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Specific Features of The Speech of Hearing-Impaired Individuals in The Process of Orientation to Social Life

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Abstract: This paper examines the specific features of the speech of hearing-impaired individuals in the process of orientation to social life. The relevance of the topic is determined by the fact that hearing loss influences not only auditory perception but also speech production, language development, communicative behavior, social adaptation, and participation in education and community life. The purpose of the study is to identify the main linguistic, psychopedagogical, and social characteristics of the speech of hearing-impaired individuals and to explain how these features affect their orientation to social life. The research is based on theoretical analysis, comparison, interpretation, and synthesis of pedagogical, linguistic, medical, and inclusive-education sources. The findings show that the speech of hearing-impaired individuals is characterized by a specific combination of phonetic, lexical, grammatical, prosodic, and pragmatic features, the severity of which depends on the degree and type of hearing loss, the age of identification, access to an accessible language, early intervention, family support, and educational conditions. The paper argues that speech should not be evaluated only from the standpoint of deviation from hearing norms. It must be understood within a broader framework of communication, identity, inclusion, and social participation. It is concluded that successful orientation to social life requires early and accessible language input, individualized educational support, speech and language intervention where appropriate, communicatively rich environments, and inclusive conditions that promote self-expression and social participation.

Keywords: Hearing-impaired individuals, speech development, social orientation, language development, communicative competence, social adaptation, inclusion, deaf and hard of hearing, speech characteristics, pedagogical support.

Introduction: The problem of speech development among hearing-impaired individuals occupies an important place in modern pedagogy, speech-language studies, and inclusive education because speech is not only a linguistic phenomenon but also a social instrument through which a person enters the world of interaction, education, and cultural participation. Hearing loss affects access to spoken input and may therefore influence the formation of phonological representations, speech monitoring, vocabulary growth, grammar, discourse, and pragmatic behavior. At the same time, the consequences of hearing loss are not identical for all individuals. Deaf and hard-of-hearing children and young people are highly diverse in hearing thresholds, age of identification, communication modality, family environment, educational history, and social experience. Because of this diversity, speech characteristics should be examined not as a single fixed deficit pattern but as the result of interaction between biological, linguistic, educational, and social factors.

The process of orientation to social life gives this topic particular urgency. Social orientation may be understood as the gradual mastery of communicative behavior, self-expression, everyday participation, educational involvement, and adaptive interaction in different social settings. For hearing-impaired individuals, this process is closely connected with language accessibility and the development of effective means of communication. The World Health

Organization emphasizes that early identification and management of hearing loss are essential to mitigate adverse impact, while the CDC notes that hearing loss can affect communication, language, and social skills and that earlier services improve developmental opportunities. These positions confirm that speech features are not merely clinical or linguistic details; they influence participation in school, family, peer networks, and later professional life.

The purpose of this paper is to analyze the specific features of the speech of hearing-impaired individuals in the process of orientation to social life and to identify the factors that determine the formation, variability, and social significance of these features.

The study is theoretical in character and is based on the methods of analysis, comparison, interpretation, and synthesis. The source base includes scholarly works on language development in deaf and hard-of-hearing children, studies of speech intelligibility and speech production, official materials on hearing loss and communication, and sources devoted to inclusive education and social adaptation. The analytical procedure focused on three interconnected domains: the linguistic structure of speech, the psychopedagogical factors affecting its development, and the social conditions that shape communication in everyday and educational contexts.

The methodological position of the paper is that speech must be understood in a broad communicative sense. For hearing-impaired individuals, speech may be supported by spoken language, sign language, signed systems, visual supports, assistive technologies, or mixed communicative practices. Therefore, the analysis does not reduce communication to oral production alone. At the same time, because the topic specifically addresses speech features, the paper pays particular attention to spoken-language development, speech production, discourse organization, and pragmatic behavior, while recognizing that accessible language in any modality is foundational for social participation and later literacy.

The first major result of the analysis is that hearing loss directly affects the conditions under which spoken speech develops. The National Academies source on hearing loss in children explains that reduced hearing impairs children's ability to hear speech, to produce and monitor their own speech, and to learn the phonological rules of the spoken language around them. It also notes that, without appropriate early intervention, even mild hearing loss may have serious effects on spoken communication, sophisticated language use, and educational development. This means that the specific features of speech among hearing-impaired individuals are not random deviations but are connected to limited or altered access to auditory feedback during the very period when speech and language normally develop most intensively.

A second result concerns the heterogeneity of speech outcomes. ASHA and recent language-development reviews emphasize that there is no single developmental pathway for deaf and hard-of-hearing children. Some individuals develop primarily through spoken language with amplification or cochlear implants, some through sign language, and others through bilingual or mixed systems. Outcomes vary depending on the age of identification, quality and consistency of intervention, the presence of accessible language models, and whether the child's home and school environments provide fluent and meaningful language input. The majority of deaf and hard-of-hearing children are born to hearing parents, and this may delay full access to a natural language unless intentional support is provided. From the standpoint of social orientation, this finding is essential: speech features cannot be evaluated independently of the person's history of language access.

The third result is that phonetic and phonological features remain among the most visible characteristics of the speech of many hearing-impaired individuals who use spoken language. Earlier and still influential speech-science research showed that congenital or early hearing loss often disrupts the normal development of speech production, and many hearing-impaired children require explicit teaching of speech skills that hearing children acquire naturally. The same tradition documented frequent consonant errors, voicing errors, and reduced intelligibility, while later work linked intelligibility to both residual hearing and prosodic control. Even when many sounds are produced recognizably, the listener may perceive instability in articulation, reduced contrast among phonemes, or unusual timing and stress. These characteristics can influence how easily the speaker is understood in spontaneous social interaction.

Prosody is another important domain. Speech naturalness and intelligibility are shaped not only by articulation of individual sounds but also by intonation, rhythm, pitch variation, stress, and pausing. Research on children with hearing loss, particularly among users of cochlear implants, has shown that prosodic production may remain vulnerable even when other aspects of language improve. This helps explain why a hearing-impaired individual may be grammatically comprehensible yet still be perceived as speaking in an unusual or effortful manner. In social life, prosody carries emotional and interpersonal information; it

signals politeness, uncertainty, irony, emphasis, invitation, and emotional stance. Therefore, prosodic differences may affect not only intelligibility but also social interpretation of speech.

The analysis also shows that lexical and grammatical development may display specific features. The 2019 review by Scott and Dostal concludes that early and accessible language exposure is crucial across modalities, and that purposeful interactions with educators and family members significantly affect outcomes. It also notes that children identified earlier and enrolled in intervention earlier show more robust vocabulary development. Where language access is delayed, lexical growth may be slower, grammatical structures may develop unevenly, and discourse may remain less elaborated. These patterns are especially significant for orientation to social life because vocabulary and grammar support not just school achievement but participation in conversation, explanation of needs, understanding of instructions, and the expression of emotion and opinion.

A further result concerns the relationship between speech and literacy. The same review emphasizes that language proficiency, regardless of modality, has profound implications for later literacy. This means that speech characteristics are linked with reading and writing, which in turn shape educational success and social participation. When hearing-impaired learners have weak access to complex language structures, they may face challenges not only in oral communication but also in academic discourse, written self-expression, and comprehension of formal texts. Since orientation to social life increasingly depends on literacy in school, digital spaces, and public communication, the linguistic profile of hearing-impaired individuals must be considered broadly rather than narrowly.

Another important finding is that pragmatic and social-communicative features are central to the issue. Speech is never only about producing sounds or sentences; it is about knowing how to enter a conversation, interpret others' intentions, sustain interaction, ask for clarification, read social cues, and regulate one's behavior in a group. Recent research on pragmatics in children with cochlear implants suggests that hearing loss can delay pragmatic development and thereby create social-communication challenges. Qualitative research on social adaptation among hearing-impaired students similarly identifies communication ability, support from teachers, peers, and parents, learning initiative, and expectation levels as major factors influencing social adaptation. In other words, speech features in the social-orientation process cannot be reduced to phonetics; they also include how language is used in interpersonal life.

The emotional and behavioral dimension further expands this picture. A 2021 study of youth with hearing loss found significantly more parent-reported emotional and behavioral problems and poorer quality of life than in hearing youth, and the authors concluded that these difficulties are closely related. A 2024 systematic review similarly reported that children with hearing loss have about twice the risk of psychosocial difficulties compared with children with normal hearing. These results do not imply that hearing loss mechanically causes emotional problems, but they do show that communication barriers and social misunderstanding can affect well-being. Speech characteristics may therefore become socially consequential when they limit participation, complicate peer relations, or contribute to feelings of frustration, isolation, or inequality.

The results also make clear that the process of social orientation is strongly shaped by the environment. UNESCO defines inclusive education as the removal of barriers from curricula, pedagogy, and teaching so that every learner matters equally. Applied to hearing-impaired individuals, this means that speech difficulties should not be interpreted only as personal limitations. Classroom acoustics, teacher awareness, visual support, communication modality, peer acceptance, access to assistive devices, and opportunities for equal participation all influence whether a person's speech differences become disabling or manageable. In many cases, the social meaning of speech is produced as much by the environment's response as by the speaker's own linguistic profile.

The final result of the analytical section is that successful speech development and social orientation are associated with early, accessible, and sustained intervention. WHO stresses early identification and appropriate management, while the broader developmental literature underscores the importance of accessible language from birth, purposeful interaction, family-centered support, amplification or other communication supports when appropriate, and school environments that promote participation. These findings show that the specific features of the speech of hearing-impaired individuals should not be viewed fatalistically. Many outcomes are shaped by timing, support, educational choice, and communicative opportunity.

The results suggest that the speech of hearing-impaired individuals in the process of orientation to social life should be interpreted through a multidimensional model. At the linguistic level, speech may show differences in articulation, phonological contrast, prosody, vocabulary, grammar, or pragmatic use. At the developmental level, these features are influenced

by the degree and type of hearing loss, age of diagnosis, auditory access, and the timing and quality of language intervention. At the social level, their significance depends on family support, peer relations, educational conditions, teacher expectations, and communicative accessibility. Such a model is important because it avoids two equally inadequate extremes: reducing speech to a purely medical deficit or romanticizing all communicative difficulty as socially irrelevant. The actual situation is more complex.

One of the most important implications of this analysis is that language access must be treated as fundamental. The review by Scott and Dostal argues that many difficulties later associated with deafness or hearing loss may be linked not simply to hearing level itself but to delayed or incomplete access to language. This distinction matters deeply in pedagogy. If a child receives timely access to a natural language, whether spoken with appropriate support or signed in a fluent environment, the chances of stronger communicative, academic, and social outcomes improve. In contrast, when early language access is fragmented, both speech development and social adaptation may be affected. Thus, the central issue is not only hearing, but access to communication that the child can meaningfully use.

Another implication concerns how educators and society should evaluate speech. The speech of hearing-impaired individuals is often judged by proximity to hearing norms, especially in oral settings. Yet such an approach may be too narrow. Speech should also be assessed in terms of communicative effectiveness, self-expression, social participation, and the individual's available linguistic repertoire. Some hearing-impaired individuals communicate primarily through spoken language, some through sign language, and some through combined strategies. Social orientation is best supported not when one rigid standard is imposed, but when the individual has access to effective communication, educational participation, and dignified interaction. ASHA's guidance explicitly stresses the diversity of deaf and hard-of-hearing children and rejects a one-size-fits-all view.

At the same time, the role of speech training and language intervention remains significant. The historical speech-science literature, despite its age, correctly emphasized that many hearing-impaired children need explicit support to develop intelligible spoken speech. More recent sources refine that position by integrating speech work with broader language, literacy, family, and social outcomes. The most productive pedagogical position is therefore neither to reduce intervention to articulation drills nor to ignore oral speech where it is relevant and desired. Rather, speech support should be individualized, functionally oriented, and embedded within the person's larger communicative and social development.

The analysis also highlights the need to address psychosocial factors directly. If hearing-impaired children and youth are at increased risk of emotional or behavioral difficulties and if communication barriers are linked with quality of life, then speech development cannot be isolated from mental well-being and peer relations. Social orientation requires not only language instruction but also emotionally safe environments, recognition of communicative difference, and opportunities to develop self-confidence and peer belonging. The qualitative findings on social adaptation reinforce this by showing the importance of communication ability together with support from teachers, peers, and parents.

In practical terms, this means that successful orientation to social life for hearing-impaired individuals depends on a system rather than a single intervention. Early screening, accessible language exposure, family guidance, educational accommodations, teacher competence, peer acceptance, and speech-language support where necessary all contribute. Inclusive education is not simply a placement decision. It is the creation of communicatively accessible environments in which the person's speech and language can function as part of full participation.

The study has shown that the specific features of the speech of hearing-impaired individuals in the process of orientation to social life arise from the interaction of linguistic, developmental, educational, and social factors. These features may include reduced speech intelligibility, articulation and prosodic differences, slower or uneven lexical and grammatical development, and pragmatic challenges in social interaction. However, they are not uniform, and they should not be interpreted outside the context of language access, communication modality, early intervention, and inclusive support.

The analysis further confirms that speech should be understood as part of a wider communicative and social system. Orientation to social life depends not only on the formal correctness of speech but also on the ability to participate, be understood, form relationships, access education, and express oneself confidently and appropriately. For this reason, educational and rehabilitative work with hearing-impaired individuals should combine speech support, communicative accessibility, family and school partnership, and attention to psychosocial well-being. Under these conditions, speech becomes not a marker

of limitation but a developing means of social inclusion and self-realization.

REFERENCES

1. World Health Organization. Deafness and hearing loss // WHO Fact Sheets. Geneva: WHO, 2026.
2. Centers for Disease Control and Prevention. Data and statistics about hearing loss in children. Atlanta, GA: CDC, 2025.
3. Dobie R. A., Van Hemel S. (eds.). Hearing Loss: Determining Eligibility for Social Security Benefits. Washington, DC: National Academies Press, 2004. 506 p.
4. Scott J. A., Dostal H. M. Language Development and Deaf/Hard of Hearing Children // Education Sciences. 2019. Vol. 9, No. 2. Art. 135.
5. American Speech-Language-Hearing Association. Language and Communication of Deaf and Hard of Hearing Children. Rockville, MD: ASHA, 2025.
6. Osberger M. J., McGarr N. S. Speech production characteristics of the hearing impaired // Haskins Laboratories Status Report on Speech Research. 1982. Vol. SR-69. P. 227–286.
7. Chin S. B. Speech intelligibility and prosody production in children with hearing loss // Topics in Language Disorders. 2012. Vol. 32, No. 4. P. 293–310.
8. de Jong T. J., et al. A systematic review on the impact of auditory functioning and hearing loss on psychosocial development in children // International Journal of Audiology. 2024. Vol. 63.
9. Overgaard K. R., et al. Youth with hearing loss: Emotional and behavioral problems and quality of life // International Journal of Pediatric Otorhinolaryngology. 2021. Vol. 146. Art. 110737.
10. Hong M., et al. The current situation and influencing factors of social adaptation of hearing-impaired middle school students: A qualitative research // Current Psychology. 2025.
11. UNESCO. Inclusion in education. Paris: UNESCO, 2025.