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Social-Emotional Experiences for Young Male Adults who are Deaf or Hard of Hearing in the Eastern Province of Saudi Arabia

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SOCIAL-EMOTIONAL EXPERIENCES FOR YOUNG
MALE ADULTS WHO ARE DEAF OR HARD OF
HEARING IN THE EASTERN PROVINCE
IN SAUDI ARABIA

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ABSTRACT

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The purpose of this study was to provide an in-depth understanding of the social-emotional experiences in connection with language and communication development for Saudi individuals who are deaf and hard of hearing (DHH) who use spoken language as their main method of communication. The following research questions guided this study:

Q1   What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?

Q2   What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?

Q3   How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?

Twelve participants were interviewed to investigate the phenomenon of their social-emotional experiences as people who are DHH. Seven themes were identified from analyzing the participants' interviews. Two themes related to overall perceptions of social-emotional experiences for individuals who are DHH: (a) internal perspectives, and (b) external perspectives. Three themes were connected to teachers, and school practices related to social-emotional experiences: (a) the lack of social-emotional programs, (b) related social-emotional practices, and (c) quality of programs. The final two themes spoke about the connection between

language and communication and social-emotional engagement: (a) spoken language and vocabulary, and (b) communication. Discussion of these findings provide more details about factors that related to individuals' social emotional experiences at home, school, and their social activities within Saudi Arabian society. Furthermore, the implications of the practice from this study are directed at four groups: individuals who are DHH, families of individuals who are DHH, teachers of individuals who are DHH, and associations for individuals with disabilities. Finally, limitations and suggestions for future research offer a foundation for researchers to conduct future studies focused on the social-emotional experiences of individuals who are DHH. I hope from this study to increase the knowledge of social-emotional development for individuals who are DHH in Saudi Arabia.

Keywords: deaf, hard of hearing, hearing loss, social-emotional experiences, communication, spoken language, friendship, social skills.

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CHAPTER I

INTRODUCTION

Social-emotional competencies are crucial because good social-emotional skills lead to happy and successful lives (Calderon & Greenberg, 2011; Dowling, 2014; Hintermair et al., 2017; Umberson & Montez, 2010). Social-emotional competencies have been the focus of research in different fields such as psychology, health science and education. However, researchers in these various fields use different terminology to describe social-emotional competencies for an individual. The most common terms include social-emotional development (Ashdown & Bernard, 2012), social-emotional competence (Bierman et al., 2014), and social-emotional skills (Humphrey et al., 2011).

Social-emotional competences support students with special needs by creating a healthy classroom environment that helps them participate regardless of their disabilities and how they differ comparatively (Malone, 2016). In the 21st century, schools need to offer more than academic skills for young students. Society and life experiences of students in different age groups have changed in the last century (Osher et al., 2016). All these changes affect children's social, emotional and moral development (Weissberg et al., 2003). Education should be broader than only providing academic skills (Jennings & Greenberg, 2009). Social-emotional skills, health, and civic engagement involvement are other proficiencies that need and should be developed (Jennings & Greenberg, 2009; Rosf & Gallup, 2000). The education system should prepare students in academic and nonacademic competences, which help them be responsible adults in the future (Durlak et al., 2011). Schools should not only focus on enhancing cognitive

development; but also, on social and emotional development for students (Greenberg et al., 2003).

Literature has shown the majority of students who are deaf and hard of hearing (DHH) demonstrate the same intelligence as their hearing peers (Maller & Braden, 2011). However, communication and language development for students who are DHH impact their social-emotional development (Jones et al., 2011). Therefore, research in the field of deaf and hard of hearing suggests that students who are DHH are more likely to experience social-emotional difficulties than their hearing peers (Antia & Kreimeyer, 2015; Batten et al., 2013; Punch & Hyde, 2011; Rieffe, 2011). As research has shown previously, emotional competencies are associated with different skills such as academic, and language and communication development. However, this study aims to focus only on social-emotional competencies for students who are DHH that relate to communication, language development, and the life experiences of being individuals who are DHH in the hearing world.

With the movement toward inclusion, the number of DHH students in general education has increased (Antia et al., 2009). According to the U.S. Government Accountability Office (2011), in the United States 53.3% of students who are DHH spent more than 80% of their time each week in the general education classroom. Thus, the general education classroom becomes the primary educational setting for many students who are DHH, which directly influences the students' social and emotional development. Although this environment provides many positive opportunities, there may also be some disadvantages, such as a noisy learning environment (Antia et al., 2009).

For individuals who are DHH, there are a variety of ways to communicate including sign language, spoken language, and a combination of each that depend on the person's level of

hearing loss, parent preferences, and cultural beliefs. A language delay can affect the development of communication and understanding the feelings and thoughts of others (Peterson & Slaughter, 2006). As a result, multiple researchers have shown that students who are DHH are more likely to experience greater social difficulties than their hearing peers (Bain et al., 2004; Batten et al., 2013; Israelite et al., 2002; Keating & Mirus, 2003).

Problem Statement

Currently, in Saudi Arabia, social-emotional learning programs for general education programs and special education programs are not developed. In Saudi Arabia, individuals who are DHH including individuals with cochlear implants use spoken language as the main method of communication (Al-Sayed & AlSanosi, 2017) and receive their education in self-contained classrooms; some students receive their education in inclusive classrooms with hearing peers. Research by Hanafi (2008) reported that the majority of general education teachers and staff have a lack of awareness of the characteristics and needs of students who are DHH.

Social interaction is an important part of Saudi culture (Ulrichsen, 2015). For example, an extended family gathering is important for individuals who are DHH to interreact frequently with extended family members. Also, social interaction can happen frequently with neighbors; such as after attending prayer at the mosque, people will gather together and talk about daily life. Also, playing together in the neighborhood park. Professionals in the field need to be more aware of the social-emotional experiences for Saudi individuals who are DHH because healthy social-emotional development strongly connects to communication and friendship skills.

In Saudi Arabia, there is a single research publication studying the social development of students who are DHH investigating peer relationships, academic behavior, self-management, and social adjustment (Alzahrani, 2005). However, Alzahrani's study was not an in-depth

investigation of the social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH and use spoken language as the main method of communication. Thus, this area and subpopulation is under-researched.

Statement of Purpose

The purpose of this study was to provide an in-depth understanding of the social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH who use spoken language as their main method of communication. Hearing loss creates barriers that affect individuals who are DHH in their social-emotional experiences during the educational journey (Jones et al., 2011). Access to language and communication are important skills to be active socially. Thus, the difficulty being involved socially impacts the social-emotional development of individuals who are DHH (Rieffe, 2011). As a Saudi educator, it was important to discover the social-emotional experiences for Saudi individuals who are DHH in order to provide support in their social-emotional development. Therefore, the purpose of this phenomenological study was to explore the perceptions of DHH individuals regarding the perceptions of their social-emotional experiences during an educational journey in Saudi Arabia.

Research Questions

The following research questions guided this study:

Q1 What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?

Q2 What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?

Q3   How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?

Researcher's Stance

I believe life experiences and thus life stories that envelope an individual encourages them on a path towards a specific major. Because of this, they choose one out of hundreds of different majors. For example, one story is of Ahmad Aba Hessain who in 1958 traveled from Kuwait to his hometown in Saudi Arabia to teach a group of people who were blind, the Braille system. Thus, the birth of teaching students with exceptionalities in Saudi Arabia was born. This story inspired The Ministry of Education in Saudi Arabia to open the first special education school for students who are blind in 1960 (Battal, 2016). Ahmad's story shows how his actions changed the education system for students with exceptionalities in Saudi Arabia. Therefore, it is imperative that people realize their stories have power, which can make an impact in their countries. This paper includes my personal story, which led me into the special education field. My experiences are why I became a special education specialist, developed my interest in the special education field, and inspired my plans of enhancing special education research.

I grew up in a family where education was very important. Both my mother and father were special education teachers. My father taught students with intellectual disabilities and my mother worked in an early childhood program for children with disabilities. Thus, my home was rich with resources about individuals with special needs. Moreover, during my growing years, I accompanied my father to many events and activities that the Ministry of Education organized for students with disabilities.

When I was in high school, I looked for a major that was of interest to me. In 2006, King Faisal University opened the School of Special Education and it was the first program in the

eastern part of the country that prepared teachers in the field of special education. My father

motivated me to study special education, because he had been in the field of special education

for a long time.

I chose to be in the field of deaf and hard of hearing for two reasons. First, there was a

significant need for specialists who were familiar with deaf and hard of hearing education. Thus,

filling the gap and providing educational services for individuals who are DHH, and their

families was a goal. Second, I was interested to learn sign language and to be able to

communicate with people who are DHH.

The interest I have is to research social-emotional experiences for Saudi individuals who

are DHH and who use spoken language as their main method of communication. The reasons for

this are first, most research regarding deaf education in Saudi Arabia relates to language

development, early intervention, and special education teachers' preparation who teach students

who are DHH. However, there is less research in the area of social emotional or behavioral

development in individuals who are DHH. Most research worldwide in social emotional and

behavioral development for individuals who are DHH are from psychologists' views. Therefore,

it is important to enhance the field with educational research from an educational perspective in

the area of social-emotional development for individuals who are DHH.

Three years ago, I Skyped with Dr. Rieffe who is a specialist in social-emotional

development in students who are DHH at Leiden University in the Netherlands. She is a

psychologist and she explained to me the need to have more educational research in the area of

social-emotional development for individuals who are DHH. When I taught elementary school in

Saudi Arabia, I noticed students who were DHH had serious social-emotional and behavioral

issues. Students who are DHH who have behavioral and social-emotional issues are more likely

to have low academic performance (Sinnott, 2009). Teachers often focus on academic performance in students who are DHH. However, teachers need to realize that the core of academic performance is to have appropriate emotional and behavioral skills and thus have a plan to develop each student accordingly.

This research will enhance the Arabic library and will raise the awareness of social-emotional experiences for individuals who are DHH. I believe this study will not only reach Saudi Arabia, but it will reach into the 24 countries that speak the Arabic language. Also, this study will inspire educators to conduct more research about social-emotional competencies in students who are DHH.

Overview of Research Methodology

This study aimed to provide an in-depth understanding of social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH who use the spoken language as their main method of communication. Therefore, qualitative research was appropriate to answer the research questions. The general goal of qualitative research is to describe, understand, and discover the explanation of individual experiences (Bogdan & Biklen, 2007). To compliment the theoretical perspective and in consideration of the research objectives, a phenomenological study was considered one of the appropriate research methods to conduct this research. Creswell (2013) states that phenomenology "describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon" (p. 76).

The setting of this study, as well as the participants of the study were from the Eastern Province of the country of Saudi Arabia. The Eastern Province is a highly populated region in Saudi Arabia, and the region has several DHH programs. A purposeful sampling technique

allowed the ability to recruit participants, which helped the researcher choose participants who

understand the research problem and answer the research questions (Creswell, 2013). The data

collection of the study was conducted through individual semi structured interviews.

The application of thematic analysis ensued in this study to analyze the interviews from

the Saudi individuals who are DHH who use spoken language as their main method of

communication. In order to implement thematic analysis, the researcher followed the Braun and

Clarke (2006) steps. In addition, the implementation of trustworthiness to ensure validity and

reliability of the research occurred. The study applied four criteria to maintain trustworthiness;

these include credibility, transferability, dependability, and confirmability. An in-depth

explanation of the research methodology is presented in Chapter III.

Significance of the Study

In order for individuals who are DHH to be successful in school and in their future lives,

they need to have appropriate social skills, self-awareness, and the abilities to interact in the

classroom environment (Spencer et al., 2018). In school, students who are DHH are more likely

to have social-emotional challenges than hearing students (Dalton, 2011). Students who are DHH

have barriers that make interaction more difficult with hearing peers because of the lack of

verbal language. Moreover, students who are DHH have difficulties communicating and

listening in the environment whereas hearing students have difficulties understanding the social

and communication skills in students who are DHH (Bat-Chava & Deignan, 2001; Punch &

Hyde, 2011). Children and adolescents who are DHH have a higher rate of problems that relate

to social and communication skills (Fellinger et al., 2009). Studies of children who are DHH who

received their education in special education resource classrooms found that students who are

DHH have experienced difficulties in communication skills with their hearing peers (Charlson et

al., 1992; Stinson & Liu, 1999; Stinson et al., 1996). Other research linked the lack of communication and social skills to developing social-emotional difficulties. According to Byrnes and Sigafoos (2001), students who are DHH feel a stronger sense of loneliness at school because of the social and communication difficulties between them and their hearing peers. Students interact with each other daily at school; thus, it is important to have adequate communication skills. Students who are DHH who received their education in a mainstream setting report feelings of loneliness and lack of friendships (Bat-Chava & Deignan, 2001). Therefore, accessing language for meaningful conversation is the obstacle in establishing social interaction between students who are DHH and their hearing peers. Students who are DHH who have speech intelligibility show better communication skills with hearing peers (Most, 2007).

The lack of research on social-emotional competencies for individuals who are DHH has created a gap in research in social-emotional competencies, skill, development, and experiences in Saudi Arabia. Thus, this study helped to discover the social-emotional experiences that individuals who are DHH may practice during their educational journey in K-12. Some research illustrates that students who are DHH in a variety of educational settings had a higher rate of difficulties that relate to social-emotional skills (Fellinger et al., 2009; Remine & Margaret Brown, 2010). Therefore, it is important for me as a Saudi educator to understand the social-emotional experiences that individuals who are DHH face during their education in general education programs and special education programs. In addition, this study addressed the gap in literature relating to social emotional experiences with individuals who are DHH who use spoken language as their main method of communication.

Terminology

Social-emotional: These are the necessary skills, knowledge, abilities, and attitude to control

emotions and behaviors; establish and maintain positive relationships with others; self-

awareness and social awareness; and to feel and show empathy (Durlak, 2015).

Deaf: Deaf with the letter D capitalized refers to people who believe they are part of a

Community that has historical successes and challenges and share a common language.

This language can be for example in the United States, American Sign Language (ASL).

The Deaf Community shares a rich history in literature, humor, and art (Woodcock &

Pole, 2008).

deaf: deaf with lowercase "d" refers to people who have medical diagnosis of hearing loss.

People who are deaf with the lowercase "d" do not have a strong connection with the

Deaf Community (Marschark & Hauser, 2012).

Hard of hearing: Hard of hearing refers to a person who develops language and communication

through speech as the primary mode of communication regardless of the degree of

hearing loss (Israelite et al., 2002). This includes not only individuals with mild and

moderate loss but also individuals with moderately-severe, severe, and profound loss as

long as they prefer oral communication as their communication mode (Israelite et al.,

2002).

Phenomenology: Is a qualitative research approach that describes the common meaning for

individuals, their concept of experiences, and how they lived that phenomenon (Creswell

& Poth, 2018). "Phenomenological research asks: 'What is this experience like?' 'What

does this experience mean?' and 'How does the lived world present itself to the

participant or to me as the researcher?'" (Rodriguez & Smith, 2018, p. 96).

Summary

This chapter provided an introduction of phenomenological study focusing on the understanding of the social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH who use spoken language as their main method of communication. This chapter included the following: problem statement, statement of purpose, research questions, researcher's stance, an overview of research methodology, significance of the study, and terminology. Chapter II explored literature reviews regarding social-emotional definitions and terms, theoretical framework, the identification of students who are DHH, communication methods and language development, the history of the education system in Saudi Arabia, communication skills in individuals who are DHH, and friendship and relationship with peers. Chapter III included a description of the research methodology, participants, data collection, and data analysis. Chapter IV provided answers to the research questions. Finally, Chapter V included a discussion of the results, implications for practice, limitations, and suggestions for future research.

CHAPTER II

REVIEW OF LITERATURE

This chapter will cover a review of the literature in social-emotional competencies for students who are DHH. At the beginning, an in depth revealing of different terms and definitions of social-emotional competencies will happen. The chapter will discuss theories that relate to social-emotional competencies as well as the history of development of special education in Saudi Arabia and the education system for students who are DHH. The literature review will comprise an overview of communication and interaction for individuals who are DHH, as well as providing literature in social-emotional programs for students who are DHH. Finally, the chapter will conclude with discussion on the "friendship skill," which is a necessary skill that relates to social-emotional competencies.

Social-Emotional Terms and Definitions

Research for social and emotional competencies has been extensive in recent years (Ashdown & Bernard, 2012; Bierman et al., 2014; Godoy et al., 2019; Whitcomb & Merrell, 2012). Social competencies are defined as a term of social skills, peer's status, relationships, and social outcomes (Rose-Krasnor, 1997). However, this is not the only definition of social-emotional competencies, thus in this section different definitions of social-emotional competencies are covered. Most link the definition of social competencies to socially acceptable behaviors (Stefan, 2008). Emotional competencies are defined as emotion expressiveness, emotion regulation, and emotion recognition (Denham, 2006; Stefan, 2008). Therefore, social-emotional competency is a comprehensive term because social competencies lead to emotional

competencies and emotional competencies as skills cannot be achieved without social competencies. In fact, social interaction between individuals cannot happen without the involvement of emotion (Parkinson et al., 2005). Thus, individuals need emotional skills to regulate, express, and understand their emotions and the emotions of others. These emotional skills are important to having appropriate social behavior, behaving properly in social situations, and in relationships with others (Halberstadt et al., 2001).

Literature shows different definitions of social-emotional competencies. However, researchers provide a well-developed definition that clearly describes social-emotional competencies (Denham, 2006; Wigelsworth et al., 2010). The definition of social-emotional competence includes five skills (Denham, 2006; Wigelsworth et al., 2010). The skills are behavioral and emotion regulation, emotion knowledge, social and relationship skills, social problem solving, and emotional expressiveness. Behavioral and emotion regulation describe the ability to identify the appropriate attitude, plus enhance, retain, and dampen behaviors and emotions. Emotion knowledge defines the individual development for the appropriate knowledge of emotional expressions and situations. Social and relationship skills include the skills of maintaining relationships, cooperating with others, and attending. Social problem solving describes the ability to identify the most effective method to solve problems among oneself and peers. Finally, emotional expressiveness defines the expression of more positive emotions compared to negative emotions (Denham, 2006; Wigelsworth et al., 2010).

Literature uses two main methods to describe social-emotional competence. The first method is to use terms that describe the strengths of social-emotional competence. The second method that is seen in literature describes the deficits in social-emotional competence. For example, literature uses terms based on strengths to describe social-emotional competence such

as the terms "social-emotional development" (Ashdown & Bernard, 2012; Carter et al., 2004; Whitcomb & Merrell, 2012), "social-emotional competence" (Bierman et al., 2014), "emotional intelligence" (Goleman, 1996), and "social-emotion learning" (Collie et al., 2012; Stillman et al., 2018; Ulupınar et al., 2019). Additional terms are mentioned such as "wellbeing" (Coyle et al., 2014), "social-emotional skills" (Ashdown & Bernard, 2012), "behavioral adjustment" (Carter et al., 2004), and "socioemotional functioning" (Savina & Wan, 2017). Literature also uses various terms to describe the weaker areas in social-emotional competence. These terms are "social-emotional symptomatology" (Jones et al., 2011), "emotional and behavioral problems" (Fox & Hemmeter, 2009), and "psychosocial problems" (Hielkema et al., 2011).

The different terms in literature confirm that there is a movement to study students' mental health. These terms can be linked to assessments, tools, and curriculum that focus on social-emotional skills. However, current literature in social-emotional competencies do not agree in a comprehensive and clear definition that had a framework to cover multiple skills under social-emotional competencies (Humphrey et al., 2011). Therefore, it is important to identify a definition that is convenient for the purpose of this research. This study defines social-emotional competencies as the necessary skills, knowledge, abilities, and attitude to control emotions and behaviors; establish and maintain positive relationships with others; self-awareness and social awareness; and to feel and show empathy.

Theoretical Framework

The Ecological Systems Theory and the Appraisal Theory of Emotion will be discussed in this chapter. Understanding human behavior is a complex process because human behavior varies in different situations (Burns et al., 2015). Bronfenbrenner (1979) stated that it is impossible to understand an individual in isolation of the environment that the individual lives.

Thus, observation and examination of the environment including home life, school, culture, community, and friends will aid in understanding the individual. Also, it is complex to understand how an individual develops in the environment and how the interaction is between the individual and the environment (Tudge et al., 2009).

Ecological Systems Theory

Bronfenbrenner (1979) first proposed the ecological systems framework. At the beginning, Bronfenbrenner included four environmental levels then, Bronfenbrenner added the fifth environmental level to fill the gap between the interrelated environmental levels (Nazari et al., 2017). These levels are the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Johnson, 2008). Each environmental level has a direct impact on human development (Onwuegbuzie et al., 2013). These environmental levels are discussed with details in the following paragraphs.

The ecological theory has been used to study the development of children and adolescences with disabilities including students who are DHH (Cawthon et al., 2017; Enright et al., 1996; Szymanski & Hanley-Maxwell, 1996), as well as understanding how people interact and communicate (Borg et al., 2008). Communication is not only using specific language, but communication includes behavior, body language, and emotion (Kohler, 2002). It is clear to see the effect of behavior in body language and the use of vocabulary. Emotion also can support the way of communication by choosing the appropriate facial expression, for example, smiling and laughing.

According to Bronfenbrenner (1979), the first environmental level is the microsystem. The microsystem includes the immediate environment which is close to the child and adolescent. The microsystem environment can be the home, the classroom, their neighborhood, friends at

school, friends at home, and a religious institution. Bronfenbrenner (1979) defined the microsystem as "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (p. 22).

The second environmental level is the mesosystem. Bronfenbrenner (1979) defined the mesosystem as "the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and neighborhood peer group: For an adult, among family, work, and social life)" (p. 25). Thus, the mesosystem is the interaction between different environments at the microsystem level. For example, the interaction between family or home experience with neighborhood experience, or the interaction between family experience with classroom or school experience (Onwuegbuzie et al., 2013).

The third environmental level is the exosystem. The definition of exosystem is "one or more settings that do not involve the developing person as an active participant, but in which events occur that affect or are affected by, what happens in the setting containing the developing person" (Bronfenbrenner, 1979, p. 25). An example of this level is what students experience at home can be influenced by their friends at school and their friends in the neighborhood or communities.

The fourth environmental level in Bronfenbrenner's theory is the macrosystem level. The definition is:

> Consistencies in the form and content of lower-order systems (micro-, meso-, and exo-) that exists, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such inconsistencies (p. 26).

The macrosystem includes larger cultural contexts such as society and community. These cultural contexts can be societal belief systems, policies, norms, ideologies, laws, heritage, and

values (Onwuegbuzie et al., 2013). Macrosystem can be temporary, thus there is a possibility that a person may change context in the macrosystem over time (Bronfenbrenner, 1979).

The final environmental level in Bronfenbrenner's theory is the chronosystem. Johnson (2008) described the chronosystem as:

> Although not one of the four system layers per se, the chronosystem represents a time-based dimension that influences the operation of all levels of the ecological systems. The chronosystem can refer to both short and long-term time dimensions of the individual over the course of a lifespan, as well as the socio-historical time dimension of the macrosystem in which the individual lives. The chronosystem of an individual school, therefore, may be represented by both the day-to-day and year-to-year developmental changes that occur in its student body, teaching staff, curricular choices, etc., as well as the overall number of years in operation (i.e., a newer school faces challenges and opportunities that differ from those of a school that has been in operation for a length of time). (P.3)

Appraisal Theory of Emotion

The second theory is the Appraisal Theory of Emotion. The Appraisal Theory is the developmental version of previous emotion theories such as the Feedback and Common-Sense Theory (Parkinson et al., 2005). The Appraisal Theory is a complementary theory of the Feedback theory (Arnold, 1960; Lazarus, 1991; Roseman, 1984; Scherer et al., 2001; Smith & Lazarus, 1993). This theory believes that emotion always relates to events (objects and causes) that happen in the world close to the individual. Individuals interact with events differently. Some individuals show positive interactions with a specific event and others show negative interaction (Parkinson et al., 2005). However, the main idea of the appraisal theory is that an

individual's emotions do not only interact with specific events, but the individual interprets and evaluates the events (Arnold, 1960). Therefore, the personality of the person affects how they interact and evaluate the event. (Parkinson et al., 2005).

Social interaction influences emotions in an individual. Therefore, interpersonal encounters and relationships, group relationships, and cultural values impact the emotion of the individual during an event. Research states that normal social interaction leads to appropriate emotion (Amodio & Frith, 2006; Van Kleef, 2009).

The Identification of Students who are
Deaf and Hard of Hearing

There are different conditions which specialists mention that identify the individual with hearing loss. These conditions can be by the specific part that is damaged in the auditory system, or by the degree of hearing loss (Aseery, 2016). The most commonly accepted terms that provide clear identification for these students are, deaf and hard of hearing deaf, Deaf, and hard of hearing (Woodcock & Pole, 2008).

The damage that occurs in the auditory system for an individual can be conductive or sensorineural hearing losses (Marschark & Hauser, 2012). Conductive hearing loss is damaged vibration in the ear either in the eardrums or in the small bones in the middle of the ear. Sensorineural hearing loss involves the auditory nerve or the cochlea (Marschark & Hauser, 2012).

Audiologists use the degree of hearing to identify how much an individual who is DHH can hear (Marschark & Hauser, 2012). In addition, audiologists use the decibel (dB) which is the common unit to measure the intensity of sounds, which is the perception of loudness (Kushalnagar et al., 2011). Therefore, from 26 to 40 dB are referred to as mild hearing loss, from 41 to 55 dB as moderate, from 56 to 70 dB as moderately severe, from 71 to 90 dB as severe, and

individuals who have over 91 dB are considered to have profound hearing loss (Kushalnagar et al., 2011).

"Deaf" with the letter D capitalized refers to people who identify as a part of a community that has historical successes and challenges and share a common language. This language can be for example in Saudi Arabia, Consolidated Arab Sign Language , and Saudi Sign Language and in the United States, American Sign Language (ASL). The Deaf Community shares a rich history in literature, humor, and art (Woodcock & Pole, 2008). The term "deaf" with a lowercase "d" refers to people who have a medical diagnosis of hearing loss. People who are deaf with the lowercase "d" do not typically have a strong connection with the Deaf Community (Marschark & Hauser, 2012). Hard of hearing refers to a person who develops language and communication through spoken language as the primary mode of communication regardless of the degree of hearing loss (Israelite et al., 2002). Thus, the term "hard of hearing" includes not only individuals with mild and moderate loss but also individuals with moderately-severe, severe, and profound loss as long as they prefer oral communication as their communication mode (Israelite et al., 2002).

Specialists look at the identification of hearing loss from different angles. Some identification relates to the cultural and community group such as the difference between Deaf, deaf, and hard of hearing. Others look at the definition from medical conditions such as a specific part that has damage in the auditory system and the level of hearing loss. Therefore, the amplification of theories including the Ecological Systems Theory and the Appraisal Theory of Emotion is necessary because people who are deaf and hard of hearing do not have the same level of access to language nor use one communication method. Furthermore, the challenges of being different in society relates greatly to emotional skills and their development. Therefore, it

is necessary to address communication methods and language development for individuals who are DHH in the following paragraphs.

Communication Methods and Language Development

Communication is tremendously important for people and is the primary source of human development (Carrigan & Coppola, 2017). Coherent and clear communication skills help individuals to be effective in society (Domagała-Zyśk & Podlewska, 2019). It also allows individuals to transfer ideas and knowledge and manage negativity with people (Domagała-Zyśk & Podlewska, 2019). Research suggests that communication skills, and other aspects of communication, such as the expression of emotion and body language shape language development (Cates et al., 2012). Therefore, language and communication generally go hand-in-hand in the seeking of learning language (Carrigan & Coppola, 2017).

There are a variety of communication methods available for children who are DHH. It is a common mistake people make in thinking that sign language is the only way of communicating within the DHH community. Every child is different and unique. Thus, it is important that children and their families choose appropriate methods of communication that best suit their needs. Some children who are DHH use sign language as their main communication method, while other children who are DHH prefer to use spoken language in communication with others. However, some children who are DHH use both methods of communication (Domagała-Zyśk & Podlewska, 2019). In the following paragraphs, the different types of communication methods are discussed.

Aural-Oral Communication or Spoken Communication

The aural-oral communication or spoken communication is a method where children who are DHH use their voice to communicate orally in the native language of their family. Also, this

communication uses facial expression to deliver a clear message of a person's ideas (Marschark & Spencer, 2006). This method of communication can be acquired easier by children when they have appropriate amplification. Early intervention provides training for children who are DHH to develop their spoken language skills and residual hearing. (Fobi & Oppong, 2019; Lederberg & Spencer, 2001; Leeson, 2006; Marschark & Spencer, 2006; Marschark et al., 2006).

Sign or Manual Communication

Marschark and Hauser (2012) defined sign languages as:

Like a spoken language, a natural sign language consists of a large vocabulary of signs and rules that govern how sentences are constructed and combined (grammar). American Sign Language (ASL) is the natural sign language used by deaf signers in the United States and most of Canada, as well as in some other countries. It is very different from British Sign Language (BSL), even though English is spoken in both the United States and Great Britain. In most signed languages, individual signs are composed of a handshape, a place of articulation, movement, and whether one or two hands are used. Changes in one of these elements can change the meaning of a sign if the result is a real sign, just like changing a letter in a word ("read," "bead," and "lead" versus "gead"). (p. 44)

The History of the Education System in Saudi Arabia

Education has been the most developed area since the establishment of modern day Saudi Arabia. In 1925, the Director of Education was established. The system provided 11 years of education. This system had six years of elementary school and five years of secondary school (Mission, 2006). In 1932, King Abdul Aziz gave the order to expand responsibilities of the Director of Education. With these guidelines, the Directorate of Education provided services in

different areas of the country and more schools started to provide education in the largest cities in the kingdom (Alzahrani, 2005). In 1952, more schools were established, and the government of Saudi Arabia had more than 306 elementary schools in the country.

The new era of education development started the following year in 1953 and the country established the Ministry of Education on December 24, 1953. The first minister of education was King Fahd Ibn Abdulaziz. He guided the expansion of public schools in most of the cities in the country and provided more modern curriculum and resources for the schools. In 1958, the collaboration between the Kingdom of Saudi Arabia and other Arab countries agreed to establish an educational system that provided a six-year elementary, a three-year intermediate, a three-year secondary cycle and separate higher educational programs (Alzahrani, 2005).

**The History of the Development of
Special Education in Saudi Arabia**

Since its inception, the Ministry of Education has been developing education in the country and providing schools in all cities an opportunity to educate all citizens in the country. In 1958, Al-Ghanem a blind person had the earliest history of special education. Al-Ghanem learned reading and writing in Braille from an Iraqi person who visited the country. Al-Ghanem then taught the Braille system to a few blind men who were in public school at this time. In 1960, after two years of Al-Ghanem's attempt, the Ministry of Education established the first institute for teaching those who were blind. The name was, *The Institute of Light for the Education and Training of the Blind in Riyadh* (Al Mosa, 1999). Unlike the beginning of many countries, educating individuals with disabilities started in regular education schools and later the Ministry of Education moved toward providing education to students with disabilities in special schools (Mission, 2006). In 1962, the Ministry of Education established the Administration of Special Education. This administration provided services for three categories of special

education students, blind, deaf, and students with intellectual disabilities. In 1964, there was a movement to provide services to female students with special needs, thus the first school for blind girls was open. The same year, the first school of the deaf, *Al-Amal Institute*, was opened in Riyadh. In 1971, the *Al-Riaih Institute,* the first institute to provide education services to students with intellectual disabilities began.

The Administration of Special Education changed to the Directorate-General of Special Education and provided the same special education programs for individuals who are blind, deaf, and have intellectual disabilities. Then, the Ministry of Education changed the name of the Directorate-General of Special Education to the General Secretariat of Special Education. The General Secretariat of Special Education built different schools and programs to provide services for students who are blind, deaf, and have intellectual disabilities in different cities all over the country (Al Mosa, 1999).

In 1996, the General Secretariat of Special Education started additional development of programs for students with disabilities. These programs covered all levels of public education from elementary to high school. At the time there were seven different educational administrations that provided services for students with exceptionalities. These administrations were the Educational Administration for the Blind, the Educational Administration for the Deaf, the Educational Administration for those with Intellectual Disabilities, the Educational Administration for Learning Disabilities, the Educational Administration for Gifted Students, the Educational Advisory Unit, and the Center for Physical Therapy and Training (Al Mosa, 1999).

Recently, the General Secretariat of Special Education provides services to students with exceptionalities in the general education setting or in special educational programs or schools. The General Secretariat of Special Education provides services to nine categories. These

categories are: 1) Visual impairment: blind and visually impaired, 2) Intellectual disabilities, 3) Hearing impairment: deaf and hard of hearing and speech defects, 4) Learning disabilities, 5) Behavioral and emotional disorders, 6) Autism, 7) Multiple disabilities, 8) Physical and health disabilities with 15 categories falling under it, and 9) Slow learning disabilities (Ministry of Education, 2020).

In addition to education, there are four agencies providing different services to students with exceptionalities in the Kingdom of Saudi Arabia. These agencies are: 1) The Ministry of Labor and Social Affairs, which provides supervision on training and rehabilitation; 2) The General Secretariat of Special Education, developing specific technical and social services; 3) the General Presidency of Youth Welfare, which provides sport-related activities to individuals with exceptionalities; and 4) The Ministry of Health, providing medical, psychological, and physical services to individuals with exceptionalities as needed. This ministry provides rehabilitation programs as well (Alzahrani, 2005).

Education of Students who are Deaf and
Hard of Hearing in the Kingdom
of Saudi Arabia

Deaf and hard of hearing education has seen clear improvement since the first school was opened for the deaf in 1964. As of today, various educational settings ensure appropriate education among students who are DHH. These educational settings include the School of the Deaf, self-contained classrooms, and inclusive classrooms. The School of the Deaf is exclusively for students who are profoundly Deaf and who use sign language as their main method of communication. In addition, they do not interact with hearing students at school. Meanwhile, self-contained classrooms are regular schools that partially include students who are DHH. In self-contained programs, students who are DHH receive their education in a regular school, but

they enroll in a special education classroom. Also, they receive their education from teachers who have special education degrees. Finally, inclusive schools are regular schools that accept students who are DHH and the program provides full inclusion in a regular classroom with hearing peers (Alzahrani, 2005).

In general, students who are DHH who study in these educational settings in a school follow the same curriculum as general education schools. Early intervention and support services are included in the two-year foundation course for adequate preparation of students who are DHH for the general curriculum and immersion into a public-school environment. The two-year foundation course is available in the schools for the Deaf. More importantly, teachers assigned to teach the foundation course go through proficiency training in order to work with students who are DHH and must have the knowledge and ability to communicate with Consolidated Arab Sign Language (Alzahrani, 2005).

Throughout the foundation course, deaf students study and discover fundamental skills and concepts that are essential for to proceeding to the next phase. During the first year, students learn basics, including lessons about the family, home, school, and transportation. During the second year, the foundation course teaches them academic subjects, including math, reading, writing, and religion. Upon completion of the two-year foundation course, the deaf students are well prepared to enroll in regular schools (Alzahrani, 2005).

Al-Amal Institutes for the Deaf

The most popular special school for the Deaf is the Al-Amal Institutes for the Deaf, established in 1964 with 41 students. Today, Saudi Arabia takes pride in the 12 schools serving 461 male Deaf students and the16 schools serving 1,170 female students. Fortunately, many of the schools for the Deaf offer accommodations for Deaf students that live far or reside in another

city. The requirement for students to enroll and be accepted in programs for deaf and hard of hearing, is that their hearing loss must be 70 decibels or greater in the "better ear" with a hearing aid. Other requirements include, having no disabilities other than deafness, an IQ of 75 or higher, and the completion of a team evaluation to identify their specific or special needs (Alzahrani, 2005).

Self-Contained Classrooms for the Deaf in Regular Schools

A new educational plan for educating students who are Deaf with hearing students in the public schools are self-contained classrooms for the Deaf in regular schools. These programs provide the same services that Al-Amal Institutes provide but the students who are Deaf receive their education and services in a self-contained classroom. Moreover, the requirements for enrollment in this program follow the same criteria as the Al-Amal Institutes for the Deaf (Alzahrani, 2005).

Hard of Hearing and Speech Disability Programs in Regular Schools

These programs provide services to students who are hard of hearing and students who have speech disabilities that affect their social life and their interaction with their peers. This program provides the same curriculum as the public school in Saudi Arabia. Special education teachers are educated specifically to teach these students. The requirements to be in the program are the students' hearing loss must be between 40 to 69 decibels, the student should not have additional disabilities, and the IQ must not be less than 90 points (Alzahrani, 2005).

Counselor Teacher and Resource Room Programs

Counselor teacher and resource room programs began in 1999 to provide services to students who are DHH who are included in the general education classrooms. Special education

teachers provide support for students who have difficulties being in the general education classrooms. Support includes academic subjects and speech, language therapy, accommodations for test-taking, adaptive equipment for students who need them, and assistive technology. Furthermore, the resource rooms are usable and can operate in different ways in the school. The special education team can work together in the resource rooms to provide support to students. Students can get assistance from different teachers when they have difficulties in the general education classroom. Finally, the resource rooms have all material and equipment that support both teachers and students (Alzahrani, 2005).

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**Population of People who are Deaf and Hard of Hearing
in the Kingdom of Saudi Arabia**

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The Disability Survey General Authority for Statistics (2017) provided recent statistical information about the population of people who had disabilities in the kingdom. This authority covered the population of people who were DHH. The population of people who were DHH in the entire country of Saudi Arabia was 289,355. This number includes 147,307 males and 142,048 females (see Table 1). The number of female students who are DHH is 2,606 enrolled in 510 classrooms and taught by 477 teachers (Aseery, 2016). Presently for DHH students under the age of 18, there are no statistics available. Thus, it is hard to determine the statistics of students who are DHH who receive their education under the umbrella of special education versus those students who receive their education in the general education classroom.

Table 1

Population of People who are Deaf and Hard of Hearing in Saudi Arabia

Regions	Total Population of DHH	Males Who are DHH	Females Who are DHH
Riyadh	80,282	42,233	38,049
The Eastern Province	22,583	9,478	12,835
Najran	2,181	1,249	923
Qassim	10,649	4,953	5,696
Makkah	66,556	32,784	33,772
Madinah	21,800	12,350	9,450
Bahah	5,847	3,329	2,518
'Asir	35,114	17,655	17,459
Ha'il	10,517	5,394	5,123
Northern Borders	3,234	1,513	1,721
Jawf	3,611	1,838	1,773
Tabuk	9,237	5,177	4,060
Jizan	17,744	9,354	8,390
Overall	289,355	147,307	142,048

Note. Population of people who are DHH in Saudi Arabia by the General Authority for Statistics (2017).

Hearing loss limits the access of language, which leads an individual with hearing loss to have difficulties in learning and communicating with others (Kral et al., 2002). Some research mentioned that individuals with hearing loss may experience low self-confidence because of inadequate language, communication experiences, parental attention, social acceptance, overall self-esteem and physical appearance (Al-Sayed & AlSanosi, 2017). As result, the research recommended that children with severe to profound hearing loss should have cochlear implants as early as possible to start developing speech perception skills and further their speech comprehension (Bond et al., 2009). The use of cochlear implants was marked as a breakthrough in rehabilitation for deaf children in the mid-1980s, and the number of implants placed in deaf children throughout the world was over 42,000 by the end of 2003 (Bat-Chava et al., 2005).

"A cochlear implant device supplies electrical stimulation directly to the auditory nerve circumventing the damaged hair cells in the cochlea, providing a perceived sensation of hearing" (Al-Sayed & AlSanosi, 2017, p. 8). Cochlear implants are not able to restore hearing like people with normal hearing, but the cochlear implants help provide stimulation of sound vibration (Al-Sayed & AlSanosi, 2017). The Ministry of Health in Saudi Arabia provides free cochlear implant surgery for Saudi citizens and residents. The estimated cost for the surgery is around 150,000 Saudi Riyals (which is approximately $40,000 US Dollars). The Ministry of Health in Saudi Arabia has successfully completed 1,500 cochlear implant surgeries (Makkah Almukarramah, 2014). With all the support government provides to assist in cochlear implant surgery, there is an urgent need for newborn hearing screening programs in Saudi Arabia (Al-Sayed & AlSanosi, 2017), appropriate resources for parents regarding cochlear implants (Aloqaili et al., 2019), and rehabilitation and training for family and children after cochlear implant operations (Makkah Almukarramah, 2014).

Literature Review of Communication Skills in
Individuals who are Deaf and Hard of Hearing

Research shows that strong social interaction leads to appropriate emotion (Amodio & Frith, 2006; Van Kleef, 2009) and difficulties in social interactions lead to negative attitude of hearing peers (Xie et al., 2014). Communication skills are crucial to having normal interactions with others. Communication is usually a sequence of questions and answers (Toe & Paatsch, 2010). As the paper address previously, individuals who are DHH use different methods of communication such as sign language, verbal language, total communication, and others. Thus, some of the individuals who are DHH chose spoken communication as their main communication method. Moreover, the rise of cochlear implant surgery for children with hearing loss enhances the use of spoken language for these children. Furthermore, spoken language can be used in the educational placement process for students who are DHH in inclusive classrooms with hearing peers or in self-contained classrooms in a general education school. Thus, this section will discuss communication skills and issues for students who are DHH with hearing peers.

Bat-Chava and Deignan (2001) conducted a qualitative and quantitative analysis of interviews with parents of children with cochlear implants. The participants of the study were 25 parents of children who had profound hearing loss. The children were between 6 to 10 years old and they had cochlear implants for at least two years. The majority of the participants (23) were mothers. In two cases, both parents were interviewed, and a single case of a father was interviewed. The study investigated the parents' description of their child's communication skills and their relationships with peers before and after their children had cochlear implants. The study implemented two measurements, which were variables, coded from the parent's narrative and the Child Behavior Checklist. The result of the study stated that the cochlear implants provided some

improvement in peer relationships with hearing peers. In addition, the cochlear implants enhanced oral communication skills from speaking and listening. Moreover, cochlear implants increased the level of self-confidence in these children specifically in relation to their oral communication. Nonetheless, parents of children with cochlear implants reported some difficulties that their children had in communicating with a group which was related to the quality of social interaction with hearing peers.

Another study by Bat-Chava et al. (2005) examined the development of children who had cochlear implants along with children with hearing aids. This study examined the development of three competences with a psychological measure. These skills were communication, socialization, and daily living skills. The participants of the study were 41families of children with cochlear implants and children with hearing aids. The children's hearing loss ranged from severe to profound. The researchers measured the aptitudes twice. The first time was when the children received hearing aids or cochlear implants and the second time was after the child had the hearing aids or cochlear implants for an average of 11 and 6 years. The majority of children used oral language as their main mode of communication and some children used total communication which was a combination of sign language and oral communication. The study suggested that both hearing aids and cochlear implants improved the communication skills in children who were DHH. However, the result showed that children with cochlear implants had faster improvement in communication skills compared to children with hearing aids. Due to communication improvement, the participants showed improvement in their socialization skills. Getting access to spoken language helped children who, were DHH, interact with others. Therefore, students who were DHH who did not show significant improvement in

communication skills or their speech was not clear, had difficulties in socializing with hearing peers and showed signs of rejection and being ignored (Bat-Chava et al., 2005).

A study by Ibertsson et al., (2009) investigated the use of requests for clarification in a conversation between students who were deaf with cochlear implants and hearing peers. The participants of the study were eight teenagers who were deaf and had cochlear implants. These participants were four boys and four girls whose ages ranged from 11:9 to 19:1. There were also eight hearing peers, (four boys and four girls), who participated in the study with similar ages as the teenagers who were deaf with cochlear implants. The study provided communication tasks involving the description of two sets of pictures depicting faces. Their conversations were recorded using a videotape, and the dialogues were transcribed and analyzed taking notes of the number of words and the time it took for the pairs to complete their tasks. There were noted clarifications in varying levels and degrees for each conversation task. The results of the investigation showed that there was a significant request for clarification among the children with implants and this was in the form of a need for clarification for new information. Compared to the hearing children those with implants had only a few clarifications on the given information they were rather asking for more or newer information. In general, the children with implant were collaborative and are responsible communication partners just like the hearing children. There were certain conditions in the conversation which required better management of their communication but under a clam environment and without time limit the structured tasks were carried out well (Ibertsson et al., 2009).

Preisler et al. (2005) studied children with cochlear implants and their experiences in peer relation, speech perception, and speech production. The participants were 11 deaf children with cochlear implants. The average ages were between 8.5 and 10.5 years and they had their implants

between 5.0 and 7.5 years. The researchers interviewed children who are deaf and use spoken

language and sign language. Children with cochlear implants, who received their education in

schools of the deaf, were interviewed with sign language and children who received their

education in regular schools were interviewed with spoken language. All the interviews were

videotaped. The study revealed the students with cochlear implants in the regular schools could

have a one-on-one conversation, but they had difficulties in large group conversations. Children

with cochlear implants had strong peer interaction skills when other children used some sign

language. Therefore, the study suggested that learning some of the common sign language by

hearing peers enhanced the peer interaction between children with cochlear implants and hearing

peers (Preisler et al., 2005).

   Other research by Punch and Hyde (2011) studied the social participation of students

with cochlear implants. The participants of the study were 25 parents of children with cochlear

implants and 15 teachers. Seven of the teachers worked as a teacher of the deaf, five provided

support for children who were deaf in the mainstream classroom, and three were childhood

teachers. The researchers also interviewed 11 students who were deaf with cochlear implants. All

participants from parents, teachers, and individuals who were deaf with cochlear implants were

interview by telephone. The result of the study stated that students who were DHH felt more

comfortable establishing friendships with students who were DHH rather than hearing students.

Students who were deaf with cochlear implants struggled with group conversation, which

affected their social skills. The research showed that students who were DHH had few friends of

students who were DHH because there were no students who were DHH in their age group at

school. Also, students who were DHH did not feel comfortable having hearing friends because

they struggled to communicate them (Punch & Hyde, 2011).

Boyd et al. (2000) conducted a study to investigate social interaction between students with cochlear implants and hearing peers. The participants of the study were 19 students with cochlear implants whose hearing loss was profound, and 34 hearing peers. The age ranges of both groups were between 6 and 14 years old. Videotaping and coding of the peer interaction sessions occurred. The study showed no differences in peer-group entry behavior between students who used cochlear implants more than 24 months and students who used cochlear implants less than 24 months. The study mentioned that the audiological benefit of using cochlear implants took time, thus the result was not observable during the time of the study. Furthermore, the study showed that younger students with cochlear implants had difficulty in peer interaction compared to hearing peers in the same age group (Boyd et al., 2000).

A study by Toe and Paatsch (2010) investigated communication skills between students who were deaf and hearing peers. The participants of the study were 68 students (40 girls and 28 boys) and their ages were between 7 years 4 months and 2 years 9 months. The participants were 34 deaf students whose hearing loss was from mild to profound. The other participants were 34 hearing peers. The study applied a modified version of a question and answer trivia game. The game required one student to ask a question and required the other student to respond to the question. The question and answer sessions were videotaped and analyzed using coding. The results of the study stated that the group of hearing children was able to repeat a greater number of questions than the students who were deaf. The group of students who were deaf needed significantly greater clarification of questions and answers compared to their hearing peers. The study also mentioned that a person's language skill influenced the understanding of incoming information and the outcome of this information. Students who were deaf who utilize sign language skills and were below average in the proficiency of these skills struggled in asking and

answering questions. Also, students who were deaf had difficulties requesting specific clarification. Thus, there is a need to develop this communication skill. In addition, the study mentioned that a noisy environment affects communication between students who were deaf and the hearing peers because students who were deaf ask for more clarification when teachers explain information to them (Toe & Paatsch, 2010).

Martin and Bat-Chava (2003) studied friendship skills between students who were DHH and hearing peers. The participants of the study were 35 parents of students who were DHH. The students were 20 girls and 15 boys and the children's hearing loss ranged from severe to profound. The method of this study was a qualitative analysis design, based on the parents' descriptive report of coping strategies. The results of the study showed that the majority of the students were quite comfortable being alone during solitary activity. However, a few students (25.7%) were comfortable asking peers to repeat verbal statements during activities. The distribution of children's scores on the measure of peer relationships in the study was a third of the children (34%) had good relationships, half (51%) had relationships characterized as fair, and five children (14%) had poor relationships with their peers. The study mentioned that most of the students had good oral communication skills. Thus, their study shows satisfactory social relationships between students who were DHH and hearing peers.

A study by Bowen (2008) investigated the co-enrollment for students who were DHH in friendship and social interaction. The study was in a co-enrolled program in the western United States. There were two classrooms in the third and fourth grade level. The first classroom was a co-enrolled program with two teachers teaching 29 students: 24 of the students were hearing individuals and five students who were DHH. The other classroom had 23 hearing students with only one teacher. The deaf and hard of hearing participants were three males and two females.

Three students had profound hearing loss, a student with moderate to severe hearing loss and a student with mild to moderate hearing loss. The instruments that Bowen used in her study were to examine the attitude, friendship patterns, perception, and sign language skills for students who were DHH and hearing students. The result of the study suggested that students who were DHH showed similar scores in social acceptance as hearing students. The study showed no significant outcomes in friendship patterns whether spoken language or sign language was utilized as the communication mode. In addition, the study showed that the co-enrollment of students who were DHH with hearing peers helped improve the sign language skills in hearing students and they developed a positive attitude toward it. Hearing students also developed an increase in awareness of hearing loss characteristics such as speech and the use of hearing aids (Bowen, 2008).

Kreimeyer et al. (2000) tested the efficiency of the Co-enrollment Model, which is a model aimed at providing academic and social benefits to children who are DHH. To test it, the researchers sampled one school principal, co-enrollment classroom teachers, and a speech-language pathologist. These samples were designed to undergo informal interviews and conversations with researchers. All the interviews were done inside the school premises, specifically, inside the classroom where the model is being implemented. The conversations were recorded for review. The information provided by these samples included the classroom procedures and student behavior. The samples were asked to reflect on the current and future impact of the co-enrollment program. Student records were used to obtain demographic data regarding the students. In addition, the students were observed to determine their social interaction. As for academic achievement, student grades were utilized. Results of the study revealed that there is an improvement in the academic and social performance of these students,

which supports the information derived from the interviews and conversations with school authorities.

McCain and Antia (2005) studied the co-enrollment classroom model and how it affects academic performance, communication participation, and the social behavior of deaf or hard-of-hearing (DHH) students, DHH students with additional disabilities (DHH-D), and students with normal hearing or hearing peers. The researchers were able to obtain five DHH, five DHH-D, and eighteen normal hearing students. A multi-age classroom setting was used so that older students could act as peer tutors, develop friendships, as well as receive instructions that were appropriate for the students age-level needs. The hearing level of each student was first determined using the Pure Tone Average. Other disabilities were also noted. *The Classroom Participation Questionnaire* was used to determine communication participation while *the Social Skills Rating Scale* was used to assess the students' social skills and problem behavior. Standard-9 was used to determine the student's academic achievement. Results showed that DHH samples have similar scores in social behavior and communication participation as the hearing samples, but they were different in academic achievement. DHH-D students performed differently on all three aspects compared to the hearing students.

In conclusion, interaction with others is significant for social-emotional development for individuals with hearing loss (Preisler et al., 2005). Interaction with others cannot happen without communication and language skill development for individuals who are DHH (Bat-Chava et al., 2005). Research suggests that the lack of social skill development strongly affects and delays expressive language abilities (Preisler et al., 2005). Furthermore, hearing loss limits the access of language for individuals who are deaf or have hearing loss. Thus, communication skills are a significant topic that has had much discussion in the field of DHH.

Friendship and Relationship with Peers

The need of being related to others or the need of a sense of relatedness is one of the basic human needs. These needs include relatedness, autonomy, and competence (Osterman, 2000). How an individual relates with others has a high impact on intrapersonal and interpersonal individual emotions and behavior (Furrer & Skinner, 2003). Research suggests that supporting communication access between an individual and a community or between two individuals may be more difficult than providing a support plan in a behavioral or a cognitive perspective (Osterman, 2000). Establishing a relationship with others and interacting with the world plays an important role in psychosocial development (Cawthon et al., 2017).

The need for a sense of relatedness means understanding the students' need to feel securely connected and related to the community (Furrer & Skinner, 2003). The word community implies the quality and the characteristic of human relationships, or the community refers to the geographic unit such as schools, neighborhoods, or organizational groups (Osterman, 2000). From the definition, the need for a sense of relatedness covers individual relationships in the schools' community such as the relationship with peers and the relationship with the teacher.

Students who are DHH have different interpersonal experiences, educational options, linguistic challenges, and identity from hearing peers; these characteristics can result from students who are DHH having different social development opportunities than hearing peers (Batten et al., 2013; Cawthon et al., 2017; Luckner & Muir, 2001). These characteristics relate to different environmental circles that correlate with an individual. Interpersonal experiences and identity are related to a microsystem. The educational experience can be related to both the

mesosystem and exosystem, while linguistic skills are connected with all environmental curricles in the Ecological Systems Theory.

The Need of Sense of Relatedness
with Peers

The main reasons that motivate students in general to interact with their peers are for their well-being and adjustment to the school (Berndt, 1979). Well-being is an emotional skill (Coyle et al., 2014) which is a part of the umbrella of social-emotional competencies as the paper addresses at the beginning. The two reasons for students' interaction that Berndt (1979) addressed in his research were connected to the main theories of this paper. Well-being relates to the Appraisal Theory of Emotion and the theory considers that human emotion interacts with social events (Scherer et al., 2001). School adjustment relates to the Ecological Systems Theory. School adjustment is a skill under the first and second environmental levels, which are the microsystem and mesosystem (Bronfenbrenner, 1979). Engaging in interpersonal relationships with peers at school is a universal need for belongingness and status, which appears during adolescence (Berndt, 1979). Developing healthy social skills is a result of being socially active in the community around the individual (Horst et al., 2007; Mouratidis & Sideridis, 2009; Rodkin et al., 2013; Ryan & Shim, 2006). The peer's relationship at school is a great example of the students' community (Osterman, 2000).

A study by Nunes et al. (2001) investigated the social adaptation of nine students who were deaf in mainstream schools and 62 hearing students who were classmates of students who were deaf. The study used three methods to examine social adaption. These three methods were peer ratings, sociometric status, and interview. The students who were deaf used spoken language and others used total communication as their communication mode. The result of the study suggested that students who were deaf did not experience rejection by hearing peers,

however, students who were deaf were more likely not to have friends in the classroom. By interviewing hearing peers, the study found that communication skills were an obstacle to friendship, thus, students who were deaf experienced isolation in school. Another study also compared peer relations between adolescents who are DHH to hearing adolescents. Henggeler et al. (1990) examined peer relations based on reports by the fathers and mothers and the adolescents. The participants of the study were 35 adolescents who were DHH and 35 hearing adolescents. The study used different instruments to measure peer relations. These measurements were socialized aggression subscales of the Revised Behavior Problem, activities, and social subscales from the Child Behavior Checklist and finally emotional bonding, aggression, and social maturity subscales of the Missouri Peer Relations Inventory. The study showed a significant result in emotional bonding to friends' subscale. Mothers of individuals who were DHH viewed their adolescents as less emotionally bonded to their friends than the mothers of hearing adolescents. The mothers of adolescents who were DHH rated their adolescents' behavior with friends as high aggression and adolescents who were DHH rated their behavior with friends as low aggression.

A study by Wauters and Knoors (2008) examined peer interaction for students who were DHH in an inclusive setting in school. The participants of the study were 18 students who were deaf (56% female, 44% male) and 344 hearing classmates (52% female, 48% male). The range of hearing loss for students who were DHH was from 60 to 130 dB. The researchers used two instruments to measure peer relationships which were peer rating and peer nomination. The study showed that students who were DHH had similar scores than hearing peers in all of the peer acceptance and friendship relations categories. However, students who were DHH scored lower

than hearing classmates did in prosocial behavior, and students who were DHH scored higher in socially withdrawn behavior than hearing classmates.

Most (2007) conducted a quantitative study to examine the sense of coherence and loneliness, in regard to interrelations with speech intelligibility for students who were DHH. The participants of the study were 19 students who were DHH (9 men and 10 women) who received their education in special classes within regular schools (group inclusion) or individuals integrated into regular classes (individual inclusion). The students who were DHH had severe to profound hearing loss. Two self-report measures (the Loneliness Questionnaire and the Sense of Coherence Scale) were used in the study. The result of the study suggested that students who were DHH in special classes showed a significantly lower score in speech intelligibility than students who were DHH and were integrated into regular classes. Concerning speech intelligibility, loneliness, and coherence, students who received their education in a special classroom showed no relationship between speech intelligibility, loneliness, and coherence. However, students who were in regular classrooms showed significant correlations between measures. Therefore, speech intelligibility not only relates to basic communication, but it can affect students' social and emotional feelings (Most, 2007).

**Social-Emotional Competencies
and Friendship**

Kouwenberg et al. (2012) studied the experiences of peer victimization in children and adolescents who were DHH. The study used self-report to examine their general experience of victimization in different settings. The study had two objects the first was to compare individuals who were DHH and hearing participants on levels of parental variables and child variables. The study also compared victimization based on the degree of hearing, education setting, hearing device, and communication mode. The study showed no difference in general experienced peer

victimization between individuals who are DHH and hearing peers. However, students who were DHH who received their education in the general education classroom experienced less victimization that individuals who were DHH who received their education in special education programs. The study showed an interesting result which is that parents who are aware of their children skills and challenge their children who are DHH in social, emotional, and cognitive competencies experienced less victimization (Kouwenberg et al., 2012). Other research mentioned emotional control skills and their relationship to the quality of friendships with hearing peers and with peers who are DHH. Rieffe et al. (2018) examined the association between emotion control and positive friendships. The participants of the study were students who were DHH and hearing students. The study had 75 participants who were DHH in mainstream schools, 48 students who were DHH who received their education in special education settings, and 277 participants who were hearing students. The outcome of the study suggested the importance that emotional control skills have in the development of positive friendships for all group participants. Students who are DHH who received their education in special education settings had lower awareness of their emotions that relates to negative friendship. Also, students who were DHH in mainstream schools showed lower positive relationship features compared to the hearing group.

Friendship in Preschool Age

Lederberg et al. (1986) studied peer interaction in young children who were deaf. The participants of the study were 14 children who were deaf, whose ages were between 5 to 6 years old. The researchers examined the role of language in peer interaction and how hearing status, familiar hearing playmates, and previous experience playing with deaf affect peer interaction. The study suggested that formal language did not play an important role in peer interaction

however, communication verbally and non-verbally seemed to be the key to peer interaction. Thus, children who were deaf who had poor communication skills had difficulties interacting with a hearing playmate. Familiarity also played an important role in peer interaction between children who were deaf and hearing children. McElwain and Volling (2005) studied preschool children as well. A study by Martin et al. (2011) examined a different factor that relates to peer relationships in the preschool age. This study showed the benefits of using cochlear implants in enhancing peer relationships and interaction. The participants of the study were 10 children (ages 5-6 years old) who were deaf with congenital severe-to-profound hearing loss with no additional disabilities and used cochlear implants. The study used three measurements to examine the use of cochlear implants with peer relationships. These measurements were self-esteem, peer task measures, and the Interaction Quality Index. The study showed that the children who were deaf with cochlear implants experienced no difficulty socializing in a one-on-one situation. Also, the study showed the relationship between the duration of implement use, children's self-esteem, and their peer task. However, children were more likely to have difficulties being involved in group conversation.

Hearing loss limits the access of spoken language for individuals who are DHH. Thus, identifying alternative solutions such as learning sign language, adapting hearing aids or cochlear implants, and adjusting the environment is necessary to gain the language, communicate with others, and being active in society. However, not all individuals have the same level of benefit in these alternative solutions or the environment around individuals who are DHH are not supportive of their needs. As a result of that, individuals who are DHH are more likely to have social-emotional difficulties than hearing people. These difficulties can impact individuals who are DHH in school, home, neighborhood, and job.

The field of deafness mentions the importance of social-emotional development because individuals who are DHH are under risk to develop social-emotional difficulties than hearing peers. These social-emotional difficulties are strongly related to language and communication developments as mentioned above in the literature. Thus, it is important to gain an understanding of social-emotional experiences for students who are DHH in Saudi Arabia.

CHAPTER III

RESEARCH METHOD

I had the experience of teaching students who were DHH in the Kingdom of Saudi Arabia. I interacted closely with students who were DHH in elementary, secondary, and in high school. Therefore, I noticed the need for studying social and emotional needs for students who are DHH in both regular education schools and the school for the deaf in The Kingdom. Also, there is a significant need to enhance the literature and research in the area of social-emotional experiences for students who are DHH during their educational journey.

There is a lack of research in social-emotional competencies in students who are DHH in the Kingdom of Saudi Arabia. Limited previous research studied specific skills related to social-emotional experiences in students who are DHH. These skills were communication skills, social-emotional programs, and friendship skills. Thus, the focus of my research was to study the social-emotional experiences of students who are DHH who use spoken language as their main method of communication.

The purpose of this phenomenological qualitative study was to provide an in-depth investigation of social-emotional experiences in connection with language and communication development during education in Saudi Arabia. Therefore, the participants of this study were Saudi male individuals who are DHH who received their education in self-contained or inclusive classrooms in the Kingdom of Saudi Arabia and who used spoken language as their main method of communication. The goal of the study was to address the need for social-emotional skills for students who are DHH in Saudi Arabia. The data of the study were collected through interviews

with individuals who are DHH and who received their education in the Kingdom of Saudi

Arabia. The participants of this study were interviewed to record their perceptions and

experiences of social-emotional skills during their school time. The following research questions

guided the study:

Q1   What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?

Q2   What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?

Q3   How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?

Setting

The setting for this study was in the Eastern Province in the Kingdom of Saudi Arabia.

Saudi Arabia is the second largest country of the Arab countries and is the twelfth largest country

in the world. Saudi Arabia shares its border with eight countries, which are Jordan and Iraq to the

north, Kuwait, Qatar, Bahrain, and the United Arab Emirates to the east, Oman to the southeast,

and Yemen to the south. Saudi Arabia is divided into 13 regions. These regions are Eastern

Province, Qassim, Riyadh, Tabuk, Madinah, Makkah, Northern Borders, Jawf, Ha'il, Bahah,

Jizan, 'Asir, and Najran. The Eastern Province is reported as the third most populated region in

the country, after Makkah and Riyadh. Saudi Arabia is an Islamic country. The official language

in the county is Arabic. I used two criteria to choose the Eastern Province. First, the Eastern

Province has a population of around 4,000,0000 and there were several DHH schools and

programs. Second, I had more access to individuals who are DHH in this region, thus it was

more convenient to interview individuals from this region.

Participants

Purposeful sampling is a technique that has been used in qualitative research to identify the participants that would provide rich information for the study (Patton, 2002). The purposeful sampling technique was applied in this study to recruit participants. This technique helps the researcher reflect upon the participants' story and their life experiences (Creswell, 2013). In addition, purposeful sampling involves selecting individuals with experience or those who are knowledgeable with a phenomenon of interest (Creswell & Clark, 2017).

The Criterion Sampling Strategy as a method of purposeful sampling was used in the study. Criterion sampling is a purposeful sampling strategy where individuals are selected based on the assumption that they have knowledge and experience with the phenomenon of interest (Palinkas et al., 2015). The inclusion criteria of choosing the participants for the study were: first, all participants must be Saudi male individuals aged 18-30 who are DHH and who use spoken language as their mode of communication, or they use a combination of methods of communication such as spoken and sign language. Second, all the participants received their education in Saudi Arabia and must have studied for at least six months in one of the deaf and hard of hearing schools, classes, or programs established under the guidelines of the Saudi Ministry of Education. Third, all participants must have identified bilateral hearing loss by an audiologist. The exclusion criteria were first, an individual who used sign language growing up then later used spoken language as their method of communication, such as individuals who have had cochlear implant surgery in recent years. Second, individuals who have additional disabilities along with hearing impairment were excluded. Finally, individuals who have unilateral hearing loss also were excluded.

To reach the right participants who were beneficial for the purposes of this study, I used snowball sampling. Snowball sampling is used to identify the participants from people who know people who are eligible for the study (Creswell, 2013). The internet helps people who have the same interest or share the same concerns to connect in virtual clubs. Thus, I have connections with many clubs on the internet for those who are DHH, and who live in the Eastern Province of Saudi Arabia. The clubs have their own groups in social media applications and websites such Telegram and WhatsApp. It is through these internet-based clubs, I shared a Google interest survey to recruit the participants of the study. The survey had the following information: a person's willingness to participate, name, gender, degree of hearing loss, nationality, preferred mode of communication, education level, and personal contact information such as phone number and email. I texted all the participants who filled out and completed the survey, but I purposefully chose the participants who fit all of the criteria for this study. By applying snowball sampling, previous participants were asked to provide suggestions for other people who have experience related to the purpose of the study. Once they identify another person, I sent that person a Google interest survey in order to recruit more participants, to make sure they were willing to participate in the study and their experience related to this study. This was continued until the number of participants had been reached.

In a phenomenological study, the requirement of the number of participants for long interviews is 10 participants, which is generally sufficient to reach saturation. (Arksey & Knight, 1999; Bloor, 1997; Boyd, 1993; Creswell, 2013; Holloway, 1997). In this study, I interviewed 12 participants who are DHH and who use spoken language as their main method of communication. Thus, this ensured the sample size was large enough to meet data saturation. Saturation in qualitative research is when the researcher stops collecting data because the

research ceases to receive new information, the data no longer sparks additional information and the data does not cover any new topics (Creswell, 2013).

Demographics of Participants

The participants in this study were 12 participants. Descriptive information regarding the participants was presented in Table 2.

Ali is from Al Mubarraz city, which is located at Al-ahsa. He is 23 years old. He has severe hearing loss. He comes from a large family. Ali received his K–12 education from self-contained classrooms in regular schools. Ali used only spoken language when he was in K–12. Today, he uses a combination of spoken and sign language.

Bakur is 29 years old and he lives with his family in Dhahran city in Saudi Arabia. He was born with normal hearing, but he had ear infection at a young age, which affected his hearing abilities. Later, he was diagnosed as having mild hearing loss in one ear, and a profound loss in his other ear. Bakur uses spoken language as his method of communication. He received his first grade in a self-contained classroom with students who are DHH in regular education classroom. Then, he moved to a general education classroom until he finished high school.

Hammad is 22 years old and has severe hearing loss. He uses both spoken and sign language as methods of communication. His hearing loss is moderately severe. Hammad lives with his mother and sisters and is close to them. Hammad likes to help his family because he is the only man in the house, which he feels is important to his family. Hammad lives in Al-Hofuf city, which is the biggest city in Al-ahsa. Hammad received his K–12 education at the Al-amal Institute.

Hani is 25 years old and lives in Al Khobar city in the Eastern Province in Saudi Arabia. He has moderately severe hearing loss. Hani uses only spoken language for communication. He

learned to use sign language, but he does not use it because he believes his signing is weak compared to his friends, who use both methods of communication. Hani received his K–12 education in self-contained classrooms at regular schools in three Eastern Province cities: Dammam, Dhahran and Al Khobar.

Khalid is 27 years old. He has severe hearing loss. He is married and has several children, all of whom are hearing. Khalid is from Al-mubarraz, which is located in Al-ahsa. Khalid received his K–12 education at the Al-amal Institute. Khalid did not like wearing a hearing aid in school and he used only sign language, but his first grade teacher encouraged him to wear it with support from his parents. Khalid started to use spoken language at home and school in fourth grade.

Raad is 26 years old. He is from Dammam City. Raad was born with mild hearing loss. He went to a private elementary school that had self-contained classroom for students with disabilities. When he finished elementary level, he went to public middle and high schools. In the public schools, he attended the general education classrooms. Raad only uses spoken language as method of commination.

Radhy is from Al-Garn village, which is located in the northern part of Al-ahsa. He is 25 years old. Radhy has moderately severe hearing loss. He is uses both spoken language and sign language as methods of communications. Radhy received his education in self-contained classrooms in regular schools.

Salah is a 23-year-old from Saihat, located on the east coast of Saudi Arabia. Salah has moderate hearing loss. He used spoken language when he was young. Later, he learned sign language during his training for a job. Salah received his K–12 education in self-contained classrooms in a regular school.

Salman is 23 years old. He has a severe hearing loss. Salman grew up in Dammam city and has many siblings. He uses spoken language for communication. Salman received his K–12 education in self-contained classrooms in regular school in Dammam city. Salman plans to obtain graduate degrees because he wants to improve the education practices related to teaching students with special needs.

Sami is 26 years old. He lives in Al-Hofuf. Sami was diagnosed with moderate hearing loss when he was young. Later, he had an accident that further affected his hearing ability. Currently, he is diagnosed with profound hearing loss. Sami received his K–12 education in the general education classroom. Sami used only spoken language as the main method of communication when he was in K–12, and he started to learn sign language when he was in college. Currently, he uses both spoken and sign language as methods of communication.

Saud is from Al Hofuf in Al-Ahsa city. He is 29 years old. Saud was born with mild hearing loss. He was in self-contained classrooms with students who are DHH from first to third grades, then his father moved him to a general education classroom. Saud uses spoken language as his method of communication.

Shareef grew up in small town near by Al Qatif city. He is 21 years old. He has a moderately severe hearing loss. Shareef uses spoken language as his method of communication. He started learning sign language in college because he met friends who are DHH there and used sign language with them. Shareef received his K–12 education in self-contained classrooms in regular school.

General Information about the Participants

To maintain the confidentiality of this study, a paragraph about the participants was created to keep the identity of the participants confidential, but to provide more information to

understand the context of this study. Four of the participants have family members who are DHH. Six of the participants decided to study their major in special education: deaf and hard of hearing. Three of these participants earned their degrees and they are waiting for teaching positions from the Ministry of Education. The other three are currently studying for their bachelor's degree. Four of the participants work for private companies in the Eastern Province. One participant earned his bachelor's degree in Islamic Study and has been a teacher at the elementary level for 4 years. Finally, one participant is currently studying to be an electronic technician.

Table 2

Demographics of Participants

Participants	Age	Degree of Hearing Loss	Communication
Ali	23	Severe Hearing Loss	Spoken & Sign
Bakur	29	Mild Hearing Loss	Spoken
Hammad	22	Moderately Severe Hearing Loss	Spoken & Sign
Hani	25	Moderately Severe Hearing Loss	Spoken
Khalid	27	Severe Hearing Loss	Spoken
Raad	26	Mild Hearing Loss	Spoken
Radhy	25	Moderately Severe Hearing Loss	Spoken & Sign
Salah	23	Moderate Hearing Loss	Spoken & Sign
Salman	23	Severe Hearing Loss	Spoken
Sami	26	Profound Hearing Loss	Spoken & Sign
Saud	29	Mild Hearing Loss	Spoken
Shareef	21	Moderately Severe Hearing Loss	Spoken & Sign

Data Collection Procedures

Using multiple methods of data collection leads a researcher to have the best answers to research questions (Creswell, 2013). In this study, data collection was from two methods, which helped provide a clear reflection of individual experiences. First, the data were collected

primarily from a virtual interview. Second, a researcher journal was used to clarify comprehension of the data.

To collect the data of the study, I received approval from the Institutional Review Board (IRB) from the University of Northern Colorado. The data were collected from the study by using virtual meetings due to the COVID-19 pandemic. On March 21, 2020, the country of Saudi Arabia introduced a curfew to stop the spread of COVID-19 (Yezli & Khan, 2020). Thus, all interviews were conducted through the phone, WhatsApp, or Zoom. WhatsApp and Zoom were chosen because they are used widely in Saudi Arabia and these sources are confidential. According to WhatsApp (2020), WhatsApp has end-to-end encryption to ensure only the person who calls and receives the call has access to the conversation. No one else in between or any person from the WhatsApp community has the ability to gain access to this information. Zoom also delivers safeguard virtual meetings by enabling passwords and waiting rooms (Zoom, 2020). The participants who are DHH were able to access technology to participate in the interviews because they were familiar with this technology from using these video call platforms or virtual clubs for people who are DHH. However, as this technology may eliminate some who have a more severe degree of hearing loss, participants with severe hearing loss who were unable to use WhatsApp or Zoom were given an opportunity to use any Health Insurance Portability and Accountability Act (HIPPA) approved sources.

The primary source of data in this study was semi-structured interviews. All interviews were audio or video recorded, depending on the platform of data collection. If the interview took place over the phone, or by using WhatsApp, the interview was audio recorded. If the participants used Zoom, the interview was video recorded. The interviews were at a convenient time for each participant. Each interview lasted approximately 60 minutes; thus, the time of the

interview was adequate for participants to share their knowledge and answer questions. Prior to the interview, a participant received recruitment by phone calls and text messages to invite them to participate in the study (see Appendix A for the screening protocol script). When a participant agreed to participate in this study, they signed a consent form to ensure they understood the purpose of the study and to ensure they were aware and recognized the fact that all personal information would be kept confidential. During this phase, the participants completed a demographic questionnaire containing the following information: age, education level, gender, family status, mode of communication, degree of hearing, and the cause of hearing loss. The semi-structured interview consisted of 14 open-ended questions. The interview questions were developed to cover the following criteria: (a) spoken language and communication skills, (b) social interaction, (c) friendship, (d) family relationship, (e) the feeling of being individuals who are DHH, (f) school experiences, and (g) social-emotional programs and practices in schools. The interview questions covered individuals' social-emotional experiences in the home, school, and society. Due to the research of this topic being developed in Saudi Arabia, the interview questions provided an overall description of the social-emotional experiences of individuals who are DHH in Saudi Arabia. The sample of the questions that were used for the semi-structured interview can be found in Appendix B.

The second data source for this project was a researcher journal. Taking notes provides an in-depth understanding of the content and helps the researcher in the comprehension of data (Phillippi & Lauderdale, 2018). I wrote in a research journal immediately after conducting each interview. The entire focus of the journal was about my feelings of the interviewee's emotions on different topics. Moreover, the journal included some clarification of the answers from interviewees. Journaling is useful to reduce biases and make biases more transparent (Ortlipp,

2008). Furthermore, I used the journals during the coding process, which were helpful to answer any questions I had about themes.

Data Analysis

The data in qualitative research are an unstructured text-based data such as an interview transcript, observation notes, or dairy entries (Wong, 2008). Thus, data analysis in qualitative research is what makes it different compared to quantitative research. Data analysis in qualitative research is a process that involves thinking, theorizing, being intuitive and creative (Basit, 2003). The definition of data analysis in qualitative research is systematically searching interview transcripts, non-textual materials, or observation notes that the researcher uses to understand the phenomenon (Wong, 2008). I followed the procedures of Braun and Clarke (2006), who suggested the following steps: familiarize oneself with the data, generate initial codes, search for themes, review themes, define and name themes, and produce the report.

Due to the uniqueness of this study, one-step was added to the steps mentioned by Braun and Clarke (2006). The interviews in this study were conducted in the Arabic language and the results were reported in the English language. Thus, the meanings of the interview responses were translated into English. In order to accomplish this with fidelity, a peer-reviewer collaborated with me in this study. This person was bilingual in both English and Arabic and was knowledgeable of qualitative research methods.

The first step in data analysis was translating the data from Arabic to English following these steps: (1) all the interviews were conducted in the Arabic language, which was the preferred language of the participants. (2) All interview transcripts were transcribed in the Arabic language. (3) The Arabic transcripts were then translated from Arabic to English by the researcher. (4) The peer reviewer reviewed the English translated transcripts of the interviews to

ensure the translation had the same meaning as the Arabic transcript. According to the

International Rescue Committee (2018), a bilingual native speaker or a socio-linguistic is

recommended to certify the translation is correct. Thus, the peer reviewer was a doctoral student

in linguistics. The peer reviewer was a bilingual person who has mastered speaking both the

Arabic and English Language.

The second step was the initial coding which followed several steps: (1) I worked

individually with the peer reviewer and each of us initially coded the first three transcripts. (2)

Then, I met with the peer reviewer and discussed the initial coding list. When we agreed on the

initial coding list, I completed the initial coding of the remaining transcripts. I did not add major

themes after deciding the initial themes. Some subthemes and categories were added later to

clarify the main ideas and provide more information about themes. I contacted the peer reviewer

and discussed with him these subthemes and categories. A peer reviewer was involved in this

study to ensure credibility and trustworthiness (Brantlinger et al., 2005). (3) A table was created

to group together similar statements and I connected them to my initial code. (4) During this

process, I used the journal notes I wrote during and after the interviews. These notes helped me

during the initial coding phase to refer to statements that were important to the participants. I

also used the notes during the translation process to become familiar with participants' words

and improved the accuracy of the translation. Notes also eliminate biases because it helps to

make the potential bias more transparent (Ortlipp, 2008). Thus, I took notes during the coding

process about any biases, ideas, thoughts and questions that I had about this process.

The third step was to identify the final themes. (1) I sought help from my peer reviewer to

group codes that have common themes. (2) I connected the themes to research questions, and I

attempted to integrate the sub themes into the big themes. (3) Finally, I provided definitions of

my final themes and identify the names of the final themes that connected the research questions to ensure that I had addressed the purpose of the study.

Trustworthiness

Trustworthiness in qualitative research is important in order to establish the quality of the study, collect, and analyze the data with an appropriate method. Qualitative research requires one to develop trustworthiness with readers to maintain validity and reliability for the study (Shenton, 2004). Guba and Lincoln (1982) suggested four criteria that provide trustworthiness for the findings of the study. This criterion is credibility, transferability, dependability, and confirmability. In the following paragraphs criteria of trustworthiness is discussed in detail for this study.

Credibility

Credibility in qualitative research shows the truth of the data or participants' opinions, how the researcher addresses the data, and participants' opinions in the study (Polit & Beck, 2014). Merriam and Tisdell (2016) defined credibility as "How congruent are the findings with reality?" (p. 242). To ensure the credibility of the study, several techniques were applied.

Triangulation

The first technique that was used in the study was triangulation. Triangulation in qualitative research is the use of more than one approach to research a question (Heale & Forbes, 2013). The first method of triangulation I used in the study was data source triangulation. Data source triangulation requires the collection of data from different types of people, which included individuals, groups, families, and communities. The data source triangulation ensures valid data and the data comes from multiple perspectives (Carter et al., 2014). Therefore, I interviewed 12 participants who were from different educational, geographical, and economical backgrounds.

Member Checking

The second technique I used to ensure credibility was member checking. Lincoln and Guba (1985) mention member checking as "the most critical technique for establishing credibility" (p. 314). This technique used heavily in qualitative research, is where the participants can judge the accuracy of data collection, analyses, and conclusion (Lincoln & Guba, 1985). Thus, the participants play a truly important role in the study (Carter et al., 2014). In this study, I summarized the participants' big ideas after they answered the interview questions to ensure their words corresponding their view and represented their big ideas. Then, I emailed the big ideas to the participants for accuracy. When the summary of big ideas was not clear to the participants, I asked the participants to clarify their ideas to ensure all transcripts represented the participants' views. The participants agreed with the summary of their ideas and I did not receive any corrections or edits from them. However, some of the participants provided documents that support their ideas. These documents were certificates of excellence and speech therapy meetings notes. I mentioned these documents in the research journal.

Peer Debriefing

Peer debriefing is a review of the data by individuals who are familiar with the purpose of the study and research phenomenon (Creswell & Miller, 2000). Peer debriefing provides support, challenges to the researcher, asks questions about the method and position of the research, and pushes the researcher to the next steps (Creswell & Miller, 2000; Lincoln & Guba, 1985). For this study, peer feedback was helpful to ensure the credibility of the study (Terrell, 2016). To establish the reliability of the study, a peer reviewer collaborated with me to code the transcripts and ensure the translation was correct. The peer-reviewer was a doctoral student in linguistic and he was familiar with this research.

In the coding process, the peer reviewer and I worked individually to code the first three transcripts. Then, I worked with the peer reviewer to discuss the coding list and data analysis. When we agreed on the coding options and data analysis, I completed the coding of the remaining transcripts. Finally, the peer reviewer reviewed the final findings to ensure credibility. I had a meeting with the peer reviewer, and we discussed the coding of the transcripts. The peer reviewer reviewed the link between the quotes and the themes.

In the translating process, since the target of the study was to Arabic speaker participants, the peer reviewer ensured the research questions and transcript were translated correctly. Before collecting data, the peer reviewer helped ensure the translation of the interview questions were accurate and provided the same meaning of the original questions in English. After collecting the data, the peer reviewer reviewed the translated transcripts of the interviews to ensure the translation was correct and delivered the same meaning as the Arabic transcript. The peer review in coding and data analysis and the translating process enhanced the credibility of this study.

Transferability

The definition of transferability is the ability to transfer the findings of the current research to another study in a similar situation with a different population (Shenton, 2004). Transferability is a type of external validity and corresponds with the degree to which findings and phenomenon in the study are applicable in future research (Lincoln & Guba, 1985). In qualitative research, the number of participants is often smaller than the number of participants in quantitative research. Thus, to establish validity in qualitative research, it is important to describe the nature of each case (Moon et al., 2016). In this study, I delivered a deep description of the study context such as the participants and settings. Consequently, other researchers will have a clear image to transfer the findings and the data of the study to their study.

Dependability and Confirmability

There is a connection between dependability and conformability, thus the methods that researchers use to establish trustworthiness can cover both dependability and conformability (Shenton, 2004). Dependability is about the findings of a study being dependable with the collection of data (Merriam & Tisdell, 2016). In addition, dependability in qualitative research refers to reliability, which means the current study can be repeated under the same circumstances but in a different time and place (Guba & Lincoln, 1982). Confirmability in qualitative research means the researcher is being objective and avoiding biases (Guba & Lincoln, 1982). Therefore, the researcher must link the results with conclusions in a way that can be replicated, processed, and followed (Moon et al., 2016).

To establish dependability and confirmability in qualitative research, the researcher should include strategies such as peer reviewing, audit trails, triangulation, and research positions (Merriam & Tisdell, 2016). Thus, the peer reviewer collaborated with me to review the transcription of the interviews and themes to ensure dependability and confirmability. Furthermore, an audit trail refers to a description of methods and procurers in the study (Merriam & Tisdell, 2016). Therefore, in this study for the audit trail, I wrote reflections during the research process. These journal reflections were helpful during data analysis. These journal entries helped identify bracketing. Gearing (2004) defines bracketing as a "scientific process in which a researcher suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon" (p. 1430). These journal entries contained any biases, and any questions occurring during the coding process and anecdotal notes taken immediately after each interview and during the data analysis. These notes had my feelings after each interview and about the participants' emotions while

answering questions during the interview process. Due to the uniqueness of the study, some of the participants had speaking difficulties. Some of the participants had difficulties pronouncing some sounds. Therefore, I wrote the word that they had difficulties with in the journal. Some of the participants also did not provide complete sentences due to communication and language skills. Thus, writing in the research journal was helpful during transcribing interviews to make sure the data represented the participants' thoughts and intent.

Ethical Considerations

The identities of the participants in the study were protected. All interviews and transcripts remained confidential. Each participant signed a consent form. This helped them understand and acknowledge their rights, the purpose of the study, and the fact that all consent forms will be kept confidential. All audio recordings, transcripts, and consent forms remained on a password-protected computer during the study. The destruction and deletion of all data including audio recordings and consent forms will occur three years after the study is complete. The access of the research data was limited to the researcher and peer reviewer. Each participant was assigned a pseudonym for analysis and reporting purposes. Participation in the study was voluntary. The participants had the right to withdraw from the study at any time.

CHAPTER IV

RESULTS

The purpose of this study was to provide an in-depth investigation of social-emotional

experiences in connection with language and communication development. Twelve semi-

structured interviews with Saudi male individuals who are DHH were conducted. Chapter IV

provides an in-depth exploration of the social-emotional experiences in connection with

language and communication development during education in Saudi Arabia. Qualitative

thematic analysis was applied to examine the data by grouping ideas and topics that came up

repeatedly from the participants (Creswell & Poth, 2018). Seven themes were identified from

analyzing the interviews that answered the research questions. The research questions of the

study, the main themes, the subthemes, and small categories which described different ideas in

each main theme or subtheme are organized in Table 3. This chapter is organized into three

sections. Each section answers a research question by linking themes. Subthemes are linked to

each question.

Table 3

Research Questions, Themes, Subthemes, and Categories

Research Questions	Themes	Subthemes	Categories
Q1: What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?	Internal Perspectives	Relationships with others	• Religious perspectives • Self-image • Their identity as being deaf or hard of hearing • Capability
	External Perspectives	Lack of support	• Friendship • The feeling of being isolated and lonely • Bullying
Q2: What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?	The Lack of Social-Emotional Programs	None	None
	Related Social-Emotional Practices	• Achievement and engagement • Cultivating caring	
	Quality of Programs	• Teachers' knowledge and practices • Inclusion	
Q3: How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?	Spoken Language and Vocabulary	Opportunities	None
	Communication	• Knowledge of the society • Social barriers	• Social events • Reading lips

Research Question One

Q1   What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?

To answer research question 1, it is important to understand the factors related to social-emotional experience in individuals who are DHH. These factors fell into two major themes: (a) internal perspectives and (b) external perspectives. The themes will be discussed in depth in the following paragraph.

Theme 1: Internal Perspectives

Individuals who are DHH shared how they believe in their abilities. Participants also highlighted their feeling of being individuals who are DHH and how they value themselves in society. The internal perspectives fall under four categories which are: (a) religious perspectives, (b) self-image, (c) identity as being deaf or hard of hearing, and (d) capability. Each category will be discussed in the following paragraphs.

In the first category religious perspectives, the majority of participants stated that they were born with disabilities and God chose them to be individuals who are DHH. They indicated they have the spiritual power that affects their self-image about their disabilities. Hammad verbalized this,

> Praise be to God; God chose me to be hard of hearing and it is a good thing for me. It is really important first to love myself and I do not care what people think of me. Secondly, my family and thirdly my friends, all of them accept me. Some people have a dark heart, they say to me why you do not hear us and why do you have thick pronunciation. I tell them I do not care what you said to me, I have other people that I feel comfortable with. Even, one of my friends who is deaf, and so quiet, and he did not talk told me, I do not

feel comfortable because the people that I hang out with talked to each other and did not

involve me in their speech. I told him you should hang out with people who are DHH or

people who respect you and accept your needs.

Khalid shared that being hard of hearing is a gift from God, and that he needed to accept it. He

also mentioned something similar in this statement,

I told myself this is a gift from God. I know that I am hard of hearing and I am aware that

hearing aids have a lot of problems. When I was young, I did not rely on a hearing aid all

the time but now I need to wear it all the time. I went to the hospital several times to

improve my hearing but there is no such thing that will make me hear as hearing people.

So, praise be to God it is not a big deal.

Similarly, the majority of the participants mentioned that being deaf and hard of hearing is from

God who created them, which helps them to have this level of satisfaction. Thus, the participants

used these terms when they talked about themselves and their disability "thank God," "praise be

to God," and "Glory be to God."

The second category is self-image, participants mentioned that when they were young the

image of their disability was different than in recent years. The participants also felt the shift

from negative self-image to positive self-image as they grew and began to understand themselves

better. Shareef said, "The past is different than now. In the past, I considered myself as a non-

important person but now I consider myself an important person." Ali highlighted that he did not

feel comfortable because of his hearing loss. He said, "in elementary and middle school, I was

not feeling comfortable because of my disabilities but in high school, I started to accept my

disabilities." Both individuals needed some time to accept who they are as individuals who are

DHH.

The third category is that of self-identity as being deaf or hard of hearing. The majority of participants were willing to talk about their hearing loss with people in society. They believed being deaf or hard of hearing is part of their identity. Salah mentioned that people are curious to learn more about DHH because it is a low-incident disability. He said,

> For me, it is okay. I told everyone I met that I am hard of hearing. I am really, really, really comfortable with that because I have a message to share with people. When I was young, I noticed that people would look at me and they were curious. Most people are curious about individuals who are DHH.

Similarly, Sami said, "I told them that I do not hear, I am hard of hearing," and Saud also mentioned,

> If someone talked to me from the side that I could not hear very well, I comfortably told them that I do not hear very well, whether I knew the person or not and even if the person is old or young.

Other participants felt it was normal to show other people they used a hearing aid. Salman mentioned, "I told people that I am hard of hearing and I showed them my hearing aid. I can put my hearing aid on the table, and I am totally fine with that."

Few participants highlighted that they were not comfortable telling people about their hearing loss. Especially, people with whom they did not have a strong relationship. Thus, these participants were more comfortable talking about their hearing loss with their family and friends. Bakur exemplified this,

> It depends on the person. For example, if the person is close to me for example my friend, it will be okay to tell him that I am hard of hearing. When I do not have a strong

relationship with the person, I will not tell him that I have hearing loss. I will be in a

place that I can hear him very well and I prefer to hear him from my right ear.

Raad shared a similar statement, "I do not have a problem telling my friends and teachers that I

have hearing loss. I have a problem talking about and feeling comfortable with my colleagues at

work and people that I just met." In fact, both of these participants have mild hearing loss, and

their hearing abilities are not severe compared to other participants. They were not easily

identified as hard hearing. Furthermore, one of these participants used an in-ear hearing aid.

The fourth category is capability. Participants believed that being individuals who are

DHH did not affect their ability to be successful in society. They also experienced being

successful which related to their self-image and how they viewed themselves. Hani mentioned

that graduation from college made him proud of himself;

I did not expect to study at college. I am the only one in my family that graduated from

college. Several attended college but they did not finish. I am the only one who graduated

with a bachelor's degree. So, I am proud of myself, and my family is proud of me.

Likewise, the participants mentioned that accomplishments in their life showed how capable they

are. Salah said, "I see myself as an important person. I have done a lot of things that make my

family proud of me. So, I am not only important to my family but to society in general." Shareef

highlighted that he is able to be successful without unnecessary help. He said,

When I graduated from high school, I started to challenge myself. People said you have a

disability. I know that I have a disability, but I can understand, I can write, and I can

learn. Why should I listen to people and let myself down. They said you are hard of

hearing, so teachers need to help you to pass the class. No, I can have the test by myself

and I can pass without help. I challenged myself because I wanted to see how far I can go

and how far my target is going to be.

Participants realized that being individuals who are deaf and hard of hearing did not mean that

they cannot be successful. The participants believed that they can be successful, and their

experience proved to be effective in their family and in society in general.

Theme 2: External Perspectives

The participants believed that there were external perspectives related to their social-

emotional experience. These external perspectives came from the society around these

participants who are DHH. Saud said, "I wish people would learn about hearing loss. People

should know the feeling and experience of being one who is DHH and how we feel. It will help

us understand each other." In this major theme, the participants mentioned two subthemes which

were (a) relationships with others, and (b) lack of support. These subthemes will be covered in-

depth below.

Subtheme 1: Relationships
with Others

Individuals who are DHH mentioned the importance of having a relationship with others.

They believed that relationships with others helped them be connected and social. The

participants highlighted three categories that relate to relationships with others. The categories

were (a) friendship (b) the feeling of being isolated and lonely and (c) bullying.

First, friendship was one of the areas that individuals who are DHH stated was important

during the interview. The participants believed that having similar interests helped them to have

friendships with others. Shareef said,

Common interests helped me to be friends with people. For example, I am not interested

in cars, and if a group of friends like cars, I will not be able to relate to them. But, if a

group of friends like movies or Japanese animes, it is easy for me to connect with this

group and be friends with them.

Saud mentioned he had two groups of friends who shared a common interest. He said, "I have

two groups of friends that I cannot live without. The first group is my friends who love to travel.

The second group are religious friends that I learn spiritual practices from." Moreover, some of

the participants highlighted that they had a strong connection with friends who are DHH because

they shared some interests and needs. Salman said,

There is no common interest between us and hearing people. When I talk to my friends

who are hard of hearing, I use some sign language and they understand it. But, when I use

the same sign language with hearing people, they will not get it. So, if I tell a joke they

will not get it.

Ali noticed that it was easy for him to make friends with people who are deaf. He said, "People

who are deaf feel comfortable making friendships with people who are deaf in general."

Similarly, Radhy said, "Most of my friends are deaf and I feel important to them because if they

need something, they can communicate with me easily." Sami also said that

Currently, I have more friends who are deaf. I have a big network of people who are deaf.

Glory is to God, I mean, people who are deaf can easily be friends with each other. I have

friends who are deaf from all cities in the kingdom, but my hearing friends are so, so

limited.

Some of the participants mentioned that their network of friends was limited. Raad said "I do not

have a network of friends." Hammad stated, "I had three friends in high school [names] in first,

second, and the third-level of high school. I wished I had a lot of friends not only three." Shareef

said, "I had few friends in school." Other participants shared that they were not able to extend

their network of friends when they graduated from school. Radhy said, "When I graduated from high school, I could not make new friends. Do you know that I have the same friends since first grade, my group of friends has not changed!" Other participants noticed that their network of friends decreased as they got older. Ali said "When I moved to a different level, I had few friends and the number of my friends decreased. My network of friends never gets larger."

The second category that participants mentioned was that individuals who are DHH felt isolated and lonely. Although many of the participants described their friends and relationships with others, participants highlighted that they felt isolated and not connected with society. Shareef said, "I did not feel secure or enjoy my life when I was in middle school through graduation from high school because I was isolated in general." Bakur chose to be isolated and did not attend any events because he did want to misunderstand conversations. He said, "In recent years and even before Covid-19, I avoided social events such as weddings and family gatherings because I did not want to be in an awkward situation and misunderstand the conversation." Hammad noticed that he did not have a lot of friends when he was in school. Recently, he felt lonely after graduation.

> In the past, I was really happy, I talked to people and in school time went so fast. Now, time does not go fast. In school, I talked to teachers and friends and played with friends such as soccer and we learned a lot. I graduated and I got a degree, thanks to God, but I do not have friends. Before I had a lot of friends. Now, I stay at home and I sleep and eat and do nothing.

Salah noticed that individuals who are deaf struggle to merge in society after finishing high school.

When I was in school, I had limited relationships with friends and relatives. When I

finished high school and attended the institution, I realized that individuals who are deaf

did not merge with society. It was a really big problem.

The third category that emerged under this theme is bullying. Some participants

mentioned that they or their friends who are DHH experienced bullying and it had a negative

effect on their feelings. Salman said,

There are many cases bullying happening these days. One of my friends who is older than

me, had hearing aids. The hearing aids were not visible at all, but he felt shy when

someone saw the hearing aids because people would say, "look at this person, he is hard

of hearing," and they treat him differently. He did not want to wear the hearing aids

anymore. He did not wear the hearing aids for three years, so he lost some of his hearing

abilities. All that happened because some people bullied him.

Similarly, a participant highlighted that people bullied him because of how he speaks and his

pronunciation of some words. Hammad said, "Some people are not kind to me. They said why

do you not hear us and why do you have difficulty pronouncing some words. They despised me."

Furthermore, Radhy mentioned that even unpleasant looks from people could affect the feelings

of an individual who is DHH, stating, "some people gave us some 'looks,' and it really did

bother me." Participants mentioned that being bullied had a negative effect on their feelings.

Also, it created barriers to being active in society. It was difficult for individuals who are DHH

to engage in society when they experienced bullying.

Subtheme 2: Lack of Support

Participants stated that the lack of support could have a negative impact on their social-

emotional experiences. The lack of support could be from private sectors such as TV channels,

universities, jobs, and family. One example that demonstrates a lack of support is watching TV programs that do not provide subtitles (captioning). Subtitles allow individuals who are DHH to rely on them, but not having them causes dependence on others and relatives in order to understand the content. Ali mentioned,

> When I watch TV shows that are dubbed so the original language is not Arabic, I do not understand it. I asked my brother, father, or mother what they said on TV, and they told me and explained it to me, but a lot of content was missed while they were explaining it to me. So, I feel that I do not want them to watch TV with me. I need to be independent and understand everything myself.

Other participants mentioned that attending the university and having a job was challenging because of the lack of support at those institutions and organizations. Sami said, "I studied for two years and could not continue because there were no people or agencies that could provide support for individuals who are deaf and hard of hearing in the university. So, I quit the university." Salman commented similarly,

> [University] had a hearing Psychological Specialist but he did not have knowledge about individuals who are DHH and their needs. Also, he did not know the challenges that face individuals who are DHH. I know a lot of individuals who are DHH who dropped out of the university because there was no support specifically at [University].

Additionally, even qualified individuals could not find jobs easily. Salah mentioned,

> King Abdullah, God bless his soul, provided scholarships for Saudi students who are DHH to study in the United States. Today, students who are DHH return to Saudi Arabia with high degrees and they cannot find jobs because of their disabilities.

Radhy, highlighted that he was denied a job because he wears hearing aids; "I applied for a job and they didn't accept me because I was wearing hearing aids. When they saw the hearing aids, they thought that I did not hear. I can hear, and I can speak.... Sometimes, I needed to wear a hat to show people that I can hear."

Furthermore, Bakur mentioned a statement that he did not receive support from family explaining to him the TV content, so he needed to have the TV volume at a high volume in order for him to hear the content. He said, "I put the TV on high volume and also the radio in the car. My family does not feel comfortable and they told me the sound was loud."

Another participant highlighted that there is a significant need for support for individuals who are DHH. Salah clarified, "Individuals who are DHH need a little support and they will be successful. They need someone to push them and they will reach their target." Participants highlighted that they experienced lack of support at home, the university and in jobs which relates to their social-emotional experience.

Research Question Two

Q2   What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?

For the second research question, the participants highlighted the educational practices that they received that promoted social-emotional experiences. Three main themes emerged: (a) the lack of social-emotional programs, (b) related social-emotional practices, and (c) quality of programs. In addition, multiple subthemes were found and connected to these major themes.

Theme 1: The Lack of Social-Emotional Programs

Most participants were not familiar with social-emotional programs or practices because they did not receive such programs or practices during their education. When asked if he had

received social-emotional practices, Sami said, "No, no, no, no, nothing, nothing, and never."

Raad said, "We had zero social-emotional practices. None of the teachers provided these

practices, which was a negative thing and not positive." Similarly, Ali believed that he never had

social-emotional practices, he said, "I did not receive social-emotional practices and I did not

even see them in school." Hani noted that most of the school practices heavily focused on

academic skills and teachers did not focus on social-emotional practices. Hani said, "There were

some practices for teaching reading and writing. All the practices that the teacher provided were

related to lessons in school textbooks. Teachers did not provide social-emotional practices for

us." Reviewing these statements, it was clear that the students did not receive programs that

directly focus on their social-emotional needs. However, the participants highlighted that they

received indirect practices related to their social-emotional needs, which will be covered in the

following theme.

Theme 2: Related Social-Emotional Practices

While there were no formal programs in place, the participants stated that they received

some informal practices and actives related to social–emotional needs. When they mentioned

social-emotional practices that teachers provided, they used statements such as "unofficial

practices" or "indirect." Shareef highlighted,

> In elementary school, we had some activities that related to our life outside the school,
>
> but we did not receive these activities in middle school. In high school, teachers and
>
> school staff provided some social-emotional activities for us, but these activities were not
>
> official.

Another participant stated that all social–emotional practices were a result of personal diligence

from teachers. Hani said, "We did not have programs or subjects that related to social-emotional

skills, but the teacher can do it by himself. Personally, I did not see programs that related to social-emotional skills, and I want to see those programs." These indirect practices were placed into two subthemes: (a) achievement and engagement and (b) cultivating caring.

Subtheme 1: Achievement and Engagement

Participants highlighted that recognition of their achievement by schools or administrators helped them to be proud of themselves and provided a positive feeling. Hani indicated,

> I like to get prizes. The schools gave me an appreciation certificate and they gave me a gift card for a bookstore, which was around 300 Riyal. It was a really good thing. Also, they gave me a medal of honor.

Likewise, Hammad said, "I felt happy when I showed my family the prize that I received from the school. They were so happy for me. I learned a lot from practices that had prizes." Khalid said, "I received a certificate of excellence from a prince as the first individual who was DHH to receive an excellent GPA from the college of communication."

Some participants valued their achievements when they received good scores in school. Hani stated, "When I was in elementary, middle, and high school, I had a good GPA. My GPA was between 98 and 100%. When I attended college, I had a very good GPA. It was not excellent, but thank God." Khalid similarly stated, "I had an excellent GPA from elementary school to college. I still have the file with all certificates that I received from elementary level to college."

Other participants mentioned that engagement in events organized by their schools helped them feel proud of themselves. Salman recalled, "I felt proud of myself, because when some people start speaking onstage or something like that, they will be nervous and start

stuttering. When the school provided this opportunity for me, I spoke confidently." Radhy

enjoyed the opportunity that the school gave him to educate universities in Saudi Arabia about

teaching individuals who are DHH. He shared,

> I remember this activity in school, the school asked students who were DHH to go to
>
> universities in the Kingdom. Students who were DHH asked the presidents of the
>
> universities to let individuals who are DHH, individuals who are blind, and individuals
>
> with special needs to study with other students. I enjoyed doing this event and talked to
>
> universities' presidents.

Other participants mentioned that trips outside the school were engaging activities that they liked

and from which they learned. Raad mentioned the need for these trips, saying, "Field visits are

very important. The school needs to organize a field trip to a nursing home or trips to general

education schools, which would help the people there learn about students with disabilities."

After graduation, Salah volunteered with schools and associations for people with special needs.

He mentioned the importance of events and field trips as well,

> I will tell you about an event that happened two weeks ago. We had an event near the city
>
> of Cornish. It was positive to see men and women who are DHH interact with hearing
>
> people in a positive way. It was a good thing to see that people who are DHH were
>
> included in society.

> Other participants mentioned that engagement activities could take place inside the

classroom and they were helpful. Radhy said, "In school, the teachers asked students to stand up,

be like a teacher, and explain the lesson to the other students. It was my favorite activity."

Related to this theme, participants mentioned that achievements, whether prizes or high

academic scores, helped them be proud of themselves. In addition, engagement in schools and outside the schools was beneficial for students to be active in society.

Subtheme 2: Cultivating Caring

Participants highlighted that teachers' caring was important to have a positive social-emotional experience. They remembered certain actions or sayings that happened during their education journeys. Hammad said,

> I remember my teachers [names]. They told me your speaking is not clear, but they talked to me and made me happy. Recently, I visited the school after graduating. They welcomed me and they told me that I grew up so fast. I was happy, and they were happy to see me again.

Another participant mentioned a teacher who provided his office for students who had a difficult time. Saud said,

> I remember a teacher who passed away. The teacher helped students who did not want to be in class and wanted to escape from school. The teacher helped students to calm down, and then he told them how important it is to be in school. The students listened to him and respected him.

Radhy remembered that one teacher cared about him not only in K-12 school, but also at the university level. He said, "My first year in college, I was not feeling alright because I was far from my family. A professor noticed that, helped me to travel to my family, and also asked me to attend university events." Related to this subtheme, participants mentioned the importance of cultivating the caring of teachers and the ways in which it helped their social and emotional well-being.

Theme 3: Quality of Programs

Participants mentioned how the quality of special educational programs that schools provided affected their social-emotional experiences in school as well as after attending school. Salah highlighted,

> Individuals who are DHH need to learn from school to be successful in society. If we said, they need to learn 10% from school and 90% from society, they would not succeed in society if they did not get the other 10% in school. Individuals who are DHH need to be confident from a young age with help from teachers but be careful individuals who are DHH need to be independent, not dependent on help from others.

Study participants mentioned two subthemes: (a) teachers' knowledge and practices and (b) inclusion. These subthemes will be discussed in the following paragraphs.

Subtheme 1: Teachers' Knowledge
and Practices

Although some participants stated their teachers provided indirect practices that positively affected social-emotional experiences in individuals who are DHH, some of the participants mentioned that teacher knowledge and practices had a negative effect on social-emotional experience in individuals who are DHH. Participants stated that some teachers mistreated individuals who are DHH and they treated them as individuals with low cognitive abilities, which affected their feelings. Salah said,

> Teachers did really negative practices. They were so emotional. Their emotion overcomes their minds. We were their students, and we love them, but what they did was wrong. When students do not learn correctly and are dependent, they will not be successful in the future. If the teacher helps students every day, the students will graduate

in the future, and society will not help them because they are not independent. No one in society will help these students with a basic task.

Other participants believed that teachers who mistreated them did not have a degree in educating individuals who are DHH. Shareef said, "Teachers in elementary and middle school treated us as normal students because teachers were specialized in DHH. In high school, I did not learn anything, I was like a dead person and teachers helped us in the finals exam." Similarly, Ali said, "I like elementary school. The teachers helped us in middle and high school. They helped us in exams, or they gave us only one paper to study for exams. I passed school with no effort." Other participants also mentioned teachers did the exams for them Salah said,

Teachers did not give us opportunities to be independent. The teachers did the exam for us. Why did they do that? Did they want to help us? That was wrong and we told teachers that we did not need this help.

Moreover, another participant noticed being in college was challenging because he had not received a strong education. Hammad said, "Our school was not strong, they should challenge us more. We need to gain knowledge. Now, I struggled in college because I did not study and passed in school." A participant stated being independent, studying, and doing the exams by themselves was the same basic right they shared with hearing students. Shareef said, "I was really confused why that happened to us and why teachers did that for us. I wanted to have normal tests that were not so easy. I did not need unnecessary help. I only want to have my basic right."

Other participants mentioned that teachers' help had a negative influence on their skills. Khalid stated these practices affected his language ability and communication,

Do you know why now my words and sentences are short and not complete? Sometimes, I did not understand complex sentences, because they did not teach us in school. They should use long sentences with us, like hearing people. Now that I have graduated from school, when sometimes people talk to me with complex words and sentences, I do not understand.

Moreover, Salman said, "We are similar to illiterate people if you know them. I feel that I am one step closer to illiterate people who cannot read and write." Due to the lack of appropriate education for individuals who are DHH, being successful in college was challenging. Radhy said, "We were 25 students who are DHH who attended college; none of the students passed the preparation program except two." In addition, teachers inappropriately led DHH individuals to becoming dependent and unprepared for life after school. Salah said,

A large percentage of individuals who are DHH stay at home and they do not do anything for themselves and society because teachers teach them that they cannot do anything without help until they reach 20 years old. It will be impossible for these students to be independent when they graduate from special education programs because they have been taught when they were young that they could not do anything without help from teachers.

While participants criticized teachers for imposing unnecessary help, participants mentioned that some students who are DHH asked teachers for help. Radhy said,

Teachers viewed individuals who are DHH with sympathy. They thought individuals who are DHH did not have strong skills. I want to be honest with you. Individuals who are DHH asked for this help. Some individuals who are DHH did not want to be challenged and they wanted easy tasks.

Some participants mentioned that teachers felt pressured by school principals to help students pass the classes. Salman said, "I remembered a situation that happened to a teacher who wanted a student to retake the level but the school principal asked him not to do so because he did not want to deal with student's parent." Similarly, Shareef said, "When students did not pass a class, the school principal would blame the teachers." This subtheme covers teachers' knowledge and practices, such as mistreated individuals who are DHH as well as unnecessary help, as well as the relationship between teachers' knowledge and practices and social-emotional experience.

Subtheme 2: Inclusion

Participants highlighted the importance of being included in the general education classroom. The participants mentioned that inclusion improved their communication skills, changed the negative image about individuals who are DHH in the society, and made them non-isolated and more social. Radhy said,

> I hope individuals who are DHH are included in the general education classroom. It will create an opportunity for individuals who are DHH to interact with hearing peers. It is also important for teachers to teach students who are DHH like hearing students because what happens now, individuals who are DHH do not receive a strong education. Now, teachers spoiled students who are DHH in K-12, and when they go to college, they will realize they do not have a strong educational background and they will not pass college.

Similarly, Hani mentioned that including individuals who are DHH in general education would help their communication skills and help them make friendships with hearing students. Hani said,

I think the school made the wrong decision not to include us in the general education classroom. If they include us in the general education classroom, we will improve our communication skills, we will have many friends, and we will have a better education.

Salah highlighted that educating individuals who are DHH in special education classrooms in general education schools created barriers between students who are DHH and hearing students. He said, "When hearing students notice that teachers overly treated students who are DHH, hearing students will give us look. From this, we could not interact with hearing students in school and outside school."

Some participants noticed that they did not have many friends because students who are DHH were isolated in special classrooms. Hani said, "We were only seven students in the classroom and we never attended class with hearing students. I wanted to have a lot of friends." Moreover, Hammad said, "I had only three friends. We were the only students in the classroom. I wished I had a lot of friends, not only three."

Although participants desired to be included in general education classrooms, the participants who were included in general education classrooms did not necessarily receive the support they need to be fully involved and successful in this school environment. Thus, their experience of being included in the general education classroom was not beneficial. Saud mentioned, "From elementary to high school, I did not sit in front rows because they did not let me. I am a tall guy. I was seated in the back, and I did not hear or understand anything." Sami highlighted that individuals who are DHH who were included in the general education classroom needed extra support from teachers. He said,

We have inclusion in Saudi Arabia, but I do not think it is good. Including students who are hard of hearing in the general education classroom with hearing students is not good,

because the teacher will teach and hearing students will understand him, but students who are hard of hearing need to have a clear voice from the teacher in order for them to understand him. Students who are hard of hearing need the teacher to repeat the information to them in order for them to understand. Inclusion is excellent at breakfast time and recess because students who are hard of hearing can make friends with hearing students, they know how to communicate with others and motivate them to speak with others. It is important for students who are hard of hearing to be with hearing students and not isolated.

Some participants mentioned the need for inclusion that creates opportunities to communicate with hearing students, as well as expand their friendship network. However, some participants who were included in general education classrooms noticed that they did not have enough support to meet their needs.

Research Question Three

Q3   How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?

In response to research question number three, the data showed that the language and communication skills had a strong effect on the participants' social and emotional engagement. Salman stated, "I feel my spoken language and communication skills are not strong like my siblings. When I attended any events with my young brother, I told him to speak and pretend as though he was older than me." The participants in this area mentioned two main themes: (a) spoken language and vocabulary, and (b) communication. The participants highlighted the challenges they faced and how these changes affected their social and emotional engagement. Multiple subthemes were mentioned related to this topic.

Theme 1: Spoken Language and
Vocabulary

The participants mentioned that spoken language with rich vocabulary and correct grammar and pronunciation was the key for them to communicate with others. This helped them to understand other people and hearing people also understood their speech. However, some participants mentioned that they had some difficulty pronouncing some of the sounds or words. Hammad said,

I speak normally, but people should know that my pronunciation is not clear. If people know me, they speak with me slowly. When I talk to a stranger, they have to know that my pronunciation is not perfect, especially with some sounds.

Similarly, Shareef stated, "I can talk, and I can explain my thoughts clearly. I know the sounds that I do not pronounce clearly, such as S and D." Furthermore, Sami mentioned the following,

When I speak with people, my words are not clear, and I feel that words are so heavy on my tongue. Sometimes I use the wrong pronunciation of some words, or I do not speak right. I do not pronounce all of the words correctly.

Also, Salman stated, "I believe it is normal that some words I have difficulty pronouncing, but the good thing is that people understand me." The participants knew they had some difficulty with pronouncing some words or sounds, but their speech was still understandable.

Although the participants mentioned that they struggled to pronounce some sounds, the participants stated that their spoken language skills were acceptable overall. Salman said, "My spoken language is not very good or very bad; it is in the middle." Shareef stated, "I believe that my spoken language is excellent." Raad said, "I have normal or basic spoken language skills; I do not use big words." Khalid also said, "I know that I speak slowly, but that is normal for people who are DHH."

Other participants mentioned the importance of using correct grammar, which helps individuals who are DHH to present their thoughts and to understand other people when they speak. Hammad said, "Grammar is like the king of speech; you have rules you should follow. When people talk to me with correct grammar, I understand them. When I talk to people with perfect grammar, they know what I want." However, the participants mentioned that their grammar skills were not strong. Some participants highlighted that they struggled to learn Arabic grammar. Khalid mentioned, "I need some help with grammar. My father used to help me to improve my grammar skills." Hammad also stated, "I hear the sounds, but when people talk fast or use long sentences, I do not understand. They have to speak slowly. I have poor grammar skills." The participants further motioned that they struggled with vocabulary, pronunciation, and grammar due to the lack of opportunities to practice, which is mentioned below.

Subtheme 1: Opportunities

The participants highlighted that providing opportunities for individuals who are DHH to speak helps their language abilities. These opportunities could be at home with family, at school, or even involve using social media platforms. Radhy said,

> I grew up with a hearing family. My family always talked to me. I knew that some individuals who are DHH, their speaking abilities were not good because they did not talk with family. They only talked with their friends who are DHH. I knew that you noticed that I have difficulty with pronunciation because I did not speak with hearing people on this subject in detail.

Similarly, Khalid said, "I use spoken language only with my mother and wife. I use sign language with my friends. I have only two friends, and they are DHH; we do not use spoken language a lot."

Other participants mentioned that school was an opportunity for them to improve their spoken language skills. Hammad said,

> My teacher in school helped me to pronounce all sounds. It was difficult, but he repeated them with me, and I practiced pronunciation and speaking with my family and friends. It is really important to speak correctly because people will understand you.

Also, Ali said,

> I learned how to speak in kindergarten and elementary school. My spoken language was good. When I went to middle school and high school, I did not use spoken language at school. I used spoken language with my family only. It is hard for me to improve my language now.

Other participants mentioned that social media platforms provided opportunities for them to use their language skills. These platforms helped them to receive and share ideas with multi-media options, such as video, voice, and written language. Salah said, "Ten years ago, there was only one option of communication, which was a phone call, and not all individuals who are DHH are able to do that. Now, individuals who are DHH have multiple options for communicating with others."

The participants in this subtheme highlighted the opportunities they had to improve their spoken language, as well as the challenges they faced when given these opportunities.

Theme 2: Communication

Research question number three was about the effect of language and communication skills on social and emotional engagement for individuals who are DHH. The previous theme covered the relationship between language skills and social-emotional engagement. This theme will cover the relationship between communication skills and social-emotional engagement. The

participants frequently mentioned communication skills. They highlighted the importance of communication in their social and emotional engagement. Therefore, the participants mentioned the difficulty they faced when communicating with others. Two subthemes were uncovered: (a) knowledge of society, and (b) social barriers.

Subtheme 1: Knowledge of the Society

The participants mentioned that various factors help individuals who are DHH to engage in the right communication with others. For instance, members of society must know about the needs of individuals who are DHH to take part in appropriate communication and to be engaged during their communications. Ali said, "I felt comfortable with communicating with people when they had knowledge about individuals who are DHH." Similarly, Salah indicated, "People in society do not have knowledge about how to engage with us." Sami also mentioned, "Unfortunately, people do not have knowledge about how to deal with people who are DHH." Due to the lack of knowledge about how to communicate with individuals who are DHH, these individuals face unpleasant situations. Sami shared,

> When I went to a government agency, I told the guy, 'I need you to help me with such-and-such thing.' He talked to me in a really loud voice. [With an animated face, he moved his head right and left very quickly.] All of the people looked at me. It was embarrassing. It was a private topic, and all of the people heard it. I felt shy. He was supposed to show me his lips or write what he wanted to tell me, but some people raise their voices for me to understand them.

Another individual, Radhy, noticed that people know only about people who are Deaf and who use sign language, but people who are deaf or hard of hearing and who use spoken language as the main method of communication are not recognized in society. He stated, "What I have seen

is that people in society are familiar only with the Deaf but not with people who are hard of hearing."

Due to the lack of knowledge in society about how to communicate with individuals who are DHH, the participants had difficulty communicating with others, which affected their social-emotional engagement. The participants mentioned that they were not comfortable with asking people to clarify their speech. Bakur remarked,

In a situation that happened to me in the airport, the guy in check-in was talking to me, and I could not understand him due to the noise at the airport. I told him to raise his voice, but nothing worked, even reading his lips. I did not understand what he wanted. I felt shy. I always feel shy in such a situation.

Similarly, Raad mentioned that he did not feel comfortable with making people repeat their comment. He said, "In public places with noisy environments, I ask people to repeat their speech. It is not comfortable for me to do that, and I feel that people are bothered by me because they repeat their speech."

Other participants mentioned that people are bothered when individuals who are DHH do not understand them. Saud noted,

One day, I went to the car dealer to buy a car. I had two friends with me, and they knew that I am hard of hearing. I went to the guy to give him the money for the car. The car dealer had a lot of customers, and it was a noisy environment. The guy who worked there asked a lot of questions, and I answered them, but I did not hear him correctly. His questions were in the east, and my answers were in the west. The guy got mad, and he yelled at me. He thought I was joking with him. The good thing is that my friends were with me and explained to me what he wanted.

Moreover, Radhy added,

> I remember that I was in a restaurant, and it was busy. I ordered food, and the guy who
>
> worked there talked to me. I did not understand anything. He was angry and yelled at me.
>
> Everyone in the store looked at me. I was really sad, and I left the restaurant without
>
> taking my food. I have not been to the restaurant since then, and the restaurant is near my
>
> house.

Saud described a similar situation, "When a police officer stopped me and asked me questions and I did not hear him right and gave the wrong answer, he thought that I did not respect him and yelled at me. It happened a lot." Another person stated that even people who were close to him were not patient when he did not understand their speech. Radhy said, "To be honest, sometimes my father needed help and asked me to help him, but I did not understand him. He was annoyed and asked me to bring my brother because he could hear and understand him."

Some participants stated that they were misjudged due to the lack of knowledge in society. One participant, Khalid noticed that people thought the Arabic language was not his first language because of the way in which he talked. Khalid commented,

> I went to the store and started to talk to the guy who worked there. The guy started to talk
>
> to me in English. I told him, 'I am Saudi.' He told me, 'Why do you speak slowly like
>
> this?' I told him, 'I am Saudi.' And that was my way to communicate.

Another participant highlighted that people misjudge his cognitive abilities because during communications, he does not always hear speech correctly. Radhy said,

> Sometimes I go out without wearing my hearing aids. People talk to me, and I talk to
>
> them. Sometimes in some speech, I hear only sounds with no meaning. When I do not

respond to people, they think I am crazy or that I have mental issues because sometimes I speak and sometimes I do not. Sometimes I hear them, and sometimes I do not.

Due to their difficulties communicating with others, some participants were not comfortable communicating with hearing people. Ali mentioned, "It was a strange feeling to communicate with hearing peers. When I communicated with them, they were not familiar with my communication skills, and I felt embarrassed." Another participant highlighted that the difficulty with communicating with people in society led individuals who are DHH to be in the Deaf community and to avoid using spoken language. Salah shared,

Do you know the biggest challenge we faced? Individuals who are hard of hearing but who have hearing abilities believe they are completely Deaf, and they do not hear at all. Do you know why? They feel comfortable and safe in the Deaf community. When individuals who are hard of hearing engage in the hearing society, they will have some difficulty and will be embarrassed to communicate with others.

For this subtheme, the lack of knowledge in society was one of the big challenges that individuals who are DHH face. It has led these individuals to struggle with their social and emotional engagement with society.

Subtheme 2: Social Barriers

The participants mentioned social barriers in two culture practices: (a) social events, such as weddings and holidays, and families or tribe events, which are referred to in Saudi Arabia as *majles* or *mjales*, and (b) reading lips. They mentioned how this is impacted by the types of clothes that people in society wear, such as a *niqab*, which women wear to cover their faces in Saudi Arabia, and face masks, which have become mainstream due to the COVID-19 Pandemic.

The first area that participants highlighted is social events. The participants mentioned that they had difficulty being engaged with people in these events due to the noisy environments. Bakur highlighted that "I did not hear people clearly in *majles*. People thought I had a problem with understanding them, but in reality, I had a problem with hearing them." Other participants mentioned that they could be involved in conversations with people next to them. However, they had difficulty with being engaged in large group conversations or with people who sat farther away from them. Raad indicated, "In past social events, or *majles*, usually these events had a lot of people. I could not engage in conversations with people far away from me, especially if there was a lot of noise. I could make conversations with people next to me." Also, Khalid added, "I understand the speech of people who sit next to me, and I can make conversation with them. I cannot make conversation with people who sit far away or engage in large group conversations because I cannot hear the people."

Other participants mentioned that they were isolated during these social events. Saud indicated, "I noticed that I was active and communicated with everyone when I was in quiet places. But in *majles*, I like to sit by myself, and I feel lonely. I cannot communicate with everyone due to the noise." Also, Raad added, "In social events, I usually do not communicate with people because I do not understand conversations with a lot of noise. I sit by myself." Another participant stated that he turned the hearing aids off during these events because it was hard for him to understand the conversation. Salman highlighted, "I was confused during conversations at social events. I could not understand the conversations. So, I turned off my hearing aids, and I sat alone."

Other participants mentioned that they simply avoided being in social events due to their communication difficulties. Bakur said,

> I have not been at *mjales* for a long time, even before COVID-19. I do not want to be in a bad position. I do not want people to think that I do not understand them. I only have difficulty with hearing them. It makes me embarrassed when people notice that I do not understand their conversations.

Similarly, Hammad highlighted, "I have not been at social events for a long time. It is really hard for me to understand people when they speak. I like to be with two or three people, but not at big events."

The second area under the theme of social barriers is that reading lips is difficult due to cultural practices. The participants mentioned that they experienced some difficulty with communicating with women because they wear the *niqab*. Khalid said,

> When women talk to me with niqabs, I do not understand. I ask them to repeat their speech, and I only hear sounds like 'KKKKK' and 'RRRRR.' I have to see their lips to understand them. When I go out with my wife, I tell her to show her lips when she talks to me.

Similarly, Hammad said, "I do not understand women when they talk to me because I have to see their lips move."

The participants highlighted that during the COVID-19 pandemic, people were required to wear masks. The participants mentioned that reading lips helps them to communicate with people, but it was hard to do this while wearing face masks. Ali said, "Oh, oh, wearing face masks created a big problem because I did not understand people when they spoke." Hammad also said, "With COVID-19, I do not understand anyone. I do not make conversation because everybody is wearing a mask. I hope the pandemic is over soon."

Culture practices also inhibited individuals who are DHH because the environment was not conducive for individuals who are DHH to be active participants and to engage with others. Furthermore, culture practices, especially during COVID-19, when people wore face masks in public places, presented a problem. Wearing masks made it difficult for individuals who are DHH to communicate with others using spoken language and to understand others when they spoke. It was clear that these individuals who are DHH rely on reading lips and facial expressions.

Conclusion

The results from this study revealed rich information about the social-emotional experiences of individuals who are DHH and who use spoken language as their main method of communication. The results from the study covered their perceptions and the challenges they faced related to their social-emotional experiences. Seven major themes emerged from the data: (a) internal perspectives, (b) external perspectives, (c) the lack of social-emotional programs, (d) related social-emotional practices, (e) quality of programs, (f) spoken language and vocabulary, and (g) communication. As explained previously, the goal of the study was to provide an in-depth understanding of social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH and who use spoken language as their main method of communication. The participants shared their social-emotional experiences when communicating with others using spoken language. The participants also shared their social-emotional experiences in schools and after they graduated.

CHAPTER V

DISCUSSION

Chapter V discusses the study's results as related to the literature on DHH education as well as the social-emotional factors provided by the participants in the interviews. In addition, the chapter discusses implications, limitations, and suggestions for future research.

Restatement of the Research Problem

The purpose of this study was to provide an in-depth understanding of the social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH who use spoken language as their main method of communication. The research questions that guided this study were:

Q1   What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?

Q2   What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?

Q3   How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?

The study of social-emotional development is significant in the field of DHH (Calderon & Greenberg, 2011; Dalton, 2011; Hintermair et al., 2017). The studies show that individuals who are DHH are at high risk in social-emotional development (Rieffe, 2011). In Saudi Arabia, this area and subpopulation are under-researched. There has been only one research study to date that has focused on social development for Saudi students who are DHH. This study focused on

peer relationships, academic behavior, self-management, and social adjustment (Alzahrani, 2005). However, Alzahrani's study did not investigate the overall social-emotional experiences for students, who are DHH, the social-emotional practices that teachers provided in school, and the connection between social-emotional experiences and communication.

Research Question One

Q1   What are the perceptions of Saudi individuals who are DHH and use spoken language regarding their social-emotional experiences currently and during their (K-12) education?

The first question of this study was to describe the perceptions of Saudi male individuals who are DHH regarding their social-emotional experiences. Two themes occurred that address their perceptions of their social-emotional experiences. These themes were (a) internal perspectives and (b) external perspectives.

Internal Perspectives

Self-identity or self-awareness is a skill that relates to how individuals understand their own identity and how it positions themself in the community (Bender et al., 2010). Four categories were merged into the main theme. These were (a) religious perspectives, (b) self-image, (c) their identity as being deaf or hard of hearing, and (d) capability.

Participants indicated that they were content with being DHH. The participants connected this contentment to religious and spiritual perspectives. Two previous studies that did not focus on individuals who are DHH specifically but on families who have children with disabilities (Poston & Turnbull, 2004; Skinner et al., 2001) found that personal faith and religion were perceived to be strong sources of emotional and well-being support. In the current study, individuals with disabilities also believed that their religion was connected to their well-being and to them accepting themselves as individuals who are DHH. It was noticeable when the

participants talked about their disabilities, they mentioned words such as "thank God," "praise be to God," and "Glory be to God." All of the participants of the study are Muslim. The belief of contentment or referred to as "Qadar" is a part of the "Pillars of Faith" in Islam. In Islam, people should believe there are no accidents in nature. If something dislikable happens, people should not wish it had not occurred or question why it did occur (Ghazzālī, 1910; Idris & Siddique, 1984). Therefore, the participants were happy about how they are, and they did not have a belief of blaming themselves or having questions about why they have disabilities.

The second category the participants mentioned in this study was self-image. The participants mentioned that at a younger age they had a negative self-image about their disabilities. One mentioned, "In elementary and middle school, I was not feeling comfortable because of my disabilities but things changed in high school," and "In the past, I considered myself as a non-important person." Mekonnen et al. (2016) studied the self-concept of individuals who are DHH and hearing students in grade 4. This study revealed that individuals who are DHH showed lower self-concept in general than their hearing peers. The results of the current study showed that the participants felt negative about themselves as individuals who are DHH when they were young, which is supported by Mekonnen et al.'s research. However, the current study was different because the participants' belief about themselves changed from being negative to positive when they became adults.

The third category was the identity of being deaf or hard of hearing. The participants of this study viewed their identity as individuals who are DHH in two ways. First, the majority of the participants felt comfortable identifying themselves as individuals who are DHH whether they knew the other individual or not. In addition, they felt comfortable mentioning or showing their hearing aids. Israelite et al. (2002) found that students who were hard of hearing were aware

of their disability, were knowledgeable about their strengths and weaknesses as compared with hearing peers and had positive perceptions about their self-identity. Secondly, some participants identified themselves as individuals who are DHH only with people they know such as friends and family members. This is finding is supported by Kent (2003) who found that individuals identified themselves as having hearing loss when they were at risk physically and psychologically. Specifically, the participants who identified themselves as having hearing loss in this study had severe to profound hearing loss; those who had mild hearing loss did not identify in this way.

The last category in this theme was capability. Participants believed that being individuals who are DHH did not prevent them from being successful in school. The participants mentioned, "I am the only one who graduated with a bachelor's degree. So, I am proud of myself, and my family is proud of me," and "when I graduated from high school, I started to challenge myself. People said you have a disability. I know that I have a disability, but I can understand, I can write, and I can learn." In addition, the participants experienced that they could be successful in their lives and mentioned achievements. This is similar to the findings of Luckner and Muir (2001) who reported individuals who are Deaf viewed their successes as positive and their perspective was that they are hard workers.

External Perspectives

The external perspectives were the viewpoints that connected the environment around the individuals. In the ecological systems theory, environmental levels such as the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem have a direct impact on human development. People are not able to be isolated from the impacts of these environmental

levels (Johnson, 2008). In this theme, the participants mentioned two subthemes which were (a) relationships with others, and (b) lack of support.

Relationships with Others

An interpersonal relationship with others is a basic need. The need for human connection with others is necessary in order to have a healthy well-being (Berndt, 1979). The participants of this study mentioned three areas. These areas were (a) friendship (b) the feeling of being isolated and lonely, and (c) bullying.

First, the participants valued the quality of being friends with others. The participants mentioned having common interests motivated them to be friends with others. Humans need to connect and relate to the community (Furrer & Skinner, 2003). Therefore, the participants associated with groups of people that they could be involved in, engage with, and share common interests. In addition, the participants mentioned being friends with a group of people who are DHH was an advantage because they could share common interests as being individuals who are DHH and communicate with ease. These common interests could not be found being with hearing people, because hearing people did not have the same experiences. This finding aligned with what Terlektsi et al. (2020) mentioned, regarding how adolescents who had only Deaf friends were more involved in Deaf culture and Deaf clubs. These adolescents shared the same language and the experiences of being individuals who are DHH. In the current study, the participants who are DHH mentioned that being friends with other people who are DHH allowed them to share the same experiences and language because some of the participants used both sign and spoken language.

Second, the participants experience being isolated and lonely. The participants highlighted that their network of friends was limited, perhaps due to their hearing loss. Charlson

et al. (1992) mentioned adolescents who are deaf, experienced some degree of isolation or reported being lonely because of school environments, communication difficulties, physical, and cognitive development. The majority of participants in this study received their education in special education classrooms with individuals who are DHH in the general education school. These small classrooms limited the number of student interactions and may have contributed to the feeling of being isolated and lonely. The educational placement for students who are DHH is an important consideration because of the opportunities or lack of opportunities students who are DHH have to interact and communicate with hearing peers. Stinson et al. (1996) found that individuals who are DHH were more likely to have a peer relationship with other individuals who are DHH than hearing peers were when mainstreamed into school activities. However, individuals who are DHH had more friends with hearing peers when the former were included in general education classes. Most of the current study's participants were mainstreamed only in school activities, and they did not attend any classes with hearing students.

The third area that participants mentioned was that they experienced being bullied. The participants were bullied because of their communication or pronunciation difficulties. Kouwenberg et al. (2012) found students who are DHH were at higher risk to be victimized especially those who received their education in special education programs. In this study, the participants were bullied in environments outside the school. They were victimized because they wore hearing aids, or because of their communication and pronunciation difficulties. Being different from hearing people could raise the level of victimization among individuals who are DHH.

Lack of Support

The participants experienced a lack of support after graduating from school. Thus, these participants found poor support in universities and even finding jobs. In fact it was mentioned that individuals who are DHH had a high chance of dropping out of the university because they did not receive the support that they needed. Moreover, some participants experience difficulties obtaining employment, which is a global issue. Historically, individuals who are DHH have higher rates of unemployment (Punch et al., 2006). Having difficulties while studying at the university as well as finding employment can negatively affect an individual and influence their well-being and social-emotional experiences. Liu (2013) discovered that a lack of support for students who are DHH at the university level had negative effects on students' motivation, academic achievement, and overall experience as university students.

Research Question Two

Q2   What educational practices did teachers deliver and how did those educational practices promote social-emotional experiences for Saudi individuals who are DHH and who use spoken language?

To answer this question, the participants mentioned three themes that related to educational practices regarding social-emotional experiences for students who are DHH. These themes were (a) the lack of social-emotional programs, (b) related social-emotional practices, and (c) quality of programs. Additionally, multiple related subthemes were mentioned for this topic.

The Lack of Social-Emotional Programs

The study participants did not receive dedicated programs or lessons related to social-emotional learning and development. Some participants talked in general and did not even hear about these school programs. These comments were understandable because the social-emotional

programs have not been developed in Saudi Arabia. The Kingdom should develop a social-emotional program because many countries focus on developing social and emotional learning skills in their schools, specifically Singapore, Malaysia, Japan, South Korea, Australia, New Zealand, some Latin American countries, some African countries, England, and most of the other European countries (Kabasakal & Totan, 2013).

Related Social-Emotional Practices

Although there were no formal social-emotional practices, the participants mentioned educational practices that were delivered by teachers, which related to their social-emotional experiences. Two related subthemes emerged. The subthemes were (a) achievement and engagement and (b) cultivating caring.

Achievement and Engagement

The participants' achievements in school were important to them emotionally. The participants were happy, hopeful, and proud of themselves and their achievements in school. They also shared their achievements with their family members. Achievement emotions are important for students in their personal growth, well-being, performance, and engagement (Pekrun, Elliot, et al., 2006; Pekrun ,Goetz, et al., 2002). Achievement emotions connect to factors such as enjoyment, hope, and pride (Pekrun et al., 2006). Thus, it is necessary for the school to recognize their hard work. In this study, in the recognition of achievements, prizes were focused on academic achievements, but such recognition had a direct impact on individuals' social-emotional experiences. Therefore, the participants were happy, proud, capable, and motivated regarding their achievements.

Other participants mentioned the importance of being engaged in society. These engagements could be in the form of school trips and events. Individuals who are DHH need to

interact with people in society, which affects their emotions positively. Previous research has shown, individuals who are DHH and have higher levels of social support score higher on social and academic engagement than those with lower levels of social support (Cheng et al., 2020). In the current study, the participants highlighted that school trips and events supported them socially because the trips provided them with opportunities to interact with others.

Cultivating Caring

The results of this study indicated the importance of teachers cultivating caring. The participants felt the need to be cared for and the need to feel important to the teachers. The participants highlighted the importance of teachers caring about them, even when they made mistakes or exhibited behavioral issues. de Guzman et al. (2008) found that teachers' caring behavior helped to shape positive emotions among students. The study's participants were university-level students who reflected on this phenomenon in elementary, secondary, and tertiary level instruction. Although the participants in their study were not individuals with disabilities or individuals who are DHH, the results of de Guzman et al.'s study and the current study agree regarding the connection between teachers' caring and students' positive emotions.

Quality of Programs

The participants mentioned the importance of the quality of educational programs to their social-emotional experiences. It is the rule of schools in the 21st century to provide students with academic and nonacademic skills to prepare them for their future life (Osher et al., 2016). The participants mentioned two subthemes: (a) teachers' knowledge and practices and (b) inclusion.

Teachers' Knowledge and Practices

The participants noted that they had been treated differently because they are DHH. This treatment had a negative impact on their academic skills and their social-emotion experiences.

The participants highlighted that they received unnecessary help from teachers, such as help on exams, and they were not challenged academically because the teachers tried to simplify academic tasks for them compared with hearing students. Al-Dababneh et al. (2016) found that in Jordan, which borders Saudi Arabia, teachers of individuals who are DHH had positive attitudes toward and respect for students who are DHH. However, teachers needed more training to improve their teaching competency. It was not clear in the current study whether unnecessary help was linked to the quality of teacher training and the attitudes toward individuals who are DHH. This area needs more future research. The participants also noticed that they had a higher rate of dropping out from universities due to the lack of high academic skills. This is similar to the statistics that show that less than 25% of students who are DHH are academically ready for baccalaureate-level study (Cuculick & Kelly, 2003). Moreover, the participants developed a negative self-image because they were treated differently from their hearing peers, they looked at themselves as below hearing people. This finding was also found by Kent (2003) who showed that students who were DHH were aware of their disability and identified themselves as less than normal. Participants did not agree with these teaching practices and wanted to be challenged and treated in the same way as hearing students. They fought for their rights, but they collided with their peers who accepted such inappropriate help from teachers and who were used to not being challenged in school. As the literature has shown, students who are DHH demonstrate the same intelligence as their hearing peers (Maller & Braden, 2011). Thus, individuals who are DHH have the cognitive abilities to learn and be as successful as hearing students.

Inclusion

In this study, the participants received their education in a self-contained classroom with other individuals who are DHH. The participants in this study believed that inclusion in the

general education classroom would give them more opportunities to interact with peers and develop friendships. According to the literature, students who are DHH have similar peer relationships to those of hearing peers in inclusive education settings (Nunes et al., 2001; Wauters & Knoors, 2008). Some participants noted that the special education programs did not suit their needs and believed the quality of programs was not strong compared with the general education programs. Additionally, some participants did not like the teachers' treatment of them as students with low cognitive abilities. Thus, they believed that receiving their education in the general education classroom would help them to receive a similar education to their hearing peers. Individuals who are DHH had the same average performance academically as their hearing peers when they received a similar curriculum to that of the general education classroom (Antia et al., 2009). In this study, the participants received a similar curriculum to that of hearing students in the general education classroom, but teachers simplified the curriculum, which had a negative impact emotionally on students who are DHH.

Some participants who were included in the general classroom did not receive the modifications they needed to be successful in inclusive classrooms. Previous research has indicated that for students with disabilities to be successful in the general education classroom, teachers should provide accommodations and modifications (Soukup et al., 2007). The participants in this study did not receive any accommodations and modifications; thus, they felt lost and left behind in the general education classroom. This affected not only their academic achievements but also their social-emotional experiences of being in nonsuppurative environments.

Research Question Three

Q3   How does the language and communication skills of Saudi Individuals who are DHH and who use spoken language affect their social and emotional engagement?

Participants mentioned language and communication skills and their relationship with social and emotional engagement. Being able to interact with people in society is important to develop healthy social-emotional skills (Preisler et al., 2005). Communication and language skills are the keys to experiencing social interaction with others (Bat-Chava et al., 2005). Hearing loss limits access to hearing spoken language; thus, many individuals who are DHH experience language delays (Preisler et al., 2005). In this study, two main themes emerged: (a) spoken language and vocabulary and (b) general communication.

Spoken Language and Vocabulary

In the findings, the participants highlighted the importance of having strong spoken language skills in order to engage socially with other people. The literature showed that there is a relationship between spoken language proficiency and social skills (Bat-Chava & Deignan, 2001). The study results indicated that the participants had difficulties pronouncing some sounds and words. Thus, they felt their speech would not be clear to other people. Spoken language skills help individuals who are DHH to be self-confident when they communicate with hearing people (Bat-Chava & Deignan, 2001). Additionally, Bat-Chava et al. (2005) found a connection between spoken language proficiency and peer relationships. Individuals who are DHH whose speech was not clear were at higher risk of being ignored or rejected by hearing peers, which affected their social skills negatively.

Opportunities

The literature shows that individuals who are DHH experience oral language delay (Geers et al., 2009). The study participants mentioned the importance of providing opportunities to practice and improve their spoken language at home. Current digital hearing aids provide opportunities for individuals who are DHH to develop spoken language (Robertson & Flexer, 1993; Spencer & Oleson, 2008).

Communication

In this theme, the participants mentioned two subthemes related to the challenges that they faced when communicating with others. These challenges negatively affect their social–emotional engagement. These subthemes were (a) knowledge of the society and (b) social barriers.

Knowledge of the Society

The participants mentioned that members of society did not know how to communicate with them. Thus, although some participants felt comfortable communicating with people who were aware of their disabilities and understood their needs, others did not. The literature indicates that hearing students lack sufficient social skills such as using visual communication that employs eye contact and gestures when they communicate with students who are DHH (Keating & Mirus, 2003). Unfortunately, in this study, such a lack of knowledge among members of society caused individuals who are DHH to have unpleasant experiences when hearing people did not understand them. This led some participants who are DHH to feel embarrassed. Individuals who are DHH are more likely to experience failure in interaction than their hearing peers are (Boyd et al., 2000; Martin et al., 2011).

Social Barriers

Social interaction is an important part of Saudi Arabian culture (Ulrichsen, 2015). Therefore, family or tribe gatherings and social events are also a significant part of the culture. Usually, large groups of people attend these events and gatherings. The environment is often noisy, so the participants in this study had difficulty communicating with others. Previous studies mentioned that noisy environments have a negative impact on individuals who are DHH when they communicate with hearing people (Ibertsson et al., 2009; Toe & Paatsch, 2010).

Furthermore, the participants in this study mentioned the difficulties they experienced when communicating and engaging with people because of the use of facemasks due to the COVID-19 pandemic and women's use of *niqab* that covered their faces. Because they cannot hear sounds even with the use of hearing aids, individuals who are DHH rely on visual communication outputs such as facial gestures and lip reading. Visual communication skills are important for ensuring that individuals who are DHH can engage socially with hearing people (Keating & Mirus, 2003).

Implications for Practice

Implications for practice from this study are directed at four groups: individuals who are DHH, families of individuals who are DHH, teachers of individuals who are DHH, and associations for individuals with disabilities. The study participants provided in-depth information about their social-emotional experiences and their perceptions of such experiences, their experiences of social-emotional practices in school, and the connection between communication and language skills and their social-emotional engagement.

The core of this study was individuals who are DHH and their social-emotional experiences in K-12, in college, at their jobs, and in their social life. The participants provided

recommendations to people who are DHH. First, they recommended recognizing their identity as individuals who are DHH. The participants recommended that individuals who are DHH understand their identity and their need to use hearing aids. Thus, individuals who are DHH should accept the look of hearing aids, should feel positive about them, and should wear them in the public. Additionally, individuals who are DHH should be capable of learning and being successful. Being DHH does not mean individuals are cognitively below their hearing peers. Individuals who are DHH are capable of being successful socially and academically, and they can achieve their goals. Language and communication skills are important keys to be active and engage in society. Individuals who are DHH should focus on improving their language and communication skills with their family at home, friends in the neighborhood, and peers at school.

For the families of individuals who are DHH, the home environment should be supportive. The family should include individuals who are DHH in decision-making, daily conversation, and activities. Individuals who are DHH should feel important in the family as being part of them. Individuals who are DHH should feel like their ideas and thoughts are important to the family. In addition, the home environment should be supportive for individuals who are DHH to improve their communication skills. Therefore, the family should include individuals in communication, reduce noise, and improve their spoken language skills.

For the third group, the participants highlighted that teachers should support individuals who are DHH to be socially involved with others in school and outside of school. In school, individuals who are DHH should be involved with hearing peers in social activities that the school provides. Additionally, individuals who are DHH should be included in social events outside the school, such as trips organized by the school. The participants also mentioned the importance of the educational placement of individuals who are DHH. Individuals who are DHH

need to be involved with hearing peers in some classes or to be fully included in the general education classroom because self-contained classrooms with only other DHH students limited their access to a larger friend group. Moreover, participants mentioned the need for social-emotional programs that support their social and communication skills. Thus, teachers should provide practices and activities in the classroom that improve the communication skills of individuals who are DHH.

Finally, associations for individuals with disabilities should raise awareness in society about individuals who are DHH. The participants indicated that individuals who are DHH had negative social-emotional experiences because of the lack of knowledge in the general society. These associations should educate the society about individuals who are DHH, how to communicate with them, their needs, and how to value them as part of the society.

Limitations and Suggestions for Future Research

The first limitation of this study is related to the participants. All the participants in the study were men who are DHH. There is segregation in the educational system in Saudi Arabia. This means there are separate schools for men and women. Therefore, the social-emotional experiences of women might be different from those of men because they have different experiences in school due to segregation in the educational system in the Kingdom. Additionally, the participants highlighted their social-emotional experiences with their friends, interaction with others in society, and social events; due to the cultural perspective in Saudi Arabia, segregation occurs not only in schools but also in general social life.

Another limitation is related to ecological systems theory. The chronosystem represents the time that influences all levels of ecological systems, which are the microsystem, the mesosystem, the exosystem, and the macrosystem (Johnson, 2008). The age group of the

participants was 18–30. Thus, individuals who are DHH who are older or younger than the target

population might have different experiences because of the changes in the educational system,

the increase of knowledge in society about individuals who are DHH and who have cochlear

implants, and the development of individual social skills with the evolution of technology.

An additional limitation was the setting of the study. The participants were individuals

who are DHH from the Eastern Province of Saudi Arabia. Saudi Arabia is divided into 13

different regions. Including participants from different regions could be beneficial for future

studies. Each region has a unique culture; thus, including more regions in the target population

could be helpful to provide a complete image of the study phenomenon.

An additional limitation of this study is that it excluded individuals who only use sign

language as their primary method of communication. These individuals may have different

social-emotional experiences because of their friendship groups and their connection to Deaf

clubs and culture, in addition to their school settings and their engagement with hearing people.

Another limitation is related to the interview questions. Asking different interview

questions would lead to different results. The interview questions did not cover the emotional

domains such as controlling and expressing emotions. The area of social-emotional development

continues to be under research. Therefore, asking interview questions about emotional domains

needs more engagement from the participants of this subject. As result, this research only

focused on social-emotional experiences that related to social interactions with others.

All interviews were virtual because of the COVID-19 pandemic. Due to the uniqueness

of the participants of the study, some participants had difficulty communicating during the

interviews. Some of the participants used smartphones in the interviews when my voice was not

clear enough for them to fully understand the questions. I had to repeat some of the questions in

order for them to understand them. Additionally, some of the participants were in a noisy environment, which was a disruption for them. To reduce these issues, I used an extended noise-cancelling microphone and direct light to my face so they could read my lips. Furthermore, I noticed that some of the participants were concerned about their speech abilities, their communication skills, and the interviewer's knowledge of their needs during the interview. In future studies, participants should receive more information about the researcher before the interview, including the researcher's knowledge and experience with DHH individuals. Thus, sharing the interviewer's experience in the DHH field could be beneficial.

Previous studies indicated the relationship between social interaction skills and healthy social-emotional development (Amodio & Frith, 2006; Van Kleef, 2009). The microsystem level in ecological systems theory involves the importance of a close environment in child and adolescent development (Bronfenbrenner, 1979). Parents indicated that improvement of communication and spoken skills was related to having a positive relationship with hearing peers and being socially active with others (Bat-Chava & Deignan, 2001). Thus, future researchers should study the practices of parents provide at home and how they relate to social-emotional experiences of individuals who are DHH.

Conclusion

This study provides an overview of understanding of social-emotional experiences for individuals who are DHH who use the spoken language as their main method of communication. This study highlights how individuals who are DHH perceive their social-emotional experiences with their families at home, at school, in peer interactions, and in their social activities with others in society. Twelve participants were interviewed to investigate the phenomenon of their social-emotional experiences as people who are DHH in Saudi Arabia. Seven themes were

identified from analyzing the participants' interviews. Two themes were related to overall perceptions of social-emotional experiences for individuals who are DHH. Three themes were connected to teachers and school practices related to social-emotional experiences. Finally, two themes were about the connection between language and communication and social-emotional engagement. In the discussion, the findings of the study were connected with previous literature to provide in-depth understanding of the social-emotional experiences of individuals who are DHH in Saudi Arabia. Implications for the practice of this study focus on helping individuals who are DHH to have positive social-emotional experiences. Thus, the implications for practice provide recommendations to four population groups: individuals who are DHH, families of individuals who are DHH, teachers of individuals who are DHH, and associations for individuals with disabilities. Limitations and suggestions for future research offer a foundation for researchers to conduct future studies focused on the social-emotional experiences of individuals who are DHH. I hope from this study to increase the knowledge of social-emotional development for individuals who are DHH in Saudi Arabia. Additionally, this study could provide helpful information for Arab countries because these countries share similar cultures and values.

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APPENDIX A

**SCREENING PROTOCOL:
ENGLISH AND ARABIC**

Screening Protocol

I contacted the deaf and hard of hearing communities in different cities in the Eastern Province of Saudi Arabia to confirm individuals' eligibility and willingness to participate in the study. I reached the participants by email or text messages through WhatsApp and ensure the participants eligible for the study. The content of text messages was as follows:

Hello, my name is Abdulrahman Alsayed. I am a doctoral student at the University of Northern Colorado. My area of research is in the field of deaf and hard of hearing. I am conducting a study on the social-emotional experiences of individuals who are DHH who use spoken language as the main method of communication. I received your name and phone number from contacting the clubs of deaf and hard of hearing Eastern Province of Saudi Arabia. I am wondering if you will be willing to be part of the study. If you are interested, please answer the following questions.

Your name:

Email:

Phone number:

1. *Are you a Saudi male who is deaf or hard of hearing, and is your age between 18-30 years old?*

2. *Do you have mild, moderate, or profound hearing loss?*

3. *Do you have any additional disabilities?*

4. *Do you have bilateral hearing loss?*

5. *Do you use spoken language to communicate, or do you use both methods of communication (spoken and sign language)?*

6. *Did you receive your education in Saudi Arabia, or are you still receiving your education in Saudi Arabia?*

7. *Did you study for at least six months in one of the deaf and hard of hearing schools in Saudi Arabia?*

If any individual answered any of the questions with a "No" The participant was not eligible to be part of the study. Thus, I thanked him, and I asked him if he knows any person who will fit into this study. Then reached out to the recommended person as soon as possible.

إجراء الفرز

تواصلت مع مجتمع الصم وضعاف السمع في مختلف المدن في شرق المملكة العربية السعودية لتأكد من أهلية الأفراد

واستعدادهم للمشاركة في الدراسة. تواصلت بالمشاركين لهذه الدراسة عن طريق البريد الالكتروني او الرسائل النصية من

خلال برنامج الوتس اب للتأكد من أهلية الأفراد للمشاركة في هذه الدراسة. نص الرسالة كالتالي:

السلام عليكم, معكم عبدالرحمن السيد. أنا طالب دكتوراه بجامعة شمالي كولورادو. أنا مهتم بالبحث في مواضيع الصم و

ضعاف السمع. أقوم بإجراء دراسة حول التجارب الاجتماعية والعاطفية للأشخاص الصم وضعاف السمع الذين يستخدمون

اللغة المنطوقة كوسيلة للتواصل. حصلت على اسمك ورقم هاتفك من خلال التواصل بجماعات الصم وضعاف السمع في

المنطقة الشرقية بالمملكة العربية السعودية. أتساءل عما إذا كنت ترغب في أن تكون جزءاً من الدراسة. إذا كنت مهتماً، يرجى

الإجابة على الأسئلة التالية.

الاسم:

البريد الإلكتروني:

رقم الهاتف:

1. *هل أنت سعودي الجنسية من الصم أو ضعيف السمع وعمرك بين 18-30 سنة؟*

2. *هل تعاني من ضعف السمع الخفيف أو المتوسط أو الشديد؟*

3. *هل لديك أي إعاقات اخرى؟*

4. *هل تعاني من ضعف السمع في كلا الاذنين؟*

5. *هل تستخدم اللغة المنطوقة للتواصل، أم تستخدم لغة المنطوقة ولغة الإشارة؟*

6. *هل درست في المملكة العربية السعودية، أو ما زلت تدرس في المملكة العربية السعودية؟*

7. *هل درست لمدة ستة أشهر على الأقل في إحدى مدارس الصم وضعاف السمع في المملكة العربية السعودية؟*

APPENDIX B

INTERVIEW QUESTIONS: ENGLISH AND ARABIC

Interview Questions

- How comfortable are you talking about your hearing loss with your family, friends, and teachers? Please give an example.

- Tell me a story that happened to you when you felt other people seem to be concerned or annoyed that you have a hearing problem?

- How knowledgeable are your friends, family, and teachers about your social-emotional needs regarding your hearing loss? Can you provide a story?

- Has having a hearing loss had a positive or negative effect on your ability to participate in events? Tell me a story in regard to this question?

- Provide an example how you feel you add importance to your family, friends, school, work, or community?

- Describe your spoken language as compared to others in the community?

- How comfortable are you to start a conversation in front of a group of people?

     (a) Explain your experience in situations when you were speaking with another person? (at home, school, social gathering, with relatives, at a restaurant, etc.)

     (b) Explain your experience in situations when you had a conversation with a small group? (with friends, families, casual conversation in a neighborhood, at school and during social times with others, etc.)

- In what situation do you feel the most comfortable to communicate with others? Provide an example?

- Tell me about your social life when you were in school and outside the school? How has it changed now that you are out of school?

- Did you have a network of friends when you were in school? Now that you have finished or graduated what is your network of friends like? Tell me about them. Explain what they were like and what made the friendships unique.

- How do you feel interacting with others using social media, websites or smartphone applications?

    (a) Do you prefer your communication with others by text, voice or video and why?

- Tell me about your educational experience. Elementary Middle/High Post–high school. How satisfied are you with your education? Please explain in detail.

- What activities do you remember that your teachers provided during your k-12 education that were helpful regarding social emotional development?

    (a) How often did your teachers provide activities that related to your social-emotional development? Were these sufficient? Helpful? Why or why not?

- What educational practices would you like to see in the educational system regarding activities that teachers provided related to social emotional experiences?

أسئلة المقابلة

- ما مدى مستوى ارتياحك للحديث عن فقدان السمع مع العائلة والأصدقاء والمعلمين؟ هل بإمكانك تزويدي بمثال؟

- أخبرني بقصة حدثت لك عندما شعرت أن الآخرين يشعرون بالقلق أو الانزعاج لأنك تعاني من ضعف السمع؟

- ما مدى إلمام أصدقائك وعائلتك والمعلمين باحتياجاتك الاجتماعية العاطفية فيما يتعلق بفقدان السمع؟ هل تتذكر
موقف أو حدث؟

- هل فقدان السمع له تأثير إيجابي أو سلبي على قدرتك على المشاركة في الأحداث الاجتماعية؟ أخبرني بقصة
حدثت لك؟

- زودني بمثال بأهميتك لعائلتك أو أصدقائك أو مدرستك أو عملك أو مجتمعك؟

- كيف ترى لغتك المنطوقة مقارنة بالآخرين في المجتمع؟

- صف شعورك لبدء محادثة أمام مجموعة من الناس؟

أ- صف تجربتك في المواقف التي كنت تتحدث فيها مع شخص آخر؟ في المنزل، المدرسة، حدث اجتماعي، مع الأقارب، في
المطعم، إلخ

ب- صف تجربتك في المواقف التي أجريت فيها محادثة مع مجموعة صغيرة؟ مع الأصدقاء والعائلة والمحادثات غير الرسمية
في الحي والمدرسة وأثناء الأحداث الاجتماعية، وما إلى ذلك.

- هل هنالك مواقف معينة تساعدك بشكل أكبر للتواصل مع الآخرين؟ هل بإمكانك تقديم مثال؟

- أخبرني عن حياتك الاجتماعية عندما كنت في المدرسة وخارج المدرسة؟ كيف تغيرت الآن وأنت خارج المدرسة؟

- هل كان لديك شبكة من الأصدقاء عندما كنت في المدرسة؟ (وكيف أصبحت بعد التخرج؟) الآن بعد التخرج، كيف
تبدو شبكة أصدقائك؟ أخبرني عنهم. اشرح كيف كانت علاقتك معهم وما الذي جعل الصداقة مميزة؟

- صف شعورك بالتواصل مع الآخرين باستخدام وسائل التواصل الاجتماعي أو مواقع الويب (الانترنت) أو تطبيقات
الهواتف الذكية؟

أ- هل تفضل تواصلك مع الآخرين بالكتابة أم بالرسائل الصوتية أم الفيديو، ولماذا؟

- أخبرني عن تجربتك التعليمية من المرحلة الابتدائية والمتوسطة والثانوية و ما بعد الثانوية. ما مدى رضاك عن
تعليمك؟ يرجى التوضيح بالتفصيل؟

- ما هي الأنشطة التي تتذكرها والتي قدمها المعلمين أثناء التعليم العام والتي كانت مرتبطة بالمهارات الاجتماعية والعاطفية؟

أ ـ كم مرة قدم المعلمين الأنشطة المتعلقة بالمهارات الاجتماعية والعاطفية؟ هل كانت كافية؟ مفيدة؟ علل.

- ما هي الممارسات التعليمية التي تود أن تراها في النظام التعليمي فيما يتعلق بالأنشطة التي يقدمها المعلمون والمتعلقة بالمهارات الاجتماعية والعاطفية؟

APPENDIX C

CONSENT FORM: ENGLISH AND ARABIC

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Social emotional Experience for Saudi Individuals who are Deaf and Hard of Hearing
Researcher:
Abdulrahman Alsayed, M.A., Ph.D. Doctoral Candidate in Special Education
Email:
alsa3067@unco.edu

Research Advisor: Sandy Bowen, Ph.D., Deaf and Hard of Hearing, School of Special Education
Phone: 970-351-2102
Email: sandy.bowen@unco.edu

     I know your time is valuable and I truly appreciate your willingness to be part of this study. I am Abdulrahman Alsayed the primary researcher of the study. I am asking you for your informed consent to participate in an interview involving questions about social-emotional experiences. The purpose of this phenomenological study is to provide an in-depth understanding of social-emotional experiences in connection with language and communication development for Saudi individuals who are DHH who use the spoken language as the main method of communication.

     The interview should take approximately 60 minutes. You will be invited to share your perception of your social-emotional experiences in connection with your language and communication. The interview will be completed through Health Insurance Portability and Accountability Act (HIPPA) approved sources. The interviews will be audio-recorded and transcribed and analyzed to identify social-emotional experiences. You will be assigned a pseudonym for analysis and reporting purposes. The transcripts of interviews will be kept in a locked file in the researcher's password-protected computer for three years, after which they will be destroyed.

     The following information will occur if you participate in this study:
You will be asked for demographic information such as age, grade levels, and degree of hearing. You will be asked about your social-emotional experiences of being deaf or hard of hearing.

_____

(Participant's initials)
Page 1 of 2

The cost in this study will be the time that the you will be interviewed, and no compensation will be provided for participating. Foreseeable risks are not greater than those that might be encountered in conversations with friends, family, colleagues and counselors. Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Research Compliance Manager, University of Northern Colorado at nicole.morse@unco.edu or 970-351-1910.

Participant's Signature _____Date_____

Researcher's Signature _____

نموذج موافقة المشاركين في البحث العلمي
جامعة شمالي كولورادو

عنوان المشروع: التجربة الاجتماعية والعاطفية للأشخاص الصم وضعاف السمع السعوديين
الباحث: عبدالرحمن خالد الخليفة السيد, مرشح الدكتوراه بجامعة شمالي كولورادو
البريد الالكتروني:
alsa3067@unco.edu
المشرف على البحث: د. ساندي باون قسم الصم وضعاف السمع في كلية التربية الخاصة بجامعة شمالي كولورادو
رقم الهاتف: ٢١٠٢-٣٥١-٩٧٠
البريد الالكتروني:
sandy.bowen@unco.edu

أعلم أن وقتك ثمين وأقدر حقًا رغبتك في أن تكون جزءًا من هذه الدراسة. أنا عبد الرحمن خالد الخليفة السيد الباحث الرئيسي لهذه الدراسة، واطلب موافقتك للمشاركة في مقابلة تتضمن أسئلة حول التجارب الاجتماعية العاطفية. الغرض من هذه الدراسة معرفة التجارب الاجتماعية العاطفية المرتبطة بالنمو اللغوي ومهارات التواصل للأشخاص الصم وضعاف السمع في السعودية والذين يستخدمون اللغة العربية المنطوقة كوسيلة تواصل رئيسية.

تستغرق المقابلة حوالي 60 دقيقة لذلك سوف تقوم بمشاركة تصوراتك عن التجارب الاجتماعية والعاطفية المرتبطة باللغة والتواصل مع الاخرين. المقابلة سوف تكون من خلال مراجع موثوقة في قانون التأمين الصحي القابل للحمل والمساءلة. وسوف يتم تسجيل المقابلات الصوتية ونسخها وتحليلها. سيتم تعيين اسم مستعار لأغراض التحليل وإعداد التقارير. سيتم الاحتفاظ بنصوص المقابلات في ملف مغلق في جهاز الكمبيوتر المحمي بكلمة المرور للباحث لمدة ثلاث سنوات، وبعد ذلك سيتم إتلافها.

سوف تتحدث عن المعلومات التالية إذا شاركت في هذه الدراسة. سيُطلب منك معلومات ديموغرافية مثل العمر ومستوى التعليم ودرجة فقدان السمع. سوف يتم سؤالك كذلك عن التجارب الاجتماعية والعاطفية كونك من الأشخاص الصمم أو ضعف السمع.

المشاركة تطوعية. ولن يتم تقديم أي تعويض مقابل المشاركة في هذه الدراسة. المخاطر المتوقعة ليست أكبر من تلك التي قد تحدث في المحادثات مع الأصدقاء والعائلة والزملاء والمستشارين. بإمكانك عدم الموافقة في المشاركة في هذه الدراسة وإذا بدأت المشاركة، فقد تقرر التوقف والانسحاب في أي وقت وسوف يتم احترام قرارك.

بعد قراءة ما سبق وأتيحت لك الفرصة لطرح أي سؤال، يرجى التوقيع أدناه إذا كنت ترغب في المشاركة في هذا البحث. سيتم إعطاؤك نسخة من هذا النموذج للاحتفاظ بها والرجوع إليها في المستقبل.

توقيع المشترك
١-٢صفحة ─────────

بعد قراءة ما سبق و أتيحت لك الفرصة لطرح أي أسئلة، يرجى التوقيع أدناه إذا كنت ترغب في المشاركة في هذا البحث. سيتم إعطاؤك نسخة من هذا النموذج للاحتفاظ بها للرجوع إليها في المستقبل. إذا كانت لديك أي مخاوف بشأن اختيارك كمشارك في البحث ، فيرجى الاتصال بـ Nicole Morse ، مدير الامتثال البحثي ، جامعة شمال كولورادو على nicole.morse@unco.edu أو ١٩١٠-٣٥١-٩٧٠

توقيع المشترك ــ   التاريخ ــــــــــــــــــــــــ ــــــــــــــــ

توقيع الباحث ــ

APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

Date: 10/28/2020

Principal Investigator: Abdulrahman Alsayed

Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**
Action Date: 10/28/2020

Protocol Number: 2009011603
Protocol Title: Social-Emotional Experiences for Students who are Deaf or Hard of Hearing in Saudi Arabia

Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).

- You make changes to the research personnel working on this study (add or drop research staff on this protocol).

- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.

- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - http://hhs.gov/ohrp/ and https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784