Social and Professional Participation of Individuals who are Deaf: Utilizing the Psychosocial Potential Maximization Framework

Paul G. Jacobs, Ph.D.; P. Margaret Brown, Ph.D.; and Louise Paatsch, Ph.D.

This article documents a strength-based understanding of how individuals who are deaf maximize their social and professional potential. This exploratory study was conducted with 49 adult participants who are deaf (n = 30) and who have typical hearing (n = 19) residing in America, Australia, England, and South Africa. The findings support a systematic and comprehensive framework of proactive psychosocial attributes and tactics. Statistical analysis showed no significant differences between the groups across four variables of psychosocial competencies. Qualitative data further suggests that participants who are deaf maximize their potential using two types of proactive psychosocial attributes and tactics: 1) skills that individuals with typical hearing use and 2) specialized skills for identifying, circumventing, or mastering deafness-related difficulties. These findings contribute to understandings of how individuals who are deaf can achieve social and professional success.

Introduction

Despite a normal distribution of aptitudes and intelligence, individuals who are deaf appear more likely to experience social exclusion than people with typical hearing (Punch, Hyde, & Power, 2007). Chronic unemployment and
underemployment are problems for many adults who are deaf (Hogan et al., 2001; Punch, Hyde, & Creed, 2004; Rosengreen, Saladin, & Hansmann, 2009). For example, Hogan, O’Loughlin, Davis, and Kendig (2009) reported that 45% of unemployed Australians living with hearing loss were diagnosed as deaf before 20 years old. Studies have also found that many individuals who are deaf experience depression, loneliness, exhaustion, lethargy, anxiety, and social dissatisfaction (e.g., Backenroth-Ohsako, Wennberg, & Klinteberg, 2003; Heine & Browning, 2002). These psychosocial challenges can, in turn, severely compromise their educational, social, and employment prospects (Hawthorne & Hogan, 2002; Steinberg, Sullivan, & Montoya, 1999). Low social participation for individuals who are deaf has further been strongly correlated with their own and also their partner’s poor health-related quality of life (Hawthorne & Hogan, 2002; Hogan et al., 2001). Studies have further observed ongoing social difficulties by children who are deaf in their interactions with peers who have typical hearing (Bat-Chava & Deignan, 2001; Hyde, Punch, & Komesaroff, 2010; Punch & Hyde, 2011). While there is much research on the difficulties facing individuals who are deaf, there is a paucity of research that has focused on how they can maximize their social and professional potential. In order to conduct such research, it is necessary to shift focus away from what individuals who are deaf cannot do toward investigating what they can do (Jacobs, 2010).

An example of this strength-based approach is Powers’ (2011) study of factors influencing the success of high achieving English students who are deaf. Interviews with 27 students who are deaf, 27 parents, 27 teachers of the deaf, and 21 professionals other than teachers of the deaf showed that success should be attributed to the child’s own personal attributes and character (81 responses out of 111) over other factors. Other cited factors included the influence of parents (46 responses), the support of teachers of the deaf and teaching assistants (20 responses), and skills in language, communication, and reading (17 responses). These findings were similar to an American study by Luckner and Muir (2001). In addition to the crucial finding that attributes and character are key aspects to success in individuals who are deaf, both studies revealed specific cognitive attributes (e.g., hard work and high expectations) vital to the maximization of potential. Powers (2011) further concluded that there is a dearth of research on how children who are deaf may become successful adults in terms of their professions, relationships, mental health, and overall quality of life. Three plausible reasons are: 1) there are comparatively fewer deafness-related studies with adult participants than studies with child or adolescent participants; 2) investigating strength-based psychosocial competencies in participants who are deaf is rare; and 3) a review of studies revealed the absence of a comprehensive and systematic framework of proactive psychosocial attributes and tactics that individuals who are deaf use to maximize their potential (Jacobs, 2010).

Outside the field of deafness, Reiff, Ginsberg, and Gerber (1995) proposed a psychosocial framework based on their qualitative study of adults with a
learning disability (LD) who had achieved social and professional success. The framework defined how the participants identified, circumvented, or mastered challenges related to their LD through active risk-taking and resilience. As such, the study had a strength-based approach toward understanding what people with a LD can do to maximize their potential. Reiff and colleagues purposefully sought to study adult participants. Their justification was that adults have comparatively greater life experiences than do children or adolescents. Adults are therefore more likely to possess and use proactive psychosocial attributes and tactics necessary for social or professional success. Their data may, in turn, explain how children with a LD may become successful adults.

In the current study, Reiff et al.’s (1995) framework was adapted to understand how adults who are deaf maximize their social and professional participation using proactive psychosocial attributes and tactics. The framework’s three thematic categories were: Control, Internal Decisions, and External Manifestations. Internal Decisions are cognitive attributes, which consist of Desire, Goal Orientation, and Reframing. An individual’s Internal Decisions cause External Manifestations, which are the outward behavioral tactics of Persistence, Goodness of Fit, Learned Creativity, and Social Ecologies. The eighth theme was Control, which Reiff et al. (1995) defined as being both an independent psychosocial attribute and also the overarching outcome of the seven other themes operating together. This ambiguity was clarified for scoring purposes and to conduct the statistical analyses reported in this article. As such, Reiff et al.’s framework was modified so that the combined effect of the three thematic categories of Control, Internal Decisions, and External Manifestations equaled Potential Maximization (Figure 1) (Jacobs, 2010).

Figure 1 shows Potential Maximization as the overall outcome of Reiff et al.’s (1995) eight psychosocial themes operating in a systematic and comprehensive manner (Jacobs, 2010). The fundamental differences between Jacobs’ and Reiff et al.’s frameworks are 1) the addition of the overarching theme of Potential Maximization, and 2) delegating Control as a stand-alone psychosocial attribute in Jacobs’ framework. As with Reiff et al.’s framework, the Psychosocial Potential Maximization framework does not operate in a hierarchical manner. The thematic categories of Control, Internal Decisions, and External Manifestations, and their subsets (e.g., Desire), have a reciprocal influence on each other. A summary of the psychosocial attributes and tactics sourced from empirical studies according to the Psychosocial Potential Maximization framework follow.

Control

Control is effective self-government, which requires an individual to be active, responsible, self-disciplined, and not helplessly determined by fate or by others (Maslow, 1950; Reiff et al., 1995). Psychosocial attributes of Control
include the individual’s use of a strong internal locus of control (Foster & Macleod, 2004; Reiff, 2004; Rotter, 1966; Stinson & Antia, 1999); proactive management of life circumstances (Greenberg & Kusché, 1993); acceptance of everyday disability-related psychosocial challenges (Reiff et al., 1995); strong feelings of emotional security (Musselman, Mootilal, & MacKay, 1996; Stinson, Liu, Saur, & Long, 1996; Stinson, Whitmire, & Kluwin, 1996); and proactive responses to the larger social pressures of individualism (Scheetz, 2004).

Figure 1. Jacobs’ framework of Psychosocial Potential Maximization for individuals who are deaf (Jacobs, 2010; adapted from Reiff et al. [1995])

include the individual’s use of a strong internal locus of control (Foster & Macleod, 2004; Reiff, 2004; Rotter, 1966; Stinson & Antia, 1999); proactive management of life circumstances (Greenberg & Kusché, 1993); acceptance of everyday disability-related psychosocial challenges (Reiff et al., 1995); strong feelings of emotional security (Musselman, Mootilal, & MacKay, 1996; Stinson, Liu, Saur, & Long, 1996; Stinson, Whitmire, & Kluwin, 1996); and proactive responses to the larger social pressures of individualism (Scheetz, 2004).
Internal Decisions

Desire is the cognition that motivates individuals toward achieving productive psychosocial outcomes (Reiff et al., 1995). Psychosocial attributes of Desire include when an individual overcomes a disability-related stereotype through sustained determination (Reiff et al., 1995); commits to and practices specialized skills (Bloom, 1982); practices self-determination and self-advocacy (Bain, Scott, & Steinberg, 2004; Luckner & Muir, 2001; Powers, 2011); takes initiative to integrate without being viewed as “different” (Luckner & Muir, 2001); adapts through using communication strategies (Bain et al., 2004); and has a love of a lifestyle pursuit (Toscano, McKee, & Lepoutre, 2002).

Goal Orientation can be short-term or long-term and involves the purposeful pursuit of social or professional objectives (Reiff et al., 1995). Psychosocial attributes of Goal Orientation included an individual having realistic goals (Reiff et al., 1995); purposefully regulating behavior or diligence (Luckner & Muir, 2001); acquiring a tertiary degree for long term goals to achieve similar levels of income to peers with typical hearing (Jones, 2004; Schroedel & Geyer, 2000); and executing good problem solving tactics for successful career outcomes (Menchel, 1995).

Reframing is the cognitive skill of assessing and then changing dysfunctional or irrational beliefs (e.g., self-talk) to produce proactive behavioral outcomes (Jacobs, 2006; Reiff, 2004; Reiff et al., 1995). Psychosocial attributes of Reframing involve self-awareness (Bibby, Beattie, & Bruce, 1996); shifting thought processes from negative to positive (Ellis & Harper, 1977); and evaluating negative aspects of deafness to implement coping strategies (Bibby et al., 1996; Punch, Creed, & Hyde, 2005).

External Manifestations

Persistence is the demonstration of resilience over time despite adversity (Reiff et al., 1995). Psychosocial aspects of Persistence are the individual’s psychological attachment to and deliberate practice of a social or professional pursuit to achieve proactive outcomes (Bibby et al., 1996; Bloom, 1982); tenacity in experiences of loneliness and rejection (Kersting, 1997); and assertiveness tactics (Bain et al., 2004; Stinson, Liu, et al., 1996).

Goodness of Fit is the purposeful pursuit of settings in which successful professional or social outcomes are likely and avoiding, or minimal entry into, social settings where success is unlikely (Reiff et al., 1995). Psychosocial aspects of Goodness of Fit include the importance of having spoken language competence and social maturity in social settings with peers who have typical hearing (Polat, 2003); self-esteem factors influencing social pursuits (Musselman et al., 1996; Stinson, Liu, et al., 1996; Stinson, Whitmire, et al., 1996); and the reasons for choosing friends who were either deaf or hearing or both (Jambor &
Learned Creativity is the ability to use learned skills creatively to generate social and career outcomes (Reiff et al., 1995). Psychosocial aspects of Learned Creativity include the use of technology such as email, mobile phone text messaging, captions on TV, and DVD to circumvent or master deafness-related communication challenges (Bowe, 2002; Jacobs, 2004; Jelinek-Lewis & Jackson, 2001; Luckner & Muir, 2001; Power, Power, & Horstmanhof, 2006; Toscano et al., 2002); having and using an elaborate and nonrestrictive linguistic style (Bernstein, 1975; Jelinek-Lewis & Jackson, 2001); possessing good speech reading ability and speech intelligibility (Arnold, 1997; Harris & Moreno, 2006; Polat, 2003); and enlisting the support of peers with typical hearing to facilitate conversation (Bibby et al., 1996; Jacobs, 2004).

Social Ecologies involves the purposeful pursuit, sustenance, and maintenance of professional and social opportunities (Reiff et al., 1995). Psychosocial aspects of Social Ecologies include deliberate immersion in supportive social networks (Reiff et al., 1995); the family’s value system (Luckner & Muir, 2001; Menchel, 1995; Toscano et al., 2002); the benefits of interacting only with peers who have typical hearing, the Deaf community, or both (Antia, Reed, & Kreimeyer, 2005; Brown & Foster, 1991; Johnston, Leigh, & Foreman, 2002); the importance of childhood role models who are deaf (Bain et al., 2004; Bonds, 2003; Foster & Macleod, 2004; Jacobs, 2004); strategies peers with typical hearing can use to assist the social inclusion of individuals who are deaf (Bain et al., 2004; Bonds, 2003; Bibby et al., 1996; Calderon & Greenberg, 2000; Steinberg et al., 1999; Stinson, Liu, et al., 1996); and cultural and ethnic issues related to socialization (Scheetz, 2004).

**Potential Maximization**

Aside from being the collective definition of all the aforementioned eight psychosocial themes operating together, the theme of Potential Maximization also has unique characteristics. One factor is Sternberg’s (1985) Triarchic Theory of Intelligence, which outlines a cohesive collection of tactic knowledge. Tactic knowledge is “practical rather than academic, informal rather than formal, and usually not directly taught” (Wagner & Sternberg, 1986, p. 54). Tactic knowledge also defines the individual’s cognitions to perform practical everyday skills to maximize their social or professional outcomes. Another aspect of Potential Maximization is that the individual’s gradual understanding and mastery of disability-related psychosocial challenges leads to better social adjustment (Bibby et al., 1996; Goldberg, Higgins, Raskind, & Herman, 2003; Polat, 2003). A review of the literature further suggested that individuals who are deaf likely use the psychosocial skills expected of individuals with typical hearing in addition to specific skills to identify, circumvent, or master psychosocial deafness-related difficulties (Jacobs, 2010).
Of these deafness-specific skills, the direct experiences of deafness-related psychosocial challenges has likely honed a specialized form of tactic knowledge that individuals with typical hearing have no use for because they are not living with hearing loss.

**Study Aims**

There were two major aims of this exploratory study. The first aim was to use the Psychosocial Potential Maximization framework to identify the proactive psychosocial attributes and tactics that adult participants who are deaf use to maximize their potential in mainstream society. The second aim was to compare these attributes and tactics to participants who have typical hearing.

**Method**

*Recruitment*

Criteria for participants who are deaf stipulated they must be over the age of 25, not have an additional disability, and agreed they were maximizing their potential in society. Criteria for participants who have typical hearing stipulated they were over the age of 25, did not have a disability, agreed they were maximizing their potential in society, and had a close relationship with an individual who was deaf for more than 1 year. The reason for choosing participants over age 25 relates to research suggesting that psychosocial maturity occurs after this age (Bar-On, 1997; Maslow, 1950). The criterion for a lack of disability in the participants with typical hearing or an additional disability in the participants who are deaf was established to eliminate confounding factors. Given that the study sought to understand participants who believed they were maximizing their potential, it was therefore deemed prudent to screen out prospective participants who did not believe they were maximizing their potential. This ensured the data were not affected by related reasons. In addition, participants with typical hearing who had had a close relationship with an individual who was deaf were sought for two reasons: 1) this group was deemed most likely to identify greater insight into strength-based psychosocial attributes in individuals who are deaf than participants who did not have a close relationship with an individual who is deaf, and 2) for between-group comparative purposes. In addition, participants who are deaf were asked to indicate whether they self-identified as Culturally Deaf (CD). According to Davis (1995), an individual who self-identifies as CD will belong to a community of Deaf people who share: 1) hearing loss; 2) a similar language (e.g., American Sign Language, etc.); 3) often a similar education in a specialized education setting; and 4) a shared
cultural and social history. Contrariwise, an individual who is deaf that does not self-identify as CD will likely primarily, if not wholly, communicate using listening and spoken language (Bain et al., 2004). For the purposes of cross group comparisons, such participants in the current study will be identified as oral deaf (OD).

Following ethics approval at the University of Melbourne, prospective participants in Australia were recruited in three ways: 1) in-person invitations to potential participants known by the researchers; 2) through deafness-related organizations; and 3) through introduction by a participant who had already been included. Potential participants known to the researcher were informed of the study by face-to-face contact or by email. Deafness-related organizations were also approached by email regarding the possible participation of their members in the study. In Australia, principals of mainstream schools with special units and academics for students who are deaf were notified and asked to make potential participants aware of the study. This method of recruitment yielded just 13 participants who are deaf and 13 participants who have typical hearing.

Due to the low response rate, the researchers sought to find a greater number of successful professionals who are deaf outside Australia. More participants were recruited via organizations such as the Deaf Education through Listening and Talking in the United Kingdom, and the Hearing Loss Association of America and Alexander Graham Bell Association for the Deaf and Hard of Hearing in the United States. These organizations notified their members of the study through web forums and email. In addition, attempts were made to recruit participants from Gallaudet University and the Rochester Institute of Technology, National Technical Institute for the Deaf (RIT/NTID) in the United States. Contacts from both organizations asked whether prospective participants would be paid to participate and were informed that participation was voluntary. Given that only 1 CD participant was residing in America, it appears that the lack of remuneration may have discouraged participants from these organizations.

Participants who expressed interest in the study were provided with an electronic invitational package, including a plain language statement, a consent form, and a voluntary screening survey. The screening surveys gathered demographic data, defined participant groups, and also determined the participants’ eligibility for the study. Participants who were deemed eligible were further asked to complete a follow-up survey at a later date. Participants who returned an electronic copy of their screening survey were considered as giving their informed consent. Some participants requested a hard copy be posted to them. Completion of their survey included a signed consent form and a returned survey in a prepaid envelope.
A total of 62 participants completed the screening survey. The return of screening surveys revealed that 13 potential participants were ineligible for the study. Eight prospective participants who are deaf were deemed ineligible because they either 1) were under the age of 25; 2) had an additional disability; 3) disagreed they were maximizing their potential in society; or 4) did not return their follow-up survey. Five prospective participants who had typical hearing were also deemed ineligible because they either disagreed that they were maximizing their potential or did not return their follow-up survey.

Forty-nine adults (17 males, 32 females) above the age of 25 years participated in this study. The participants were separated into three groups for comparison purposes: OD, CD, and Hearing (H). Of these 49 participants, 19 had typical hearing and were categorized as the H group. Of the remaining 30 who are deaf, 22 did not self-identify as CD and were categorized as the OD group, and 8 self-identified as CD were categorized as the CD group. All 49 participants agreed or strongly agreed that they were maximizing their potential in society. All H participants also reported having a close relationship with a person who was deaf for at least 1 year. In addition, all H participants did not have a disability and no participant who was deaf reported an additional disability.

Thirty-six participants overall (74%) were between 26 and 45 years old (i.e., born between 1961 and 1981) and the remaining 13 (26%) were over 45 years old. The OD group consisted of 9 Australians, 8 Americans, and 5 Britons. The H group consisted of 13 Australians, 4 Americans, 1 Briton, and 1 Malaysian. The CD group consisted of 4 Australians and 1 participant born in each of the following countries: the United States, Britain, South Africa, and Russia. Cross referencing nationality with current city of residence found that all but 3 participants lived in their country of birth. Three participants (6%) further stated that English was not their first language. The 46 other native English-speaking participants (94%) were raised in families with at least one native English speaking parent. The majority overall (82%) were also of Anglo-Saxon descent. In addition, the participants appeared to be a highly educated sample.

### Table 1. Breakdown of educational qualifications per group

<table>
<thead>
<tr>
<th>Qualification</th>
<th>None given</th>
<th>High School</th>
<th>Bachelors</th>
<th>Honors</th>
<th>Masters</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD (n = 22)</td>
<td>2 (9%)</td>
<td>1 (5%)</td>
<td>8 (36%)</td>
<td>1 (5%)</td>
<td>5 (23%)</td>
<td>5 (23%)</td>
</tr>
<tr>
<td>H (n = 19)</td>
<td>3 (16%)</td>
<td>1 (5%)</td>
<td>5 (26%)</td>
<td>6 (32%)</td>
<td>2 (10%)</td>
<td></td>
</tr>
<tr>
<td>CD (n = 8)</td>
<td>2 (25%)</td>
<td>1 (13%)</td>
<td>0 (0%)</td>
<td>4 (50%)</td>
<td>1 (13%)</td>
<td></td>
</tr>
</tbody>
</table>

**Participants**

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Table 1 outlines the numbers and percentages of participants in each group according to educational qualifications.

All participants were employed when completing the surveys. Interestingly, just 3 of the 30 participants who are deaf reported experiencing more than 1 year of unemployment in their life. Tables 2, 3, and 4 report the type of occupation per participant for each group.

**Instrumentation**

Surveys were used because interviews provided three logistical problems: 1) the costs of travelling internationally and within Australia were prohibitive; 2) the act of writing down responses gave the participants a better chance of providing thoughtful responses and to respond at a time of their convenience; and 3) participants who are deaf were not compromised by possible communication issues.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Profession</th>
<th>Participant</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD1</td>
<td>Accountant</td>
<td>OD12</td>
<td>Medical educator</td>
</tr>
<tr>
<td>OD2</td>
<td>Legal policy</td>
<td>OD13</td>
<td>University lecturer</td>
</tr>
<tr>
<td>OD3</td>
<td>Designer</td>
<td>OD14</td>
<td>Publishing</td>
</tr>
<tr>
<td>OD4</td>
<td>Journalist</td>
<td>OD15</td>
<td>Ph.D. student</td>
</tr>
<tr>
<td>OD5</td>
<td>Website manager</td>
<td>OD16</td>
<td>Retired</td>
</tr>
<tr>
<td>OD6</td>
<td>Postdoc researcher</td>
<td>OD17</td>
<td>Planning officer</td>
</tr>
<tr>
<td>OD7</td>
<td>Accountant</td>
<td>OD18</td>
<td>Associate Professor</td>
</tr>
<tr>
<td>OD8</td>
<td>Public servant</td>
<td>OD19</td>
<td>University lecturer</td>
</tr>
<tr>
<td>OD9</td>
<td>Student</td>
<td>OD20</td>
<td>Manager</td>
</tr>
<tr>
<td>OD10</td>
<td>Student</td>
<td>OD21</td>
<td>Dentist</td>
</tr>
<tr>
<td>OD11</td>
<td>Analyst</td>
<td>OD22</td>
<td>Teacher of the deaf</td>
</tr>
</tbody>
</table>

Table 3. Professions of the H group

<table>
<thead>
<tr>
<th>Participant</th>
<th>Profession</th>
<th>Participant</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Teacher</td>
<td>H11</td>
<td>Ph.D. student</td>
</tr>
<tr>
<td>H2</td>
<td>Product manager</td>
<td>H12</td>
<td>IT consultant</td>
</tr>
<tr>
<td>H3</td>
<td>Interpreter</td>
<td>H13</td>
<td>Psychologist</td>
</tr>
<tr>
<td>H4</td>
<td>Teacher of the deaf</td>
<td>H14</td>
<td>Audio engineer</td>
</tr>
<tr>
<td>H5</td>
<td>Housewife</td>
<td>H15</td>
<td>TAFE Student</td>
</tr>
<tr>
<td>H6</td>
<td>Teacher</td>
<td>H16</td>
<td>Gardener</td>
</tr>
<tr>
<td>H7</td>
<td>Employment consultant</td>
<td>H17</td>
<td>Academic</td>
</tr>
<tr>
<td>H8</td>
<td>Teacher of the deaf</td>
<td>H18</td>
<td>Physician assistant</td>
</tr>
<tr>
<td>H9</td>
<td>Teacher of the deaf</td>
<td>H19</td>
<td>Academic</td>
</tr>
<tr>
<td>H10</td>
<td>Financial advisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New rather than existing survey instruments were created for two main reasons: 1) the researchers chose to explore themes not found in other studies; and 2) Reiff et al.’s (1995) study was applicable only to participants with a LD and was purely qualitative. To increase the rigor of the findings, the researchers also deemed it pertinent to conduct statistical analyses on survey responses from the participants in the current study.

Two types of voluntary screening surveys were created: one for participants who are deaf (the DSS) and one for participants with typical hearing (the HSS). Both the DSS and the HSS took an estimated 15 to 20 minutes to complete. However, the DSS featured 43 items involving 32 nominal items and 11 open-ended items, whereas the HSS featured 28 items involving 14 nominal items and 14 open-ended items. The DSS was longer than the HSS because it contained additional specific questions about hearing loss that were unrelated to participants who had typical hearing.

Participants deemed eligible for the study were then administered a follow-up survey: one for participants who are deaf (the DFS) and one for participants with typical hearing (the HFS). Again, the DFS was longer than the HFS because it contained additional deaf-specific questions unrelated to participants who had typical hearing. The DFS featured 98 items, including 59 nominal scoring items, 21 open-ended items, and 18 nonscoring nominal items. The HFS consisted of 64 items, including 26 nominal scoring items, 18 open-ended items, and 20 nonscoring nominal items. The 26 nominal scoring items in the HFS also appeared in the DFS and were used for the purposes of a between-group statistical comparison. The DFS featured an additional 33 nominal scoring items that were used for a between group comparison of the OD and CD groups, totalling 59 items in all. Open-ended and non-scoring nominal items were used for exploratory purposes. These items were scrutinized to observe whether the data revealed additional insights into how the participants who are deaf maximize their potential and also how the participants with typical hearing perceive individuals who are deaf.

### Table 4. Professions of the CD group

<table>
<thead>
<tr>
<th>Participant</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD1</td>
<td>Student</td>
</tr>
<tr>
<td>CD2</td>
<td>College composition manager</td>
</tr>
<tr>
<td>CD3</td>
<td>Case manager</td>
</tr>
<tr>
<td>CD4</td>
<td>Manager</td>
</tr>
<tr>
<td>CD5</td>
<td>Community worker</td>
</tr>
<tr>
<td>CD6</td>
<td>Program manager</td>
</tr>
<tr>
<td>CD7</td>
<td>Project assistant</td>
</tr>
<tr>
<td>CD8</td>
<td>TAFE teacher</td>
</tr>
</tbody>
</table>

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All surveys consisted of intra-method mixing whereby both open- and close-ended items were used for analyses (Johnson & Turner, 2003). Statistical analyses were not performed on the screening surveys (the DSS and HSS), but were applied to the follow-up surveys (the DFS and HFS). Items in the follow-up surveys were created for scoring and qualitative purposes according to the Psychosocial Potential Maximization framework (Figure 1). Table 5 provides examples of scoring items in the follow-up surveys according to each of the themes in the Psychosocial Potential Maximization framework. Items marked with an astrix (*) were in both the DFS and HFS, whereas items without a star are a deaf-specific item that appeared only in the DFS.

Table 5. Examples of survey items according to the Psychosocial Potential Maximization framework

<table>
<thead>
<tr>
<th>Control</th>
<th>Persistence</th>
<th>Goodness of Fit</th>
<th>Learned Creativity</th>
<th>Social Ecologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am in control of my social life*</td>
<td>The process of self-determinism helps me to be more self-determined*</td>
<td>I have chosen employment where my deafness is not a problem</td>
<td>Text-based telecommunications have put me on a ‘level playing field’ with hearing people</td>
<td>I have had a close hearing friend throughout adulthood</td>
</tr>
<tr>
<td>Adulthood is easier for me than childhood*</td>
<td>Mastering speech-reading requires practice</td>
<td>I have made life choices that suit my strengths*</td>
<td>Captioned TV/DVD has improved my social skills</td>
<td>I am sociable with hearing peers</td>
</tr>
<tr>
<td>My life is miserable because of deafness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have overcome the challenges of my deafness</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Desire</strong></td>
<td><strong>Persistence</strong></td>
<td><strong>Goodness of Fit</strong></td>
<td><strong>Learned Creativity</strong></td>
<td><strong>Social Ecologies</strong></td>
</tr>
<tr>
<td>Successful people seem to be lucky*</td>
<td>I am a risk taker*</td>
<td>I have chosen employment where my deafness is not a problem</td>
<td>Text-based telecommunications have put me on a ‘level playing field’ with hearing people</td>
<td>I have had a close hearing friend throughout adulthood</td>
</tr>
<tr>
<td>Negative childhood experiences made me try harder*</td>
<td>I am a risk taker*</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Goal Orientation</strong></td>
<td><strong>Persistence</strong></td>
<td></td>
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<tr>
<td>I am a risk taker*</td>
<td>I am a risk taker*</td>
<td></td>
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<tr>
<td><strong>Reframing</strong></td>
<td><strong>Persistence</strong></td>
<td></td>
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<tr>
<td>I am proud of the skills I use to maximize potential with hearing peers</td>
<td>I am a risk taker*</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dealing with deafness has made me a better person</td>
<td>I am a risk taker*</td>
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</table>

All surveys consisted of intra-method mixing whereby both open- and close-ended items were used for analyses (Johnson & Turner, 2003). Statistical analyses were not performed on the screening surveys (the DSS and HSS), but were applied to the follow-up surveys (the DFS and HFS). Items in the follow-up surveys were created for scoring and qualitative purposes according to the Psychosocial Potential Maximization framework (Figure 1). Table 5 provides examples of scoring items in the follow-up surveys according to each of the themes in the Psychosocial Potential Maximization framework. Items marked with an astrix (*) were in both the DFS and HFS, whereas items without a star are a deaf-specific item that appeared only in the DFS.

The nominal survey items were scored using a four-point Likert scale. Three between-group analyses were conducted on these statistical data for the measured variables of Control, Internal Decisions, External Manifestations, and Potential Maximization. SPSS computer software was used to conduct these analyses. A series of one-way analyses of variances (ANOVA) was conducted for the first between-group analysis (Pallant, 2005). The robustness of the ANOVA was ensured using the F values from the Brown-Forsythe Test, which has been reported in analyses that violated homogeneity of variance (Pallant, 2005). The second and third analyses featured t-tests. Because hypotheses were not tested, 2-tailed t-tests were used (Pallant, 2005). A Scheffé’s Test (α = .05) was also used for posthoc comparisons following the ANOVA and t-tests because it was considered particularly sensitive to small
samples and groups of unequal sizes (Tabachnick & Fidell, 2001). As an additional precaution, the more stringent alpha level of .01 on the Scheffé Test was used for data that violated homogeneity of variance (Tabachnick & Fidell, 2001).

A within-group analysis was conducted for qualitative data after the statistical analyses. A text analysis of open-ended items was administered to determine consistencies and inconsistencies across answers in the items for the thematic categories of Control, Internal Decisions, and External Manifestations (Creswell, 2003). Documentation of the qualitative data from hard copy surveys involved manually transcribing written replies into a Microsoft Word document. With follow-up surveys received electronically, text was cut and pasted into a Microsoft Word document. The qualitative data reported in this paper was sourced from 18 open-ended items answered by participants who are deaf.

**Results**

The results are reported in two main parts. First, statistical analyses of the participants’ scores for the measures of Control, Internal Decisions, External Manifestations, and Potential Maximization will be discussed. Second, qualitative data will be summarized according to the Potential Maximization framework’s eight themes.

**Statistical Analysis**

Three between-group comparisons were conducted for the four thematic categories of Control, Internal Decisions, External Manifestations, and Potential Maximization. For the first analysis, the scores were analyzed using ANOVA to discern whether there was a significant difference between the mean scores of the three groups. Results for this comparison revealed that there were no significant differences between these three groups for Control ($F = 1.264, p = .292$), Internal Decisions ($F = .915, p = .411$), External Manifestations ($F = 1.574, p = .218$), and Potential Maximization ($F = 1.928, p = .161$).

The second comparison sought to understand whether hearing status was a factor affecting the scores. For this analysis, the scores of the OD and CD groups for the 26 identical scoring items were combined and compared with the scores of the H group for the same items. Results from the $t$-tests for this comparison again revealed that there were no significant differences between these two groups for Control ($t = 1.523, p = .135$), Internal Decisions ($t = 1.160, p = .252$), External Manifestations ($t = 1.646, p = .106$), and Potential Maximization ($t = 1.866, p = .068$).

The scores of the OD and CD groups were then compared to investigate whether deaf identity affiliation was a factor influencing scores. This involved comparing the OD and CD groups for 59 identical scoring items that included...
26 items that were used for the group comparison with the H group plus 33 items that were specific to deafness psychosocial skills and challenges. Results from the t-tests for this comparison revealed no significant differences between these two groups for Control ($t = -0.263, p = .795$), Internal Decisions ($t = 0.307, p = .761$), External Manifestations ($t = 1.189, p = .245$), and Potential Maximization ($t = 0.721, p = .477$).

To estimate the internal reliability of the test instruments (i.e., the follow-up surveys), two analyses were conducted because the DFS had additional items. In the first analysis, which included all three groups, the subscales of Control, Internal Decisions, and External Manifestations were entered into the statistical model. This yielded a Cronbach’s alpha of .56. None of the subscales were excluded from the model because they were all below the Alpha value. A second analysis was conducted on the subscale for the participants who are deaf. This yielded a Cronbach’s alpha of .66. Because the subscale External Manifestations was correlated at .834 with the alpha overall reliability, this was excluded from the next analysis. Including only Control and Internal Decisions, the internal reliability analysis yielded a Cronbach’s alpha of .83, which suggests good internal consistency. This indicates that the collection of items with additional deafness-specific items in the subscales (apart from External Manifestations) renders the instrument as more reliable for use with participants who are deaf.

**Qualitative Findings**

Answers to open-ended and nonscoring nominal items yielded further insight into the proactive psychosocial attributes and tactics used by the participants who are deaf. The qualitative data are summarized below according to each of the eight themes in the Psychosocial Potential Maximization framework.

**Control: Self-perceptions of own linguistic and social skills**

Twenty-six (90%) participants who are deaf agreed they had superior linguistic skills compared to the average person with typical hearing. Their reasons included learning from a family background that was highly educated and/or strongly encouraged reading and verbal expression; being fluent in a spoken/written language other than English; conducting public speaking to a hearing audience; achieving educational achievements (e.g., high tertiary qualifications or high marks at school); expressing themselves with a variety of people with confidence; using an extensive reading for conversation; and using two languages, English and sign language, in different social circles. Half (n=15) of these participants further agreed they had superior social skills compared with the average person with typical hearing. Their reasons included being popular; having an outgoing personality; interacting with a
variety of people from different cultures, ages, and backgrounds; competency with diplomacy; the ability to better read people better because she was deaf; and parents or profession exposing them to numerous social scenarios that, in turn, enabled the acquisition of numerous social skills.

*Desire: Self-determination as a process*

Twenty-seven (90%) participants who are deaf agreed that self-determination is a process that helps them to become more confident, motivated, and in control of their destiny. Examples included desire to take control of their life outside their comfort zone and refusing to accept lowered expectations of others. One participant also provided a hearing loss context to self-determination: “How you approach the challenges created by the condition of deafness is the key. Accepting that there will be challenges and accepting that only you can overcome these challenges is the key to personal growth. The challenges are never ‘somebody else’s problem.’ When this is understood, then the person has the insight to determine their own future pathways and goals.”

*Goal Orientation: Pursuits of strength-based lifestyle options*

Twenty-nine (97%) participants who are deaf agreed that they had made life choices to suit their strengths. Their reasons included changing a school/university subject/course so that their skills would be better suited to the career they later chose and avoiding professions whereby deafness or personality factors could be problematic. Other examples were choosing professions on the basis of personality traits, interest, and specialized skills or expertise; effective use of text-based telecommunications to circumvent communication difficulties; selecting a workplace with reasonable deafness-related accommodations; pursuing a lifestyle to assist family needs; and working or socializing with people who are CD.

*Reframing: Perceptions of life without deafness*

Twenty-five (83%) participants answered an open-ended question asking whether their lives would be better if they were not deaf. There were two common beliefs that strongly suggested that the participants had reframed the negative aspects of hearing loss into a positive. The first theme was that they perceived the idea that life would be worse if they were a person with typical hearing. Reasons included deafness-related barriers/challenges have developed useful attributes (e.g., resilience, inventiveness, and motivation) that they perceived made them a better and/or more successful person. The second theme was that they believed they would possess negative attributes if they were a person with typical hearing, such as being more selfish, vain, and materialistically or status oriented.
Persistence: Overcoming deafness-related challenges

Twenty-two (73%) participants agreed that they had overcome the challenges related to their deafness. Their reasons included: encountering social barriers or life challenges that made her/him strive harder to achieve goals; becoming more self-aware with age; recognizing that ambition, focus, and application are important to success; overcoming adversity strengthened their resolve and provided learning opportunities; and being adaptive (e.g., changing work/social environments) to better their lifestyle.

Goodness of Fit: Lifestyle choices to suit strengths

Twenty-six (87%) participants who are deaf reported a close friend with typical hearing with whom they found Goodness of Fit during adulthood. These friends helped them to integrate into mainstream settings by providing insight into possible social scenarios; communication accommodations, such as speaking clearer; face-to-face communication; rephrasing/repeating statements when requested; including them in group conversations; advice for dealing with “unaccommodating people;” empathy with the social effects of deafness without being patronizing; and learning sign language. Common interests shared with their close friends included participating in recreational interests such as literature, movies, dining, travel, sport, work issues, intellectual conversations, religion, nature/outdoors, wine tours, sarcasm, cooking, home improvements, gossip, a shared history or mutual friends, and cultural events.

Learned Creativity: Captioned TV/DVD as an aid for social skill development

Fourteen (46%) participants who are deaf agreed that watching captioned TV/DVD improved their social skills. Their reasons included using television programs or movies as a learning medium for conversational topics with friends; understanding appropriate and inappropriate social behavior; appreciating their own and other’s cultures; linking body language with spoken language; and improving wit and repartee. One participant typified the responses: “Seeing and hearing social skills in context, you pick up social/language skills that you may have not picked up from more traditional sources” (e.g., in real life conversation). Another participant wrote that captioned TV/DVD helps with understanding “the nuances and slang that I might not otherwise get through normal verbal interaction. Or jokes or words to songs.”

Social Ecologies: The roles of significant others in their lives

Twenty-seven (90%) participants who are deaf reported family members who had provided social support in their life. Parental roles included instilling
values, such as perseverance/determination; high educational standards; and a broad understanding of auditory language. Other roles of family members included providing continued counsel and guidance; exposing them to various social situations; having continued faith in their potential; advocacy; and acceptance of deafness, but not as a barrier to social and career potential. Some participants further reported the roles of siblings or grandparents.

**Potential Maximization**

All participants who are deaf answered an open-ended question asking what it meant if a person living with hearing loss was maximizing their potential with peers who have typical hearing. Responses indicated that such a person would use adequate linguistic, speech, and speech-reading skills; self-motivation, confidence, and articulation; and have a sense of humor. Such a person would also not use their hearing loss as an excuse, and they would make the most of presented opportunities and avoid situations where hearing loss may cause problems; believe they are as capable as peers with typical hearing; accept their hearing loss; pass on their experience of hearing loss to those who need it (e.g., parents of children who are deaf); operate independently in social and professional situations with a variety of people who have typical hearing; and make others forget his/her hearing loss. He/she would also use cognitive tactics to create desired social outcomes including being assertive when necessary; informing others about speechreading or other deafness-specific needs; effectively using text-based telecommunications; and operate within personal limitations in career and social situations “without or with minimal accommodations.”

**Discussion**

The two aims of this exploratory study were achieved. First, the Psychosocial Potential Maximization framework identified numerous proactive psychosocial attributes and tactics that participants who are deaf use to maximize their potential. Second, statistical analyses show that the three groups shared remarkably similar beliefs and psychosocial attributes and tactics used to maximize their potential. There were also no significant differences between two groups of participants according to hearing status (i.e., deaf versus hearing) and identity status related to hearing loss (i.e., OD versus CD) for the four measured variables of psychosocial competence. These findings are particularly interesting given the participants came from different, albeit Western, countries. Perhaps the psychosocial skills required to maximize social and professional participation are generally not culture specific. However, the participants were mostly a highly educated sample and all participants reported being currently employed. Interestingly, the proportion of participants who are deaf with a bachelor’s, master’s, or Ph.D. degree was higher than
that of the participants with typical hearing. Their professions were almost exclusively service-based and likely required a university/college education. It is therefore possible that the majority of participants belonged to middle-to-high socioeconomic groups. The educational and employment trends further support studies reporting that educational achievement is a significant indicator of individuals who are deaf sharing a similar socioeconomic status with peers who have typical hearing (Jones, 2004; Schroedel & Geyer, 2000). While these trends may explain the lack of significant differences between the current study’s groups, there also appears to be important underlying psychosocial factors.

The qualitative analyses further revealed a crucial finding. Many of the participants who are deaf appear to be able to identify, circumvent, or master 1) psychosocial attributes and tactics that participants with typical hearing use to maximize their social and professional potential, and 2) psychosocial attributes and tactics that are specific to dealing with deafness-related social challenges. Regarding the first set of psychosocial skills, the participants who are deaf appeared generally adept with Sternberg’s (1985) notion of tactic knowledge. They demonstrated numerous examples of proactive cognitive strategies, competence in dealing with experiences that place a demand on their intelligence, and purposeful adaptation to, selection, and shaping of real-world environments relevant to their overall lifestyle. Regarding the second set of psychosocial skills that are deafness-specific, examples can be provided according to the eight themes in the Psychosocial Potential Maximization framework. These are having a command for both spoken language and sign language (Control); refusing to accept lowered expectations of others (Desire); avoiding professions where deafness could be problematic (Goal Orientation); development of useful attributes, such as resilience, inventiveness, and motivation (Reframing); motivation to achieve goals (Persistence); shared interests with a close hearing friend (Goodness of Fit); using captioned TV/DVD to improve wit or repartee (Learned Creativity); and drawing upon the support of friends to assist conversational ease and inclusion (Social Ecologies). Deafness-specific cognitions and social strategies should therefore not be underestimated. This concept may explain the lack of significant statistical differences between the groups. In other words, these specialized psychosocial skills used by individuals who are deaf may be fundamental to their attaining and maintaining social and professional participation.

Limitations of the Study

The current study was exploratory, used descriptive research techniques, and the data was gleaned from a small, nonrandom and self-selected sample. The results must therefore be interpreted with caution and several limitations be noted.
While their motivation was not ascertained, it is possible that only participants who felt comfortable about deafness-related issues chose to participate. Other factors may include that the participants were generally linguistically and ethnically homogenous, highly educated, and appeared to come from middle-to-high socioeconomic groups. A further limitation was the small and uneven number of participants in the samples. For example, only 8 CD participants were involved in this study. A plausible reason for this small sample is that more CD participants may have been recruited from Gallaudet University and RIT/NTID if remuneration had been offered to complete the surveys. It is also possible that more CD participants may have been recruited if the recruitment efforts and surveys included the use of sign language.

The screening process had further implications for the study. Only participants who regarded themselves as maximizing their potential were included. All participants were also over the age of 25. In addition, all H participants self-reported as not having a disability and had experienced a close relationship with an individual who is deaf, and all participants had an intimate understanding of the issues related to living with deafness. Given the aforementioned limitations, the results cannot be generalized across the broader population and it is highly probable that a more diverse sample may have yielded different results.

This study featured the creation of survey instruments to investigate psychosocial skills. Low reliability was reported in the test instrument to compare the sample groups of participants who were deaf and who had typical hearing. This limitation is likely due to the exploratory nature of the study and that the instrument had no precedent. This evaluation, however, suggests further refinement of the scoring system used in this study should it be applied in future research.

Other limitations were that not all participants returned their follow-up survey and some participants objected to the length of the surveys. Some who returned follow-up surveys also had many unanswered open-ended items. However, some participants wrote emails expressing appreciation for the opportunity to have their “voice heard,” the comprehensiveness of the surveys, and the study’s relevance toward improving the lives of individuals who are deaf.

**Implications of the Study**

This study contained a strength-based understanding of individuals who are deaf and combined seven main factors: 1) Reiff et al.’s (1995) modified framework helped to conceptualize a comprehensive and systematic range of psychosocial attributes and tactics; 2) adults who were deaf and had typical hearing who self-rated as maximizing their psychosocial potential participated in the study; 3) a mixed-methods research methodology; 4) between-group and within-group analyses; 5) participants residing in four different countries; 6)
the participants who are deaf were mostly in the workforce; and 7) the study purposefully sought to understand what individuals who are deaf can do rather than what they cannot do. Each of these factors helped provide rich data about how adults who are deaf maximize their psychosocial potential.

Forty-nine participants is a large sample for a study using qualitative methods and, conversely, a reasonably small sample for a study using quantitative methods (Creswell, 2003). However, the mixing of the research methods provided methodological flexibility and additional rigor. The statistical analyses revealed that participants who are deaf or hard of hearing were similar in terms of psychosocial competencies—a finding that quantitative research cannot measure. Qualitative data provided detailed descriptions of psychosocial attributes and tactics that are difficult to quantify.

**Directions for Future Research**

Purposefully seeking to understand strength-based psychosocial attributes and tactics in participants who are deaf is in alignment with the scientific study of healthy personality and expert performance. Studies by Luckner and Muir (2002) and Powers (2011) note that the success in adolescents who are deaf has been mostly attributed to their personal attributes and characteristics. These two studies share Reiff et al.’s (1995) intention of observing what “works” to make success happen. Not surprisingly, Reiff et al. stated that a significant influence on their framework was a study unrelated to disability of expert performance by Bloom (1982). However, what is perhaps unique about the Psychosocial Potential Maximization framework is that it helps to define and categorize expert performance in professionally successful participants who are deaf. An important component of this expert performance appears to be the individual’s knowledge and execution of cognitive and social strategies to identify, circumvent, or master deafness-specific social and professional challenges. The framework therefore contains a practical “how” or “what to do” aspect (e.g., watching captioned TV to improve repartee) that goes beyond simply describing characteristics in individuals who are deaf (e.g., educational level). Importantly, these skills have a prescriptive quality that can be applied to practice—which may be beneficial to children or low functioning individuals who are deaf.

Future research investigating psychosocial skills in professionally successful adult participants who are deaf is therefore strongly encouraged. This might include a study with participants who self-identify as CD and who do not use spoken language to observe the relevance of the strength-based framework to this population. Future studies may also benefit from using the Psychosocial Potential Maximization framework to uncover more proactive attributes and tactics than reported in the current study. Cataloging these psychosocial skills can inform the creation, or refining of, programs designed to assist the development of psychosocial competencies in individuals who are deaf. This
additional knowledge may be applied to existing psychosocial intervention programs such as those reported in Hetu and Getty (1991), Hogan (2001), and Heydebrand, Mauze, Tye-Murray, Binzer, and Skinner (2005). RIT/NTID and Gallaudet University also have similar programs.

Conclusion

Research has indicated that deafness-related professionals require additional training so that they can improve the psychological, social, and professional outcomes of their clients or students (Bowe, 2003; Calderon & Greenberg, 2003). Studies have also alluded to the important role of parents in fostering their child’s psychosocial skill development (Leigh, Maxwell-McCaw, Bat-Chava, & Christiansen, 2009; Luckner & Muir, 2002; Powers, 2011). According to de Graaf and Bijl (2002), potential mental health problems in adults who are deaf may be averted by improving their communication skills in a variety of situations. The command of communicative and social skills by individuals who are deaf has also been found to improve their educational (Dannermark, Anttonson, & Lundstrom, 2001), social (Heydebrand et al., 2005), and professional outcomes (Rosen-green et al., 2009). A question, however, requires answering: are these skills learned by good fortune? As Heydebrand et al. (2005) suggested, the “missing piece” in hearing loss (re)habilitation interventions and programs appear to be psychosocial skills training for individuals who are deaf.

Evidence-based research of proactive psychosocial skills may provide a crisper understanding of the social and professional participation and perhaps, by extension, the mental health of individuals who are deaf. It is necessary to note that the Psychosocial Potential Maximization framework does not replace existing research perspectives on individuals who are deaf or associated professional practices. The main purpose of creating this perspective is to present a framework that interested researchers and practitioners may use to research or understand the strength-based capabilities of individuals who are deaf. A comprehensive and systematic framework of psychosocial skills may therefore help conceptualize how individuals who are deaf maximize their social and professional potential.

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