Deaf College Students’ Perceptions of Their Social-Emotional Adjustment

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This study examined differences between deaf and hearing students’ perceptions of their social emotional adjustment as they transition to college. The 16PF-Adolescent Personality Questionnaire Life Difficulties Scale was completed by 205 deaf students and 185 hearing students. A multivariate analyses of variance and subsequent univariate tests found that deaf students rated themselves as experiencing significantly higher home life difficulties than hearing students, and deaf students rated themselves as having fewer coping difficulties than hearing students. Results also revealed a hearing status by gender interaction with deaf females rating themselves significantly higher on worry than deaf males, hearing females, and hearing males. An exploratory factor analysis of the Life Difficulties subscales yielded three factors of life difficulties for deaf college students but only two factors for hearing college students. These findings suggest that there are differences between deaf and hearing students who are transitioning to college with regards to their social-emotional adjustment.

Arnett and Taber (1994) propose that the industrialization of societies has reshaped human developmental stages. Adolescence, which spans the ages 11–19 years, now spills into “emerging adulthood,” a developmental period conceptualized to include the ages 18–25 years (Arnett, 2000; Arnett & Taber, 1994). Emerging adulthood shares challenges (i.e., identity exploration and risk taking behavior) with the adolescence developmental stage; however, this fundamental transitional period into adulthood has its distinct characteristics (Arnett, 2000). For example, emerging adulthood is a period marked by a high degree of individual volition, high risk taking behavior, instability of residential status, emerging self-sufficiency, range of possible activities, and lack of normative behavior (Arnett, 2000). Arnett (2000) explains that the bulk of identity exploration takes place in emerging adulthood, as opposed to adolescence. In addition, not until the end of this developmental period does an individual become autonomous with better-controlled impulses.

Both hearing and deaf (for the purposes of brevity “deaf” will be used to denote the Deaf and hard-of-hearing population) youth question family norms and practices as they explore their identity. For deaf children from hearing families, moreover, where the contact with deaf adults and deaf children is not encouraged, this identity exploration can be complicated. For example, deaf adolescents may experience overprotection and or rejection from their hearing parents who do not share the deafness experience and may continue to struggle with accepting their child’s hearing loss. For these adolescents, identity exploration may lead to more stress and further diffusion of the individuation process until college (Bat-Chava, 2000).

For deaf individuals who have limited contact with deaf peers, adolescence may be marked with additional challenges—such as isolation, loneliness, and communication difficulties with parents and peers (Cappelli, Daniels, Durleux-Smith, McGrath, & Neuss, 1995; Foster 1988; Jambor & Elliott, 2005; Kent, 2003; Knutson & Lansing, 1990; Leigh & Stinson, 1991; Murphy & Newlon, 1987) Further, the type of school placement (mainstreaming vs. special programs) affects the deaf student’s social interactions, which in turn influences his or her social-emotional functioning. For

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example, Stinson, Whitmire, and Kluwin (1996) found that deaf students from mainstreaming programs and special programs for the Deaf and hard-of-hearing reported feeling most emotionally secure with other students who had a hearing loss. In contrast, Van Eldik (2005) found that deaf adolescents in special programs rated themselves as having more numerous and more frequent withdrawn behavior, somatic complaints, and anxious or depressed feelings than their deaf mainstreamed peers and hearing peers. Kluwin, Stinson, and Colarossi (2002) deduce that there are simply not enough conclusive findings to make definitive claims regarding social-emotional outcomes based on school placement.

Typically, college is a safe place to explore ideas, opportunities, and lifestyles, and offers increased opportunities for self-governance and individuation from parents (Eccles, Templeton, Barber, & Stone, 2003). About half of youth in the United States attend college. Deaf individuals have increased their enrollment in universities and colleges, a trend that has increased over the past 2 decades. The estimated number of students with a hearing loss who attend college is approximately 45% (Schroedel, Watson, & Ashmore, 2005). The estimates of those numbers that actually graduate, however, are one out of every four (Stinson & Walter, 1997). This lack of retention can be attributed to academic reasons and nonacademic reasons, such as social integration issues (Stinson & Walter, 1997).

Murphy and Newlon (1987) propose that the significantly higher loneliness ratings by deaf college students are a reflection of their different lifestyle experience rather than a reflection of higher loneliness. The supposition is that deaf individuals have an experience of this world that is neither better nor worse than that of a hearing person—just different. Using the hearing populations’ experience as a benchmark or standard for which to assess a deaf person’s experience may lead to misinterpretations. For example, hearing individuals who are unfamiliar with American Sign Language (ASL) tend to initially stare at ASL users. Accordingly, deaf individuals who endorse a question such as “people frequently stare at me” confirms an actual life experience and is not an indication of paranoia. Similarly, a deaf person’s endorsement of items regarding “having few friends, being without company, and feeling cut off from others” may be a confirmation of part of the deaf experience, especially when interacting with the hearing world.

One social-emotional area that has been examined in the deaf adolescent and emerging adult is the presence of depression symptoms. On a revised Beck Depression Inventory, Watt and Davies (1991) found that 50 residential deaf school adolescents (mean age 14) reported a higher frequency of depressive symptoms and a greater tendency toward experiencing boredom than the hearing adolescents. Similarly, Leigh, Robins, Welkowitz, and Bond (1989) found that 50% of their sample of deaf college undergraduates’ self-ratings fell in at least the mildly depressed range.

Van Eldik, Treffers, Veerman, and Verhulst (2004) found that parents of deaf children aged 4–18 rated them significantly higher (41%) for social-emotional behavior problems than did a sample of parents with hearing children (16%). Additional findings from the study of Van Eldik et al. were that the deaf adolescents aged 12–18 showed more anxiety, depression, and social problems than the younger deaf children. Further the deaf youth (12–18 years) self-reported higher internalizing and externalizing behaviors than did the hearing participants (Van Eldik, 2005). Intelligence level, moreover, was negatively correlated with social-emotional problems—students who had lower intelligence scores had more social emotional problems (Van Eldik, 2005; Van Eldik et al., 2004).

A study investigating a mental health screening measure of parents’ and teachers’ ratings of deaf children aged 11–16 years found that the ratings did not converge with the psychiatrist’s diagnosis (Hindley, Hill, McGuigan, & Kitson, 1994). Parents and teachers rated younger boys higher on externalizing behaviors than younger girls and older children. The follow-up psychiatric clinical interviews, however, determined that there were no significant age or gender differences and that on the screening measures teachers and parents underreported the adolescents’ social-emotional disorders. Overall, Hindley et al. found that 43%–50% of their study’s participants met the criteria for a psychiatric disorder with the largest single group of disorders being anxiety disorders such as simple phobias, social phobias, agoraphobia, or overanxious disorder. It is possible that “anxiety” is elevated in deaf
and hard-of-hearing students due to the social interaction obstacles that deaf and hard-of-hearing individuals confront on a daily basis.

The research is incomplete and inconclusive regarding the differences between hearing and deaf adolescents’ overall social-emotional adjustment and coping with life stressors and life difficulties. To date, no published study used a multidimensional self-report instrument with “emerging adults” to measure their overall social-emotional adjustment. The studies that have been completed have either used self-reports limited to a single construct, such as loneliness or depression, or have used informant-reported behavior rating scales. In addition, studies in which parents and teachers completed scales addressing their children’s overall social-emotional functioning did not focus on deaf and hard-of-hearing adolescents enrolled in college. This subpopulation of deaf and hard-of-hearing emerging adult may be unique with regards to social-emotional functioning.

Many deaf adolescents confront everyday challenges as they navigate in a hearing world where ignorance and misconceptions frequently lead to access issues that may affect social-emotional well being. Considering these added stressors, family issues, individuation process issues, and isolation issues, as well as the added challenges of learning about who they are, the purpose of this study was to investigate whether deaf college freshman students perceive their social-emotional adjustment differently than hearing college freshman students. One of the study’s hypotheses was that deaf students’ ratings of their social-emotional adjustment issues is higher than that of hearing students, especially in the areas of personal discomfort such as worry and discouragement. Another area examined was whether the underlying latent structure of social-emotional adjustment is the same for deaf and hearing individuals.

**Method**

**Participants**

The participants were 205 deaf and hard-of-hearing students and 185 hearing students. The mean age for the Deaf group was 19.4 and 19.6 years for the hearing group. In the Deaf group, 99 (48%) were females and 105 (52%) were males. In the hearing group, 79 (43%) were females and 105 (57%) were males. A chi-square analysis of frequencies found no differences for gender by hearing status.

Out of the 205 deaf students, additional descriptive information was available for 186. For 60% \((n = 123)\), the communication preference was sign/speech together or Simultaneous Communication, whereas 32% preferred using sign alone and 7% used speech alone. Communication preference for the remaining 1% was unknown. The majority (82%) rated their signing skills as either “good” or “excellent.” On a reading test developed for deaf students entering college, reported reading levels of the 186 deaf participants ranged from a 5th grade to 12th grade. No elementary and high school placement data were available.

**Measure**

The 43 items of the Life Difficulties section of the 16PF-Adolescent Personality Questionnaire (APQ) (Schuerger, 2001), a stand-alone section of the APQ, was used in this study. The questionnaire, which covers many areas known to be problematic to adolescents, was developed for hearing students who range from age 12 to 21 years (Shuerger, 2001). One of the reasons this instrument was chosen is that the language level of the Life Difficulties section is free of compound sentences and uses few idioms. The overall reading level of the 43 items was determined by applying the Flesch-Kincaid Grade level analysis, which found the reading level to be at the 4.3 grade level.

The Life Difficulties section of the 16PF-APQ consist of the following 11 scales: discouragement, worry, poor body image, overall discomfort, problems with authority, anger or aggression, alcohol or drugs, overall trouble, home, school, and coping. Based on a review of the factor structures with the author (J. Schuerger, personal communication, December 6, 2005), it was decided that 9 of the 11 scales had enough stability to be used for the analyses. Thirty-seven of the 43 items are included in the nine scales. The nine scales used for analysis were discouragement, worry, poor body image, anger/aggression, alcohol/drugs, overall trouble, context home, context
school, and coping. All these scales measure life struggles. For example, one of the home context scale items is “I have had a lot of stress lately at home.” Thus, the higher the scale score, the higher the reported life difficulty. See the Appendix for more examples of items for each scale.

The manual reports that the internal consistency reliabilities for a hearing normative sample ranges from .42 for the school scale to .78 for the overall trouble scale (Schuerger, 2001). No published reliability coefficients are available for deaf individuals; however, internal consistency analyses for the current deaf sample responses to the nine scales and for the hearing sample responses showed no differences in the Deaf and hearing groups’ internal consistency coefficients for the nine scales. For the Deaf group, the internal consistency coefficients ranged from .30 for the school scale to .68 for the overall trouble scale.

The Life Difficulties scales use a three-choice response format: “A” (true), “C” (false) or “B” (?) “if you are unsure or cannot decide.” Due to the possible ambiguity of the “B” (?) response stimulus, the study’s author took a conservative approach and coded them as false items. This was done to reduce any confound of scale elevation with response ambiguity. The “true” items were assigned a value of “1,” and the “false” items were assigned a value of “0,” resulting in higher scale totals as reflecting more life difficulties. Those items that were stated in a positive direction were reverse coded in order to be consistent with the measurement of life struggles. For example, students who endorsed “true” for a coping skill were assigned a “0,” whereas students who endorsed not having a coping resource were assigned a “1.” In other words, as with all the other scales the higher the elevation of the scale’s total score the more difficulties the respondent endorsed.

Procedure

Students were asked to participate in this collection of data in a variety of ways. First, two groups (186 deaf and 60 hearing) were administered the Life Difficulties Scale of the 16PF-APQ as part of their freshman orientation process at the beginning of the 2005 academic year. Second, hearing students and deaf students who were enrolled in three different freshman-oriented college classes (i.e., cognitive psychology, sociology, and communication classes) were invited to complete the questionnaire, adding 125 hearing cases and 19 deaf cases to the sample size. To insure that there was no overlap or duplication of participants, students were requested not to complete the questionnaire again if they had filled it out during freshman orientation. In addition, threats to internal validity were explored by comparing whether the timing of the administration times for the hearing group was a factor. A one-way multivariate analysis of variance (MANOVA) showed no significant difference on group means between hearing students who completed the questionnaire during orientation and the hearing students who completed the questionnaire later that fall term ($p > .05$).

After a brief introduction to the study, students were given the option to participate or not. Students signed an informed consent form and then filled out the questionnaire. The directions were signed/voiced and also provided on the survey. The survey required approximately 10–30 min for completion. When students had any questions about items, these questions were answered.

Results

Multiple Analyses of Variance of the Two Groups and Nine Scales

A one-way MANOVA were conducted with hearing status as the independent variable (deaf or hearing) and the nine scales (discouragement, worry, body image, anger/aggression, alcohol, overall trouble, home, school, coping) as the dependent variables. Table 1 presents group means, standard deviations, and mean differences for the two groups on each of the nine life difficulty scales. The MANOVA yielded a significant main effect, $F(9, 363) = 3.36$, $p < .001$, showing that hearing status (hearing and deaf) had a significant effect on the scale scores.

Subsequent univariate analyses conducted for the nine scales showed that 2 of 9 scales were significant. As seen in Table 1, the home stressors scale was significantly higher for the Deaf group, $F(1, 359) = 5.042$, $p < .025$, and the coping difficulties scale was significantly lower for the Deaf group, $F(1, 359) = 8.29$, .
For the other seven scales, no significant differences resulted between the Deaf and hearing groups.

Analysis of Gender Differences on the Nine Scales

Further analyses were conducted to determine if there were gender differences. Four of the nine scales were significantly different. Females rated themselves higher on the worry scale, $F(1, 359) = 10.19, p < .002$, and the body image discomfort scale, $F(1, 359) = 10.393, p < .001$. Males, in turn, rated themselves higher on the anger scale, $F(1, 359) = 4.08, p < .04$, and alcohol scale, $F(1, 359) = 8.261, p < .004$.

Subsequent analysis of these four scales (worry, body image, anger, and alcohol) for group by gender was conducted. There was a significant group $\times$ gender interaction effect on the worry scale, $F(1, 359) = 8.044, p < .005$. Figure 1 presents a plot of the means for this interaction. Deaf females rated themselves as having significantly more worry than hearing females, deaf males, and hearing males, whereas hearing female and male ratings of their worry was not significantly different.

Exploratory Factor Analyses of the Hearing Group and Deaf Group

An exploratory factor analysis of the nine life difficulties scales with principal component analysis followed by a Varimax rotation for each group was conducted. Factor loadings of each of the nine scales in the rotated components matrix are presented in Tables 2 and 3. For the Deaf group there were three factors that explained 65% of the variance, whereas for the hearing group there were two factors that accounted for 53% of the variance. Factor 1 for both groups appeared to represent externalizing behaviors or thoughts related to life difficulties (i.e., alcohol, anger, overall trouble), explaining 39% of the variance for hearing and 40% of the variance for deaf students. Factor 2 appeared to describe more internalizing ways of handling life difficulties (i.e., worries, discouragement), explaining 13% of the variance for both hearing and deaf students. For the hearing group, coping also loaded on Factor 2, with home and school contexts loading on both Factors 1 and 2. For the Deaf group, in contrast, there was a third factor that explained approximately 12% of the variance. This Factor 3 consisted primarily of the coping scale and the school context scale. This factor was more difficult to describe and seemed to reflect what was labeled as “accessing.” The label “accessing” was used because the scales that clustered on this factor seemed to represent the social-emotional behaviors connected to entering and interacting with the world. For the Deaf group, the home context loaded on both the first two factors evenly (similarly to the hearing group); however, the school factor loaded on the first factor (i.e., externalizing aspects) and the third factor (i.e., accessing aspects).
Discussion

The focus of this study was to examine the effect of hearing status on college students’ social-emotional adjustment. As hypothesized, there were differences between deaf and hearing students’ perceptions of their behaviors and feelings as they transitioned into college. However, there were more similarities than differences. Two of the nine social-emotional areas (context home difficulties and coping difficulties) were significantly different between the hearing and Deaf groups when gender differences were not examined. However, when gender differences were examined, one additional scale (worry) was significantly different between the hearing and Deaf groups. The other six domains (i.e., discouragement, body image, anger/aggression, alcohol/drugs, overall trouble, context school) were not significantly different among the hearing and Deaf groups.

The finding that deaf college students rated themselves as experiencing more home-related social-emotional difficulties than hearing college students is consistent with the literature regarding the more apparent challenges of the individuation process for deaf adolescents (Bat Chava, 2000). In comparison, for hearing students, enrollment in college is highly related to parents’ reports of relationship quality (Aquilino, 1997). Parents of hearing college students described significantly closer relations, lower levels of conflict, and fewer control issues with their adolescents than parents of unenrolled college students. Of course, the finding that deaf students perceive their home life as more stressful than hearing students cannot be interpreted that parents of deaf students perceive the situation the same way.

Aquilino (1997) stresses that the history of the parent–child relationship is important to consider when children transition from child to adolescence to adulthood. The family environment and parent–child relationship may be critical factors to address as these may influence identity exploration, perception, and interpretation of the various life activities (Leigh & Stinson, 1991).

The finding that deaf students rated themselves as having significantly less coping difficulties compared to hearing students may seem counterintuitive considering the high college attrition rate for deaf students (Stinson & Walter, 1997). For deaf students, however, the high college attrition rate cannot be solely attributed to coping skills. Other factors, such as proficiency in English and the demands of college life, contribute to the lower retention rates (Stinson & Walter, 1997). How much variance coping skill contributes to the completion of college for deaf students is unknown. Persistence may be a quality related to coping; however, coping is not synonymous with persistence.

Nonetheless, the enormity of the access obstacles that many deaf students entering college face is frequently minimized. This unique subset of the Deaf

<table>
<thead>
<tr>
<th>Scale</th>
<th>Externalizing, Factor 1</th>
<th>Internalizing, Factor 2</th>
<th>Accessing, Factor 3</th>
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</thead>
<tbody>
<tr>
<td>Anger</td>
<td>.81</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>.67</td>
<td>.61</td>
<td></td>
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<tr>
<td>Trouble</td>
<td>.90</td>
<td>.75</td>
<td></td>
</tr>
<tr>
<td>Worry</td>
<td>.81</td>
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<tr>
<td>Discourage</td>
<td>.31</td>
<td>.75</td>
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<tr>
<td>Body image</td>
<td>.75</td>
<td>.61</td>
<td></td>
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<tr>
<td>Home</td>
<td>.62</td>
<td>.48</td>
<td></td>
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<tr>
<td>School</td>
<td>.49</td>
<td>.51</td>
<td></td>
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<tr>
<td>Coping</td>
<td>.86</td>
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Factor loading below .30 have been deleted.

Table 2  Factor structure of the Life Difficulties scales for deaf students (n = 205)

<table>
<thead>
<tr>
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<tr>
<td>Coping</td>
<td>.62</td>
<td></td>
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</tbody>
</table>

Factor loading below .30 have been deleted.

Table 3  Factor structure of the Life Difficulties scales for hearing students (n = 185)
population who are eligible for college (30%) successfully employ their coping strategies to arrive at college. Many deaf students persevere and cope with environmental obstacles and may actually perceive themselves as having more coping skills than what hearing students perceive they have.

Coping is an interactive process that is affected by situational, social support, and personal characteristics (Lazarus & Folkman, 1984). In addition, one’s perceptions of coping resources do not necessarily translate into coping outcomes. Perhaps, the participants in this study did not have a realistic insight into their ability to cope.

Although the initial examination of the data did not show differences among the deaf and hearing students with regard to the worry domain when examining gender differences, further investigation clarified the relationship between worry, gender, and group membership. What is noteworthy is that female deaf students rated themselves as significantly higher on worry than the other three groups. This gender difference between deaf females and deaf males in the social-emotional domain is not consistent with most previous literature (e.g., Hindley et al., 1994; Leigh et al., 1989; Murphy & Newlon, 1987; Watt & Davis, 1991). For example, in the studies that examined deaf students’ self-reports on loneliness, depression, and boredom, no significant gender differences were found (Leigh et al., 1989; Murphy & Newlon, 1987; Van Eldick, 2005; Watt & Davis, 1991). In comparison, Samar et al. (2007) found that deaf and hard-of-hearing college freshmen women reported a significantly higher incidence of suicide attempts in comparison to deaf college freshmen men.

Gender differences in the social-emotional domain, as reported by parents and teachers, have been minimal. Andersson et al. (2000) found that teachers rated Swedish deaf girls as showing more prosocial orientation and less concentration problem than deaf boys. In addition, Hindley et al. (1994) found that there were gender differences, as reported by parents and teachers, for deaf boys and girls on the mental health screening checklists but not on the child/psychiatrist interview format.

The present findings of higher perceived worry for deaf females may be a chance finding attributed to an artifact of the instrument. Samar et al. (2007) found an association between anxiety and self-reported suicide attempts in deaf and hard-of-hearing college freshman. Worry, however, as a construct has not been explicitly measured in previous studies with deaf students. The only way to explore this finding is for future studies to examine worry in this population in a more extensive manner.

The factor structure for the two groups has general similarities between the hearing and deaf college students and one main difference. For both groups, a majority of the same scales cluster in two meaningful groups interpreted as the internalizing aspects and the externalizing aspects of the social-emotional issues. For the Deaf group, a third underlying dimension emerges described as accessing aspects. When examined more closely, one can see that this accessing factor is made up of the two scales (i.e., coping and school context) that for the hearing sample falls on the internalizing factor. The label “accessing” was used because the scales (school context scale and coping scale) that clustered on this factor seemed to represent the social-emotional behaviors connected to entering and interacting with the world. This suggests that deaf college students’ experience of school struggles and coping struggles may not be directly related to other internalizing aspects of social-emotional adjustment. It appears that for the emerging adult deaf college student, the social emotional construct may have an added layer of complexity.

Whether this difference is unique to deaf college students, an artifact of the instrument, or due to disability status is a question. Would college students who have learning disabilities have a similar factor structure? Possibly college students who have learning disabilities experience similar school involvement with the special education system, as well as a lack of confidence in their English abilities which translate into different social-emotional adjustment factors.

Implications for Future Research

Overall, the study suggests the need for further exploration of the social-emotional adjustment of deaf students. One relevant area to explore is the relationship...
of these indicators of perceived social-emotional adjustment to long-term college adjustment and retention. We know that deaf students’ retention is due to both academic and nonacademic reasons (Stinson & Walter, 1997). Would a self-report measure of social-emotional adjustment upon entering college be able to predict those students who are successful in college and which students may need additional social-emotional supports? From a developmental perspective, it would be interesting to see whether there are differences in how deaf adolescents attending high school and deaf college seniors perceive their social-emotional adjustment. How do students’ perceptions of their social-emotional functioning change developmentally?

There are many questions with regard to the findings related to the gender differences for the worry domain, as well as the deaf students’ coping skills and the role of the home context for the deaf college student. These three domains need to be fleshed out and examined more in depth with a variety of instruments and with a variety of informants (i.e., parent, guidance counselor, teacher). Specifically, how the parents of deaf college students perceive this transition to college would be of interest. How do they perceive their child’s home stress and coping skills?

Limitations

This study has several limitations that need to be considered when interpreting and generalizing the findings. The main administration of the survey was at the freshman orientation and during the fall quarter for the deaf and hearing students. The first few months of college are an emotionally heightened time for students. The students’ excitement and apprehension may have influenced the results. Kersing’s (1997) finding that first year mainstreamed deaf college students experience more loneliness and alienation from both deaf and hearing peers for the first year of adjustment may indicate that if the study had been conducted during the Spring quarter, the responses might have been different. That the sample consisted of 19-year old college students limits the generalizability of the findings. The instrument covered a breadth of domains, yet not any one domain in depth. In addition, the insight into the students’ social-emotional adjustment is limited to the students’ self-report. This simple paper and pencil design that captured how students’ perceive their social-emotional adjustment has no convergent measure to validate the self-report data.

Appendix

Sample Items of Life Difficulties Questionnaire

**Discouragement**
1. I often have moments when my life seems lonely and empty.
2. I feel that there isn’t much in life that’s worth doing.
3. I have sometimes thought about how to kill myself.

**Worry**
1. I have very strong fears of particular places or things.
2. I have had a terrible experience that still bothers me.
3. I sometimes feel myself twitch when I get nervous.

**Poor body image**
1. I worry about being overweight.
2. There have been times when my eating was out of control.
3. My friends or family sometimes worry about my eating habits.

**Anger/aggression**
1. I am known to have a terrible temper.
2. Sometimes I feel angry enough to hurt someone badly.
3. I have been in a bad fight within the past year.

**Alcohol or drugs**
1. I use alcohol or drugs quite a bit.
2. My use of alcohol or drugs has sometimes been out of control.
3. I go around with people who drink or use drugs.

**Overall trouble**
1. I have been in trouble with the law.
2. I have stolen things more than a few times.
3. I have sometimes thought about how to kill another person.

**Context home**
1. I have had a lot of stress lately at home.
2. I find myself arguing and fighting a lot at home.
3. I have run away from home, or tried to.

**Context school**
1. I have had a lot of stress lately at school.
2. I get upset at the way teachers and others push me around.
3. I have sometimes gotten in trouble at school.

**Coping**
1. I feel ok about my ability to do whatever I set out to do.
2. I have a group of friends with whom I feel comfortable.
3. Most problems in life can be solved by thought and persistent effort.
References


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