

Social Participation Factors Related to Family Life of Hard of Hearing Unmarried Adults

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INTRODUCTION

Among the chief functions of the family is the socialization of its members. This process involves the acquisition of knowledge about values, roles, behavior, physical care of children, personality development, emotional stability and so on. Brim (1968) comments that at different stages of the life cycle, individuals are socialized to learn specific things about their particular situations and needs.

Many families have members with special needs and the ways in which these needs are met are significant for the individual's future and overall life adjustment. Special needs are often the result of a physical handicap and the happiness and security of a handicapped member will depend largely upon family relationships within the home.

One component of physical health that researchers should explore further is that of hearing loss in relation to family life. Socialization and interpersonal relationships among the deaf and hard of hearing have received much less attention from researchers than many of the other variables related to hearing loss. Rainer and Altshuler (1966) sense this need as they suggest that research workers would do well to double their efforts to discover the optimum life choices open to deaf and hard of hearing adolescents, so that they and their parents might receive better guidance when they seek advice regarding education, vocation, marriage, and parenthood.

Family problems precipitated by hearing impairment of a member may have a specific effect upon other members of the family. Sussman (1964) points out that when the family is faced with a crisis or emergency, the family's role structure is modified and member's capability to perform their usual roles is temporarily reduced.

The degree of hearing loss may vary from slight, to moderate, to severe, to profound deafness. Weller (1932) found in his experimental hard of hearing group significantly more emotional, more introverted and less dominant persons than the average of their hearing friends. According to Marsters (1960) a hearing communication barrier creates a serious lack of interpersonal or social understanding and development between the deaf and hearing populations.

Persons with impaired hearing face obvious problems of adjustment within the family, in employment and in other social situations. Hardick (1964) found in his study of the self-concept of hard of hearing adults that when hearing loss was so severe as to interfere with communication, hearing handicapped persons felt less capable. The individual with a hearing loss may be highly intellectual and emotionally mature and yet show signs of apprehension about social relations within the family and on the job. These apprehensions could be caused by an inability to hear parts of conversations which may cause misinterpretation of meaning. Having to ask people to repeat what they have said may be aggravating and bothersome. This is highly emphasized by Itallie (1963:114) who noted that the hard of hearing person tries to "play it safe" by avoiding comment and smiling unsurely when he thinks that something has been said which he has failed to catch. Thus he keeps his feelings of insecurity to himself, and in thinking about them sometimes forgets matters of immediate importance.

The necessity of gaining more knowledge regarding certain social aspects as related to the family values, goals and self-concepts of the hard of hearing group can not be overlooked. Rainer and Altshuler (1966) noted that in reference to marriage of deaf individuals, more respondents who seemed disturbed by their deafness remained single than was true for those who expressed social acceptance, he further commented that the less skill there is present, the less likelihood there is of marriage. Oyer and Paolucci (1970) found that husbands' marital tension or conflict increased with the severity of wives' hearing losses.

PURPOSE OF THE STUDY

This exploratory study was designed to discover relationships between levels of social participation and family values, goals and self concepts of unmarried adult subjects who sustained hearing losses. The study also sought to find out if the levels of social participation (high, medium, and low) were related to the sex of respondents.

The following assumptions were made: 1) an individual's hearing loss

affects his social participation role in the family and in society; 2) perceptions of individual subjects are appropriate for studying their values, goals, and self-concepts, in relation to their social participation. It was felt that differences among variables could suggest clues for family life education and thereby assist those who sustain hearing losses with problems associated with family living. For purposes of this study the following terms were defined operationally: *Hearing loss*—impaired hearing which does not entirely prevent communication by speech. *Social participation*—the degree of involvement subjects had in social activities within the family and within the larger society as measured by a scale designed for this study. *Level of social participation*—an arbitrary division into three levels of social participation (low, medium, and high) as measured by the social participation scale. *Unmarried*—the marital status of subjects characterized by separation, divorce or never-married. *Family value and goal patterns*—designated by the order of choices that subjects made on the Dyer Value Scale (1962) and the Sussman Goal Scale (1964). *Self-concept*—reflected by scores that respondents received on the semantic differential scale patterned after the work of Osgood et al. (1957).

PROCEDURES

A social participation scale was developed to obtain information about the extent to which the subjects were involved socially within the family and the larger society. Items of the scale referred to past and present social participation. Statements about past social participation in school, church, courtship and dating, community activities, and hobbies were included. A Likert type scoring method was employed in order to derive total social participation scores. The set of scores were then divided into thirds with the upper third as *high*, middle third as *medium*, and lower third as *low* social participation categories.

Family value and goal scales patterned after the Sussman (1964) and Dyer (1962) instruments were used to determine patterns of respondents' values and goals by different levels of social participation. For example the questions asked were in relation to level of social participation as reflected by a particular value pattern that was identified with family centrism, economy, health, aesthetics, education, religion, freedom, friendship or prestige.

A semantic differential instrument patterned after Osgood et al. (1957) was used to measure the self concept of respondents.

RESPONDENTS

The respondents were 30 adults, 15 males and 15 females, who had hearing losses and were single either by divorce, separation or never married. They ranged in age from 19 to 60 years with the mean age being 37.2 years. High social participants were found to be slightly younger than the other two groups. Mean years of schooling for high social participants was 14.7, for medium participants, 12.6, and for low social participants, 13 years.

Composites of air-conduction audiograms for the three levels of social participants were made (see Figures 1, 2, 3). All three social participation groups were found to have severe hearing losses in speech frequencies as shown in Table 1.

Respondents were selected from the files of a university speech and hearing clinic and an association for better hearing and speech.

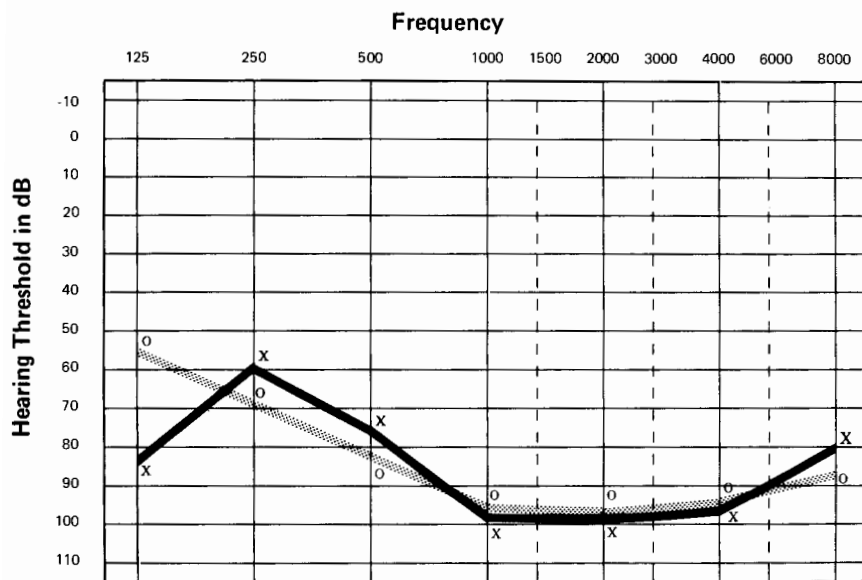


Figure 1. Composite Air Conduction Audiograms for HSP's

Note: X = left ear
O = right ear

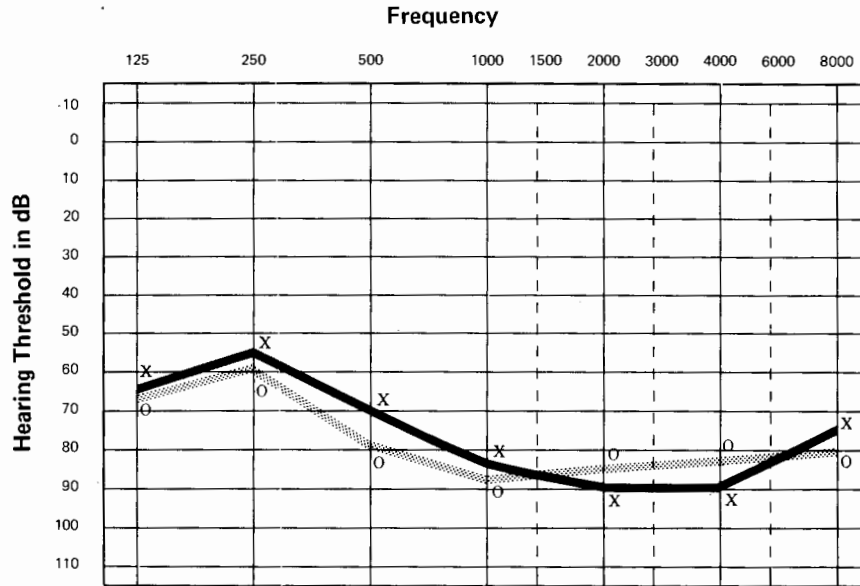


Figure 2. Composite Air Conduction Audiogram for LSP's

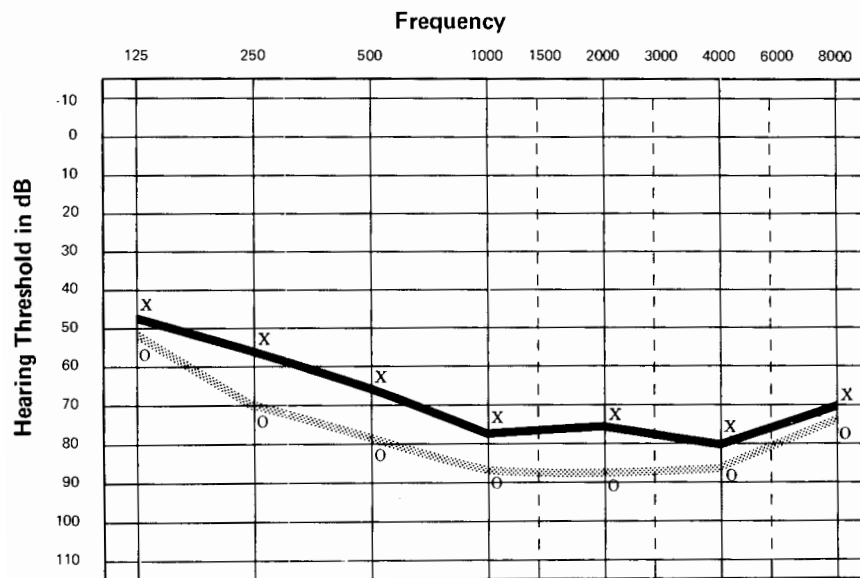


Figure 3. Composite Air Conduction Audiograms for MSP's

The number of years of hearing loss ranged from 8 to 52 for those reported. Five social participants had hearing losses from birth.

Table 1. Hearing Levels and Means at 500Hz, 1000Hz, and 2000Hz for LSP, MSP and HSP's

RIGHT EAR

	500Hz	1000Hz	2000Hz
LSP M=84dB	78dB	87dB	87dB
MSP M=83.3dB	76dB	87dB	87dB
HSP M=89.3dB	80dB	93dB	95dB

LEFT EAR

	500Hz	1000Hz	2000Hz
LSP M=80.3dB	71dB	82dB	88dB
MSP M=72.6dB	65dB	78dB	75dB
HSP M=89dB	75dB	95dB	97dB

RESULTS AND DISCUSSION

Several investigatory questions were asked to determine whether or not respondents perceived a relationship between certain aspects of their family relationships and their hearing losses. These questions were:

If divorced or separated, did your spouse know you had a hearing loss?

How do you think he or she felt about your hearing loss?

Do you feel that the hearing loss contributed to your marital separation?

If you decided to marry, would you prefer that your spouse also have a hearing loss? Why or why not?

The three divorced respondents said that their spouses knew that they had hearing losses but the spouses themselves had normal hearing. When asked how their spouses felt about the hearing loss, one respondent indicated that his wife felt "pity" for him. Another respondent indicated that his spouse felt "indifference." The third person checked "intolerant." All three of the divorced respondents answered "yes" to the question of whether or not their hearing loss contributed to their separation.

All respondents were asked if they would prefer the spouse to have a hearing loss also should they decide to marry. More than half of them said yes. One commented, however, that she would not like her spouse to have a hearing loss because she would feel more secure if she could rely on a person with normal hearing.

Although it was hypothesized that there would be a significant difference among mean scores of high, medium, and low social participators on self concept, the hypothesis was not supported. The F-test of significance between means failed to show a difference at the .05 level, however the mean scores for the high social participators was higher than for the other two groups. High social participators' mean score was 129.4, medium social participators was 107.9 and low social participators was 92.3 on the self concept scale.

There is a *strong* possibility that other factors along with levels of social participation contributed to the development of self concept. Factors associated with respondents' hearing losses such as severity of loss, age at onset, accessibility of specialized instruction, and attitudes of family members and friends are all potential influences on self-concept formation. These are important areas for further exploration.

Males and females did not differ significantly on self concept. However, females who were classified as high social participators also scored 11.9 points higher than males on the self concept instrument. The observed differences were not great enough to be significant at the .05 level.

It is interesting to note that Myklebust (1964) found that hard of hearing females exhibited less maladjustment than males. His findings further suggested that hearing loss affects personality on the basis of sex, age of onset and degree of hearing loss.

A possible explanation for the lack of significant differences between males' and females' mean scores on self concept in this study could be due to such factors as differences in education, socioeconomic status and attitudes of immediate family members. It would be interesting to investigate further self-concept between males and females using groups established according to the degree of hearing loss.

The values scale was employed to determine if respondents classified as high, medium, and low social participators would establish different patterns of rankings. The Chi-square test for goodness-of-fit failed to

show any significant difference in their patterns of rankings on the values scale. Even though the hypothesis as a whole was not supported, there were two values, friendship and prestige, which were selected with greater frequency by all respondents than were any of the others: ("I enjoy my friends and like to do things for them" and "I want the things my family does to be socially accepted and influential"). Both were significant at the .05 percent level of confidence in the contingency ranking.

It seems that hard of hearing persons rely heavily upon their friends, many of whom share the same condition—a hearing loss. Friendships and acquaintanceships might have been formed during residential school years and continued into adult life. The high ranking given to the value of prestige might be associated with the need many people, including the hard of hearing, feel for social acceptance.

The two goals on the goal scale that were nearest to being significant were concerned with privacy ("The family should have a home where you can have as much privacy as you want"), and individualism ("The family should have a home in which to lead your own life"). The tendency to select these goals as important might in part be supported by the fact that social isolation is a problem for persons who suffer hearing loss. Perhaps they feel that the home is designed to foster individual privacy and a place where one can lead his individual life, thereby avoiding problems with intra-family communication. Research aimed at measuring and evaluating the behaviors and communication between family members and the members who suffer a hearing loss might shed more light on reasons why these persons seem to prefer homes with privacy and places for individual development.

SUMMARY AND IMPLICATIONS

This exploratory study was designed to ascertain relationships between levels of social participation and family values, goals and self-concepts of adult respondents who were unmarried and had sustained hearing losses. Respondents were divided into three groups (high, medium, and low) according to their social participation scores. Mean social participation scores were then tested for differences with mean scores on the other variables—family values, goals, and self concept.

Although the mean scores of high, medium, and low social participators in relation to self concept scores did not differ significantly, the mean score of high social participators was 37.1 points higher than the low social participators with the mean score of the medium lying about midway between. Although male and female scores did not differ significantly on self concept, females who were classified as high social

participators also had the highest scores on the self concept scale.

There was a significant difference on the values of *friendship* and *prestige* as related to the number of times they were selected by the entire group of respondents. Both males and females showed priorities toward family goals of privacy and provisions for leading individual lives.

Divorced respondents felt their hearing losses contributed to the dissolution of their marriages. A majority of respondents in the study preferred persons who had hearing losses as possible future mates.

This exploratory study suggests the need for further study of the relationships between hearing loss and family dynamics. A valuable contribution would be made by replicating the study with a larger sample of hard of hearing adults and a comparison group of normal hearing adults. Age range probably should be more restricted, and marital status probably should be more equally represented so that scores of the divorced, separated, and never-married groups could be compared. Family values and goals of normal and hard of hearing family members should be compared. Family life education courses could be more appropriately designed if instructors had these kinds of information available.

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