Participant Perspectives on Group Aural Rehabilitation: A Qualitative Inquiry

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This study explored the perspectives of four adults regarding their experiences with hearing loss and the role of group aural rehabilitation in their lives. Two qualitative research strategies included individual in-depth semi-structured interviews and participant observation of a group aural rehabilitation class. The major theme to emerge was the participants' perceptions of their adjustment to hearing loss. The results described the participants' reactions to difficult listening situations, the strategies they used to cope in communication, how the participants increased their understanding of themselves as individuals who are hard of hearing, and the contributions of their aural rehabilitation class to this process.

Although it is generally believed that participation in group aural rehabilitation (AR) can decrease the effects of hearing loss (Kirby & Rogan, 1981; Smaldino & Smaldino, 1988), past attempts at measuring the effectiveness of such programs have not been productive (Kricos, Holmes, & Doyle, 1992; Lansing & Seyfried, 1990). Despite the fact that AR classes are well attended and rated highly on course evaluations, participants show little, if any, change on the quantitative measures typically used to assess progress.

A major difficulty is that the quantitative assessments used in AR may not be sensitive to the elements of everyday communication faced by individuals who

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are hard of hearing (Coyte, 1992; Hull, 1992; Tye-Murray, Tyler, Bong, & Nares, 1988). There may be a mismatch between scores on tests/rating scales and real world functioning. In addition, quantitative assessments cannot adequately capture the personal meanings that individuals construct from their experiences of hearing loss (Hétu, Riverin, Lalande, Getty, & St-Cyr, 1988) and the role of AR in this process. These issues suggest the need for an alternative research approach that emphasizes the complexity of life as it is lived, instead of attempting to quantify it according to a predetermined numerical model of reality. Such an approach is embodied in qualitative research.

Qualitative research is based on the premise that there is an interpretive or subjective dimension to personal reality. The goal of qualitative research is not to test or prove hypotheses, but rather to understand individuals' perceptions of experiences and events from their own frames of reference. Ely (1991) states, "Qualitative researchers want those who are studied to speak for themselves, to provide their perspectives in words and other actions. Therefore, qualitative research is an interactive process in which the persons studied teach the researcher about their lives" (p. 4).

Results of the limited qualitative research in AR suggest that qualitative research strategies provide an effective means of understanding how people make sense of their hearing loss. In an inductive study consisting of a series of in-depth individual qualitative interviews with 12 participants, Hallberg and Carlsson (1991) investigated how adults with hearing loss dealt with demanding listening situations in their everyday lives. As part of the same project, they conducted a deductive study in which 50 individuals participated in brief structured interviews. The authors noted that the qualitative interview process in the inductive study "resulted in more profound information concerning the restrictions of social interactions" (Hallberg & Carlsson, 1991, p. 208).

Hétu and his associates at the University of Montreal conducted a series of qualitative studies that documented and interpreted the experiences of workers with occupational hearing loss and the reactions of their spouses (Hétu, Riverin, Getty, Lalande, & St-Cyr, 1990; Hétu et al., 1988). They concluded that individuals who are hard of hearing feel stigmatized due to hearing loss and its effect on their lives. Hétu and Getty (1991) developed a group AR program for workers with occupational hearing loss and their spouses. The results of field tests of this program are reported in Getty and Hétu (1991).

Jones, Kyle, and Wood (1987) included qualitative interviews in a comprehensive study of individuals with adult onset hearing loss to get a consumer's view from those directly involved. The goal of the current project was to explore, through qualitative interview and observation strategies, the perspectives of individuals who are hard of hearing regarding their experiences with hearing loss and the role of group AR in their day-to-day lives.

METHOD

The study was conducted at a large provincial agency providing comprehensive services to individuals with hearing loss. The agency offers a series of Hearing Help Classes for adults who are hard of hearing and the significant people in their lives. The class that was selected for study, Coping with Hearing Loss, included information and strategies related to managing difficult listening situations, increasing assertiveness, and coping with stress (Jennings, 1992). The class was led by an audiologist who had been facilitating AR classes for 7 years. The methods of instruction included group discussion, information sharing, problem solving, and role playing. The class met for eight weekly 2-hour sessions

Table 1

Sessional Topics for AR Class

Session	Topics
1	Assertiveness and Advocacy
2	Adjusting to Hearing Loss
3	Coping With Hearing Loss
4	Being Assertive in Difficult Communication Situations
5	Changing People's Behavior I
6	Changing People's Behavior II
7	Stress Management I
8	Stress Management II

Note. From *Aural Rehabilitation Curriculum Series. Hearing Help Class II: Coping With Hearing Loss* (pp. 8) by M.B. Jennings, 1992, Toronto, Canada: The Canadian Hearing Society. Material not copyrighted at this time. Adapted by permission.

during the 1994 winter term. Table 1 shows the topics covered weekly.

In a typical session, the audiologist introduced the topic and encouraged class members to share their views and experiences, including problems they had encountered and possible solutions. The audiologist next summarized the key points and added pertinent information gathered from resource materials, including books, journals, and first-person accounts of individuals with hearing loss. Class members then engaged in activities such as role-playing in which they practiced recently learned coping strategies. A typical homework assignment was to apply these strategies to real-life situations and report on the outcome the following week.

. Participants

Four adults with hearing loss, ages 28 to 78 years, took part in the study. All participants were long-time hearing aid users who wore their aids consistently. Two other individuals taking the course chose not to be included in the investigation.

K.C., a 28-year-old woman, had a severe-to-profound sensorineural hearing loss that was present since birth or early childhood. During the year before she took the course, K.C. took part in individual AR therapy and an introductory AR course that provided basic information on hearing loss and communication.

E.G. was a 53-year-old man with a progressive noise-induced hearing loss that had begun to develop about 15 years prior to his enrolling in the course. This was E.G.'s first AR experience.

J.B., a 57-year-old man, had a severe-to-profound progressive hearing loss that was probably congenital, but had not been formally diagnosed until he was in his 20s. J.B. was repeating the course, which he had first taken 18 months earlier.

R.S. was a 78-year-old man who had had a progressive hearing loss for the past 20 years. His previous experience with group AR was an Elderhostel for seniors with hearing loss. R.S. attended five of the eight class sessions. The other participants each attended seven sessions.

Research Strategies

The method included two qualitative research strategies: participant observation and in-depth semi-structured interviews (Bogdan & Biklen, 1992). The principal investigator, a trained teacher of students who are deaf and hard of hearing, attended six of the eight classes as a participant observer. During these sessions, she observed class interaction, recorded field notes, and engaged the participants in informal interviews during breaks and after class. A computerized notetaker provided a detailed electronic transcription of each class session that was displayed for the participants on a video monitor and saved as hard copy.

The principal investigator interviewed the participants individually both at the beginning and conclusion of the course. In the first interview, participants shared personal accounts of their experiences with hearing loss, perceptions of their current communication status, and reasons for taking the course. During the second interview, they were invited to give their views on the class, including its benefits, if any, and to comment on issues of personal importance identified in class or during the previous interview. Although an informal question guide was prepared in advance of the interviews, the investigator followed the participant's lead in discussing topics related to the research agenda. The interviews were conducted in an informal conversational style.

The principle investigator also interviewed the course instructor and two additional instructors who had each worked with one or more of the participants. Their comments were used as supplementary sources of information.

One interview was conducted at the home of a participant; the others took place at the agency. Each interview ranged in length from 30 min to 1 hr 30 min, for a total of 1 to 3 hr of interview time per person. Interviews were recorded on audiotape and transcribed verbatim.

Data Analysis

We analyzed the data inductively, based on procedures for the constant comparative method (Bogdan & Biklen, 1992). This entailed a line-by-line analysis of the interview and class session transcripts in which we assigned a code consisting of a word or phrase that summarized its content to each statement relating to the research topic. We used the preliminary codes resulting from this step to identify key topics and issues across participants. After comparing the data through several versions of coding, we identified a reduced number of codes to represent broader recurring topics. Units of data were marked with these codes and sorted into file folders. Next we clustered units of data representing related ideas into patterns. These patterns became potential categories and properties. The categories finally selected for inclusion in this paper were those that were saturated with sufficient exemplars and useful in illuminating the central theme.

The data analysis process can be illustrated in the following example. E.G. stated that, in noisy situations, the first thing he did was to "make certain apologies." He also discussed his tendency to withdraw from social encounters. We initially coded these statements as Apologizing and Withdrawing, respectively. J.B. described a strategy which entailed evaluating the potential relevance of a conversation before deciding whether to get involved. We coded this statement with J.B.'s label "Deciding What's Important."

Other participants discussed these issues, and we coded their statements in the same way. We used these codes to identify a recurring topic related to how the participants reacted in difficult listening situations. Further study of the data revealed a pattern that combined this key topic with another one that focused on the assertive behaviors participants used to help maintain communication. This pattern became the category Communication Strategies, with Apologizing, Withdrawing, "Deciding What's Important," and Being Assertive as its properties.

We used the techniques of triangulation and member checks to ascertain the trustworthiness of the research (Lincoln & Guba, 1985). Triangulation involved comparing data from multiple sources of information. Comparisons of the results of the qualitative interviews and observations indicated consistencies in the participants' statements during interviews and class sessions, and the communication strategies they used in these contexts. Member checks involved verifying our interpretations by sending each participant a draft of this paper for their comments.

RESULTS

The major theme to emerge from the data was Adjusting to Hearing Loss. The results for this theme are presented in the form of the following categories:

(a) Identifying as Hard of Hearing, (b) Becoming Aware, (c) Losing Control of Communication, (d) Communication Strategies, (e) Perceptions of the Group Experience, and (f) Accepting Hearing Loss. Direct quotations are used to illustrate major aspects of the interpretation.

Identifying as Hard of Hearing: "It Took Me 15 Years to Get Here"

The participants had waited to enroll in AR classes until long after their losses were first identified. E.G., J.B., and R.S. commented that it took a long time to admit that they needed assistance in adjusting to their hearing loss. K.C. had wanted to take classes while in her teens, but lacked family support.

The decision to take AR classes requires that people first be willing to identify themselves as hard of hearing. The fact that, as one instructor noted, many AR clients "have struggled with their loss for a long time," indicates how difficult this step can be. Research by Hétu et al. (1990) suggests that reluctance in acknowledging hearing problems is a typical part of the adjustment process.

Becoming Aware: "We Are Coming From Different Directions"

The participants discussed how differences in age of onset, severity, and rapidity of hearing loss might influence their adjustment. J.B. and K.C. believed their age of onset was a key factor in their current level of adjustment. K.C. said, "I find people now that are just losing their hearing, going through this particular thing, having a much harder time than me, who started from a young age."

K.C. and E.G. attributed some of the differences among participants to the severity of their hearing losses. E.G. also said that the slow progression of his gradual loss made learning to cope more difficult because it allowed him to "dismiss most of it along the way."

The participants appeared to be accurate in their assessment of the influences of the above factors. Orlans (1988) identified age of onset and severity of loss as key factors that determine how an individual copes with a hearing loss. Research by Jones et al. (1987) indicated that it may take individuals with gradual hearing losses a long time to admit there is a problem because of the slow progression.

Losing Control of Communication: Stress

When individuals who are hard of hearing are unable to participate satisfactorily in an informational exchange, they may feel a loss of control because they do not have power to influence the environment (Jones et al., 1987). They may also feel a loss of a sense of competence and/or acceptance by others (Trychin, 1993). According to Jones et al. (1987), these factors can lead to the development of stress, the most common initial reaction to hearing loss. "Stress occurs when the requirements for control cannot be met in the situation or by the interaction" (Jones et al., 1987, p. 207).

Work-related stress. A major issue for the participants was work-related stress. Three individuals experienced difficulties at work so serious that in each case a primary reason reported for leaving the job was a problem related to hearing loss. K.C., who was unemployed at the time of the study, cited difficulties in her last job that she attributed to lack of knowledge of hearing loss on both her own and her employer's part. E.G.'s gradual hearing loss was one factor in his decision to take an early retirement. J.B., who reported he had been forced into early retirement, said that the date his termination was announced was the most stressful time in his life.

Workers in a study by Hétu et al. (1988) identified stress as a major consequence of hearing loss. The authors reported that workers "all share the fear and the experience of being stigmatized because of their deafness" (Hétu et al., 1988, p. 275).

Communication Strategies

Apologizing. The participants had divergent views on apologizing as a communication strategy. E.G. said that when speaking in a noisy environment, first "you make certain apologies." J.B. disagreed, commenting, "Say 'I can't hear you,' then stop there. You can say 'I can't hear you' without apologizing." K.C. added, "If I miss something I won't say, 'I am sorry,' but I will say, 'Excuse me, I missed what you said.' "

Withdrawing. Trychin (1993) identified withdrawing, either mentally or physically, as a common response to the demands of a difficult situation. Although E.G. and R.S. said they frequently used this strategy, neither K.C. nor J.B. considered it a productive one. K.C. said, "You isolate yourself when you can't handle your situation." Avoiding social encounters was also a common coping pattern identified by Hallberg and Carlsson (1991).

"Deciding what's important." The current data confirmed the findings of Israelite (1992), who reported that adults who are hard of hearing frequently evaluate the importance of a situation before investing in the work involved in communicating. For example, E.G. said, "I probably withdraw from environments that I feel uncomfortable in . . . unless it is really important to deal with the situation." By the end of the course, E.G., J.B., and R.S. used this strategy. K.C. did not use it, as she believed all communication was important.

Being assertive. The four participants agreed that being assertive was the best way to handle difficult communication situations. Assertive behaviors included strategies that maintained the communication (Hétu et al., 1988), such as explaining difficulties and communication requirements, giving feedback, and trying to change how other people meet the needs of individuals who are hard of hearing. E.G. said, "It is not what the other person is going to do, but what you are going to do in relation with that other person to sort out some of the handicaps."

During the course, the participants became aware of strategies they had already been using to cope with hearing loss. E.G. said, "It is reassuring in a way that what you are [already] doing is part of it."

Perceptions of the Group Experience

An important aspect of the AR class was the group experience. Like many other individuals with hearing loss, class members felt isolated from hearing society (Jones et al., 1987; Orlans, 1988). The AR class provided a comfortable place where, as K.C. put it, "I don't have to hide. I'm allowed to be honest. . . . I look forward to coming here because it gives me a sense of belonging."

Functions of the group. The group environment enabled members to learn from each other and to serve as role models and sources of social and moral support. For example, K.C. said that the AR class provided her with her first opportunity to ask questions of other individuals with hearing loss. She appreciated "the fact that I can listen to my other classmates and they will tell me their point of view." E.G. found it useful to evaluate his own circumstances "in terms of, am I doing as well or better than some of the others."

As a result of their research, Hétu et al. (1990) and Hétu and Getty (1991) recommended the group environment as a place for individuals with hearing loss to share experiences and provide each other with support and a sense of belonging. In Getty and Hétu's (1991) group intervention program, participants reported that the group experience was beneficial in helping them cope with hearing loss.

Accepting Hearing Loss

To the participants, acceptance of hearing loss meant realizing that, as E.G. said, "The condition is one that is not necessarily going to improve; it is what I do to improve it." Acceptance for R.S. was demonstrated by his willingness to request preferential seating and other accommodations at another Elderhostel program he attended shortly after completing the AR course. J.B. demonstrated his acceptance in his self-appointed role as class expert.

E.G.'s symbol of acceptance was a printed card distributed in class that participants could use to inform other people of their hearing loss. "I showed it to the children to say, 'This is what I am going through.' And to let [them] know we have to try to connect up better."

K.C. described her personal acceptance of hearing loss in terms of a process of "shifting" from "how everyone wanted me to be, . . . a normal regular person," . . . to someone who was able to say, "I want to wear my hearing aids; I want to have my light that blinks when the doorbell rings; I want to be me." K.C. said her next shift would be to public acceptance in the workplace.

DISCUSSION

According to Rocky Stone, former executive director of Self Help for the Hard of Hearing, Inc. (SHHH) and a consumer who is hard of hearing,

> Adjustment is the full range of activities in which the hearing impaired person engages in order to bring about satisfactory circumstances in his or her condition.

> Coping skills are part of adjustment in that, once having discerned that our hearing loss poses the challenge of doing things differently, we go about learning new ways to function with hearing loss. (Trychin, 1990, p. 8)

Implicit in Stone's definition is the idea that adjustment is a process that brings about change. Indeed, Jones et al. (1987) defined adjustment as how an individual changes over time in response to a hearing loss. In the current study, long-term evidence of the process of adjustment was apparent in the participants' accounts of their experiences with hearing loss. These accounts focused, to a great extent, on their attempts to bring about more satisfactory life circumstances.

Participants also made changes in the short term, that is, during the 8 weeks of the AR course. For E.G. and R.S., the changes were related to how they dealt with difficult communication situations. Initially, their primary strategy was withdrawing. By the end of the course, both said they would first evaluate the situation. If they believed it was important, they would try to use more productive strategies such as asking the speaker to repeat or rephrase a statement. If these strategies were successful, they would continue the communication.

The changes K.C. and J.B. made during the course were more difficult to ascertain because of their relative levels of sophistication and experience with hearing loss. Examination of their interviews, the interviews with their previous instructors, and the results of the participant observations indicated that both had modified their personal theories of adjustment. K.C. had tried out new ideas and refined the language of her explanations in preparation for future employment. J.B. had applied the strategies he learned in his previous class to new situations in his current class.

Another factor related to adjustment is how individuals who are hard of hearing maintain current levels of control or negotiate new levels in communication situations (Jones et al, 1987). Control was an important issue for the participants. For instance, R.S.'s increased use of assertive coping strategies exemplified his attempts to maintain control. E.G. was negotiating a new level of control when he used the hearing card to get the attention of family members. Hallberg and Carlsson (1991) stated that control of social interactions through assertive strategies is a constructive way of dealing with hearing loss.

In general, the progress the participants made appeared to depend on the individual, the experiences they brought to the AR course, and the personal meanings they constructed. The strategies they acquired also seemed to be related to these factors.

The three participants who had taken other AR courses had difficulty limiting their comments to the course under study. Instead, they tended to discuss their experiences in relation to all the courses they had taken. This finding suggests

that individuals who are hard of hearing may view AR as a process that is not segmented into artificial divisions such as courses. Thus, instructors should not necessarily expect a cause and effect relationship between the course material that is presented, what individuals learn, and when and how they learn it.

This study explored the perceptions of only four participants who varied greatly in age and life experiences. The class they took was only one in a series of AR course offerings. It is clear from our research that more individuals and more classes should be studied. In-depth study of the group process within and across courses would increase understanding of how the group experience benefits individuals.

The results of this study support the continued use of qualitative research strategies to understand the perspectives of individuals who are hard of hearing (Getty & Hétu, 1991; Hallberg & Carlsson, 1991; Hétu & Getty, 1991; Hétu et al., 1990; Hétu et al., 1988; Jones et al., 1987). Results of qualitative research also may be applied to clinical practice. Data from the in-depth interviews and observations in the current study provided the audiologist with insights into how the participants understood the course material and how applicable it was to their everyday lives. This information will be used in future refinements of the AR curriculum. The link between qualitative research and clinical practice should be more fully explored in future investigations.

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