

EXPLORING LANGUAGE INFLUENCES ON THE SOCIAL AND EMOTIONAL DEVELOPMENT OF DEAF YOUNG ADULTS

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Abstract

This multiple case study explores the influence of language acquisition and communication modalities on the socio-emotional development of Deaf young adults in Kerala, India. Given the global discourse on language deprivation, this research investigates how varied

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communicative backgrounds shape identity formation, social integration, and psychological well-being. Employing a qualitative multiple case study design, data were collected from nine Deaf young adults (aged 22–50) through semi-structured interviews. The analysis followed a systematic approach of within-case profiling and cross-case synthesis, adhering to reflexive thematic analysis principles to preserve the integrity of individual lived experiences. Findings indicate that early linguistic accessibility is the primary determinant of socio-emotional stability. Participants categorised their experiences into three distinct themes: the inadequacy of non-verbal "ad-hoc" communication in hearing-dominant spaces, the development of bicultural resilience through Deaf identity, and the critical role of Deaf Associations as "lifeline" support systems. The study reveals that for Deaf young adults, the Deaf community serves as the primary protective framework for mental health, often compensating for systemic gaps in educational and clinical services. The findings suggest that the transition into adulthood for Deaf individuals in Kerala is heavily mediated by the quality of their linguistic environment. Policy recommendations include a paradigm shift from oralist-centric educational models to bilingual-bicultural approaches and the provision of linguistically accessible mental health services. This study advocates for viewing Deafness not as a medical deficiency but as a culturally and linguistically distinct identity requiring targeted socio-political support.

Keywords: Deaf identity, language deprivation, multiple case study, socio-emotional development, Indian Sign Language (ISL), biculturalism, Kerala Deaf community.

1. Introduction

The development of the human persona is intrinsically tied to access to language. Often described as the "mother" of cognitive and emotional growth, language provides the essential foundation for self-expression, social interaction, and emotional regulation. For the Deaf and Hard of Hearing (DHH) community, this foundation is frequently compromised by language deprivation—a lack of delayed or insufficient exposure to a natural first language during critical developmental periods. Research indicates that such deprivation

negatively impacts expressive abilities, leading to systemic difficulties in communication and cognitive maturation.¹

While hearing individuals may occasionally struggle with expression, the challenge for Deaf individuals is unique, as their primary mode of communication—sign language—is often misunderstood by the majority. Expression through language is not merely a utility but essential for identity formation². Individuals who embrace their Deaf identity and engage with the signing community often report higher self-esteem and a stronger sense of belonging.³ This is particularly evident in Deaf children of Deaf parents (DoD), who typically develop stronger socio-emotional skills due to early, unimpeded language access and shared cultural frameworks.⁴

Despite these potential strengths, many DHH individuals face significant socio-emotional risks. Studies suggest that Deaf students often experience higher levels of emotional dysregulation and social isolation compared to their hearing peers.⁵ This vulnerability is exacerbated by environmental factors. For instance, the COVID-19 pandemic highlighted how social isolation drastically reduced the quality of life and communication efficacy for the Deaf community.⁶

In the Indian context, these challenges are deeply rooted in both social and systemic neglect. DHH individuals in India exist as a linguistic minority within a non-deaf majority, often facing barriers at

¹ Tom Humphries, “Language Acquisition for Deaf Children: Reducing the Harms of Zero Tolerance to the Use of Alternative Approaches,” *Harm Reduction Journal* 9 (2012): 16, <https://doi.org/10.1186/1477-7517-9-16>. March 20, 2025.

² William C. Hall, “What You Don’t Know Can Hurt You: The Risk of Language Deprivation by Impairing Sign Language Development in Deaf Children,” *Maternal and Child Health Journal* 21 (2017): 961–965, <https://doi.org/10.1007/s10995-017-2287-y>. April 24, 2025.

³ Y. Bat-Chava, “Diversity of Deaf Identities,” *American Annals of the Deaf* 145, no. 5 (2000): 420–428, <https://doi.org/10.1353/aad.2012.0176>. March 20, 2025.

⁴ R. S. Blose and L. S. Schenkel, “Social-Emotional Development in Deaf and Hard-of-Hearing Children: The Role of Early Language Access,” *Journal of Deaf Studies and Deaf Education* 27, no. 3 (2022): 245–257

⁵ Zhang, P., H. Gu, and M. Wang, “Socially-Based Emotion Dysregulation Among Hearing-Impaired Adolescents: An Event-Related Potential Study,” *Brain and Behavior* 15, no. 11 (2025): e71080, <https://doi.org/10.1002/brb3.71080>. April 3, 2025.

⁶ Abhilash Ghadei, Archita Kumari, Suresh Thontadarya, and Srividya A., “Challenges Faced by Individuals with Hearing Impairment during COVID-19 Pandemic Lockdown in India: A Pilot Study,” *The International Tinnitus Journal* 27 (2023): 126–134, <https://doi.org/10.5935/0946-5448.20230020>. April 3, 2025.

the academic and political levels.⁷ Hearing parents of Deaf children frequently struggle to adapt their communication styles, leading to frustration and hindered parent-child interactions.⁸ Furthermore, the transition toward inclusive education remains a point of contention. Research by Kathuria,⁹ found that Deaf students with prior experience in special schools often possess a more robust "bicultural identity" and adapt better to inclusive settings than those without such exposure.

To mitigate these gaps, the recognition of Indian Sign Language (ISL) has become a focal point of recent policy. While the Rights of Persons with Disabilities Act (2016) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) have enhanced legal protections, the practical bridging of the gap between the Deaf community and society remains an ongoing process.¹⁰ Initiatives, such as those in Kerala to train students in sign language, signify a growing recognition that ISL is the primary vehicle for the deep communication and social integration of Deaf young adults.¹¹ (English, 2013).

Modalities of Communication and Daily Social Interaction. The primary determinant of social maturation in Deaf individuals is the consistency and depth of their chosen communication method. Lillo-Martin and Henner¹² (2021) demonstrate that when Deaf children are provided with fluent sign language input from birth, they achieve linguistic milestones at the same rate as hearing children. Conversely,

⁷ Abhimanyu Sharma, "India's Language Policy for Deaf and Hard-of-Hearing People," *Language Policy* 24 (2025): 451–473, <https://doi.org/10.1007/s10993-025-09729-7>. March 21, 2025.

⁸ Edin Mujkanović and Elvira Mujkanović, "A Bridge between Worlds: Communication between Parents and a Deaf Child," *Multidisciplinarni Pristupi u Edukaciji i Rehabilitaciji* 6 (2024): 101–112, <https://doi.org/10.59519/mper6111>. March 21, 2025.

⁹ Sunita Kathuria, "A Qualitative Approach to Study the Identity Development of Deaf Students in India," *Disability, CBR & Inclusive Development* 33 (2022): 27, <https://doi.org/10.47985/dcidj.445>. March 21, 2025.

¹⁰ Jasmine Gill, "Analysing India's Compliance with International Human Rights Conventions on the Rights of Hearing and Speech Impaired Individuals," *NUJS Journal of Regulatory Studies* 9 (2025), <https://doi.org/10.69953/nurs.v9i4.361>. March 21, 2025.

¹¹ *English Mathrubhumi*, "Kerala to Train Students on Sign Language to Bridge Communication Gap with Hearing, Speech Impaired," *Mathrubhumi News*, last updated July 20, 2023.

¹² Diane Lillo-Martin and Jon Henner, "Acquisition of Sign Languages," *Annual Review of Linguistics* 7 (2021): 395–419, <https://doi.org/10.1146/annurev-linguistics-043020-092357>. May 27, 2025.

those who lack this input experience “language deprivation,” which creates systemic developmental delays. In the Indian context, this often leads to a reliance on hybrid, multimodal systems such as “write and gesture” or “Pidgin” to navigate daily social spaces, as in the words of kusters. While these methods allow for basic utility, they often lack the linguistic depth required for complex emotional exchange, leading to the uncertainty and confusion noted by Rachdito and Hidayat.¹³ (2021). Consequently, understanding the “language window” of each participant is crucial to explaining how their daily communication methods influence their social interactions today.

Language Barriers, Identity, and Self-Expression. Beyond simple communication, language serves as the foundational tool for internal emotional regulation and the formation of a stable identity. Tsou, Y. T.¹⁴ found that DHH individuals in linguistically inaccessible environments often lack the tools to express complex internal states, leading to a chronic “struggle to fit in” that persists into adulthood. This barrier directly impacts identity formation. As Chapman¹⁵ argues, Deaf identity is often forged “through and against” forces of marginalisation, where a sense of belonging is tied more to cultural values than to successfully “passing” in the hearing world. When these barriers prevent full self-expression, individuals often experience unique negative life experiences that adversely impact their psychological resilience and their relationships with both peers and the broader society.¹⁶

Supportive Environments and Socio-Emotional Well-being. The presence of supportive institutional and community frameworks acts as a critical protective factor against the risks associated with hearing

¹³ Eka Rachdito and Zingara Hidayat, “Emoticons as Self-Disclosure in Social Media and Its Meaning for People Who Are Deaf,” *Disability, CBR & Inclusive Development* 32 (2022): 40, <https://doi.org/10.47985/dcidj.471>. March 21, 2025.

¹⁴ Tsou, Y. T., B. Li, Barry Eichengreen, J. H. M. Frijns, and Carolien Rieffe, “Emotions in Deaf and Hard-of-Hearing and Typically Hearing Children,” *Journal of Deaf Studies and Deaf Education* 26, no. 4 (2021): 469–482, <https://doi.org/10.1093/deafed/enab022>. March 20, 2025.

¹⁵ M. Chapman, “Deaf Identities in the 21st Century: Minority Cultural Identity and the Medicalizing System of Representation,” *Social Science & Medicine* 282 (2021): 114145, <https://doi.org/10.1177/1354067x21993794>. March 21, 2025.

¹⁶ K. Crowe, “Resilience and Psychological Well-Being among Deaf Sign Language Users,” *Journal of Deaf Studies and Deaf Education* 27, no. 2 (2022): 123–135, <https://doi.org/10.1093/deafed/enab043>. March 20, 2025.

loss. Hamilton and Clark¹⁷ found that families and educational programmes engaged with "Deaf Mentors" reported a significantly higher quality of life, as these mentors help families move away from a medicalised view of deafness. However, systemic neglect remains a hurdle in India, where Varghese¹⁸ found that 70% of Deaf young adults lacked confidence in accessing services due to a lack of sign language interpreters. Access to inclusive educational environments and linguistically tailored mental health services are found to produce better-adjusted young adults compared to those in culturally marginalising settings.¹⁹ This study²⁰ will explore how access to these supportive systems contributes to the overall well-being of Deaf individuals as they navigate the challenges of adulthood.

Grounded in the experiences of the Deaf community, this study investigates how communication barriers and support systems shape the socio-emotional landscape of Deaf young adults. This research is guided by the following core questions:

1. How do language acquisition and communication methods, including sign language, lip reading, and written language, influence the social interactions and emotional development of deaf young adults in their daily lives?
2. What are the perceptions and experiences of deaf individuals regarding the impact of language barriers on their self-expression, identity formation, and relationships with peers and the broader society?
3. In what ways do supportive environments, such as deaf communities, educational programs, and access to mental health services, contribute to the social and emotional well-being of deaf young adults as they navigate challenges related to language use and communication

¹⁷ B. Hamilton and M. D. M. Clark, "The Deaf Mentor Program: Benefits to Families," *Psychology* 11 (2020): 713–736, <https://doi.org/10.4236/psych.2020.115049>. October 20, 2025.

¹⁸ Reuben Varghese et al., "Barriers Faced by Deaf Individuals while Availing Speech and Hearing Services," *Auditory and Vestibular Research* (2025), <https://doi.org/10.18502/avr.v34i3.18461>. May 28, 2025.

¹⁹ Sunita Kathuria, "A Qualitative Approach to Study the Identity Development of Deaf Students in India," *Disability, CBR & Inclusive Development* 33 (2022): 27, <https://doi.org/10.47985/dcidj.445>. March 21, 2025.

²⁰ James T. G., Michael M. McKee, Melissa K. Sullivan, Gabrielle Ashton, Sarah J. Hardy, Yaritza Santiago, David G. Phillips, and Ji-Yeon Cheong, "Community-Engaged Needs Assessment of Deaf American Sign Language Users in Florida, 2018," *Public Health Reports* 137, no. 4 (2022): 730–738, <https://doi.org/10.1177/00333549211026782>. May 28, 2025.

2. Method

Research Design. This study employs a qualitative Multiple Case Study (MCS) design. This approach is particularly well-suited to Developmental Psychology, as it facilitates an in-depth exploration of “how” and “why” language influences socio-emotional maturation in real-life contexts.²¹ By treating each participant as a distinct “case,” the researcher can capture the nuanced, individual experiences of language deprivation or fluency and their subsequent impact on the persona. Unlike a simple thematic analysis, an MCS design utilises within-case analysis to preserve the integrity of individual narratives and cross-case synthesis to identify systemic group norms and developmental relationships.²² This provides a more comprehensive understanding of the lived experiences of Deaf individuals than traditional quantitative measures.²³

Participants and Sampling. The study utilises purposeful sampling to select nine (9) Deaf young adults from Kerala, India. Participants are aged 20–30, a critical developmental stage marking the transition from late adolescence to emerging adulthood. Selection criteria include: (a) a diagnosis of profound deafness, (b) active engagement in social or professional life, and (c) the primary use of Indian Sign Language (ISL) or multimodal systems (e.g., “Write and Sign”). To ensure a “maximum variation” sample, participants were recruited from diverse socioeconomic backgrounds across Kerala. All participants possess a working knowledge of communicative English to supplement their ISL, ensuring a rich data set for exploring bicultural identity.

Measures. The primary instrument is a semi-structured interview guide designed to facilitate formalised yet flexible dialogues.²⁴ The guide is organised into three developmental domains: (1) early language acquisition history, (2) current socio-emotional regulation

²¹ Robert K. Yin, *Case Study Research and Applications: Design and Methods*, 6th ed. (Thousand Oaks, CA: Sage, 2018), chap. 2, “Designing Case Studies: Identifying Your Case(s) and Establishing the Logic of Your Case Study,” 25–80, <https://doi.org/10.1177/00333549211026782>. May 28, 2025.

²² J. Oranga and A. Matere, “Qualitative Research: Essence, Types and Advantages,” *Open Access Library Journal* 10 (2023): 1–9, <https://doi.org/10.4236/oalib.1111001>. May 29, 2025.

²³ N. Rohatyn-Martin, K. J. Van Vliet, L. J. Cundy, and D. V. Hayward, “Considerations for Best Practice When Conducting Qualitative Research with Deaf and Hard of Hearing Participants,” *Alberta Journal of Educational Research* 69, no. 4 (2023): 459–472, <https://doi.org/10.55016/ojs/ajer.v69i4.72904>. May 29, 2025.

²⁴ Olasile Adedoyin, *Quantitative Research Method* (2020), Research Gate.

strategies, and (3) perceptions of identity within the Deaf and hearing communities. Open-ended questions allow the researcher to digress and probe deeper into emergent themes, ensuring that the participants' subjective realities are captured with high fidelity.

Procedure. Ethical clearance and informed consent were obtained from participants and, where appropriate, their guardians to ensure transparency and compliance with international research standards. Data collection consisted of in-person, semi-structured interviews lasting approximately 50–60 minutes. Interviews were conducted in Indian Sign Language (ISL), video-recorded with permission, and subsequently transcribed verbatim into English by a certified ISL interpreter. This process maintains the "linguistic flavour" and expressive nuances of the participants, ensuring data clarity and transparency.

Data Analysis. To maintain analytical rigour, the data analysis follows a systematic, multi-tiered process rooted in both Case Study Research (CSR) and Reflexive Thematic Analysis (TA).²⁵ The procedure begins with a phase of intense familiarization and transcription, wherein the researcher reviews video recordings and ISL transcripts multiple times to achieve immersion in the data. This stage is particularly critical, as it allows for the documentation of non-verbal cues, facial expressions, and signs of emotional affect that might be lost in text-only translations. Following immersion, the study transitions to a within-case analysis, in which each participant's transcript is analysed as a standalone entity. During this phase, initial codes are generated to capture specific language influences and socio-emotional markers unique to that individual, thereby preserving the integrity and "lived story" of each case before moving to aggregate findings. Once the individual cases are fully coded, the analysis proceeds to a cross-case synthesis utilising a constant comparative method. By examining all participants, the researcher identifies recurring patterns, significant contradictions, and shared experiences that explain how language access—or the lack thereof—affects the cohort's social development. These broader codes are then grouped into potential themes, which undergo a final stage of thematic refinement and mapping. During this ultimate refinement, themes are reviewed against the raw transcripts to verify that the participants' original voices remain the primary focus. The process concludes with the production of a final report that maps

²⁵ David Byrne, "A Worked Example of Braun and Clarke's Approach to Reflexive Thematic Analysis," *The Qualitative Report* 27, no. 5 (2022): 1391–1412, <https://doi.org/10.46743/2160-3715/2022.5392>. May 29, 2025.

the complex, reciprocal relationship between specific language modalities (such as ISL or Pidgin) and the long-term socio-emotional outcomes of Deaf young adults in Kerala.

Ethical considerations. The study adheres to the Ethical Principles of Psychologists and Code of Conduct. Beyond informed consent, the researcher prioritised the protection of “linguistically minoritised” individuals by ensuring the interview environment was accessible and culturally sensitive.²⁶ All data are anonymised using pseudonyms, and participants were informed of their right to withdraw at any stage without prejudice. In alignment with equitable practices, the findings aim to empower the community by highlighting the lived realities of the Deaf in Kerala rather than merely pathologising their hearing loss.

3. Results and Discussion

This section presents findings on the language influences affecting the social and emotional development of Deaf young adults in Kerala. Utilising a qualitative Multiple Case Study (MCS) design, the researcher examined in participants’ lived experiences of response to three research questions. The results reveal a complex landscape where language serves as both a barrier to mainstream integration and a catalyst for cultural identity and emotional resilience.

PART I: Within-Case Analysis (Individual Profiles)

Participant 1: Alex (*the successful navigator of two worlds*). Alex is a 24-year-old male who demonstrates a high level of social and professional agency despite significant early communication barriers. He relies on Indian Sign Language (ISL) as his primary modality but employs a sophisticated mix of writing and gesturing to navigate hearing-dominant environments. Alex experienced a profound sense of exclusion in mainstream education, noting that most teachers were “ignorant of sign language,” which rendered lessons incomprehensible. Alex exhibits high self-confidence and emotional resilience, derived largely from his leadership role in the Deaf community and his success in managing his family’s business. For Alex, the Deaf Association functions as a “lifeline,” which he metaphorically describes as an “oxygen cylinder” necessary for survival in a hearing world.

²⁶ A. Aldalur, T. Bridgett, and L. H. Pick, “Psychological Assessment Reports for Linguistically Minoritized Clients: Considerations for Ethical and Professional Practice,” *Professional Psychology: Research and Practice* 53, no. 6 (2022): 606–614, <https://doi.org/10.1037/pro0000462>. May 29, 2025.

Participant 2: Anita (*the intense observer*). Anita, a 22-year-old female, illustrates the developmental strain of "fragmented communication." Her primary strategy for social interaction involves intense observation of lip movements, a method she finds inherently "incomplete" and exhausting. While she maintains an affectionate relationship with her father, she experiences a distinct "emotional distance" within her broader hearing family due to their lack of sign language proficiency. Anita navigates her daily life through a lens of cultural pride, viewing sign language not merely as a tool for communication but as the core of her culture. Her experience underscores the "power inequities" felt by Deaf individuals. She explicitly associates the recognition of sign language with the fundamental "respect" of the Deaf community.

Participant 3: Jeffin (*the peer-powered coping*). Jeffin is a 26-year-old male whose profile highlights the critical role of peer networks in mitigating social isolation. Having struggled with the oralist emphasis in mainstream schools, Jeffin frequently found himself marginalised within hearing-majority groups, which led to feelings of exclusion. To cope, he relies almost exclusively on other Deaf friends for emotional support and problem-solving, following their advice over seeking formal counselling. Jeffin demonstrates a "bicultural identity" struggle. He is empowered within Deaf spaces but feels significant invisibility and devaluation in public and professional spheres. His case reflects the emergence of role models. He finds significant motivation in the visibility of Deaf professionals, such as a Deaf advocate, Sarah Sunny, a 27-year-old advocate from Kerala, as India's first lawyer to argue in the supreme Court of India, validating his own potential for success.

Table 1.

Comparative Summary: Cases 1, 2, 3

Feature	Case 1 (Alex)	Case 2 (Anita)	Case 3 (Jeffin)
Primary Challenge	inaccessible education	fragmented family dialogue	social invisibility
Coping Strategy	community leadership	lip-reading & observation	peer-based problem solving
Identity View	empowerment/ business success	cultural/ identity- affirming	validated by role models

Participant 4: Athulya (*the struggling professional*). Athulya is a 30-year-old female whose profile highlights the severe "communication

barriers” faced in vocational and hearing-dominant environments. She relies on non-verbal cues such as smiles, head-shaking, and gestures when interacting with hearing individuals, but she evaluates these methods as largely ineffective for full self-expression. This inability to communicate nuanced thoughts leads to significant social exclusion; she explicitly mentioned feeling excluded from groups where only hearing people are present, which she finds emotionally taxing. Communication barriers in mainstream settings reduce her opportunities for professional advancement and social engagement. For Athulya, the lack of sign language knowledge among the hearing majority results in “superficial” interactions that increase her sense of social isolation.

Participant 5: Asha (*the outsider in the classroom*). Asha is a 27-year-old female whose experience underscores the systemic disadvantages of “oralist” education. During her schooling, she struggled to understand lessons because they were delivered orally without sign language support. This lack of linguistic accessibility during her formative years contributed to reduced academic confidence and limited her career choices to less communication-intensive roles. Her educational history is marked by alienation and academic underperformance due to ineffective teaching methods. Asha’s case exemplifies how the absence of sign language curricula in mainstream schools marginalises Deaf students and impairs their long-term social and cognitive development.

Participant 6: Anjali (*the empowered self-advocate*). Anjali is a 26-year-old female who demonstrates high levels of “Deaf Pride” and empowerment. Unlike those who view their deafness through a medical lens of deficiency, Anjali strongly identifies with the Deaf community and sees sign language as a cultural and empowering tool. She is confident in managing her family and professional responsibilities, often taking care of the family shop in her father's absence. She exhibits strong psychological resilience and self-determination, fuelled by peer support and resistance to stigmatising narratives. Anjali finds great inspiration in Deaf role models – such as a Deaf advocate (Sarah Sunny from Kerala) practicing in court – which validates her belief that Deaf individuals can lead and succeed in various fields.

Table 2.

Comparative Summary: Cases 4, 5, and 6

Feature	Case 4 (Athulya)	Case 5 (Asha)	Case 6 (Anjali)
Primary Challenge	professional isolation	educational marginalization	social stigma/hearing norms
Coping Strategy	non-verbal gestures	reliance on deaf peers	cultural pride (deafhood)
Identity View	exclusion/frustration	academic marginalization	empowerment/confidence

Participant 7: Linto (*the self-made entrepreneur*). Linto is a 38-year-old male who operates a wood business. His profile is characterised by “late-stage linguistic integration”; he discontinued formal education after grade 7 and initially lacked proficiency in formal sign language, relying instead on basic gestures and parental guidance. Over time, he developed a functional mix of reading, writing, and sign language, which he now rates as “average.” Despite his early academic struggles, Linto has achieved significant economic independence through his business. Linto exhibits a pragmatic sense of confidence. While he feels comfortable in his business interactions, he remains critical of the broader hearing society’s lack of effort to understand the Deaf. Linto’s case demonstrates that vocational success can occur independently of formal academic achievement if the individual develops adaptive multimodal communication strategies.

Participant 8: Sabu (*the bicultural bridge*). Sabu is a 30-year-old male working in the government sector. His developmental path is unique because of his experience in a “mixed school” environment, where his brother served as a linguistic bridge. This allowed Sabu to develop “Total Communication” skills—proficiency in Malayalam, sign language, and oral communication. Unlike many other participants, Sabu maintains active social circles in both the hearing and Deaf communities, positioning him as a bicultural bridge. Sabu demonstrates high social adaptability and emotional intelligence. He is comfortable navigating hearing environments because of his diverse communication toolkit. Sabu’s profile highlights the “sibling-mediator effect,” where a hearing family member’s support in the classroom can prevent the social isolation typically associated with mainstream inclusive education.

Participant 9: Pushpan (*the longevity of peer support as lifeline*). Pushpan, at 50, is the oldest participant in the study and manages a small shop. His profile reflects a generational experience where sign language was less formalised in his youth. He relies primarily on sign language and gesturing to serve his hearing customers. Pushpan's social world is deeply rooted in his peer network from the Deaf Association, which he views as his primary source of emotional support and information. He displays a contented but "siloe'd" emotional state [state of being functionally and emotionally isolated from the world outside his specific group, even if he feels happy within that group]. While he is happy within his signing circle, he remains wary of the "illiterate" or uneducated segments of the community who lack sign proficiency, as he finds it difficult to strike up conversations with them. Pushpan's case illustrates the "longevity of peer support," showing that for older Deaf adults, the community association remains a more vital lifeline than formal institutional or family-based interventions.

Table 3.

Comparative Summary: Cases 7, 8, and 9

Feature	Case 7 (Linto)	Case 8 (Sabu)	Case 9 (Pushpan)
Primary Modality	multimodal/functional	total communication (ISL/Malayalam)	ISL and gestural
Education Path	discontinued (Grade 7)	mixed/inclusive schooling	traditional deaf education
Social Sphere	business/vocational	bicultural (hearing & deaf)	community-centric (deaf association)
Emotional Tone	independent/pragmatic	versatile/confident	content/community-reliant

PART 2: CROSS-CASE SYNTHESIS

Influence of Communication Modalities on Daily Social and Emotional Life

Across the nine cases, the data reveals that the choice of communication modality – whether Indian Sign Language (ISL), lip-reading, or "write-and-sign" – directly dictates the depth of social integration and emotional clarity. A dominant theme emerged regarding the Inefficacy of Non-Verbal Gestures and Lip-Reading in hearing environments. Participants like Athulya (P4) and Anita (P2) reported that while these methods allow for basic survival, they are "superficial" and lead to significant cognitive fatigue and "emotional disconnect." This synthesis suggests that without a primary, fluent

language like ISL, social interactions remain transactional rather than relational.

Furthermore, the “educational stagnation” reported by participants who attended mainstream schools (Asha, P5; Alex, P1) indicate that oralist teaching methods without sign support result in long-term developmental gaps. Conversely, Sabu (P8) represents a successful “Total Communication” model, where the presence of a linguistic bridge (his brother) allowed for higher social adaptability. This evidence confirms that linguistic accessibility is the primary predictor of successful social and emotional navigation in Deaf young adults.

Perceptions of Language Barriers, Self-Expression, and Identity

The synthesis of participant experiences highlights a stark dichotomy between Social Marginalization in Hearing Spaces and Cultural Empowerment within the Deaf Community. Most participants (P1, P3, P4, P7) expressed that hearing society perceives deafness through a “medical lens of deficiency,” which leads to power imbalances and a lack of respect for their primary language. Alex (P1) and Anjali (P6) explicitly noted that societal respect for the Deaf is inextricably linked to the recognition of ISL.

Regarding identity formation, a clear pattern of “Deafhood” as Resilience emerged. Rather than viewing themselves as “broken,” participants like Anjali (P6) and Anita (P2) perceive their deafness as a cultural and linguistic identity. This bicultural struggle is evident in how they navigate “hearing norms”, while they may feel “invisible” or experience “shyness” in public (Jeffin, P3), they exhibit high confidence and leadership when within their own community. This suggests that identity is not a static trait but a dynamic response to the linguistic environment.

Contribution of Supportive Environments to Well-being

The final theme identifies Deaf Associations and Peer Networks as Essential Lifelines that often substitute for formal mental health or institutional support. Across all three batches, participants (notably Alex, P1; Asha, P5; and Pushpan, P9) described Deaf organisations as “oxygen cylinders” or vital support structures that provide the “freedom” and “understanding” missing in their hearing families.

Supportive environments were not limited to formal associations. Religious Institutions and Peer-led Problem Solving also played crucial roles. For instance, Jeffin (P3) and Linto (P7) reported that they

rely almost exclusively on Deaf peers for emotional guidance, often bypassing formal counselling because peers “share the same language and struggle.” However, a significant gap was identified in the accessibility of professional mental health services, with most participants being unaware of or unable to access linguistically tailored psychological care. This highlights a critical need for “learned Deaf signers” to take leadership roles in advocacy and service provision (Sabu, P8).

Table 4.

Summary Table of Cross-Case Findings

Research Question	Key Finding (Theme)	Evidence from Cases
RQ1: Social & Professional Interaction	Linguistic Frustration vs. Adaptive Success	P4’s struggle with gestures; P2’s exhaustion from lip-reading; P5’s career restrictions due to oralist education; P7’s pragmatic business success via multimodal tools.
RQ2: Identity & Self-Expression	Bicultural Resilience & Pride	P6’s rejection of the “medical lens”; P1’s business leadership; P8’s high adaptability as a “bicultural bridge” through Total Communication.
RQ3: Support Systems & Well-being	Community & Kinship as “Oxygen”	P1 & P9’s reliance on associations; P3’s peer-based coping; P8’s “sibling-mediator” effect reducing early isolation.

The results of this multiple-case study illustrate that, for Deaf young adults in Kerala, language is not merely a tool for information. It is the bedrock of social belonging and emotional health. The transition from the isolation of “mainstream” environments to the empowerment of the “Deaf World” is mediated by the acquisition of a fluent, shared language.

The findings of this multiple case study illustrate the complex, often contradictory experiences of Deaf young adults in Kerala as they navigate a hearing-dominant society. By synthesising the lived realities of the nine participants with current developmental literature, this discussion interprets the interplay between early language access, identity construction, and the protective role of the Deaf community.

Language Deprivation and the Socio-Emotional Trajectory

The study confirms that early linguistic environment is the primary determinant of socio-emotional stability. As Blose and Schenkel²⁷ (2022) emphasise, early language access is not merely a communicative tool but a developmental necessity for emotional regulation. The “fragmented communication” reported by participants like Anita (P2) and the educational struggles of Asha (P5) echo the findings of Lillo-Martin and Henner (2021), who suggest that the developmental gaps often seen in Deaf youth are artifacts of language deprivation rather than cognitive deficits. The reliance on multimodal systems—such as “write and show” or gestures—observed in Linto (P7) and Athulya (P4), while adaptive, confirms the concerns.²⁸ Regarding the inadequacy of these systems to support deep, complex emotional expression. Consequently, the “frustration and confusion” reported by participants are the expected outcomes of a developmental trajectory devoid of natural, fluent linguistic input.

Identity Formation: The Bicultural Struggle

Identity formation for the participants is a dynamic negotiation between the “medicalised” view held by the hearing majority and the “cultural” pride fostered within the Deaf community. Consistent with²⁹ the participants demonstrated that Deaf identity is not monolithic but it is a spectrum. Anjali’s (P6) empowerment and Sabu’s (P8) ability to act as a “bicultural bridge” illustrate that success is linked to the development of a positive Deaf identity. However, this is frequently challenged by the societal perception of deafness as a “deficiency,” which Chapman³⁰ identifies as a major barrier to mental health. The findings suggest that those who successfully navigate this tension, by accessing Deaf Associations and role models, develop

²⁷ R. S. Blose and L. S. Schenkel, “Social-Emotional Development in Deaf and Hard-of-Hearing Children: The Role of Early Language Access,” *Journal of Deaf Studies and Deaf Education* 27, no. 3 (2022): 245–257

²⁸ Annelies Kusters, “Interplays of Pragmatism and Language Ideologies: Deaf and Deaf blind People’s Literacy Practices in Gesture-Based Interactions,” *Sign Language ideologies in Practice* (2020), <https://doi.org/10.1515/9781501510090-012>. May 29, 2025.

²⁹ Yehuda Bat-Chava, “Diversity of Deaf Identities,” *American Annals of the Deaf* 145, no. 5 (2000): 420–428, <https://doi.org/10.1353/aad.2012.0176>. March 18, 2025.

³⁰ M. Chapman, “Deaf Identities in the 21st Century: Minority Cultural Identity and the Medicalizing System of Representation,” *Social Science & Medicine* 282 (2021): 114145, <https://doi.org/10.1177/1354067x21993794>.

higher levels of psychological resilience, supporting the idea that “Deafhood” is a protective factor against systemic marginalisation.³¹

The Community as a Protective Framework

The most striking finding across all cases is the role of the Deaf Association as the primary protective system, often surpassing family and formal clinical support in efficacy. Participants consistently referred to these communities as “oxygen cylinders” or vital lifelines (P1, P5). This aligns with McKee and Smiler,³² who highlight that well-being in Deaf populations is rooted in cultural-linguistic belonging. The reliance on peer-led problem solving (P3, P7, P9) rather than formal psychological services is a critical insight, suggesting that the current mental health infrastructure in Kerala is either inaccessible or culturally irrelevant to the Deaf community. As Varghese³³ notes, until clinical services are linguistically accessible, peer networks will remain the *de facto* support system.

4. Conclusion

This study concludes that for Deaf young adults in Kerala, language is not merely a clinical tool for information exchange, but the fundamental bedrock of social belonging and emotional health. The cross-case synthesis reveals a stark developmental divide: while “oralist” environments and superficial communication methods often lead to “educational stagnation” and profound isolation, access to Indian Sign Language (ISL) and vibrant peer networks serves as a transformative “lifeline.” By shifting from a medical lens of deficiency to a framework of “Deafhood,” participants like Anjali and Alex demonstrate that a positive cultural identity is a powerful shield against systemic marginalisation. Ultimately, the poignant metaphor of the Deaf Association as an “oxygen cylinder” underscores a critical gap in formal support structures, proving that true inclusion requires far more than a physical presence in hearing spaces. To move from the exhaustion of “transactional” survival to the dignity of “relational” thriving, these findings advocate a systemic shift toward linguistic

³¹ Harlan Lane, “Ethnicity, Ethics, and the Deaf-World,” *Journal of Deaf Studies and Deaf Education* 10, no. 3 (Summer 2005): 291–310, <https://doi.org/10.1093/deafed/eni030>. May 29, 2025.

³² R. McKee and K. Smiler, “Family Language Policy for Deaf Children and the Vitality of New Zealand Sign Language,” in *Family Language Policies in a Multilingual World* (Routledge, 2016), 40–65.

³³ Reuben Varghese, “Barriers Faced by Deaf Individuals while Availing Speech and Hearing Services,” *Auditory and Vestibular Research* (2025), <https://doi.org/10.18502/avr.v34i3.18461>. May 28, 2025.

agency, in which the recognition of ISL and the elevation of Deaf-led spaces become the primary drivers of psychological well-being and professional success.

5. Limitations

While this study offers an in-depth exploration of the lived experiences of Deaf young adults in Kerala, it is important to acknowledge certain boundaries inherent in the research design. First, as a qualitative Multiple Case Study, the findings are context-dependent and rooted in the specific sociocultural landscape of Kerala, India. Consequently, while the themes identified, such as the “oxygen-cylinder” role of Deaf Associations and the systemic impact of oralist-centric education, are theoretically rich, they may not be statistically generalisable to all Deaf communities across India, where regional language policies and social structures vary. Second, the study utilised a purposive sample of nine participants. While this sample size is robust for a qualitative multiple case study, it inherently focuses on the “depth” of narrative rather than the “breadth” of population representation. Future research could benefit from integrating longitudinal quantitative data to corroborate these qualitative findings on a larger scale. Finally, as the researcher, it is noted that the interviews were conducted in Indian Sign Language (ISL) and subsequently transcribed into English. Although every effort was made to ensure verbatim accuracy and preserve the nuances of the participants’ expressions, the translation process between linguistic modalities (ISL to English text) always carries the risk of slight semantic shifts. Nevertheless, these limitations do not diminish the scholarly value of the insights gained; rather, they provide a roadmap for future research to build on this foundational work across diverse linguistic and regional settings.

6. Implications and Recommendations

The findings of this study carry significant implications for educational policy, clinical practice, and social support structures, necessitating a paradigm shift in how Deaf young adults are served in Kerala.

Regarding educational reform, the evidence suggests that the prevailing oralist-centric schooling models contribute directly to developmental stagnation and long-term academic inequality. Consequently, it is imperative that educational policies transition toward inclusive, bilingual-bicultural models that recognise and formally implement Indian Sign Language (ISL) as a core pedagogical

tool. By ensuring that Deaf students have full linguistic access to curricula, schools can mitigate the developmental scarring associated with early language deprivation and foster a more equitable learning environment.

In the clinical and service sectors, the current reliance on deficiency-based assessment models remains a barrier to effective care. It is recommended that mental health professionals and community service providers undergo comprehensive training in Deaf culture and sign language proficiency to ensure that assessments are culturally and linguistically sensitive. By moving away from an exclusively medicalised framework, service providers can better address the psychological nuances of Deaf young adults, thereby increasing the accessibility and efficacy of mental health resources.³⁴

Finally, the study underscores the importance of empowerment through social representation. The success stories of participants like Anjali (P6) and Sabu (P8) illustrate that the visibility of Deaf role models—such as advocates, entrepreneurs, priests and legal professionals—is a critical factor in fostering positive identity formation among younger generations. To support this, it is recommended that the Deaf community, in partnership with local associations and religious institutions, actively facilitate mentorship programmes. Such initiatives would not only validate the potential for success within the community but also provide the necessary scaffolding for Deaf individuals to navigate the complexities of adulthood with resilience and pride.

7. Declaration of No Conflicting Interest

The authors declare no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

8. Ethical Approval

All procedures performed in this study involving human participants followed the ethical standards of the institutional and/or national research committee, with the 1964 Helsinki Declaration and its later amendments, and comparable ethical standards.

³⁴ A. Aldalur, T. Bridgett, and L. H. Pick, "Psychological Assessment Reports for Linguistically Minoritized Clients: Considerations for Ethical and Professional Practice," *Professional Psychology: Research and Practice* 53, no. 6 (2022): 606–614, <https://doi.org/10.1037/pro0000462>. May 28, 2025.