hearing loss was diagnosed as a baby, Jill at six years old and Jane in high school. Jane was possibly around 14 years old at the time. Since all the participants belonged to different age groups, and they spoke freely during the interviews, it was difficult to establish how they experienced specific emotions at specific ages.

Additionally, another strength that linked to the positives associated with personal narratives is the choice to include my personal autoethnography. This provided me with opportunities to reflect on my social and emotional experiences as related to my UHL, and also enabled me to describe my personal story in a vivid and descriptive way. One particular strength of an autoethnography is its recognition of various data sources. In this regard, my autoethnography was made up of personal diary writings, poems and pictures of artistic projects that all contributed to the presentation of an evocative and detailed story. Moreover, this method allowed me to systematically analyse my experiences, with an aim of comparing them to the other participants' experiences, and to literature. This enabled me to delve deep into my own and the participants' experiences, with aims of uncovering similarities and differences, which also concentrated on how we experienced these factors. Moreover, it is believed that after reading autoethnographies and personal narratives, people often feel encouraged to be more forthcoming about sharing their experiences.

On the whole, by including my own autoethnography, I came to view the participants as co-partners in a UHL world, rather than as distant subjects. In addition, the autoethnographic process also helped to sensitize me to the details and stories that

were shared in the participants' narratives (Furman, 2005). This is specifically significant because this study is providing information a regarding a disability from a disabled person's point of view. In many instances, researchers do not belong to the population that is being studied, but this study presents information as a first-hand autoethnographic account, making it a unique endeavour. Hence, as I embarked on an exploration of the personal stories of four adults with UHL, as they reflected on their childhood experiences, the inclusion of my autoethnography, added a very significant personal element.

Furthermore, in alignment with the above aim, the participants were purposefully selected since I already knew these participants as having a UHL. As a result of the small sample of four it is important to bear in mind that the findings of this study may not be generalised to other children with UHL. Considering each person's individual stories and journeys are unique, so too will those of other children with UHL differ. Thus, these four participants are not a representation of the larger population, and it is understandable that a certain amount of bias versus subjectivity can be seen in their views. The reason for the selection of these participants' is that as adults, they reflected on their past experiences, and were able to provide meaningful stories. Another limitation is that this study did not consider the effects of a right or left ear hearing loss. Also, researchers who investigated intelligence levels in children with UHL, such as Purcell, Shinn, Davis and Sie (2016) established that children with a right-sided hearing loss experienced challenges with verbal and abstract material, and also with logical tasks. Conversely, children with a left-sided hearing loss experienced challenges with non-verbal skills, and also had difficulties analysing and synthesising information (Purcell, et al., 2016). If this study considered those factors, a change in the research aims, methodology, data collection and analysis tools would have been required. Hence, information regarding children with UHL and their intelligence levels were excluded in this study. Instead, this study focused on a qualitative exploration of the lived experiences of children with UHL. Due to the nature of this study, the evidence regarding intelligence levels and a comparison of right and left sided hearing loss were excluded. Although the participants shared information regarding which side they experience their unilateral hearing loss, it did not have any effect on their stories.

8.4 STORIES OF THE PARTICIPANTS AS THEY RETROSPECTIVELY REFLECTED ON THEIR EXPERIENCES GROWING UP WITH UHL

The stories in this study can be seen as unique contributions to the UHL knowledge base, given that many address various social, emotional and communication challenges that are relevant to the UHL community. Additionally, these stories also present messages from which other people with UHL can possibly benefit. According to Salman Rushdie (MacDonogh, 1993, p. 17),

> *"Those who do not have power over the story that dominates their lives — the power to retell it, rethink it, deconstruct it, joke about it, and change it as times change — truly are powerless, because they cannot think new thoughts".*

With this in mind, this study represents a pioneering endeavour that attempts to give people with UHL a voice, and presented a platform on which they can take control and shape their stories. This study also contrasts with the studies by Borton (et al., 2010), Hadjikakou and Stavrou (2016) and Streufert (2008), who also reported on the personal experiences of children with UHL. But these studies did not allow the participants to control their stories and used structured focus group interviews and questionnaires. This did not allow them to speak openly about their experiences, and could have possibly restricted their expressions. The study by Hadjikakou and Stavrou (2016) presented personal information regarding the experiences of children with UHL, through semi-structured interviews that were based on three sets of questions, and although Streufert (2008) used open-ended questions and the HRQOL questionnaire, she focused only on HRQOL experiences. Both Borton (et al., 2010) and Streufert (2008) used focus groups with children with UHL, and also asked parents for their opinions regarding the child's experiences. In general, although these qualitative studies were considered, they provided restricted qualitative information regarding people or children with UHL.

My study allowed the participants control over their stories by allowing them to focus on any topic, and use any particular words or phrases of their choice. Additionally, it also provides a platform on which people with UHL can voice their experiences without any questions, constraints or limitations. To my knowledge, neither the

personal stories of people with UHL, nor a personal autoethnography with UHL has ever been presented in this way before. This can thus be seen as one of the strongest factors that rendered this study a unique contribution to the UHL knowledge base. One particular statement from a child in Hadjikakou and Stavrou (2016, p. 23), that he/she "would just feel more relaxed and comfortable if they could understand my point of view", and this study can be seen as one that acknowledges and presents the personal views of children with UHL.

8.5 CONTRIBUTIONS

The contributions in this study lent themselves to areas of education and psychology, and discussed subjects such as hearing loss diagnosis and disclosure, communication challenges, anger, teasing, isolation and coping skills, which are all discussed in the literature review. This study attempts to make three contributions to the existing knowledge base.

1. The first contribution of this study is that it presents the lived experiences of people with UHL from personal and unique perspectives.

2. The second contribution refers to the combination of theoretical perspectives of Bronfenbrenner (1994) and Vygotsky (1993b) which were used to analyse these lived experiences. Additionally, IPA was also used in combination with the above mentioned theories. Collectively, these three theories recognised the participants' social and cultural contexts, their interactions and relationships, and focused on the recognition of the value of personal experiences to research.

3. The third contribution refers to a model that was drawn in an attempt to facilitate the recognition of lived experiences. For this current study, I required a model with which I could use to consider people's specific social and cultural circumstances and their life experiences. In order to use research as a tool to recognise these experiences, I also needed a model that recognized a person's verbal expressions, their reflections and personal experiences, and

was unable to find one theory that could collectively establish that. Hence, the following model is designed in order to collate the above mentioned factors into providing a framework which researchers can use to recognise peoples' personal and lived experiences of UHL.

8.5.1 Model for recognising personal lived experiences

This Model for Recognising Personal Lived Experiences, postulates that if a person combines their social and cultural backgrounds, their actual lived experiences and their verbal expressions, an observer/researcher might possibly be able to present an accurate portrayal of that person's lived experiences. Based on information in this study, I designed a potential model that can be considered when trying to recognise a person's personal experiences.

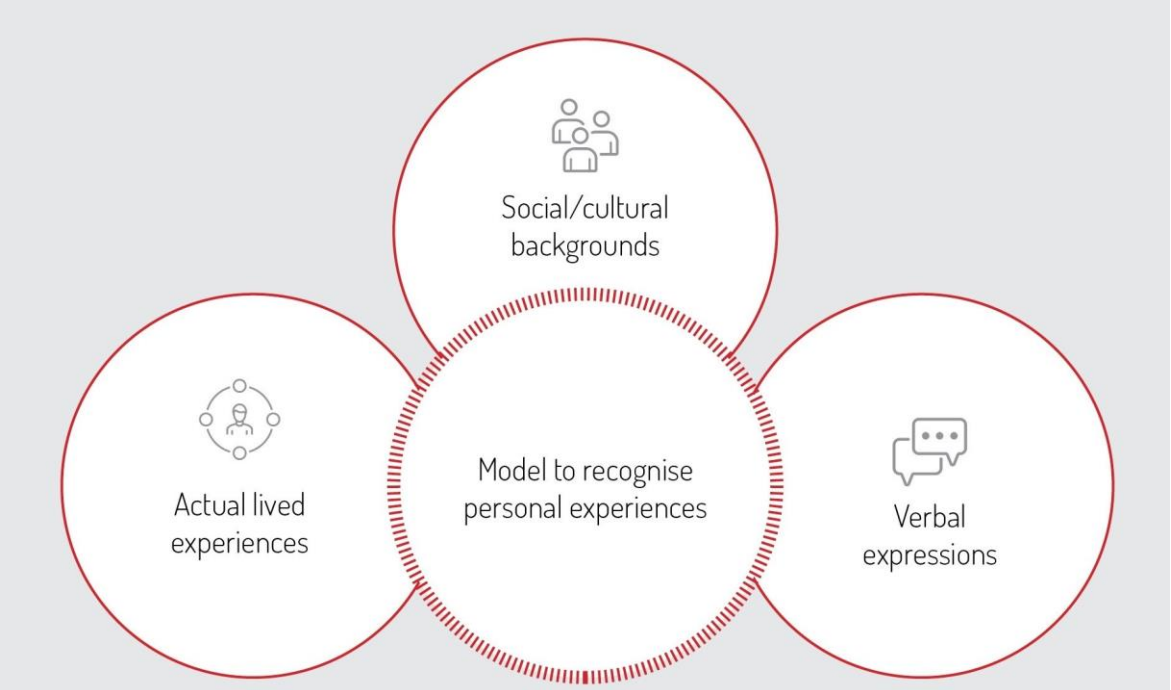

Figure 8.1: Model to Recognise Personal Experiences

Firstly, this model dedicates a section to a person's background social and cultural contexts. The theories of both Bronfenbrenner (1994) and Vygotsky (1993b) reinforced the importance of considering the influences of person's surrounding

social and cultural contexts on their development. These theorists are helpful in explaining that peoples' specific social contexts influence their thinking, verbal expressions and behaviour, and for this reason, this factor is included in the model.

Secondly, this model includes a section that recognises a person's verbal expressions because Vygotsky (1962) explained that a person's thinking and verbal responses represent an interdependent process, that can also further influence their actions. According to Vygotsky (1962), a person's verbal responses are informed by their thought processes, which are further informed by their surrounding social and cultural experiences. Hence, in order to try and understand a person's experiences in order to recognise them, it becomes necessary to consider their verbal expressions.

Thirdly, I included a section for a person's lived experiences. When assessing a person's lived experiences, it is necessary to consider their actions and behaviours. Furthermore, it is also necessary to consider a person's age, their interactions, and surrounding culture and norms of a specific age group. Since a person's actions and interactions serves to inform their experiences and their HRQOL, it is necessary to take cognisance of these experiences.

On the whole, a consideration of these three areas can possibly allow for recognition of a person's personal experiences. The above figure (Figure 8.1) reveals that a person's social and cultural backgrounds, significant life events and the choice of words, all play significant roles in describing the meaning he or she attaches to experiences. Similar to phenomenological research, a tool which investigates a topic from individual, personal perspectives and which also aims to gain insight into a person's personal motivations, actions and experiences, this model also focuses on the person's personal experiences and meanings (Gallagher, 2012).

Although there have been a countless number of arguments for the recognition of learning from people’s experiences, until recently research did not welcome it (Ellis, 2004). Research often disregarded personal information, as this type of information did not fall under the paradigm of scientifically proven and objective knowledge. Instead, information of this type was based purely on personal and subjective experiences. According to Ellis (2004), researchers have only just begun to

recognise personal emotional experiences in research, and there is a need for a qualitative research model that recognises people's rich, personal and emotional journeys. In order to find ways to recognise personal lived experiences in research, some researchers opted to use critical race theories (Bernal, 2002), while others chose theories of knowledge, learning and identities as tools with which to interpret and recognise the personal findings in their studies. Overall, this model can be seen as a preliminary version and could possibly be used to recognise people's experiences.

8.6 IMPLICATIONS

Taken as a whole, it has been argued that children with UHL are generally left without accommodation, since UHL is largely viewed as a 'non-handicapping' condition (Tharpe & Bess, 1991, p. 45). In order to assist in the development towards a more thorough consideration of children with UHL, their needs and experiences, this study makes the following recommendations based on presented information and evidence.

1. Based on previous discussions surrounding social and emotional challenges such as anger, isolation, teasing, embarrassment and anxiety, it is recommended that effective management schemes and support programmes be specially designed to address challenges common to children with UHL (Krishnan & Van Hyfte, 2016; Most, 2004).

2. The stories shared in this study revealed that anger is an emotion that is commonly experienced by some children with UHL. In light of the above suggestion, this study also recommends that further research be conducted to specifically evaluate anger in children with UHL in order to lead to effective support programmes that assist children regarding learning how to express and manage their anger (Krishnan & Van Hyfte, 2016).

3. Based on Jill's story, this study recommends that investigations need to focus on ways to support children during the diagnosis of their hearing loss. Personal statements in Hadjikakou and Stavrou (2016) can also be used to

support this recommendation since children in this study expressed that they would appreciate being provided with more hearing-related information (Hadjikakou & Stavrou, 2016).

4. Given that all the participants, including myself, experienced communication challenges, professionals need to focus on the communicative abilities of children with all types of hearing loss, and work towards equipping them with necessary skills, to cope academically, socially and emotionally in mainstream settings (Kuppler, et al. 2013; Hintermair, 2008).

5. In this study, given that Jill, Jane and myself were provided with minimal information regarding our UHL by professionals, it is recommended that further programmes address a need to provide children and their parents with relevant information regarding how to better understand and manage a UHL. In actual fact, research confirms that when parents feel supported during a hearing loss diagnosis processes, it lead to better social and emotional functioning in children with UHL (Hintermair, 2006).

6. The stories in this study revealed experiences with anger, depression and anxiety, and further research is required to establish where larger populations of children with UHL experience these emotions, and possible ways to help them cope with them.

7. Regarding medical care, although I was treated medically, the focus of these treatments was not on helping me cope with my hearing loss. Jack was the only other participant who received medical care to help him cope with his hearing loss. It is recommended that children with UHL need to be treated with the same caring attitude that is presented to other patients under medical care. This includes endeavours to remove cognitive, social, language and communication challenges, which can affect a child's psychosocial development (Kuppler, et al., 2013).

8. Additionally, information in this study can be used to explain that children with UHL need to be treated on an individual basis, since children are unique in

their experiences of challenges and coping skills. It is also recommended that policies and programmes need to re-evaluate their perceptions of children with UHL with a view to further including them in policies, definitions' and practices. Similarly, Kuppler (et al., 2013) argue that the traditional perspectives regarding children with UHL need to be re-examined, evaluated and changed according to more contemporary knowledge and expertise. Ideally, they need to be treated on an individual basis, regarding their needs and requirements, and that, policies need to address these. In line with Most (2004), it can also be recommended policy makers focus on enhancing the levels of awareness of hearing loss restrictions amongst teachers and typical hearing children.

9. In this study, Jill, Jane and myself presented negative feelings towards our unilateral hearing loss. Only Jack presented a positive and realistic view of his hearing loss, as something that did not hinder him and which could be easily managed. From this, it can be recommended that support programmes also need to address children's' personal feelings and attitudes towards a hearing loss. In addition, this study suggests children with UHL can possibly benefit from meeting opportunities with other children with similar types of hearing loss. This can possibly help enhance their levels of self-esteem and identity.

8.7 ADDITIONAL RECOMMENDATIONS FOR FURTHER RESEARCH

1. Since there is minimal information regarding how children or adults with UHL cope adjusting to certain transitions during life, such as moving to high schools, tertiary institutions and employment, it is recommended that further research focuses on the experiences that accompany these transitions. In addition, it is also recommended that more specific research is needed to assess the HRQOL levels that change during these transitions. I concur with Lieu (et al., 2010) that based on evidence generated regarding the HRQOL of children and adults with UHL, further research needs to focus on life transitions and experiences during adolescence.

2. In this study, two participants and myself used hearing aids at certain ages, and only one participant (Jane) indicated that a hearing aid made a significant difference to her hearing abilities. It is recommended that future research is needed to investigate whether children with UHL do benefit from hearing aids and the effectiveness of the devices. In addition, further research is required regarding children with UHL and cochlear implants, in terms of effectiveness and policy adjustment (Krishnan & Van Hyfte, 2016).

3. Since this study is restricted to the narratives of only four people with UHL, the results cannot be extrapolated to larger populations of children with UHL. It is recommended that in order to provide more valid and reliable research, researchers need to evaluable larger samples of children with UHL. Additionally, it is also recommended that researchers continue to observe children with UHL, over longer periods of time, in order to establish how they develop in relation to their unilateral hearing loss.

4. According to Tharpe and Bess (1999, p. 75), paediatricians can be seen as the ‘gatekeepers’ that help parents manage their stress and emotions during events such as hearing loss diagnosis processes. Considering that paediatricians and other professionals play critical roles in the effectiveness of interventions such as therapy and counselling, further research is required to investigate ways to empower children with UHL with coping skills. This can possibly lead to better HRQOL levels and also healthier levels of self esteem, identity and confidence (Hintermair, 2008).

5. Finally, I concur with Hintermair (2016), that similar to research regarding children with typical hearing, research in the fields UHL and deafness need to focus on language and its influences on a child's social and emotional development. More specifically, he explains that these fields require longitudinal research to focus on measuring how language influences a child's social and emotional development at various periods in their childhood. Similarly, Harris (2014) recommends that children with any level of hearing loss, need to be assessed regarding their social and emotional development in their early years. He adds that these investigations need to focus on how

children with a hearing loss develop their social and emotional skills, and this can possibly provide valuable information for parents and teachers (Harris, 2014). I concur with this suggestion, as this information can possibly enable parents and teachers to better understand how children with a hearing loss develop in relation to their hearing loss. Ultimately, information from these studies, can possibly be used to inform policy development regarding how children with a UHL need to be supported.

Overall, further research is needed on both qualitative and quantitative levels, in order to help professionals such as teachers, audiologists and education specialists reach a more comprehensive and accurate understanding of the needs and experiences of children with UHL. Collectively, this information can also possibly facilitate the better inclusion and accommodation of children with UHL in mainstream settings.

8.8 REFLECTIONS ON MY PHD

When I started this PhD, the first task which my supervisor requested was to reflect on my unilateral hearing loss and my earliest memories of it. I began to move more intensely into the field of literature regarding UHL, as well as to interact with people who were completely deaf, thus becoming more accepting of my hearing loss. As mentioned in this study's opening chapter, *"I have never regarded the loss of hearing in one of my ears to be an abnormality or a disability*".

Through experiences of reading about and interacting with the deaf, I have grown to accept that my unilateral hearing loss is actually a disability that limited me in various ways, and in the process, I have learned to respect people with a unilateral hearing loss for their resilience and innate potential. As a woman with a unilateral hearing loss, I thought that I understood what it feels to live with a UHL, but through this study, I learnt much about myself through the stories about people with UHL, who share similar and different experiences to mine, and who also cope better than me in many situations. Previously, I had assumed that most children with UHL experience social and communication difficulties, but this study enabled me to understand that

not all children with UHL experience challenges in these areas. In the process of this study, for example by reading Jack's story, I also developed the skill to tell people in an objective way that I have a unilateral hearing loss. This study prompted me to think about ways in which I could establish support programmes that help children with UHL in the South African context. More importantly, these programmes would consider the child's social and cultural backgrounds, and help children regarding their specific needs. On the whole, this study enabled me to develop a much wider understanding of what it feels like to have a unilateral hearing loss, in relation to different social and cultural contexts, and personal strengths.

I understand that a person is defined by what they hear and what they do not hear, and I conclude that when one has hearing in one ear only it is difficult and frustrating keeping up, and trying to hear everything that people say. In group settings, in particular, it becomes confusing to listen to many people speak at the same time. In addition, people with UHL are still considered "*normal*", but they need a little assistance and support in certain areas. My main message is that, although people with UHL can hear, we do not hear everything. As per Jack's narrative people *"assume that you can hear in both ears if you can hear well" [Jack 51 - 53].* In other words, because people with UHL can hear fully with their one ear, people assume that they can hear with both ears. This often leads to overlooking that people with UHL do not hear information that is presented to our deaf ear. What people also don't realise that as a result of being able to hear in one ear only, is that UHL persons are prone to experience difficulties localising sounds and interacting in noisy environments. Additionally, we are also prone to missing information especially in group settings and noisy environments. In other words, in group settings it is difficult to follow conversations, hear people positioned a distance away or those that speak softly.

I understand that although my life has been filled with unilateral hearing loss-related challenges, I have learnt to cope with many of its limitations. I have empowered myself with skills of assertiveness. Overall, I have come to accept that I am different not just in terms of my unilateral hearing loss, but also my personality. I have a diverse range of interests, hobbies, and my journey travelling through Europe

nurtured skills of independence, confidence, and self-acceptance. This experience also taught me to become a travel writer and since returning to South Africa I yearn to pack my bags, and voyage new seas. This is in direct contrast to my previous passive-aggressive personality when I was comfortable remaining in an environment in which I felt in control. Through counselling and travelling, I learnt to venture into new environments, in which I was challenged regarding matters of control, and find ways to overcome various obstacles. I learnt to embrace my hearing loss as a part of myself, and to accept myself and my differences and something that makes me unique. Overall, I have learnt that I do not need to “fit in”. I have empowered myself to take control of my decisions and thought processes and also learnt to embrace the message of "taking back the power". Consequent to all these changes, I have learnt to break open the 'invisible handcuffs' that once bound me to certain social and cultural norms.

Broken Handcuffs (27.11.16)

These invisible handcuffs,

which caught my will and curbed my puffs,

that bent me over,

and lent to social lusts.

But now are gone

forever forlorn,

these broken chains

are no longer my restrains,

The worlds cast open,

perennial seas,

For as I voyage,

unlimited destinies.

This poem, written in the last five months of my PhD journey, captures a large part of my emotions that I experienced. When I look back and reflect on my experiences as a person with UHL, I can see that although I felt restricted in many social and communication areas, I have grown significantly in areas of personal strengths. I have learnt skills to accommodate my differences on personal levels, and also learnt to manage and express negative emotions. However, once in a while the old negative feelings re-emerge, such as rocks trying to surface instead of being buried by the ocean. Feelings such as "You're not good enough" or "No one will like you" would surface, and I need to remind myself that I have since changed, that I have grown and developed into a valuable and unique person.

Another significant event that contributed to my self-growth was the process that this doctorial research has followed. It presented me with invaluable opportunities to venture into realms of my hearing loss that I had not known existed and provided me with opportunities to study interesting and relevant literature, which contextualised UHL and also provided a framework for understanding it. During the PhD process I learnt to pay specific attention to areas of strengths and weaknesses, and became more aware of a growing need for children with UHL to be equipped with effective coping skills. I also grew in my understandings of the various approaches and methods that the three people with UHL used in order to cope with challenging situations. It seems that many of the participants used surrounding social and environmental resources to empower themselves with certain coping strategies that were used to overcome challenges.

In this study, I also learnt about other studies and authors, who also call for recognition of UHL as disability, and for a certain academic framework that places UHL in a realm that is usually reserved for a host of other 'special needs' conditions. This call foregrounds UHL as a condition that is also worthy of more serious attention and consideration of challenges related to having a hearing loss. This study presented me with opportunities to listen to personal stories of other people with

UHL, not only as a person also with a unilateral hearing loss, and allowed me to look at their stories in an analytic and empathetic manner. This raised my own awareness of how a number of crucial factors come into play in the academic and social development of children with UHL, and also further enhanced an awareness of my own hearing loss limitations. All of these factors require further specialised investigation. Overall, through this PhD, I realised that each person's story with UHL can be both similar and different to others, and that in order to call for further advancements in the field of UHL, we need to embrace our differences. Upon reflection, I believe that the stories put forward in this study, fulfilled the aims of presenting the lived-experiences of people with UHL. In addition, based on the rich and deep stories that were shared, I do not regret the type of study, including my personal autoethnography, or the data collection methods.

According to Audre Lorde (cited in Chang & Terry, 2007 p. 114), "it is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences". In order to embrace celebrate and embrace our differences, this study presents UHL from a person with a UHL perspective. Hence this PhD process helped me grow and develop in many invaluable ways, and equipped me with skills to further investigate other areas related to UHL.

8.9 CONCLUSION

In summary, this study presented stories of real-lived experiences of three people with UHL, and my own personal autoethnography. Many of these stories confirm that children with UHL can experience a significant amount of social, emotional and communication challenges and how these relate to their specific unilateral hearing loss. Moreover, these challenges are usually informed by their surrounding social and cultural contexts. Based on their abilities to cope and use a restricted amount of auditory information, Vygotsky's (1986) theories explained how these participants' used language to nurture and maintain their social relationships, which in turn informed their experiences. Bronfenbrenner's (1994) bioecological theory, explained how certain social and cultural norms and values are respected in certain settings,

and how these can influence a person's development. This study discovered that each person with UHL presents with their own unique challenges, which they learn to cope with in specific ways.

Through the presentation of these stories, this study offers an opening with which professionals such as teachers, audiologists, counsellors and education specialists can increase their awareness and understandings of the richness and complexity of the lives of children with UHL. This study also requires researchers to broaden their understanding of children with UHL, and to move further than simply diagnosing their hearing loss, and assessing amplification options. Taken as a whole, this study challenges the previous mindset that "*people kind of assume that you can hear in both ears if you can hear well*" *[Jack 53],* and this brings forward suggestions for further research to explore the social and emotional experiences of children with UHL.

Lorde (in Ryan, 2001, p. 83) wrote:

> *"The fact that we are here and that I speak these words is an attempt to break that silence and bridge some of those differences between us, for it is not difference which immobilizes us, but silence. And there are so many silences to be broken."*

The silence between the UHL and mainstream community motivated me to embark on this study, and now that these stories have been presented, there are many more other stories and silences that have yet to be addressed. Overall, in this study, stories represent a method that is used to highlight people's experiences, to draw attention to the unsaid and unspoken, and to give voice to that which is ignored. In this study, stories were used as a method to give voice to this previous unrecognised population. Listening to the stories of three people with UHL and acknowledging their life experiences, professionals, parents and teachers in the field of UHL can draw understanding and meanings from them. The stories presented in this study speak about differences that cause children with UHL to feel alienated and excluded, and it can be suggested that, based on this study, a key area that professionals can begin to address are the perceived differences that exist between children with UHL and their hearing peers.

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9. Appendices

A: Consent forms

B: Systematic literature search Tables

Table 9.1: Unilateral hearing loss and language scores

Table 9.2: Unilateral hearing loss and communication skills

Table 9.3: Unilateral hearing loss and social

Table 9.4: Unilateral hearing loss and emotions

Table 9.5: Additional Results

Table 9.6: Existing Literature Review Articles

A: Consent Forms

University of Witwatersrand

P. O. Box X3

Braamfontein, Johannesburg

2050

To whom it may concern,

I, Rizwana Osman am doing research in the field of unilateral hearing loss. This study endeavours to explored the lived experiences of a person with unilateral hearing loss, with a specific focus on their social and emotional experiences. In order to gather information relevant to this topic, personal narratives from people with a unilateral hearing loss will be used. This study is conducted in fulfillment of a PhD in Deaf education at the University of Witwatersrand.

As a person with a unilateral hearing loss, I am inviting you to participate in this study by sharing your story with this hearing loss. Your participation will include an interview that will be audio and videotaped, and the transcripts will also be made available to you.

I would like to inform you that your participation in this study is completely voluntary, and that you have the right to withdraw at any time from this study. I understand that this is a sensitive topic and counselling services will be provided if required.

Data from the interviews will only be accessed by myself and my supervisor, and will be kept under lock and key by the University of Witwatersrand. In addition, your identity will be protected and we will ensure that your privacy is always protected.

Thank you for agreeing to participate in this study.

Yours faithfully

Rizwana Osman xxx@gmail.com

Supervisor: Prof. Claudine Storbeck (xxx) xxx xxxx

Consent for Participation in Interview Research

I,_____ agree to participate in this research project conducted by Rizwana Osman from the University of Witwatersrand.

I understand that the project is designed to gather information about the topic of living with a unilateral hearing loss, and I understand that:

1. My participation in this project is completely voluntary.

2. I understand that I will not be compensated for my participation in this study.

3. I may withdraw and discontinue participation at any time without penalty. If I decline to participate or withdraw from the study at any time.

4. I understand that if I feel uncomfortable during the interview session, I have the right to decline to withdraw.

I have been given a copy of this consent form. _____

_____ _____

Participant signature Date

_____ _____

Researcher :Rizwana Osman Date

B: Systematic literature search Tables

Table 9.1*: Unilateral hearing loss and language scores*

Scopus Results

Scopus 17 results **Included articles**	**Author**	**Methodology**	**Results**	**Reason for Relevance**	**Availability**
Children with unilateral hearing loss may have lower intelligence quotient scores: A meta-analysis.	Purcell, P. L.[a] , Shinn, J.R.[a], Davis, G.E.[a], Sie, K.C.Y.[b] (2016)	This article surveyed for articles regarding UHL in English. They searched between January 1980 and December 2014, and concentrated on the topic of IQ scores.	This article concluded that children with UHL experience lower full scale IQ's than their hearing counterparts. This article also established that there are inconsistencies regarding children with UHL and their verbal IQ scores.	This article was included as it made the inclusion criteria. It also focused on children with UHL, and included their language scores. This article aims to provide a comparative investigation regard the differences in intelligence quotient (IQ) scores of children with UHL as compared to children with typical hearing	A full copy of this article was available on the Wiley online library and required a paid subscription to access it.
Unilateral hearing loss is associated with a negative effect on language scores in adolescents	Caroline Fischer, Judith Lieu (2014)	This study provided a quantitative investigation of adolescents with UHL language skills. Standardized language tests, namely the Oral and Written Language Scales (OWLS), and Clinical Evaluation of Language Fundamentals (CELF)	The results confirmed that adolescents with UHL achieved poor scores in areas of language, expressive language, full scale IQ and Verbal and performance IQ.	This article was included as it aimed to provide a comparative investigation of the language skills between children with UHL (aged 13-17), and their typical hearing siblings. It included all the stipulated words	Available

		were used. In addition, their cognitive abilities were measured by the Wechsler's Abbreviated Scale of Intelligence (WASI).			
Pilot study of cognition in children with unilateral hearing loss	Banan Ead[a], Sandra Hale[b], Duneesha DeAlwis[b], Judith E.C. Lieu[a,]	This study presented a quantitative investigation that assessed 14 children with UHL, between the ages 9 to 14 years old. Children were assessed according to their working memory, processing speed, attention and phonological processing.	This study confirmed that children with UHL, as compared to their bilateral hearing siblings, experience significant setbacks in complex verbal working memory, and various aspects of phonological processing. In addition, when listening to verbal information, children with UHL experience challenges in areas of accuracy and executive control.	This article made the inclusion criteria, as well as, aimed to provide a comparative investigation of the language and cognitive abilities of children with UHL (aged 9- 14) and their typical hearing siblings. This study is based on a small sample of children with UHL, and it is recommended that further investigations are needed in this field. This study suggests that the use of bigger samples with difficult assessment procedures, can possibly provide more insight into this field.	Available

Longitudinal study of children with unilateral hearing loss	**Judith E. C. Lieu,** **Nancy Tye-Murray,** **Qiang Fu. (2012)**	This study examined 46 children, between the ages of 6- 12, with permanent Standardized cognitive achievement and language tests were used over a three year span. This study measured cognitive ability with the Wechsler Abbreviated Scale of Intelligence (WASI). It looked at Verbal, Performance, and Full Scale IQ scores. This study also used the Wechsler Individual Achievement Test-Second Edition-Abbreviated (WIAT-II-A), Oral and Written	The results confirmed that adolescents with UHL achieved poor scores in areas of language, expressive language, full scale IQ, Verbal and performance IQ.	This article was included as it met the inclusion criteria and aimed to establish whether language and IQ areas improved or worsened over time in children with UHL.	Available

		Language Scales (OWLS), (Listening Comprehension Scale [LC]), spoken language Oral Expression Scale [OE]), Oral Composite Scale (OC) and the Child Behaviour Checklist (CBCL). This article included parents reports of speech-language challenges, and also looked at IEPS.			
Unilateral Hearing Loss is Associated with Worse Speech-language Scores in Children: A Case-Control Study	Judith E. C. Lieu, MD,[1] Nancy Tye-Murray, PhD,[1] Roanne K. Karzon, PhD,[1,2] and Jay F. Piccirillo, MD[1]	This study conducted a case-study exploration of 74 pairs of children, aged 6 - 12, and used the Oral and Written Scales (OWLS) for primary evidence. This study also used the	This study established that children with UHL performed significantly worse on tests regarding language comprehension (91 vs. 98, P = 0.003), oral expression (94 vs. 101, P = 0.007), and oral composite (90 vs. 99, P <0.001). These scores were compared to children with typical hearing.	This study was found to be relevant as it aimed to determine whether children with unilateral hearing loss (UHL) in elementary schools, performed worse in their language skills than their sibling with typical hearing. In addition, the study aimed to establish whether children with UHL are more likely to receive extra assistance or support in schools.	Available

		LC, OE, OC and combined scores from the OC and OE.			
Children with unilateral sensorineural hearing loss: Cognitive, academic, and social development	Culbertson, J.L.[a], Gilbert, L.E.[b] (1986)	25 Children with UHL, aged 6 - 13 years were assessed with the WISC-R, H-N, Bender-Gestalt Test, the Sentence Repetition test from the Neurosensory Centre for Comprehensive Examination for Aphasia, Wide Range Achievement Test, a Behavioural Rating scale, and group achievement test data from the school.	This study provided a comparative investigation of children with UHL and their hearing counterparts, and assessed the areas of academic achievements, difficulties and communication challenges. The results confirmed that children with UHL experience greater setbacks in areas of language, cognition, social and academic areas	This article was relevant since it measured and confirmed various social and learning challenges in children with UHL. However, due to its publication in 1986, it was found to be outdated.	Available
Language outcomes and service provision of preschool children with congenital hearing loss	Vohr, B. , Topol, D., Girard, N., St. Pierre, L.,	This study assessed children's language abilities with the Reynell Developmental Language Scales, and 67 scales of verbal comprehension and expressive language.	This study confirmed that children with a hearing loss, produced lower Reynell verbal comprehension and expressive language scores. Additionally, children with	This study was relevant as it met the inclusion criteria and confirmed that children with UHL produced lower verbal scores. This study also confirmed that children whose hearing loss was identified at early stages produce better results.	Available

	Watson, V., Tucker, R. (2012)	The Vineland Adaptive Behaviour scale, was used to interview parents. This focused on areas of communication, socializing, motor skills and daily living skills.	hearing loss scored lower on the Vineland Adaptive Behaviour scale, in areas of communication, receptive and expressive skills, and motor skills.		
Hearing and language ability in mild and moderate hearing impaired children	Hasegawa, S.				Unavailable
Do audiologic characteristics predict outcomes in children with unilateral hearing loss?	Lieu, J.E.C., Karzon, R.K.,Ead, B., Tye-Murray, N.	This study assessed the cognitive and language abilities of children with UHL in comparison to children with typical hearing.	This study established that children with UHL rated lower regarding their language scores, when compared to the typical hearing peers. Additionally, this also linked to worse cognitive scores.	This article was found to be relevant as it focused on links between children with UHL language and cognitive scores.	

	(2013)		This study also established that children with a profound UHL produced lower scores than children with mild to moderate UHL.		

Articles excluded	**Author**	**Reason**
Diffusion tensor imaging in children with unilateral hearing loss: a pilot study*	Tara Rachakonda[1], Joshua S. Shimony[2], Rebecca S. Coalson[2] and Judith E. C. Lieu[1]	Although this article made the inclusion criteria, the dominant focus of this article was on investigating the differences in fractional anisotropy (FA) and mean diffusivity (MD) in hearing- and non-hearing-related structures in the brain between children with UHL and their siblings with typical hearing.
Children with Unilateral Hearing Loss	Judith E.C Lieu[1](2010)	This article was from Thieme Medical Publishers, which required a paid subscription to access. Inaccesible
Screening for Hearing Impairment in High Risk Neonates: A Hospital Based Study	Muddasir Maqbool[1], Bilal Ahmad Najar[2], Imran Gattoo[3], Javed Chowdhary[4] (2015)	This article focused on investigating the incidence of neonatal hearing loss in high risk neonates, at a tertiary level teaching hospital. Moreover, it focused on trying to determine which risk factors predicted a hearing impairment. Overall, this article's aims was deemed irrelevant to this study.
Feasibility analysis and surgical highlight of cochlear implantation in infants under 12 months of age.	Zhang, Z.H., Huang, Q., Wang, Z.Y.,	This article did not meet the inclusion criteria. Additionally, based on its title, it was evident that this article did not address the UHL population.

	Yang, J., Wu, H. (2010)	
Early versus delayed insertion of tympanostomy tubes for persistent otitis media: Developmental outcomes at the age of three years in relation to prerandomization illness patterns and hearing levels	Paradise, J.L.[acg] , Feldman, H.M.[ace], Campbell, T.F.[be], Dollaghan, C.A.[e], Colborn, D.K.[a], Bernard, B.S.[ac], Rockette, H.E.[f], Janosky, J.E.[d], Pitcairn, D.L.[b], Sabo, D.L.[be], Kurs-Lasky, M.[f], Smith, C.G.[b] (2003)	This article did not meet the inclusion criteria, and based on its title, it was evident that this article did not address the UHL population

Postoperative speech development based on cleft types in children with cleft palate	Nakajima, T.[abcd] , Mitsudome, A.[abc], Yosikawa, A.[abc] (2001)	This article did not meet the inclusion criteria and based on its title, it was evident that this article did not address the UHL population.
Otitis media in early childhood in relation to preschool language and school readiness skills among black children	Roberts, J.E.[abcg] , Burchinal, M.R.[ad], Jackson, S.C.[a], Hooper, S.R.[ae], Roush, J.[ac], Mundy, M.[ac], Neebe, E.C.[a], Zeisel, S.A.[af] (2001)	This article did not meet the inclusion criteria. Additionally, based on its title, it was evident that this article did not address the UHL population.
Sensorineural hearing loss and language develo pment following neonatal extracorporeal	van den Hondel D, Madderom MJ, Goedegebure A, Gischler SJ, Mazer P, Tibboel D,	This article did not meet the inclusion criteria. Although this article focused on hearing loss, it approached the topic from a medical perspective, and focused

membrane oxygenation.	Ijsselstijn H.(2013)	predominantly on "membrane oxygenation".

Pubmed Results (Unilateral hearing loss and language scores)

Pubmed 13 results **included articles**	**Author**	**Methodology**	**Results**	**Relevance**	**Avail-able**
Children with unilateral hearing loss may have lower intelligence quotient scores: A meta-analysis.	Purcell PL, Shinn JR, Davis GE, Sie KC			*Repeated result	
Language disorders in children with unilateral hearing loss: a systematic review.	José MR, Mondelli MF, Feniman MR, Lopes-Herrera SA.(2014)	"Three databases were used: PubMed, Lilacs, and The Cochrane Library. As inclusion criteria, the articles should have samples of children with UHL, without other impairments, aged between 3 months and 12 years, and reference to language tests	This article established that children with UHL demonstrated lower scores on receptive and expressive language tests than their hearing counterparts. However, children with UHL produced better results on expressive language tests.	This article is included since it provided a bibliographical survey of scientific articles published between 2001 to 2011. This survey attempted to establish if language disorders occur in children with UHL, the kinds of language disorders and the names of tests required to identify them.	Available

		applied in this population. Out of 236 papers initially selected, only 5 met the inclusion criteria. Here, 12 tests were used for language assessment in children with UHL, out of which 9 were directed toward expressive language, and 3 toward receptive language. children with bilateral hearing loss.			
Unilateral hearing loss is associated with a negative effect on language scores in adolescents.	Fischer C, Lieu J.(2014)			*Repeated result	
Pilot study of cognition in children with unilateral hearing loss.	Ead B, Hale S, DeAlwis D, Lieu J.E.(2013)			*Repeated result	

Do audiologic characteristics predict outcomes in children with unilateral hearing loss?	Lieu J.E, Karzon RK, Ead B, Tye-Murray N. (2013)			*Repeated result	
Longitudinal study of children with unilateral hearing loss.	Lieu J.E, Tye-Murray N, Fu Q. (2012)			*Repeated result	
Unilateral hearing loss is associated with worse speech-language scores in children.	Lieu J.E, Tye-Murray N, Karzon RK, Piccirillo JF.(2010)			*Repeated result	
Children with unilateral sensorineural hearing loss: cognitive, academic, and social development.	Culbertson, J.L.[a],			*Repeated result	

	Gilbert, L.E.[b] (1986)				
Language outcomes and service provision of preschool children with congenital hearing loss	Vohr, B. , Topol, D., Girard, N., St. Pierre, L., Watson, V., Tucker, R. (2012)			*Repeated result	
The following articles were excluded as they did not make the inclusion criteria.					
Early versus delayed insertion of tympanostomy tubes for persistent otitis media: developmental outcomes at the age of three years in relation to prerandomization illness patterns	Paradise JL, Feldman HM, Campbell TF, Dollaghan CA,			This article did not meet the inclusion criteria. Additionally, based on its title, it was evident that this	

and hearing levels.	Colborn DK, Bernard BS, Rockette HE, Janosky JE, Pitcairn DL, Sabo DL, Kurs-Lasky M, Smith CG. (2003)			article did not address the UHL population.	
Postoperative speech development based on cleft types in children with cleft palate.	Nakajima T, Mitsudome A, Yosikawa A.(2001)			This article did not meet the inclusion criteria. Additionally, based on its title, it was evident that this article did not address the UHL population.	
Otitis media in childhood in relation to preschool language and school readiness skills among black children.	Roberts JE, Burchinal MR, Jackson SC, Hooper SR, Roush J, Mundy M, Neebe EC, Zeisel SA. (1998)			This article did not meet the inclusion criteria. Additionally, based on its title, it was evident that this article did not address the UHL population.	

Sensorineural hearing loss and language develop ment following neonatal extracorporeal membrane oxygenation.	van den Hondel D, Madderom MJ, Goedegebure A, Gischler SJ, Mazer P, Tibboel D, Ijsselstijn H.(2013)			*Repeated Result	

Ebscohost Results (Unilateral hearing loss and language scores)

Ebscohost 5 results **included articles**	**Author**	**Methodology**	**Result**	**Relevance**	**Avail-ability**
Language disorders in children with unilateral hearing loss: a systematic review.	José MR, Mondelli MF, Feniman MR, Lopes-Herrera SA.(2014)			*Repeated result	
Unilateral hearing loss is associated with a negative effect on language scores in adolescents.	Caroline Fischer, Judith Lieu. (2014)			*Repeated result	
Children with Unilateral Hearing Loss	Judith E.C Lieu[1]			This article was from Thieme Medical Publishers,	

	(2010)			which required a paid subscription to access.	
Unilateral hearing loss is associated with worse speech-language scores in children.	Lieu JE, Tye-Murray N, Karzon RK, Piccirillo JF.(2010)			*Repeated result	
Language outcomes and service provision of preschool children with congenital hearing loss	Vohr, B. , Topol, D., Girard, N., St. Pierre, L., Watson, V., Tucker, R.(2012)			*Repeated result	

Table 9.2*: Unilateral hearing loss and communication skills*

Scopus Results

Scopus 13 results **Included**	**Author**	**Methodology**	**Result**	**Relevance**	**Avail-ability**
Delay in auditory behaviour and preverbal vocalization in infants with unilateral hearing loss	**Liat Kishon-Rabin,** **Jacob Kuint,** **Minka Hildesheim,** **Daphne Ari-Even Roth (2015)**	This study evaluated the early auditory and preverbal skills of 34 infants with UHL. Both the areas were assessed with the Infant-Toddler Meaningful Auditory scale and the Production of Infants Scale Evaluation.	This study established that 21 % of infants with UHL experienced delays regarding their auditory skills, and 41 % experienced delays in preverbal vocal skills. These results were compared to infants with typical hearing.	This article provided evidence that suggested that babies with UHL experience delays regarding their preverbal vocal skills. This may cause further delays in the child's vocal skills and is relevant to the areas of language and expressive skills.	Available
Communication Development in Early-Identified Children With Mild Bilateral and Unilateral Hearing Loss	Elizabeth M. Fitzpatrick, Andrée Durieux-Smith, Isabelle Gaboury, Douglas Coyle, and JoAnne Whittingham (2015)	This study explored language and communication skills of children with a mild, bilateral or a unilateral hearing loss from a longitudinal perspective. Annual assessments took place over a 3 to 4 year period. Parents completed	The findings revealed that mild hearing loss can impact negatively on the development of a child's communication skills. Additionally, factors such as early identification, amplification and intervention have been found to be effective in reducing the gap between children with UHL, and their hearing peers	This article met the inclusion criteria and discussed specific areas related with children with UHL.	Available

		questionnaires, and a battery of auditory and language assessments were used on children.			
Children with unilateral sensorineural hearing loss: Cognitive, academic, and social development	Culbertson, J.L.[a], Gilbert, L.E.[b] (1986)			*Repeated result	
Outcomes of children with mild bilateral hearing loss and unilateral hearing loss (Review)	Yoshinaga-Itano, C. Johnson, C.D., Carpenter, K., Brown, A.S. (2008)		This study concluded that children with UHL, mild and bilateral hearing impairments, whose hearing loss is not identified early, nor are they provided with assistive interventions, are prone to experiencing a range of communication challenges.	This article was from Thieme Medical Publishers, which required a paid subscription to access.	Unavailable
The following articles were excluded as they did not make the inclusion criteria.					

The importance of early home-based guidance (EHBG) for hearing-impaired children and their families in Flanders	Lichtert, G.[ab] , Van Wieringen, A.[a] (2013)	This article focuses on the rational and needs of families after a child's hearing loss has been identified.		This article did not make the inclusion criteria. Additionally, this article was found to be irrelevant due to its focus.	
Audiological and clinical management of children with oculo-auriculo-vertebral spectrum	Davide Brotto, Sara Ghiselli, Alessandro Castiglione, Renzo Manara & Alessandro Martini (2014)			This article did not make the inclusion criteria and presents a completely medical perspective.	
Design of a distributable stereo hearing test package (Conference Paper)	Allen, B.D.[a] , Battu, T.[a] , Ganev, S.A.[b] , Gray, L.C.[b] , Harwell, B.N.[a] , Kesser, B.W.[c] , Kessler, M.A.[a] ,			This article did not make the inclusion criteria	

	Lancaster, B.C.[a] , Nagel, R.L.[a] , Smith, J.I.[a] (2013)				
Auditory disorders in a South African paediatric TBI population: Some preliminary data	Penn, C. , Watermeyer, J., Schie, K. (2009)			This article did not make the inclusion criteria and focuses on the population with brain injuries.	
Audiometric, clinical and educational outcomes in a pediatric symptomatic congenital cytomegalovirus (CMV) population with sensorineural hearing loss	Colm Madden[a], Susan Wiley[b], Mark Schleiss[c], Corning Benton[d], Jareen Meinzen-Derr[e], John Greinwald[a],			This article did not make the inclusion criteria and focuses on a completely medical perspective.	

	Daniel Choo[a,] , (2005)				
Early Intervention	Arlene Stredler Brown[1] , W. June HolstrumSharon S. Ringwalt[3] (n.d.)			This article was from Thieme Medical Publishers, which required a paid subscription to access	
Communicative abilities in toddlers and in early school age children with cleft palate	Ruiter, J.S.[a] , Korsten-Meijer, A.G.W.[b], Goorhuis-Brouwer, S.M.[b] (2009)			This article did not make the inclusion criteria	
Prevalence of hearing loss among children 6 to 19 years of age: The third national health and nutrition examination survey (Article)	Niskar, A.S.[ae] , Kieszak, S.M.[b],			This article focused on establishing the prevalence of hearing loss in children in the USA, and did not	

	Holmes, A.[c], Esteban, E.[b], Rubin, C.[b], Brody, D.J.[d] (1998)			meet the subject criteria.	
Impact of communicative disorders on otolaryngologic care of patients with craniofacial anomalies.	Peterson-Falzone, S.J (1981)			This article did not make the inclusion criteria	

Pubmed results (Unilateral hearing loss and communication skills)

Pubmed 13 results **Included**	**Author**	**Methodology**	**Results**	**Relevance**	**Avail-ability**
Communication Development in Early-Identified Children With Mild Bilateral and Unilateral Hearing Loss.	Fitzpatrick EM, Durieux-Smith A, Gaboury I, Coyle D, Whittingham J. (2015)			*Repeated result	

Delay in auditory behaviour and preverbal vocalization in infants with unilateral hearing loss.	Kishon-Rabin L, Kuint J, Hildesheimer M, Ari-Even Roth D. (2015)			*Repeated result	
Speech-language and educational consequences of unilateral hearing loss in children.	Lieu JE. (2004)	This study presented a systematic review of literature available in the UHL field from 1966 and June 1, 2003. More specifically, they focused on the impact UHL has on the development of speech and language.	The study concluded that more research is needed in the area of UHL, with a specific focus on language and interventions.	This study was deemed relevant to this research, as it met the inclusion criteria. Additionally, it investigated areas of educational needs, behaviour, as well as, speech and language delays in children with UHL.	Available
The impact of language skills on mental health in teenagers with hearing impairments.	Fellinger J, Holzinger D, Beitel C, Laucht M, Goldberg DP. (2009)	This study aimed at examining the links between language and levels of mental distress in teenagers with hearing loss. 43 students were assessed with the Strength and Difficulties Questionnarie (SDQ).	This study established that children with hearing loss experienced lower levels of language skills thank their hearing counterparts. Additionally, parents reported higher levels of distress in these children, as well as, fewer friendships. Overall, this study established a link between language and	This study met the inclusion criteria, as well as, addressed social and peer relationship areas.	Available

			friendships.		
Follow-up at 11 years of 46 children with severe unilateral hearing loss at 7 years.	Peckham CS, Sheridan MD. (1976)	This study followed 46 children with UHL from 7 years to 11 years of age. At 7 years, children showed setbacks in oral and reading skills, but performed on average at 11 years.	This study used parental, medical and educational reports to continuously assess the children's performances.	The study met the inclusion criteria, but was found to be outdated.	Available
Children with unilateral sensorineural hearing loss: Cognitive, academic, and social development	Culbertson, J.L.[a], Gilbert, L.E.[b] (1986)			*Repeated result	
The following articles were excluded as they did not make the inclusion criteria.					
Audiometric, clinical and educational outcomes in a pediatric symptomatic congenital cytomegalovirus (CMV) population with sensorineural hearing loss.	Madden C, Wiley S, Schleiss M, Benton C, Meinzen-Derr J, Greinwald J, Choo D.				
Prevalence of hearing loss among children 6 to 19 years of age: The third national health and nutrition	Niskar, A.S.[ae] ,				

examination survey (Article)	Kieszak, S.M.[b], Holmes, A.[c], Esteban, E.[b], Rubin, C.[b], Brody, D.J.[d] (1998)				
Cochlear implant in the second year of life: lexical and grammatical outcomes.	Caselli MC, Rinaldi P, Varuzza C, Giuliani A, Burdo S.				
Emergence of Binaural Summation After Surgical Correction of Unilateral Congenital Aural Atresia.	Kesser BW, Cole ED, Gray LC.				
A retrospective study of hearing, speech and language function in children with clefts following palatoplasty and veloplasty procedures at 18-24 months of age.	Schönweiler R, Lisson JA, Schönweiler B, Eckardt A, Ptok M, Tränkmann J, Hausamen JE.				

Otitis media, the caregiving environment, and language and cognitive outcomes at 2 years.	Roberts JE, Burchinal MR, Zeisel SA, Neebe EC, Hooper SR, Roush J, Bryant D, Mundy M, Henderson FW. (1998)				
Long-term sequelae of hearing impairment in congenital hypothyroidism.	Rovet J, Walker W, Bliss B, Buchanan L, Ehrlich R. (1996)				

Ebscohost (Unilateral hearing loss and communication skills)

Ebscohost 4 results **Included**	**Author**	**Methodology**	**Results**	**Reason**	**Avail-bility**
Delay in auditory behaviour and preverbal vocalization in infants with unilateral hearing loss.	Kishon-Rabin, Liat; Kuint, Jacob; Hildesheimer, Minka; Roth, Daphne Ari-Even (2015)			*Repeated Result	
Outcomes of Children with Mild Bilateral Hearing Loss and Unilateral Hearing Loss.	Christine Yoshinaga-Itano(2008)			*Repeated Result	

Early Intervention.	Arlene Brown, W. June Holstrum Sharon S. Ringwalt[3] (n.d.)			This article was from Thieme Medical Publishers, which required a paid subscription to access	
The following articles were excluded as they did not make the inclusion criteria.					
Audiometric, clinical and educational outcomes in a pediatric symptomatic congenital cytomegalovirus (CMV) population with sensorineural hearing loss.	Madden C, Wiley S, Schleiss M, Benton C, Meinzen-Derr J, Greinwald J, Choo D. (2005)			This article was excluded as it approached the topic from a medical perspective.	

Table 9.3*: Unilateral hearing loss and social*

Scopus results

Scopus 38 results **Included**	**Author**	**Methodology**	**Results**	**Relevance**	**Avail-ability**
Quality of Life in Children with Hearing Impairment: Systematic Review and Meta-analysis.	Roland L, Fischer C, Tran K, Rachakonda T, Kallogjeri D, Lieu	This study conducted a systematic review and meta-analysis of Proquest Dissertations	Their analysis of 40 articles revealed that children with hearing impairments	This study met the inclusion criteria, and assessed areas in school	Available

	JE. (2016)	and Thesis, First Search Proceedings and Clinical Trials.	experience decreased levels of quality of life. More specifically in school and social activities.	activities.	
Language outcomes and service provision of preschool children with congenital hearing loss.	Vohr B, Topol D, Girard N, St Pierre L, Watson V, Tucker R. (2012)			*Repeated result	
Minimal, progressive, and fluctuating hearing losses in children. Characteristics, identification, and management.	Tharpe AM, Bess FH.(1999)			Chapter in Minimal, Progressive, And Fluctuating Hearing Losses In Children	Available
The unilaterally hearing-impaired child: a final comment.	Bess FH.(1986)			This article was regarded as outdated	
Children with unilateral sensorineural hearing loss: cognitive, academic, and socialdevelopment.	Culbertson JL, Gilbert LE. (1986)			*Repeated result	
Relationship between quality of life, anxiety and depression in unilateral hearing loss	Cetin, B., Uguz, F., Erdem, M., Yildirim, A. (2010)	This study aimed to establish the impact of a UHL on the quality of life in young men. It also focused on characteristics of	This study was included as it provided quantitative evidence that validated the link between a hearing loss, and depression	This study met the inclusion criteria, since it had "unilateral hearing loss" in the title and focused on	Available

		anxiety and depression. Using questionnaires such as the Beck Depression, Anxiety inventory and other neuropsychological functions, it concluded that the men with UHL scored worse than their hearing counterparts.	and anxiety levels. Additionally, it also mentions that these characteristics are strongly linked in insufficient language and communication skills. Hence, this study supported the argument for additional support for children with UHL, regarding their language and communication skills.	areas of anxiety and depression. .	
Minimal or unilateral hearing loss in children: Is it a problem? | [Surdités légères et surdités unilatérales chez l'enfant: Quelle importance?]	Cherpillod, J., Waridel, F. (2010)				Unavailable
Unilateral hearing loss in children in a tertiary setting	Ali, L., Ul Meraj, M.Z.(2009)				Unavailable
Outcomes of children with mild bilateral hearing loss and unilateral hearing loss (Review)	Yoshinaga-Itano, C.[ae] , Johnson, C.D.[b], Carpenter, K.[c],			*Repeated result	

	Brown, A.S.[d] (2008)				
Causation of permanent unilateral and mild bilateral hearing loss in children	Tharpe, A.M., Sladen, D.P. . (2008)				Unavailable
Management of young children with unilateral hearing loss	Mckay, S. (2006)			This article simply provided a review of UHL, its causes and treatments, and was of minimal use.	
The following articles were excluded as they did not make the inclusion criteria.					
Clinical evaluation of elderly people with chronic vestibular disorder	Gazzola, J.M., Ganança, F.F., Aratani, M.C., Perracini, M.R., Ganança, M.M.. (2006)			This article was excluded as it did not make the inclusion criteria.	
Early versus delayed insertion of tympanostomy tubes for persistent otitis media: Developmental outcomes at the age of three years in relation to prerandomization illness	Paradise, J.L., Feldman, H.M., Campbell, T.F., Kurs-Lasky, M., Smith,			This article was excluded as it did not make the inclusion criteria.	

patterns and hearing levels	C.G. (2003)				
14. Prevalence of hearing loss among children 6 to 19 years of age: The third national health and nutrition examination survey (Article)	Niskar, A.S.[ae] , Kieszak, S.M.[b], Holmes, A.[c], Esteban, E.[b], Rubin, C.[b], Brody, D.J.[d] (1998)			This article focused on establishing the prevalence of hearing loss in children in the USA, and did not meet the subject criteria.	
Unilateral cochlear nerve aplasia | [Agenesia unilateral del nervio coclear]	Jiménez Ferreres, L., García Asensio, J.A., Alarcón Alacio, J.,, Taboada Castro, L., Sanz Villa, N. (2007)			This article was excluded as it did not make the inclusion criteria.	
Diagnosis	Gabbard, S.A., Schryer, J.,Ackley, R.S. (2008)			This article was excluded as it did not make the inclusion criteria.	
Results of American Hospital newborn hearing screening program | [Amerikan Hastanesi	Kayiran, S.M., Genç,			This article was excluded as it did	

yenidoğan iflflitme taramasi sonuçlari]	E.,Erdil, A., Gürakan, B.A.			not make the inclusion criteria.	
The majority trade unions in the Andalusian Social Concertation, 1993-2012 | [Los sindicatos más representativos en la concertación social en Andalucía, 1993-2012]	Mosquera, M.S.			This article was excluded as it did not make the inclusion criteria.	
Pattern of noise induced hearing loss and its relation with duration of exposure in traffic police personnel	Gupta, M., Khajuria, V.,Manhas, M., Gupta, K.L.,Singh, O.			This article was excluded as it did not make the inclusion criteria.	
Hemifacial spasm: The past, present and future	Chaudhry, N., Srivastava, A., Joshi, L.			This article was excluded as it did not make the inclusion criteria.	
Self-reported symptoms and patient experience: A British Acoustic Neuroma Association survey	Broomfield, S.J.,O'Donoghue, G.M. (2016)			This article was excluded as it did not make the inclusion criteria.	
Screening for Hearing Impairment in High Risk Neonates: A Hospital Based Study.	Maqbool M, Najar BA, Gattoo I,			This article was excluded as it did not make the	

	Chowdhary J.			inclusion criteria.	
Hearing rehabilitation with single-stage bilateral vibroplasty in a child with Franceschetti syndrome.	Sargsyan S, Rahne T, Kösling S, Eichler G, Plontke SK. (2014)			This article was excluded as it did not make the inclusion criteria.	
Pre-surgical Alveolar Molding in A Newborn Patient with Complete Unilateral Cleft Lip and Palate-A Report.	Tiwari S, Nandlal B, Reddy S.			This article was excluded as it did not make the inclusion criteria.	
Auditory processing in unilateral hearing loss: case report.	Salvador KK, Pereira TC, Moraes TF, Cruz MS, Feniman MR.			Excluded because it only focused on the auditory abilities of a case study of one male.	
The point prevalence of otitis media with effusion among primary school children in Western Sicily.	Martines F, Bentivegna D, Di Piazza F, Martinciglio G, Sciacca V, Martines E.			This article was excluded as it did not make the inclusion criteria.	

Impact of the national hearing screening programme in China.	Nie WY.(2008)			This article was excluded as it did not make the inclusion criteria.	
[Neonatal hearing screening. A comparison of automatic auditory brainstem audiometry and otoacoustic emissions].	Pedersen L, Møller TR, Wetke R, Ovesen T.(2008)			This article was excluded as it did not make the inclusion criteria.	
Correlation of hearing screening with developmental outcomes in infants over a 2-year period.	Chiong C, Ostrea E Jr, Reyes A, Llanes EG, Uy ME, Chan A.(2007)			This article was excluded as it did not make the inclusion criteria.	
Clinical predictors for hearing loss in children with bacterial meningitis.	Kutz JW, Simon LM, Chennupati SK, Giannoni CM, Manolidis S. (2006)			This article was excluded as it did not make the inclusion criteria.	
[Use and results of universal newborn hearing screening with ALGO portable device].	Bretschneider J, Maier H, Hess M, Leuwer R.			This article was excluded as it did not make the inclusion criteria.	
Different cleft conditions, facial appearance, and speech: relationship to psychological variables.	Millard T, Richman LC. (2001)			This article was excluded as it did not make the inclusion criteria.	

Otitis media, the caregiving environment, and language and cognitive outcomes at 2 years.	Roberts JE, Burchinal MR, Zeisel SA, Neebe EC, Hooper SR, Roush J, Bryant D, Mundy M, Henderson FW.			This article was excluded as it did not make the inclusion criteria.	
Subjective illness perceptions of sudden hearing loss | [Subjektívne vnímanie náhlej poruchy sluchu pacientom]	Vavricová, M., Krempaská, S.			This article was excluded as it did not make the inclusion criteria.	
Research into motivation for compensating hearing defect (Article) [Průzkum motivace pro kompenzaci sluchové vady]	Mrázková, E.[a], Vyskotová, J.[b], Sachová, P. [ac], Zálejská, R.[a], Richterová, K.[a]			This article was excluded as it did not make the inclusion criteria.	
Prevention of communication disorders - screening pre-school and school-age children for problems with hearing, vision and speech: European consensus statement	Skarzyński, H., Piotrowska, A.			This article was excluded as it did not make the inclusion criteria.	
Analysis of 60 patients after tympanotomy and sealing of the round window membrane after	Lee, D.-H.			This article was excluded as it did not make the	

acute unilateral sensorineural hearing loss				inclusion criteria.	

Pubmed results (Unilateral hearing loss and social)

Pubmed 27 results **Included**	**Author**	**Methodology**	**Results**	**Reason**	**Avail-ability**
Quality of Life in Children with Hearing Impairment: Systematic Review and Meta-analysis.	Roland L, Fischer C, Tran K, Rachakonda T, Kallogjeri D, Lieu JE. (2016)			*Repeated result	
Acquired Hearing Loss in Children.	Kenna MA.(2015)				Unavailable
Language outcomes and service provision of preschool children with congenital hearing loss.	Vohr B, Topol D, Girard N, St Pierre L, Watson V, Tucker R.(2012)			*Repeated result	
[Minimal or unilateral hearing loss in children: is it a problem?].	Cherpillod J, Waridel F.(2010)				Unavailable
Minimal, progressive, and fluctuating hearing losses in children. Characteristics, identification, and management.	Tharpe AM, Bess FH. (1989)			*Repeated result	

The unilaterally hearing-impaired child: a final comment.	Bess FH. (1986)			*Repeated result	
Children with unilateral sensorineural hearing loss: cognitive, academic, and social development.	Culbertson J.L, Gilbert LE. (1986)			*Repeated result	
The following articles were excluded as they did not make the inclusion criteria.					
8. Pre-surgical Alveolar Molding in A Newborn Patient with Complete Unilateral Cleft Lip and Palate- A Report.	Tiwari S, Nandlal B, Reddy S. (2014)			This article was excluded as it did not make the inclusion criteria	
Auditory processing in unilateral hearing loss: case report.	Salvador KK, Pereira TC, Moraes TF, Cruz MS, Feniman MR. (2011)			Excluded because it only focused on the auditory abilities of a case study of one male.	
Lenz Microphthalmia Syndrome.	Ng D. (2014)			This article was excluded as it did not make the inclusion criteria	
Screening for Hearing Impairment in High Risk Neonates: A Hospital Based Study.	Maqbool M, Najar BA, Gattoo I, Chowdhary J. (2015)			This article was excluded as it did not make the inclusion criteria	

Emotional Perception of Music in Children With Bimodal Fitting and Unilateral Cochlear Implant.	Shirvani S, Jafari Z, Motasaddi Zarandi M, Jalaie S, Mohagheghi H, Tale MR. (2016)			This article was excluded as it did not make the inclusion criteria	
Self-reported symptoms and patient experience: A British Acoustic Neuroma Association survey.	Broomfield SJ, O'Donoghue GM.(2016)			This article was excluded as it did not make the inclusion criteria	
Muenke Syndrome.	Agochukwu N.B, Doherty E.S, Muenke M. (2014)			This article was excluded as it did not make the inclusion criteria	
Hearing rehabilitation with single-stage bilateral vibroplasty in a child with Franceschetti syndrome.	Sargsyan S, Rahne T, Kösling S, Eichler G, Plontke S.K. (2014)			This article was excluded as it did not make the inclusion criteria	
The point prevalence of otitis media with effusion among primary school children in Western Sicily.	Martines F, Bentivegna D, Di Piazza F, Martinciglio G, Sciacca V, Martines E. (2010)			This article was excluded as it did not make the inclusion criteria	
Impact of the national hearing screening programme in China.	Nie WY. (2008)			This article was excluded as it did not make the inclusion criteria	
Audiologic and vestibular findings in a sample of human immunodeficiency virus type-1-infected Mexican children under	Palacios GC, Montalvo MS, Fraire MI, Leon E, Alvarez MT, Solorzano F.			This article was excluded as it did not make the inclusion criteria	

highly active antiretroviral therapy.	(2008)				
[Neonatal hearing screening. A comparison of automatic auditory brainstem audiometry and otoacoustic emissions].	Pedersen L, Møller TR, Wetke R, Ovesen T.(2008)			This article was excluded as it did not make the inclusion criteria	
[Hearing screening and diagnosis of hearing loss: high risk versus low risk neonates].	Hernández-Herrera RJ, Hernández-Aguirre LM, Castillo-Martínez NE, de la Rosa-Mireles N, Martínez-Elizondo J, Alcalá-Galván LG, Estrella-Garza Mdel C, Hernández-Núñez R, Torcida-González ME. (2006)			This article was excluded as it did not make the inclusion criteria	
Correlation of hearing screening with developmental outcomes in infants over a 2-year period.	Chiong C, Ostrea E Jr, Reyes A, Llanes EG, Uy ME, Chan A. (2007)			This article was excluded as it did not make the inclusion criteria	
Clinical predictors for hearing loss in children with bacterial meningitis.	Kutz JW, Simon LM, Chennupati SK, Giannoni CM, Manolidis S. (2006)			This article was excluded as it did not make the inclusion criteria	

Long-term follow-up status of patients with neuroblastoma after undergoing either aggressive surgery or chemotherapy--a single institutional study.	Kubota M, Yagi M, Kanada S, Okuyama N, Kinoshita Y, Yamazaki S, Asami K, Ogawa A, Watanabe T. (2004)			This article was excluded as it did not make the inclusion criteria	
[Use and results of universal newborn hearing screening with ALGO portable device].	Bretschneider J, Maier H, Hess M, Leuwer R. (2001)			This article was excluded as it did not make the inclusion criteria	
Different cleft conditions, facial appearance, and speech: relationship to psychological variables.	Millard T, Richman LC. (2001)			This article was excluded as it did not make the inclusion criteria	
Otitis media, the caregiving environment, and language and cognitive outcomes at 2 years.	Roberts JE, Burchinal MR, Zeisel SA, Neebe EC, Hooper SR, Roush J, Bryant D, Mundy M, Henderson FW. (1998)			This article was excluded as it did not make the inclusion criteria	
Upper limb defect associated with developmental delay, unilateral poorly developed antihelix, hearing deficit, and bilateral choroid coloboma: a new syndrome.	Ward JR, Saad de Owens C, Sierra IA (1992)			This article was excluded as it did not make the inclusion criteria	

Ebscohost results (Unilateral hearing loss and social)

Ebscohost 15 results **Included**	**Author**	**Methodology**	**Results**	**Relevance**	**Avail-ability**
Relationship between quality of life, anxiety and depression in unilateral hearing loss	Cetin, B., Uguz, F., Erdem, M., Yildirim, A. (2010)			*Repeated Result	
Outcomes of children with mild bilateral hearing loss and unilate ral hearing loss (Review)	Yoshinaga-Itano, C.[ae] , Johnson, C.D.[b], Carpenter, K.[c], Brown, A.S.[d] (2008)			*Repeated Result	
Quality of Life in Children With Unilateral Hearing Loss**:** A Pilot Study.	Borton, Sarah A.; Mauze, Elizabeth; Lieu, Judith E. C. (2010)	Through the focus group interviews, the researchers established that children with UHL experienced significant challenges in learning and social environments. However, they learnt skills through their own experience, which enabled them	With the generic Pediatric Quality of Life survey, the researchers found little or no differences in the Hearing Related Quality of Life survey (HRQOL). However, they established that children with UHL experienced lower scores in the social functioning area, as	This study was included as it made the inclusion criteria "unilateral hearing loss", and was the only article that considered the personal views of children with UHL. Even though this study was limited to the HRQOL areas, the social results that were presented were found to be	This article was possibly included in the search results since it had "unilateral hearing loss" in its title, and also had the word "children".

		to cope with hearing loss limitations.	compared to their hearing peers.	very relevant to this study. Moreover, it also presented information regarding how children felt about their hearing loss, their specific social challenges and how they coped.	
Management of young children with unilateral hearing loss (Repeated Article)	Mckay, S. (2006)			*Repeated Result	
Management of young children with unilateral hearing loss	Mckay, S. (2006)			*Repeated Result	
Unilateral Hearing Loss in Children.	Oyler, Robert; McKay, Sarah. (2008)			This article provided an overview of UHL, amplification options and the need for parent information. As a result of minimal information, this article was found to be of minimal use.	Available
The following articles were excluded as they did not make the inclusion criteria.					
Diagnosis	Gabbard, S.A., Schryer,			This article was excluded as it did not make the inclusion	

	J.,Ackley, R.S. (2008)			criteria	
Hearing in Patients Operated Unilaterally for Otosclerosis. Self-assessment of Hearing and Audiometric Results.	Lundman, Lars; Mendel, Lennart; Bagger-SjÖbÄck, Dan; Rosenhall, Ulf. (1999)			This article was excluded as it did not make the inclusion criteria	
Correlation of hearing screening with developmental outcomes in infants over a 2-year period.	Chiong, Charlotte; Ostrea, Enrique; Reyes, Alexis; Llanes, Erasmo Gonzalo; Uy, Ma. Esterlita; Chan, Abner. (2007)			This article was excluded as it did not make the inclusion criteria	
Amerikan Hastanesi yenidoğan işitme taraması sonuçları.	Kayıran, Sinan Mahir; Genç, Erkhan; Erdil, Ayşen; Gürakan, Berkan A (2009)			This article was excluded as it did not make the inclusion criteria	
Why Neonatal Hearing Screening?	Stamatin, Maria; Zonda, Gabriela Ildiko; Avasiloaiei, Andeea; Păduraru, Luminiţa. (2016)			This article was excluded as it did not make the inclusion criteria	
Hearing rehabilitation with single-stage bilateral vibroplasty in a child with Franceschetti syndrome.	Sargsyan S, Rahne T, Kösling S, Eichler G, Plontke SK. (2014)			This article was excluded as it did not make the inclusion criteria	

Screening for Hearing Impairment in High Risk Neonates: A Hospital Based Study	Muddasir Maqbool[1], Bilal Ahmad Najar[2], Imran Gattoo[3], Javed Chowdhary[4] (2015)			This article was excluded as it did not make the inclusion criteria	
Self-reported symptoms and patient experience: A British Acoustic Neuroma Association survey	Broomfield, S.J.,O'Donoghue, G.M.(2016)			This article was excluded as it did not make the inclusion criteria	
Occurrence Of Unilateral Hearing Loss In Patients With Cleft Lip And Palate.	Garcia Mondelli, Maria Fernanda Capoani; Pozzobom Ventura, Luzia Maria; Feniman, Mariza Ribeiro. (2013)			This article was excluded as it did not make the inclusion criteria	

Table 9.4: *Unilateral hearing loss and emotions*

Scopus results

Scopus 8 results **Included**	**Author**	**Methodology**	**Results**	**Reason**	**Avail-ability**
Speech and language performance and consecutive disorders in children with permanent unilateral sensorineural hearing loss	Kiese-Himmel, C. (2009)			Article was unavailable and the author Prof. Kiese-Himmel was contacted to request a copy.	
Minimal hearing loss in children: Minimal but not inconsequential	Tharpe, A.M., Sladen, D.P. ,Dodd-Murphy, J., Boney, S.J. (2009)			This article summarised certain research resulted regarding children with UHL, and with mild bilateral hearing loss. Additionally this article discusses subsections of hearing aids, audiological management, and also educational and psychosocial considerations. Although this article met the inclusion criteria, it did not directly discuss children with UHL and their emotional experiences.	
Outcomes of children with mild bilateral hearing loss and	Yoshinaga-Itano, C.,Johnson,			* Repeated Result	

unilateral hearing loss	C.D., Carpenter, K., Brown, A.S. (2008)				
Unilateral sensorineural hearing loss in children and adolescents | [Einseitige innenohrschwerhörigkeit bei kindern und jugendlichen: Diagnostik und intervention]	Rosanowski, F., Hoppe, U. (2004)			* Unavailable	
The following articles were excluded as they did not make the inclusion criteria.					
Acute sensorineural hearing loss following exposure to rock and roll music (Japanese)	Minami, Y. (1977)			This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".	
Unilateral cochlear nerve aplasia | [Agenesia unilateral del nervio coclear]	Jiménez Ferreres, L., García Asensio, J.A., Alarcón Alacio, J., Taboada Castro, L., Sanz Villa, N.(2007)			This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".	
Subjective illness perceptions of sudden hearing loss | [Subjektívne vnímanie náhlej poruchy sluchu pacientom]	Vavricová, M., Krempaská, S. (2013)			This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".	

Acoustic trauma that can cause tinnitus impairs impulsive control but not performance accuracy in the 5-choice serial reaction time task in rats	Zheng, Y., Hamilton, E.,Stiles, L., Smith, P. F.,Darlington, C.L. (2011)			This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".	

Pubmed results (Unilateral hearing loss and emotions)

Pubmed 2 results Excluded	Author	Reason
Different cleft conditions, facial appearance, and speech: relationship to psychological variables.	Millard T, Richman LC. (2001)	This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".
Clinical findings in Menière's disease with bilateral fluctuant hearing loss.	Kodama A, Kitahara M, Kitanishi T. (1995)	This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".

Ebscohost results (Unilateral hearing loss and emotions)

Ebscohost 1 result Included	Author	Reason

Comparison of caloric responses between unilateral hearing loss and normal hearing subjects: a preliminary study.	Küfeciler, Levent; Müjdeci, Banu; Kayhan, Fatma Tülin. (2015)	This article did not make the inclusion criteria: "unilateral hearing loss" and "emotions".

Table 9.5 *Additional Results*

Article	**Author**	**Method**	**Result**	**Relevance**
The narrative skills of primary school children with a unilateral hearing impairment	G. A. Young, D. G. H. James, K. Brown, F. Giles, J. Hollis, S. Keagan & M. Newton. (2016)	This study assessed the language and narrative skills of four boys with UHL, aged between 7 and 10. The participants were assessed twice in two years, with the Test for Auditory Comprehension of Language Revised, and the Test of Problem Solving.	This study established the oral narrative skills of these four children were different from children with typical hearing, even on similar tasks.	This study was only limited to four boys, and the results should not be interpreted to assume that all children with UHL experience language delays. This article focused predominantly on the narrative skills of children with UHL, and was therefore of minimal to this study.
Children With Mild Bilateral and Unilateral Hearing Loss: Parents' Reflections on Experiences and Outcomes	Elizabeth Fitzpatrick[*,1,2], Viviane Grandpierre[1,2], Andrée Durieux-Smith[1,2], Isabelle Gaboury[1,3],	This study aimed to investigate how parents experience and understand a hearing loss. The field was approached from a qualitative perspective aiming to uncover the personal experiences of parents with a hearing	This study established that parents valued opportunities to learn about hearing loss, and felt that insufficient attention was placed on this disability by professionals. Moreover, they expressed uncertainties regarding the use of a hearing aid.	This study was aimed to established the experiences of a hearing loss, from the personal perspectives of parents.

	Doug Coyle[1], Eunjung Na[1],[2] and Nusaiba Sallam[1] (2016)	impaired child.	Additionally, parents were also concerned about later developmental challenges. Overall, the findings pointed to needs for more guidance and information for parents.	
Predictors of Psychosocial Outcomes in Hard-of-Hearing Preschool Children	Nina J. Laugen[1],[2], Karl H. Jacobsen[1], Carolien Rieffe[3],[4] and Lars Wichstrøm[1] (2016)	This study aimed to establish whether children with hearing loss are prone to experiencing psychosocial challenges. In order to do this, 35 hearing impaired children aged 4 to 5, and who were assisted with hearing aids, were compared to 180 children with typical hearing. Additionally, parent ratings of psychosocial, vocabulary and social skills were included.	The study established that preschool children with hearing impairments were prone to experience psychosocial challenges. Additionally, there was a discrepancy between the reactions of boys and girls. Boys seem to experience more psychosocial challenges than girls. Conversely, girls who are 4 years old showed a tendency to experience more significant language delays. Overall, the study reported on the positive benefits of early identification of a hearing loss, and the need for suitable interventions which also need to address language challenges.	In this article, the term 'psychosocial' included social, emotional and behavioural areas. Although this study, provided relevant results, it was based on a small population, and did not approach the field from a qualitative perspective.

4. Social and Emotional Learning and the Work of Itinerant Teachers of the Deaf and Hard of Hearing	Norman, N., & Jamieson, J. R. (2015).		Unavailable	

Table 9.6: *Existing Literature Review Articles*

Title	**Author**	**Result**	**Relevance**	**Possible reasons for the inclusion/exclusion of articles from the above systematic review searches.**
Quality of Life in Children with Unilateral Hearing Loss: A Pilot Study. *American Journal of Audiology*, *19*(1), 61–72. Retrieved from http://doi.org/10.1044/1059-0889(2010/07-0043)	Borton, S. A., Mauze, E., & Lieu, J. E. C. (2010).		*Repeated Result	
Outcomes of Conventional Amplification for Pediatric Unilateral Hearing Loss.	Briggs, L., Davidson, L., & Lieu, J. E. C. (2011).	This study aimed to compare the use of a hearing aid with various UHL populations. The children with UHL, fell into categories of mild to profound hearing loss. Moreover this study focused specifically on speech perception abilities. This study established that most children with UHL had positive experiences regarding	This article was included as it weighed the benefits of children with UHL, using hearing aids. Although certain studies reported negatively regarding the use of a hearing aid, this one reported positively. Moreover, it was included as it's important to consider both views. Additionally, this study also discussed benefits	This article was excluded from the list of results since it discussed various forms of hearing aids, which formed part of the exclusion criteria.

		the use of a hearing aid, especially in home and school environments.	of a hearing aid on social situations, and the child's quality of life.	
Relationship between Quality of Life, Anxiety and Depression in Unilateral Hearing Loss. *Journal of International Advanced Otology*, *7*(1), 252–257	Cetin, B., Uguz, F., Erdem, M., & Yildirim, A. (2010).		*Repeated Result	
Pilot study of cognition in children with unilateral hearing loss. Retrieved September 14, (2015), from	Ead, B., Hale, S., DeAlwis, D., & Lieu, J. E. C. (2013).	This study aimed to investigate the differences in cognitive and language in children with UHL, and children with typical hearing. The results confirmed that children with UHL experienced deficits in both areas, cognitive function and phonological processing. They explained that children with UHL were less accurate regarding phonological processing, and also experienced challenges processing verbal information in noisy environments.	This study was included as it provided quantitative evidence regarding challenges that children with UHL experience in the field of language and cognition. Moreover, it also explained the deficits related to a child with UHL, language skills. Hence, this study supported that argument that as a result of language deficits, children with UHL can experience significant social, emotional and learning challenges.	This article was possibly included since it had "unilateral hearing loss" in the title.
Children With Mild Bilateral and Unilateral Hearing Loss: Parents' Reflections on Experiences and Outcomes. *Journal of deaf*	Fitzpatrick, E., Grandpierre, V., Durieux-Smith, A., Gaboury, I., Coyle, D., Na,	This study aimed to investigate parents experiences when handling a child with UHL. This study aimed to explore those experiences from personal	This article was included as it drew attention to the personal experiences of parents, when managing a child with UHL. This article summarised parent	This study was possibly excluded as it included adult views, and adults formed part of the exclusion criteria.

studies and deaf education, *21*(1), 34-43.	E., & Sallam, N. (2016).	perspectives, in order to understand how parents personally experience a child with UHL. The results revealed that parents experienced emotions that professionals did not adequately address the hearing loss and its challenges. Additionally, they felt insecure about the lack of evidence that supports a specific hearing aid for children with UHL. Overall, parents expressed needs for specific guidance regarding the impact of UHL on language and learning needs. Additionally, they also wanted be informed regarding how UHL make impact on a child's later developmental stages.	experiences, and was included as it provided information which contributed to a more comprehensive picture of UHL.	
Recognition And Comprehension Of Speech In Noise In School-Aged Children With Unilateral Hearing Loss.	Griffin, A. M. (2015).	This thesis focused on investigating how children with UHL compare with their typical hearing peers on listening and speech in social areas, like classrooms. This study approached the topic from an audiological perspective and concentrated mainly on	This study was included as it provided recent (2015) quantitative evidence that supported the argument that as a result of a hearing loss, children with UHL experience setbacks in the area of language. More specifically, it concentrated on the school environment, which is where most	This article was possibly included since it had "unilateral hearing loss" in the title.

		quantitative measures. Although a few qualitative questions were included, results mainly took the form of numbers. This study confirmed that significant differences in between children with UHL and their typical hearing peers exist. More specifically, they identified that these differences lent themselves to areas of auditory perception and quality of life.	of child's learning and socialising takes place.	
Language Disorders in Children with Unilateral Hearing Loss: A Systematic Review.	Jose, M. R., Mondelli, M. F. C. G., Feniman, M. R., & Lopes-Herrera, S. A. (2014).	This study aimed to present a systematic literature search of articles published regarding children with UHL and their language skills, on both national and international levels. More specifically, they focused on establishing which language tests were most frequently used, and which language disorders were common in children with UHL. This study established that a few studies that use language tests in children with UHL exist, and that further research is needed in the field. More specifically, further research needs to establish which	This article was included as it provided an overview of literature found in the field of UHL and language difficulties.	This article was possibly included since it had "unilateral hearing loss" in the title.

		language disorders are common in the UHL population.		
Management of unilateral hearing loss. *International Journal of Pediatric Otorhinolaryngology*, *88*, 63-73.	Krishnan, L. A., & Van Hyfte, S. (2016).	This study reviewed articles that were published between 2013 and 2015 on the Pubmed database. This review aimed to establish the effects of UHL on a child's life, as well as, aimed to identify what intervention options were available for children with UHL. This review establishes that although children with UHL experience challenges in areas of localization, speech recognition, academic and social function, these findings are not a standard outcome among all children with UHL. This review concluded that a children with UHL, performance varies in the above mentioned areas and each case needs to be treated on an individual basis.	This article was included as it contained quantitative information that supported the argument that children with UHL are prone to speech and language challenges. But more specifically, it discusses challenges in surrounding social and behavioural areas. The review concludes on the need for parent information, and the need for interventions to start as early as possible in children with UHL.	This article was possibly included since it had "unilateral hearing loss" in the title.
A review of unilateral hearing loss and academic performance: Is it time to reassess traditional dogmata? - UHL-crit-review-article-	Kuppler, K., Lewis, M., & Evans, A. K. (2013).	This study provided a review of articles in the Pubmed database, ranging from 1986 to 2012. However, unlike the previous article, this article focused on	This article was included as it provided an overview of many hearing restrictions, and also argued for a need for early	

3_13.pdf.		UHL, with a specific view on academic performances. This article concludes that UHL is not simply an audiometric hearing loss, and that areas such as localisation, stress, self-esteem, are a few areas that do not benefit from hearing aids. Moreover, it adds that if one accepts that the goals of medical fields are to reduce a child's academic, social and learning barriers, then the same policy should apply to children with UHL. The article reasons, that evidence has confirmed that children UHL experience deficits in areas of language, social and learning skills, and should thus be considered for early intervention programmes.	intervention programmes.	
Speech-language and educational consequences of unilateral hearing loss in children. *Archives of Otolaryngology–Head & Neck Surgery*, *130*(5), 524–530.	Lieu J. (2004).	This article reviewed the Medline database for articles pertaining to UHL, between the years 1966 and June 1, 2003. It focused only on English articles, and concentrated mainly on language and education results in children with	This article was included as it focused specifically on learning and language areas, and supported the argument that as a result of a hearing loss, children with UHL are vulnerable to various social and learning challenges.	

		UHL. This article concluded that children with UHL are prone to academic, learning, social and behavioural challenges. The article concludes that professionals need to establish which children with UHL are at risk, the types of risk, and what interventions will best suit their needs.		
Unilateral hearing loss in children: speech-language and school performance. *B-ENT*, *Suppl 21*, 107–115.	Lieu, J. E. C. (2013).	This article aimed to present a comparative study of children with UHL and their typical hearing peers. Areas of cognition, achievement and language were investigated with standardized tests. Tests that were used were the WASI, WIAT II A, and the OWLS. Additionally a group of children with UHL were followed longitudinally, in order to evaluate their progress. This study established that children with UHL are susceptible to speech, language, cognition, learning and behavioural challenges. It concludes with recommendations for further	This study was included as it spoke directly to the language, speech, learning and social challenges, that children with UHL can experience. Additionally, the longitudinal portion of this study, confirmed that children with UHL as compared to their typical hearing peers, were more susceptible to academic delays over time. More specifically, this study provided quantitative evidence to support its findings. Information from this study can be used to support the argument that as a result of language challenges,	

		research with controlled populations, to evaluate the effectiveness of intervention programmes.	children with UHL can experience difficulties in other areas.	
Management of Children with Unilateral Hearing Loss. *Otolaryngologic Clinics of North America*, *48*(6), 1011-1026.	Lieu, J. E. (2015).	This article presents a summary of UHL, causes, amplification options and also discusses challenges such as sound localisation, socialising and quality of life.	This article was included as it provided information that is specific and relevant to the thematic categories.	
School Functioning of Children with Unilateral Hearing Loss in Comparison to the Functioning of Children with Normal Hearing. *Journal of the American Deafness & Rehabilitation Association (JADARA)*, *43*(2).	Most, T., & Tsach, N. (2010).	This study aimed to provide a comparative investigation regarding children with UHL and their typical hearing counterparts. The SIFTER questionnaire was used to investigate areas of communication, academics, attention, classroom performance and behaviour. The study established that no correlation existed between the severity of a child's hearing, and their performances, nor did the use of a hearing aid, lead to any differences. Additionally the teacher reports, reported characteristics of violence, low	This article was included as similar to the previous articles, it spoke directly to the challenges experienced by children with UHL, in school environments.	

		self-esteem, and isolation. Overall, this study concurred with previous studies that children with UHL are prone to language learning and social challenges. Moreover, these challenges point to needs for intervention and support programmes, and also teacher and parents awareness programmes.		
Quantification of Speech-in-Noise and Sound Localisation Abilities in Children with Unilateral Hearing Loss and Comparison to Normal Hearing Peers. *Audiology and Neurotology*, *20*(1), 31–37. Retrieved from http://doi.org/10.1159/000380745	Reeder, R. M., Cadieux, J., & Firszt, J. B. (2015).	This study aimed to provide quantitative evidence regarding the performance of children with UHL. Specific fields that were focused on , were understanding speech in noise and sound localisation abilities. Additionally, parent reports of children's abilities were also included. This study concluded that generally children with UHL are prone to speech and language challenges, and that further research is needed to establish which children with UHL, are more at risk for greater difficulties.	This study was included as it investigated areas of speech in noise, and sound localisation abilities. Both these areas have been interpreted to have social repercussions, which can negatively influence a child's with UHL social functioning.	

Hearing Screening and Diagnostic Evaluation of Children With Unilateral and Mild Bilateral Hearing Loss. Retrieved August 31, (2015), from tia.sagepub.com/content/12/1/27.full.pdf	Ross, D. S., Holstrum, W. J., Gaffney, M., Green, D., Oyler, R. F., & Gravel, J. S. (2008).	This article presented an overview of UHL, with a discussion of screening options. Topics of Newborn hearing screening programmes, screening technologies and preschool or school aged screening procedures.	This article was included in the literature review, as it presented current information regarding the screening options for UHL. Additionally, it also made recommendations for future research.	
Informational Masking and Spatial Hearing in Listeners with and without Unilateral Hearing Loss. *Journal of Speech, Language, and Hearing Research*, *55*(2), 511–531. Retrieved from http://doi.org/10.1044/1092-4388(2011/10-0205)	Rothpletz, A. M., Wightman, F. L., & Kistler, D. J. (2012).	This article aimed to investigate the listening and localisation abilities of adults with UHL. Participants were assessed with a series of listening tasks, and also a horizontal localization task. This study concluded that although adults with UHL did not display deficits in their listening abilities, they were at a disadvantage in certain environments.	This article was included in the literature review as it provided information regarding the listening abilities of people with UHL. This study also verified that people with UHL experience challenges regarding listening to information, in noisy environments.	
Unilateral Hearing Loss Affects Language Development. *Journal of International Advanced Otology*, *11*.	Sangen, A., Royackers, L., Desloovere, C., Wouters, J., & Van Wieringen, A. (2015).	This study aimed to investigate the auditory, linguistic and cognitive performance of children with UHL, as compared to their hearing counterparts. Children were assessed with behavioural measures and questionnaires. The results revealed that children with UHL, presented scores that were	This article was included in this literature review as it presented contrasting information regarding children with UHL, and their listening in noisy environments abilities. Additionally, it presented supporting evidence regarding children's social and behavioural performances. Information from this study could be used to further explain challenges that children	

		similar to their typical hearing peers, in areas of listening to information in noisy settings, especially if the sounds are directed to their hearing ear. However, they scored negatively in expressive vocabulary and syntactic language skills. Additionally, children with UHL experienced more challenges in spatial tasks, and these were concluded to influence attention and behaviour at school. Overall, this study concluded on the need for early interventions for children with UHL.	with UHL experience in school settings.	
Academic and Social Experiences of School Aged Cypriotic children with Unilateral Hearing Loss	Hadjikakou, K & Stavrou, C. (2016)	his study explored personal descriptions of the academic and social experiences of pupils with unilateral hearing loss (UHL) who attend general secondary schools in Cyprus. This study established that most of these 18 children were satisfied with their interactions and communications with their teachers.	18 Children with UHL, aged 12 - 18 were interviewed with semi-structured interviews. This article was included in this study, since it also used qualitative interviews to try and give voice to the experiences of children with UHL.	This article was possibly included since it had "unilateral hearing loss" in the title.